

CPD Policy and Guidance V1

SECTION 1: THE CPD POLICY

1.1 PURPOSE:

The Institute of Registered Case Managers' (IRCM) mission is to safeguard people who use case management services, by setting and upholding standards for registered case managers (registrants). This document outlines the IRCM's policy in relation to the standards of proficiency¹ specific to CPD and provides guidance to support case managers in meeting the standards. Please also see the IRCM website where you will find a section of the Frequently Asked Questions pertaining to CPD.

1.2 CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD):

Continuous Professional Development (CPD) is the term used to describe ways in which professionals develop their knowledge, skills, and abilities, to help them keep up to date, to practice effectively and safely, and to progress in their chosen field. It involves a broad range of purposeful processes and activities, to encourage different ways of thinking and doing, and to facilitate a positive impact for both providers and service users. Developing new skills, strengthening knowledge, and becoming more accomplished can also expand scope of practice or extend it into more specialised areas of practice.

At registration and renewal stages registrants declare that they meet the IRCM standards at that particular point in time, like a snapshot, but case management takes place in an evolving context where practitioners must adjust their practice and respond accordingly. To remain on the IRCM register, therefore, registrants are expected to engage in, be able to provide evidence of, and take responsibility for their own ongoing CPD.

The IRCM uses a Glossary of Terms that is regularly updated and should be referred to for definitions of any other key terms.

1.3 WHO THIS POLICY IS FOR:

IRCM registrants:

- to support them in meeting the IRCM requirements for registration

Aspiring IRCM registrants:

- to support their effective preparation for registration

Line managers (supervisors, mentors, union representatives etc):

¹ IRCM Standards of Proficiency

- to help them understand the IRCM requirements, be able to assess the needs of their teams (or individuals), and identify how they might best support them

CPD providers:

- to inform the design and delivery of CPD activities

Service users:

- to assure them of the standards that IRCM registrants are held to in regard to maintaining up to date, effective and safe practice.

1.4 POLICY STATEMENTS:

1.4.1 Case managers must confirm at both registration and renewal that they meet the IRCM's standards of proficiency, including those related to ongoing CPD.

1.4.2 Case managers are expected to engage in a variety of CPD activities (at least 2 types of CPD per year) on a regular basis (at least 1 activity every 3 months).

1.4.3 Each year a random sample of 2.5% of all eligible case managers will be selected for audit, requiring them to provide a CPD profile with supporting evidence to demonstrate that they have met the IRCM's CPD standards during the preceding 2-year period. Case managers eligible for this CPD audit will be those who have been on the register for at least 2 years and have not been audited within the last 2 years.²

1.5 OVERLAP WITH OTHER PROFESSIONAL BODY REQUIREMENTS FOR CPD:

The IRCM takes a 'just what's needed' approach to its requirements of registrants, being mindful not to overburden them unnecessarily whilst still ensuring rigour in the interests of protecting the public. Hence, the IRCM's CPD policy and guidance has been developed with reference to that of other relevant registers and regulators³.

Anyone registered or regulated by more than one professional body for different aspects of their practice, will probably have specific CPD requirements to meet for all of them. However, some of the CPD activities they undertake may well bear relevance to multiple aspects of their practice. Hence, they could use one CPD activity to produce evidence of specific learning and development for more than one body.

For example: you would log the same details in relation to the CPD activity (what, where, who, how) but the narrative in your log about why you engaged in this CPD, how it has

² At the time of writing this policy, further guidance is being developed to support registrants submitting their CPD profile. This guidance will be published on the IRCM website so that all registrants can see what types of data and evidence they need to be keeping in preparation for audit.

³ Health and Care Professions Council; Complementary and Natural Healthcare Council; Social Work England; Nursing and Midwifery Council; British Association for Counselling and Psychotherapy

contributed to your learning, development, and practice, and how this might benefit service users, would be articulated differently for the different bodies you are reporting to.

1.6 EXPLAINING THE IRCM STANDARDS FOR CPD:

We have taken a similar approach to the HCPC in providing clarification of what our standards involve and how you can demonstrate that you meet them⁴.

This standard sits within the IRCM Standards of Proficiency.

Standard 19: Case managers are committed to continuing professional development (CPD) to ensure that they remain able to practice safely, effectively, and legally and must

- 19.1. *take ownership of their own learning and development, identifying their support needs, and developing and negotiating their own personal development plans as required*

What does this mean?

- Your learning and development are your own responsibility.
- Having support from others and having resources to be able to take up opportunities for training and courses are also important in some instances, but you can learn and develop without them.
- It is important that you take a deliberate and strategic approach to your CPD to capitalise on the time and resources you invest in it.
- Your CPD should enable you to maintain up to date knowledge and skills, and to respond to developing and emerging practice, in the best interests of those who use your services.
- You may need to negotiate with employers or other colleagues in relation to learning priorities, especially if you are seeking support in the form of funding or time for learning and development.

- 19.2. *keep an up-to-date record of their CPD activities, highlighting relevant learning and how this contributes to improved safety and effectiveness for the benefit of service users*

⁴ [Standards of continuing professional development | \(hcpc-uk.org\)](https://www.hcpc-uk.org/standards-of-proficiency/continuing-professional-development)

What does this mean?

- Records must be kept up to date, in whatever format works best for you. This might be an electronic record, or a hard copy – a folder including documents such as certificates and notes that you have made. If you use a format provided by your employer, do make sure that you can access your record if, for example, you leave your job.
- Your record should include a summary of how your learning and development will be applied in practice and how it could improve your practice for the benefit of service users. These benefits do not need to be big. They may simply be a result of your gaining new skills, leading to a better service.
- If your CPD did not prove to be as helpful as you had hoped, then reflecting on how and why will demonstrate further learning to inform your ongoing planning for CPD.
- If you are audited, we will ask you to tell us what you have done over the previous two years, and to provide supporting evidence. Your account and records need to be a true reflection of the activities that you have carried out. If you have kept ongoing records in an organised fashion, it will be a lot easier to compile your CPD profile for audit (see 1.4.4 above re additional IRCM guidance on how to compile your CPD profile).

19.3. engage in a mixture of CPD activities relevant to their current or future case management practice which, at a minimum, meet the requirements of the current IRCM CPD policy

What does this mean?

- This policy states that case managers are expected to engage in CPD activities on a regular basis, defining this as at least 1 activity recorded every 3 months.
- Most registrants will carry out many different types of CPD but not always formally recognise the learning and development taking place. The IRCM requirement is that your records will include at least 2 different types in a year (see later for examples of types of CPD).
- Your CPD must be specifically relevant to your current or future case management practice. This will vary for individuals according to their role, for example with different types of service users, leadership and management roles, or organisational context.

- You will make your own decisions as to which types of CPD are most beneficial to you, your practice, and your future career ambitions and some or all of your CPD might be about preparing you for a future role.
- There is further guidance on reflective practice and supervision in section 2.

1.7 IF YOU ARE UNABLE TO MEET THE IRCM STANDARD FOR CPD:

Being able to honestly declare that you meet the IRCM standards, including those for CPD, is a requirement for registration (and renewal) with the IRCM.

If you cannot honestly declare that you have completed the required CPD, the IRCM will first seek an explanation for why its requirements have not been met, so that any mitigating circumstances may be considered.

Depending on the circumstances, you may be offered advice and/or a period of additional time for you to complete. However, the IRCM reserves the right to decline your renewal, so that your registration will lapse, until such time as you are able to confirm that you have met the necessary requirements.

SECTION 2: GUIDANCE FOR CPD

KEY PRINCIPLES:

We recommend three key principles to bear in mind when approaching CPD: -

Be proactive: professional practice involves taking ownership of your own development, gathering evidence, and being able to demonstrate your learning. This is particularly important in case management where there are currently no mandatory requirements or specific qualifying programmes for practice. You may need to negotiate with your employer if you need support or resources.

Be flexible: CPD should involve a variety of processes and activities which can range from formal training events or education programmes to informal developmental activities. The IRCM does not set mandatory requirements in respect of the type of CPD registrants engage in, acknowledging that they will make their own decisions about what best serves their purpose in relation to their own practice and context.

Be purposeful: plan your CPD efforts thoughtfully and maintain a record of your activities and what you learnt from them; keeping a focus on how the learning is applied, how it will benefit service users, and how it will enhance the development of good quality and effective case management services.

TYPES OF CPD:

Case managers should engage in a variety of learning opportunities, as stated above in the standards. Research suggests that interactive and participatory learning is usually more effective for deep and sustained learning than didactic teaching and listening are, and even more so with adult learners.

CPD can take the shape of formal training and courses but should also include a range of informal learning and development activities. Here are some examples: -

Note: this is not an exhaustive list and terminology may vary between different professional groups and different work contexts.

- ☞ Workplace based learning: -
 - Supervision⁵, mentoring, coaching (giving and receiving)
 - Focused reflection
 - Supported reflection (focused and purposeful conversations)
 - Self-directed study and reading
 - In house peer study groups

⁵ Please refer to the IRCM Glossary of Terms on the website for clarification of how the IRCM uses these terms

- Desk research
- Job shadowing, with reflection
- 'Acting up' temporarily (with reflection and supervision follow up)
- In-house training courses

🌀 Professional activity and wider engagement: -

- Communities of Practice
- Being involved in professional body's initiatives/committees
- Presenting at a conference
- Teaching
- Working with support groups relevant to your practice
- Involvement with research projects

🌀 Further formal education: -

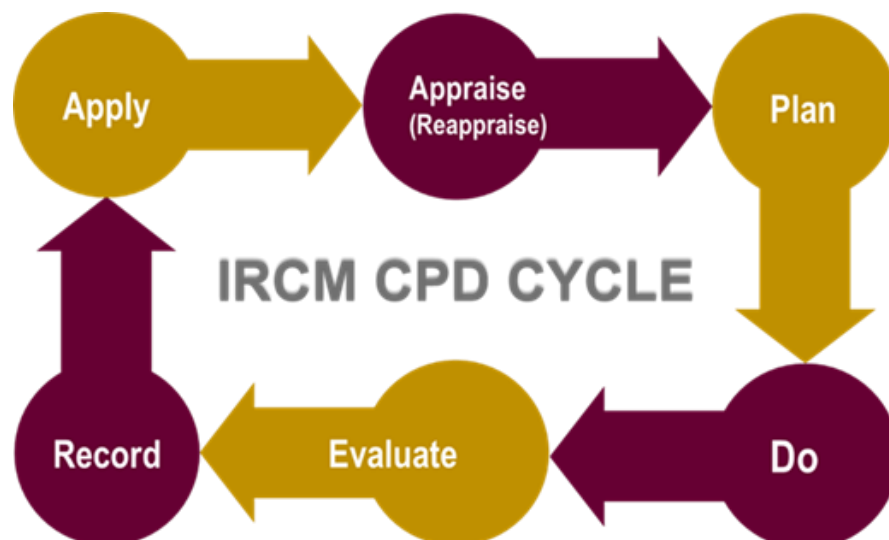
- Attending courses
- Completing additional qualifications

BEING SYSTEMATIC:

A systematic approach is essential to get the most benefit from CPD activities and to capitalise on any investment (time, money, effort etc).

Rather than a box ticking exercise for re-registration, CPD should be intentionally planned, with clear objectives and outcomes.

The IRCM recommends an annual cyclical approach to CPD which is shown in this graphic and then expanded upon in the following table.



**APPRAISE
(REAPPRAISE)**

- Review the IRCM documents: the **Competency Framework**, the **Standards of Proficiency**, and your self-audits so that you can appraise (or reappraise in each cycle) how well you are doing in meeting the IRCM standards and where you may need to improve, thereby identifying key priorities for your CPD.

*(If you are a case manager not yet eligible to apply for registration you may also want to review the guidance on **Preparing for Registration** [in development] and discuss these with your supervisor.)*

- Review your CPD records and consider your overall learning experiences in the previous cycle, including particularly the outcomes achieved.

For example (not an exhaustive list):

- How effective do you feel it was? Did you achieve the learning/development you had hoped for?
- Were you able to apply your learning afterwards? Did it have any impact on your practice? Have service users benefitted in ways you would have hoped? Did anything get in the way of you applying your learning?
- Were there aspects of the learning and development that could have been better?
- Was one type of learning experience more effective than another for you? What does that tell you about how you learn best?
- Are your CPD records complete and relevant enough for you to be able to evaluate?
- Hopefully you have been reflecting on and in practice regularly, either alone or with others, and you can look back on these to add to the picture. Did you record them? Was any detail missing that might have been useful?
- Were there any obstacles to you engaging in CPD? Were they personal, systems related, organisational, financial etc?

	<ul style="list-style-type: none"> - What are your current learning needs? If your practice context is changing, what might your future learning needs be?
<p>PLAN</p>	<ul style="list-style-type: none"> ▪ Having identified your learning and development needs, identify targets for your CPD in the coming cycle ▪ Consider the year ahead. What might your work-life balance look like? What obstacles might you face in committing to a learning and development plan? What types of CPD might be the most realistic for you to achieve? What support might you need to achieve these, and from whom? For example, you may need to negotiate study time with an employer, plan shared reflective activities with a mentor or peer, or source funding for external training. ▪ Set some priorities. You may decide to have a broad focus of short discrete topics that you want to improve your skills in. Alternatively, you might focus on a key theme and engage in different types of learning on that throughout the cycle. For example, your theme might be ‘judging capacity for decision making’ and could involve shadowing another case manager, desk research to improve knowledge, peer group discussions around the evidence base, implementing changes in practice, reflections on these new experiences. ▪ Your planning may be based on learning needs in your current role/context or may be more strategic in relation to your ambitions or developments on the horizon, or the needs of a higher role for promotion. ▪ Make sure you develop a realistic and achievable plan with measurable goals and times for review and evaluation. ▪ This plan should be referred to throughout the cycle, not simply filed away on the shelf. Put the key stages into your diary/ schedule even though you may need to be flexible and adjust as you go on.
<p>DO</p>	<ul style="list-style-type: none"> ▪ Make sure that you commit sufficient time to your CPD activities (this relates back to being realistic about what you can achieve). It

	<p>is better to do less, but do it well, than to cram in too much without enough time for deeper learning and application.</p> <ul style="list-style-type: none"> ▪ Try different types of CPD activities, and work with a range of people if you can, to get different perspectives and a richer picture of your chosen area of practice.
<p>EVALUATE</p>	<ul style="list-style-type: none"> ▪ Following planned CPD activities build in some time to reflect on and evaluate the learning and development experience. ▪ Identify the learning achieved, the potential impact this could have on your practice, and the benefits this may bring for service users and other key stakeholders. ▪ Consider how you are going to apply this learning and what support/resources may be needed.
<p>RECORD</p>	<ul style="list-style-type: none"> ▪ Maintain a complete and accurate record of your CPD, including those elements from the evaluation process. This can help you adjust your plan for this cycle if needs be and will be invaluable as you go round to the next CPD cycle so that you can plan effectively. ▪ We recommend you use a log to record your CPD systematically. If you get into this habit, you will be better prepared if you are selected for IRCM audit. ▪ Record your CPD in whatever way works best for you – we all have our own preferences. You may prefer a journal, or recordings. In Appendix 1 we have provided a suggested format, but this is not prescriptive, so long as you ensure that your log includes all the key elements: - <ul style="list-style-type: none"> - Event/activity details (title, what it is about, when, where, who, how long) - Type of learning experience/activity - Outcome (what you learned, how you will apply it, who will benefit and how) - What next (future learning plans in this area)

APPLY

- Your CPD should enhance both your personal and professional growth and you should be able to demonstrate how this translates into better outcomes for yourself, your service users, and your clients/key stakeholders.
- You should continue to reflect on and in practice, on a regular basis, to continually build a rich understanding of your own practice and how it impacts others.
- You may have ways to share your learning in a formal or social way. Always remember that learning is an ongoing and iterative process that is enriched by gaining other perspectives and all types of learning can be added into your CPD log.

We recommend that you complete this cycle each year in line with your renewal dates and **Appendix 2** provides a template for an annual planning process based on the above IRCM CPD CYCLE.

*Using a regular log to record your CPD,
 and having an annual plan for your ongoing learning and development,
 will make life easier should you be invited to submit a CPD profile
 in the IRCM audit process.*

REFLECTIVE PRACTICE:

There are endless texts and guides on reflective practice, with varying definitions and models intended to help you structure your reflective activities. But reflective practice is a very personal thing and there is no one 'correct' way of determining how it should be done as much will depend on your own style and circumstances.

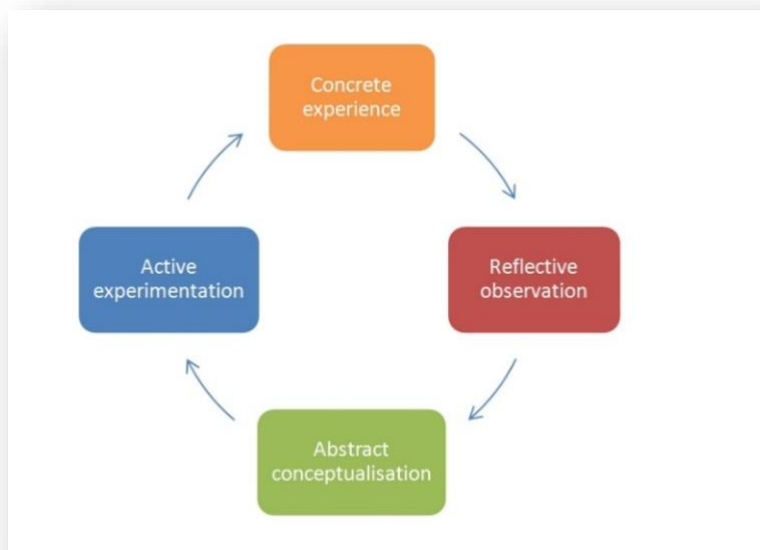
For some case managers such as those from a regulated health or social care background, reflective practice will be a familiar concept and they will likely have access to tools and resources to use/adapt for their case management practice and CPD.

However, some case managers may not have had this grounding or support, and reflective practice may be a new concept.

This section provides some guidance on reflective practice, with example tools and links to further information and resources for case managers to choose what is relevant to them. This may be a useful reminder for some or a key introduction for others.

WHAT DOES REFLECTION INVOLVE?

At its simplest, “*Reflective practice, by its nature, is a process of sense making leading to action*”.⁶



Reflection is a process of “experiential learning” as outlined here in Kolb’s commonly used cyclical model.⁷

Concrete experience: Noting the situation and describing what took place. You may simply begin to describe what you saw, how you felt, and what you thought.

Reflective observation: Reflecting more deeply on the experience.

Asking yourself questions such as:

- How did that go?
- Was that the outcome I wanted/expected?
- What worked? What went well? What was easy?
- What didn’t work? What failed? What was difficult?
- Why did this situation arise?
- Why did I feel the way I did?
- Why did I (and others) react the way we did?
- How would I have reacted in their shoes?
- Did the way I reacted impact on anyone else?
- Would I do the same things again in this situation?

⁶ Oelofsen N (2012) The importance of reflective practices. Health Services Journal. Accessed on 31.8.22 at <https://www.hsj.co.uk/workforce/the-importance-of-reflective-practices/5048994.article>

⁷ Kolb, D.A. (1984). Experiential learning: experience as the source of learning and development. Englewood Cliffs, NJ: Prentice Hall.

- What do I need to understand better? What could I do better?
- I wonder what would happen if...

Abstract conceptualisation: The sense-making part.

This is about analysing the responses to your questions to make sense of what you have learned, considering different ways for dealing with these types of situations and identifying potential strategies for similar future situations. You might also consult colleagues or go to the literature to develop your understanding in key areas and get more ideas.

Active experimentation: Trying your ideas out in practice.

This involves applying new knowledge based on a better understanding of other perspectives. The outcome of your experimentation will form the basis for the next reflective cycle as you repeat the process and further develop your knowledge, skills, and abilities. The experiences within the active experimentation stage become the new “concrete experiences”.

Of course, other models exist, and some may suit your own learning style better than others. If you are struggling with the more formal structures, you could also look at the **Weather Model** developed by Siobhan Maclean with her social work students. This is a great way to start reflecting with others using weather analogies⁸: -

- **Sunshine:** What went well with the event/experience? What was successful?
- **Rain:** What didn't go well? What was challenging?
- **Lightening:** What came as a surprise?
- **Fog:** What didn't you understand? What weren't you sure of?
- **Wind:** Did anything throw you off course during the event/experience?
- **Storm:** Was there any conflict during the event/experience? What caused it? How did you respond?
- **Thunder:** Did the noise (other people's views) impact on your practice? How?

WHY REFLECT?

Uninterrupted pushing forward, continuing on a treadmill of activity without pausing to examine how things really are, is often linked to a lack of self-awareness and limitations in self-improvement. However, in practice, reflection is commonly 'put off' for when we have more time. Current expectations of constant activity and busyness make reflection a luxury; this, paradoxically makes it more important to point out the value of reflection.⁹

When we have challenging experiences that did not go as we hoped, the reflective process can help us identify what happened, how it happened, and why it went as it did from

⁸ Siobhan Maclean, Weather Model of Reflection. <https://www.bvsc.org/cd-the-weather-model>

⁹ Hedberg P R (2009) Learning Through Reflective Classroom Practice: Applications to Educate the Reflective Manager. Journal of Management Education Volume 33 Number 1 February 2009

different perspectives. This analysis creates learning that we can apply in future experiences to try to improve outcomes in the best interests of our service users and for our own health and wellbeing.

Don't forget the good experiences! Reflecting on experiences that went well can enhance self-belief, building confidence and a sense of personal agency going forward. However, confidence does not come from simply recognising that things went well. It stems from knowing why it went well, and what it was that worked, so that you can apply this learning to future similar experiences. Seemingly innocent details might prove to be key; seemingly vital details may be irrelevant.

Without this "*sense making*"¹⁰ things may not go so well next time. Reflection should be a positive learning experience and one that enables refocusing on what is important to you and for your wellbeing. Reflective learning may seem passive, but it leads to more active learners in charge of their own learning.¹¹ Of course, anything that improves the case manager's wellbeing and enhances their practice is also likely to positively impact their interactions and interventions with service users.

HOW DO I GET STARTED?

The good news is that you are likely already doing it to some degree!

You probably think back on your experiences, not necessarily about work, perhaps considering what you could have done differently and how you could approach similar experiences in the future. Reflection can happen at any time and for any reason. It doesn't have to be formal, written or even follow a certain procedure for it to produce learning.

However, as a rule, this type of intuitive reflection can be very basic and commonly lacks the analytical element of more thoughtful and purposeful professional reflective activities. Without purposeful and structured thinking there is a tendency to jump from remembering what happened straight to what one might do differently next time, perhaps missing vital elements of analysis, including alternate perspectives, and potentially sending you off on a wrong track.

A more considered approach is required for professional CPD. This includes keeping a track of the learning activities you engage in – including some of your reflective activity. So, you may need to work up to being able to do some formal reflections to provide evidence of meeting the IRCM CPD standards.

¹⁰ Oelofsen N (2012) The importance of reflective practices. Health Services Journal. Accessed on 31.8.22 at <https://www.hsj.co.uk/workforce/the-importance-of-reflective-practices/5048994.article>

¹¹ Hedberg P R (2009) Learning Through Reflective Classroom Practice: Applications to Educate the Reflective Manager. Journal of Management Education Volume 33 Number 1 February 2009

If you are new to reflection or are out of practice and need a simple way back in, you could start with a basic reflective journal in whatever format you prefer, just taking **10 mins** each day to reflect on an experience and ask yourself some of the questions listed above to develop your reflective thinking.

Try to reflect on **a mix of negative and positive experiences** as both can contribute to your learning and development in different ways. The important thing at this stage is getting into a habit and getting used to the analysis process.

Try also to ensure that you **protect regular 'focus' time to reflect**, either a little each day or more time on a weekly basis perhaps. Put it in your diary. Even if you must move it around, at least you won't forget it.

WHAT TYPE OF REFLECTION?

Reflection-on-action is what we tend to think of first. Thinking back on what has already happened. Ideally while the experience and the feelings evoked are still relatively fresh unless of course, you need a little distance from them.

Reflection-in-action is what it suggests; reflecting whilst in the experience, working out what is happening, and adjusting your approach to try to reach the best outcome, perhaps through experimentation or through applying learning from previous experiences. This is about avoiding 'automatic responses' and paying more attention to the specific situation to reach the most appropriate solution. Even very experienced practitioners who use their intuition to make rapid choices in emergency situations can sometimes benefit from taking a pause to analyse before reacting.

Reflection-before-action involves 'reflecting' ahead of time or anticipating potential outcomes. Considering what may happen? What might be challenging? What alternative strategies you might deploy, and how you might best prepare?

Reflection-for-action is perhaps less familiar and relates to thinking about future events and practice more generally, with the intention of improving or changing aspects of your practice.

REFLECTION FOR WELLBEING

Pausing to reflect can be a productive means of managing the personal and professional impact of daily exposure to the fundamental needs of others, including service users and those who commission your services. Sometimes it can feel like things are just happening and that you have low control about the outcomes. Reflection can help you make sense of your experiences. Dealing with them in a constructive way can help you develop confidence

and a sense of clarity and personal agency to be able to deal with the pressures of practice and reduce the potential for ruminating and worry.

Remember that how you prefer to reflect is a personal thing and will be influenced by a variety of factors. Agnew (2022) was writing about nursing, but this could be applied to any case management context: *“to engage fully with reflection, nurses need different opportunities to reflect that suit their roles, level of seniority and personal preferences, and that do not automatically give way to service pressures.”*¹²

REFLECTING ALONE OR WITH OTHERS?

You **don't have to always do it alone**, it could initially be with a colleague over a coffee sometimes, or you could establish a regular session with a group of colleagues and ask each other questions to add depth to your analyses. There are lots of examples for group reflection on the web based on various models of reflection.

These kinds of sessions will require some ground rules and agreements, particularly around confidentiality and anonymising any cases referred to.

You may find it helps to have reflective conversations informally with a peer or a mentor who is not a 'mate' and who you might trust to give a more objective perspective on the issues to help you question your own practice and plan how to approach similar situations going forward. This will depend on your practice context of course.

Alternatively, you may have a more formal support system in place within your organisation, or one that you have set up independently. These might include coaching, mentorship, or supervision.

SUPERVISION

The IRCM takes an inclusive approach to case management practice, recognising that case managers coming from a variety of disciplines and backgrounds may use different terms that relate to supervision.

In **Appendix 4**, therefore, you will see an extract from the IRCM Glossary¹³ which clarifies how the terms coaching, mentoring and supervision are used in IRCM documents. It also distinguishes between operational/management supervision, practice supervision, and professional supervision.

¹² Agnew T (2022) Reflective practice 3: making it meaningful and using it in practice. Nursing Times [online]; 118: 7.

¹³ See IRCM Glossary of Terms

In relation to CPD, we recommend that all registered case managers engage in **professional supervision** either as a supervisor or a supervisee, or even better as both. Professional supervision provides a learning opportunity for both parties. It also includes supporting the supervisee to maintain their own wellbeing through supported reflection.

This definition of professional supervision from the Health and Care Professions Council emphasises the ‘agreed’ nature of the supervision, and the fact that it needs to be regular: *“...a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills, and competence, through agreed and regular support with another professional.”* (HCPC).¹⁴

However, for professional supervision and reflection to be effective there needs to be honesty and openness, with a willingness to challenge one’s own practice (McClure, 2005).¹⁵ Hence, both parties need to be able to trust each other so that they feel safe sharing their thoughts and feelings.

If there are power imbalances between supervisees and supervisors, and too much focus on the organisation’s priorities, real reflection may be limited. Externally facilitated reflective groups or groups run by facilitators who do not manage them may be indicated (Oelofsen, 2012).

There are several resources and guidelines for effective supervision available from various professional bodies. Key elements include establishing written agreements (contract setting) around the remit of the supervision, keeping records of the sessions, appropriate training for supervisors in using facilitating styles, compatibility (personally and in relation to practice), structure, and regularity.

Please refer to **Appendix 3** for more information and links.

¹⁴ [What is supervision? | \(hcpc-uk.org\)](http://hcpc-uk.org)

¹⁵ McClure P (2005) Making Practice Based Learning Work: reflection on practice. www.practicebasedlearning.org

REFERENCES AND ADDITIONAL READING

The following sources have been used either to inform this guidance document or being specifically cited within it.

- Agnew T (2022) Reflective practice 3: making it meaningful and using it in practice. *Nursing Times* [online]; 118: 7.
- Bayley D, Koukaki S (2020) Learning from the NHS: Why we should adopt reflective practices. Chartered Managers Institute. Accessed 31.8.22 at <https://www.managers.org.uk/knowledge-and-insights/article/learning-from-the-nhs-why-we-should-adopt-reflective-practices/>
- Broughton W. and Harris G. (2019) (Eds.) on behalf of the Interprofessional CPD and Lifelong Learning UK Working Group. Principles for Continuing Professional Development and Lifelong Learning in Health and Social Care. Bridgwater: College of Paramedics. Accessed online at [Principles for CPD \(collegeofparamedics.co.uk\)](Principles for CPD (collegeofparamedics.co.uk))
- CIPD (2022) About CPD. Accessed on 19.8.22 at: [What is Continuing Professional Development \(CPD\) | CIPD](What is Continuing Professional Development (CPD) | CIPD)
- Complementary and Natural Healthcare Council (2019) CNHC Continuing Professional Development (CPD) Standards. Accessed on 19.8.22 at: [CPD-policy.pdf \(cnhc.org.uk\)](CPD-policy.pdf (cnhc.org.uk))
- General Dental Council (2018) Enhanced CPD Guidance. Accessed on 19.8.22 at: [Layout 1 \(gdc-uk.org\)](Layout 1 (gdc-uk.org))
- Hedberg P R (2009) Learning Through Reflective Classroom Practice: Applications to Educate the Reflective Manager. *Journal of Management Education* Volume 33 Number 1 February 2009
- HCPC (2017) Continuing professional development and your registration. Accessed on 19.8.22 at: [continuing-professional-development-and-your-registration.pdf \(hcpc-uk.org\)](continuing-professional-development-and-your-registration.pdf (hcpc-uk.org))
- HCPC (2019) Benefits of becoming a reflective practitioner A joint statement of support from Chief Executives of statutory regulators of health and care professionals. Accessed on 19.8.22 at: [benefits-of-becoming-a-reflective-practitioner----joint-statement-2019.pdf \(hcpc-uk.org\)](benefits-of-becoming-a-reflective-practitioner----joint-statement-2019.pdf (hcpc-uk.org))
- HCPC (2021) What is Supervision? Accessed on 31.8.22 at: <https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/what-is-supervision/>
- McClure P (2005) Making Practice Based Learning Work: reflection on practice. <www.practicebasedlearning.org>
- Nursing and Midwifery Council (2021) Continuing professional development. Accessed on 19.8.22 at: [Continuing professional development - The Nursing and Midwifery Council \(nmc.org.uk\)](Continuing professional development - The Nursing and Midwifery Council (nmc.org.uk))
- Oelofsen N (2012) The importance of reflective practices. *Health Services Journal*. Accessed on 31.8.22 at <https://www.hsj.co.uk/workforce/the-importance-of-reflective-practices/5048994.article>
- Paterson N (2020) Reflection in Action. *Frontline*. Accessed on 31.8.22 at <https://www.csp.org.uk/frontline/article/reflection-action>

- Rolfe G, Freshwater D, Jasper M (2001) Critical reflection in nursing and the helping professions: a user's guide. Basingstoke: Palgrave Macmillan.
- Rothwell C, Kehoe A, Farook S (2020) The characteristics of effective clinical and peer supervision in the workplace: a rapid evidence review. For the HCPC. Accessed on 31.8.22 at [effective-clinical-and-peer-supervision-report.pdf \(hcpc-uk.org\)](#)
- Skills for Care (2020) Effective supervision A practical guide for adult social care managers and supervisors. Accessed online at [Effective supervision guide ONLINE \(skillsforcare.org.uk\)](#)

Appendix 1: IRCM CPD Log Example

IRCM REGISTRANTS CPD LOG

NAME:	CPD CYCLE: <i>(e.g., July 2020-June 2021)</i>
--------------	---

The CPD log reflects the IRCM CPD cycle discussed in the CPD Policy and Guidance.

Case managers are expected to engage in a variety of CPD activities (at least 2 types of CPD per year) on a regular basis (at least 1 activity every 3 months).

Complete 1 table for each CPD activity:

CPD Activity		
Title: <i>Name of course or topic of research/reflection</i>	Date(s) <i>Of the CPD</i>	Total hours <i>Attendance plus any additional study</i>
Details: <i>Type of learning activity</i> <i>Course - who provided it; mode of delivery; content/subjects covered?</i> <i>Or – informal learning; was it individual or with others; what was it about, what did it entail?</i>		
Outcomes: <i>What did you learn; how will you apply to practice; who will benefit and how?</i>		
Planning: <i>What further learning is needed? How will you achieve this?</i>		
Evidence <i>List the evidence of your <u>completed</u> CPD</i>		

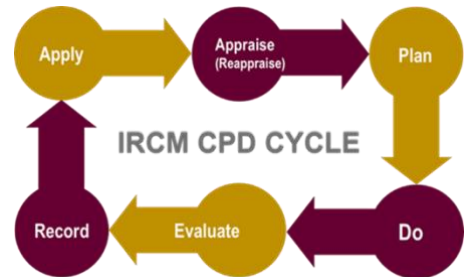
Boxes will expand as you type in them, copy and paste table for more CPD activities

Appendix 2: IRCM Annual CPD PLAN

IRCM ANNUAL CPD PLAN

NAME: _____

LEARNING CYCLE: _____



Refer to IRCM CPD Policy and Guidance document for more detail for these sections

Type in the empty boxes to expand

APPRAISE (REAPPRAISE)	<i>Reflect on last year's CPD activities: what worked for you, what didn't, what challenges did you face; what helped you etc.</i>
PLAN	<i>Set targets and priorities; identify potential obstacles and what support you may get/need</i>
DO	<i>Case managers are expected to engage in a variety of CPD activities (at least 2 types of CPD per year) on a regular basis (at least 1 activity every 3 months). What will you do to achieve this?</i>
EVALUATE	<i>Reflect on your CPD activities at the end of the year: what types of CPD worked best for you? What type of learning activities do you prefer?</i>
RECORD	<i>How did you record your CPD? Did this work for you? Plan how you will record your CPD in the next cycle.</i>
APPLY	<i>What have you learned? How has your practice developed? How did you and your service users benefit? How have/might you share your learning? Did anything prevent you applying your learning? How might you mitigate this in the future?</i>

Appendix 3: Resources to support the development of reflective practice and supervision:

NHS Education for Scotland:	Effective Practitioner resource page aimed at nurses, midwives, and allied health professionals. Very adaptable to other sectors
Royal College of Nursing:	Revalidation Requirements: Reflection and Reflective Discussion
Nursing and Midwifery Council:	Guidance Sheet: Reflective Practice Reflective Accounts form
General Medical Council:	The reflective practitioner A user-friendly guide with tools and resources for learning about reflection, particularly in relation to practitioner wellbeing
Health and Care Professions Council:	Recognise, reflect, resolve: The benefits of reflecting on your practice Adaptable across a range of health and social care areas, includes case studies and examples Reflective Practice Template Group reflection example Supervision detailed guidance and templates for supervision
Royal College of Occupational Therapy:	Five minute Reflection A tool developed to support staff during the pandemic, which would be a great starting tool for those fairly new to, or needing a refresher for, reflective practice
Skills for Care:	Effective supervision in adult social care
Gov.uk:	Post qualifying standards for adult social work practice
Launer J (2016):	Provides a model for team reflection. Clinical case discussion: using a reflecting team. Postgraduate Medical Journal; 92:245-246. https://pmj.bmj.com/content/92/1086/245

Appendix 4: Clarification of terms: Coaching, Mentoring, and Supervision

Coaching	<p>Usually for a limited time and short term Focused on developing specific skills and abilities to optimise performance May develop the individual as well e.g., confidence and social skills The person being coached does most of the learning (though not all) Based on 1-2-1 conversations: non-directive and supportive Coach requires skills in listening, clarifying, reframing Addresses organisational and individual goals Coaches are usually assigned to the individual, often more senior but might be a peer</p>
Mentoring	<p>Mentor requires skills like coaching Stronger focus on ongoing development of the mentee e.g., for career progression, succession planning, talent development etc Longer term and more flexible approach/relationship than coaching Mentees more likely to choose their own mentors Often a more experienced colleague sharing their learning and experience with someone less experienced, may include broader issues such as work-life balance and wellbeing. A learning and development opportunity for both parties</p>
Supervision	<p>Regular support with a relevant professional to enable individuals to reflect on learning and experience, to maintain safe and effective practice and further develop competencies. Provides a learning and development opportunity for both parties Different types of supervision that are relevant to case management:</p> <ul style="list-style-type: none">• Operational/management supervision: regular review, reflection, and support. Mainly for inexperienced/novice case managers, or in performance management situations. Main focus is on providing effective and safe service, by supporting the practitioner to perform competently.• Practice supervision: aims to support learning and develop competency related to a specific task. Supervisor with more advanced skills than the supervisee. Lasts until the supervisee has reached competence in the specific task(s)• Professional supervision: similar to practice supervision but with a broader and more long-term focus. Involves identifying professional learning and development needs and CPD. Also includes supporting the case manager to maintain their own wellbeing through supported reflection.

Appendix 5: Revision History

Date:	Actions/Changes:	Review due date:
June 2023	Published first version	June 2024