Professional Portfolio

Name:

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# Section 1

Curriculum Vitae

Keep a copy of your current curriculum vitae in this section.

# Section 2

Professional Declarations

Keep a copy of your signed annual professional declarations in this section.

Declarations must be signed by yourself, and by your Clinical Supervisor. The person who signs your declaration must be qualified and capable of attesting to your competence to practice. They will be required to note their full name and registration number with the board under which they are registered.

A Clinical Supervisor might be one of the following:

* Clinical team leader, charge physiologist or department head
* Clinician responsible for your service
* Clinical Manager or Educator
* Director of Allied health
* Person undertaking your annual performance review

The following list are those ineligible to sign the declaration:

* Workplace peer
* Nurse Manager
* Non-clinical manager or team leader

Supervisors and Sole Practitioners:

If you are a Supervisor or sole practitioner, and have none of the above to sign your personal APC declaration please advise CPRB.

# Section 3

Professional Society Memberships

Keep a copy of any documents relating to professional memberships in this section.

This could include:

* Membership certificates
* Acceptance letters
* Payment invoices and receipts

# Section 4

Annual Practicing Certificates

Keep a copy of your annual practicing certificates (APCs) and payment receipts for APC fees in this section.

# Section 5

Continuing Professional Development

Keep a copy of any documents relating to continuing professional development (CPD) in this section.

This could include:

* CPD learning outcome forms (template found in appendix)
* Attendance certificates
* Case studies
* Presentations, and program of meeting announcing your presentation

Minimum requirements set by CPRB for CPD activities (see appendix for group desciptions):

* 1 from activity group A per year
* 1 from activity group B per year
* 1 from activity group C per year
* 18 forms over any 3 year period

CPD Forms without accompanying evidence should be signed by your clinical supervisor, educator, or a senior colleague.

File CPD by calendar year.

Collate all groups separately (i.e all group A together) and keep evidence with the relevant CPD learning outcome form.

# Section 6

Appendix

Contents:

* APC Declaration Form
* CPD documentation Form template
* CPD Activity List
* Portfolio Instructions
* Audit process and instructions

**Clinical Physiologist / Cardiac Physiology Technician (circle one) APC Declaration**

**What is your current scope of practice, as listed on your APC or that you are applying for?**

Cardiac Exercise Neuro Renal Respiratory Sleep

Extended practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Note – if you are no longer practicing in a scope, do not apply)*

**Confirm you are a current financial member of the regulating body for your profession, for each scope of practice selected above:**

□ Society of Cardiopulmonary Technology NZ

□ New Zealand Australia Society for Renal Dialysis Practice

□ Australasian Sleep Technologists Association

□ Australia and NZ Society of Respiratory Science

□ NZ Society for Neurophysiological Technology

□ Clinical Exercise Physiology NZ

□ I have attached proof of membership to this application.

**Do you wish to make a change to your APC, e.g. add a new scope, remove conditions, or apply for an extension of practice? (see checklist for documents required to do so)** Yes / No

**Applicant to circle an answer to every statement to indicate agreement:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I confirm that I am fit to practise | | | Yes | No |  |
| I confirm I have maintained the required standards for competence | | | Yes | No |  |
| I confirm I have practised lawfully | | | Yes | No |  |
| I declare I have no mental or physical conditions I am aware of that may compromise my competence and therefore compromise the safety of patients. (Section 16 HPCA Act) | | | Yes | No |  |
| I declare that the information I have supplied in this application (and other supporting information provided) is true and correct to the best of my knowledge. | | | Yes | No |  |
| I accept that false declaration or failure to disclose relevant information could result in my removal from the register. | | | Yes | No |  |
| I consent to the Clinical Physiologists Registration Board obtaining confidential verbal or written information about my professional experience and current role for the purpose of assessing my registration and APC eligibility. | | | Yes | No |  |
|  | | |  |  |  |
| I confirm I have adhered to any conditions on my current Scope of Practise | | | Yes | No | N/A |
| I have completed further training as directed  (if you tick yes, attach evidence of completion of the *training program, certification or qualification* you have been directed to undertake) | | | Yes | No | N/A |
| **Applicant’s name:** |  | | | | |
| **Applicant’s signature:** |  | **Date:** | | | |

Clinical Supervisor Declaration

**Clinical Supervisor to circle answer to every statement to indicate agreement**

|  |  |  |
| --- | --- | --- |
| I confirm the applicant is suitable to practice as a clinical physiologist / physiology technician in the scope of practice of which they are employed. | | **Yes / No** |
| **All individuals are required to demonstrate a suitable level of competence in the following domains as per the competency standards set by the relevant professional society:**  Scientific, Clinical, Problem Solving, Communication, Research and Development, Technical, Self-Management  *(standards are available on CPRB website www.cprb.org.nz)* | | |
| I hereby certify that the above named applicant has demonstrated a level of competency and provided appropriate evidence in each of the specified domains above that fulfils the requirements of both the professional body to which the named applicant is a member and the requirements of the CPRB (NZ). | | **Yes / No** |
| I confirm that the above named has completed Continuing Professional Development activities which meets the objectives set out in the Portfolio requirements for CPRB. *(Portfolio guidelines available on CPRB website www.cprb.org.nz)* | | **Yes / No** |
| If you have answered NO to any of the above statements, attach a summary outlining any areas where the applicant is not meeting the requirements for competency or CPD, and document the plan in place for the specific requirements to be met. Please attach to this application. | | |
| **Supervisors Name:** | **Supervisors Name:**  (If > 1 scope or workplace) | |
| **Supervisors Signature:** | **Supervisors Signature:** | |
| **Registration number:**  **Registered with:**  **Position:**  **Date:** | **Registration number:**  **Registered with:**  **Position:**  **Date:** | |

Sole Practitioner Declaration:

Complete this section if you have no clinical supervision or oversight from within your profession such as a charge physiologist, team leader, and clinical manager or outside of your profession such as a medical consultant, unit manager, or service manager. Tick if applicable

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that I am practicing as Sole Practitioner. | | |  |
| I have abided by the process set by my profession to assess my ongoing competence to practice, and continuing professional development. | | |  |
| **Applicant’s name:** |  | | |
| **Applicant’s signature:** |  | **Date:** | |

Notify your professional organisation to begin their process for Sole practitioner APC sign-off. Once complete, attach confirmation document obtained from your professional organisation.

*Scan and Send the above two pages to* [***admin@cprb.org.nz***](mailto:admin@cprb.org.nz)*, along with proof of society membership.*

APC RENEWAL CHECKLIST:

□ **Send Proof of current Professional Society membership.** This could be a certificate of membership, payment receipt or letter confirming membership. Send this with this declaration.

□ **Update and confirm your profile information on the website** [www.cprb.org.nz](http://www.cprb.org.nz)

* Login using your email and password
* Go to your profile page by clicking your name link (top right)
* Click on "Renew Until\_\_"
* Follow the on-screen instructions, updating your information on each page, then click on 'CONFIRM'. This will create an invoice for the $100 APC application fee.

□ **Make payment:** You can pay your invoice on the last page of your profile update, using a credit card via PayPal, or via the prompt on your profile page which contains CPRB internet banking details. You can download your invoice from your profile page if required.

Supervisor eligibility:

Declarations must be signed by yourself, and by your Clinical Supervisor. The person who signs your declaration must be qualified and capable of attesting to your competence to practice. They will be required to note their full name and registration number with the board under which they are registered.

A Clinical Supervisor should in the first instance be one of the following from your profession:

* Clinical team leader, charge physiologist or department head
* Clinician responsible for your service
* Clinical Manager or Educator
* Director of Allied health
* Person undertaking your annual performance review

The following list are those ineligible to sign the declaration:

* Workplace peer, Section head, Senior Physiologist not in a charge role, non-clinically trained manager

**Industry representatives**

Your line manager should sign your declaration

**More than one scope, or more than one employer?**

One supervisor can sign for both scopes of practice, or there is space for an additional signatory for different scopes, and an additional workplace.

**Not currently employed – e.g. between roles, on extended leave**

Please include an additional statement of your circumstance and why you require an APC. You may be issued with an APC with conditions until supervisory support can be obtained.

**APC change checklists:**

Tick any changes you wish to be made to your APC and supply the requested information to the CPRB Registrar, accompanying the APC Declaration and proof of Society membership/s.

**New qualification or certification in last 12 months**

Send a **certified** copy of the qualification certificate or results letter. This will then be added to your CPRB profile by the Registrar.

**Completion of a program of post graduate professional development – remove condition of ‘Supervised Practice’ from APC**

If you have completed a program of post graduate professional development in the last 12 months, and wish to apply to have the condition of ‘Supervised Practice’ removed from your APC, please send the following:

1. **Certified** copies of your qualification/ certification certificates or results letter
2. A letter of support from your clinical supervisor, supporting your competence to practice without supervision
3. An updated CV reflecting your current role and duties

**Add a new scope of practice to your APC**

If you are practicing in a scope of practice not currently listed on your APC, and you wish to have this listed on your APC, please provide the following documents:

1. Evidence of supervision, post graduate development and assessment/certification (\*or planned) in the additional scope
2. A letter of support from the clinical supervisor in your additional scope of practice, confirming your competence to practice without supervision (\*or appropriate supervision until program completion)
3. Proof of membership of the professional society related to your additional scope of practice
4. An updated CV reflecting your current roles and duties.

\* If you are not yet certified, you will have this scope added to your APC with a condition of ‘Supervised practice’

**Add an ‘Extended Practice’ condition to your APC**

If you are practicing in a single defined role, outside of your normal scope of practice, and wish to have this noted on your APC, please supply the following:

1. Evidence of supervision and assessment/certification in the role

Letter of support from the clinical supervisor of the service in which you practice this role, supporting your competence to perform the role.

Clinical Physiologists Registration Board

Continuing Professional Development Documentation Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name of activity |  | | |
| Date of activity |  | | |
| Type of activity | Group A –  workplace learning | Group B –  structured learning | Group C –  self-directed learning |

|  |
| --- |
| Describe activity  (Case presentation, article review, poster presentation, conference presentation, teaching session, etc…) |
|  |

|  |
| --- |
| What did you learn |
|  |

|  |
| --- |
| How will you apply this to your practice |
|  |

For any activity EITHER obtain signoff, OR attach evidence.

|  |  |
| --- | --- |
| I verify this activity as being valid for CPD purposes  Verified by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Evidence attached relating to this activity: |

**Examples of CPD activities and format for recording information**

**CPD Activity Evidence to be kept in portfolio**

Group A: Learning from experience in the workplace

|  |  |
| --- | --- |
| Discussion with colleagues | Summary of incident and outcome |
| Staff meetings | Attendance record and documentation of learning outcome (s) |
| Review and analysis of incidents/events | Self-reflection /evaluation form- |
| In service training | Self-reflection /evaluation form- |
| Audit activities | Self-reflection /evaluation form- |
| Peer review | Self-reflection /evaluation form- |
| Project work | Self-reflection /evaluation form- |
| Work shadowing/job rotation | Self-reflection /evaluation form- |

Group B: Learning from structured courses

|  |  |
| --- | --- |
| Seminars/Workshops/Lectures | Attendance form plus evaluation form |
| Specialist or multidisciplinary conferences | Attendance certificate plus evaluation form |
| Courses | Attendance form plus evaluation form |
| Qualifications gained | Qualification certificate or exam results letter |
| Learning from online sources | Documentation of website and learning points |
| Developing training courses | Details of course and your input |

Group C: Learning from self-directed personal work

|  |  |
| --- | --- |
| Journal article review-Self directed | Self-reflection /evaluation form |
| Case study | Copy of case report (patient identifiers removed) |
| Peer review paper submission | Copy of article |
| Teaching | Details of teaching sessions |
| Mentoring/student supervision | Details of staff/student and your role |
| Presentation at meeting/conference/course/seminar | Copy of presentation and invite for presentation or program for event |

1. A minimum of 18 entries over 3 years is required.
2. A minimum of 1 entry per category per year
3. CPD to be appropriate to level of role

Other types of CPD activity can be used as long as they meet the CPD principle of ongoing learning and self-reflection

Portfolio Instructions

Overview

A professional portfolio is a record of your professional development as a clinical physiologist. The portfolio belongs to you, is maintained by you, and is your responsibility to keep up to date.

It can be used as part of an interview for a clinical physiologist role, as part of your performance review with your employer, and to demonstrate ongoing clinical competence and professional development for professional society membership or professional registration.

Portfolio Tips

Ensure that no documents in your portfolio, in particular presentations or case studies contain the name of any patient under your or another health professional’s care. All patient identifiers must be deleted or covered.

Where possible do not identify any other health professional without their written permission, or use a reflection of an incident or event to bring any other health professional or profession into disrepute.

Organise CPD by calendar year.

Within each year, group the types A B and C forms separately from each other. Select only one group for each activity – not multiple groups.

Evidences:

* File evidences such as certificates with the related CPD form.
* If no evidence can be provided, you must have your clinical supervisor sign the CPD form.
* For PowerPoint presentations, print to PDF with 6 slides/page, as due to file size they are likely to cause email problems.
* One type of evidence is sufficient, e.g. for a conference attendance either an attendance certificate, OR a program, OR a registration receipt is sufficient – not all 3.
* Do not file bank account statements identifying your account number. Do not keep flight details and bookings, or accommodation receipts in your portfolio.

Methods of Portfolio Storage

When choosing how to store your portfolio documents, keep in mind how easy it will be for you to send these documents to CPRB if you are audited. Your decision may also depend on what technology is accessible to you, for example, do you have access to a multipage document scanner, a Dropbox account, a photocopier, PDF combining software. Choose a storage method that is both convenient for you, and convenient when you need to share the documents with CPRB.

We **do not** accept posted folders/ring binders/plastic sleeves with original documents.

Hard Copy Storage in a folder or binder:

This portfolio document can be printed, and pages 1-6 used as Section dividers.

Paper copies of any documents can be kept organised in each section.

File CPD by calendar year.

File CPD evidences with the relevant CPD learning outcome form, not separately.

Within each year, group types A, B and C forms separately.

Do not use staples.

Computer storage:

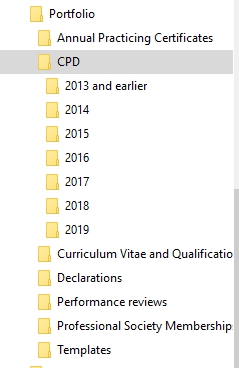
Make folders named after Sections 1-6.

Save CPD forms and evidences by calendar year.

Scan any paper documents and save into appropriate file.

File the evidence with the relevant CPD form, not separately.

Forms requiring signatures, i.e. those with no evidence, must be first printed and signed, then scanned and stored. Electronic signatures are not accepted.



Audit Process

If CPRB requests to see your portfolio as part of a routine audit, you will be notified by email. You will get 3 months warning, and a 1 month reminder. Read this carefully for specific instructions.

**Send** the previous 3 years of contents.

e.g.: CPD activities from the last 3 calendar years

Professional society memberships from the last 3 years

Your most recent CV

**Do not send**:

APC Declarations - CPRB already has this information.

CPRB payment receipts - we already have this.

Full PowerPoint presentations or other extremely large file size documents. Print to Pdf.

Entire educational content of presentations attended – in general 1 page for an evidence is sufficient.

Performance reviews, bank statements or other personal documents.

Anything with patient identifiers.

Original documents.

If you have not yet been practicing for 3 years, send in what you have completed to date.

If you have been on extended leave over that period of > 6 months (e.g. parental leave) inform the Registrar and an individual arrangement can be made.

Audit Outcomes:

* Passed Audit – you will receive an email advising the audit was passed. It may provide suggestions or feedback to improve your portfolio.
* Resubmission – you may be asked to provide more information.
* Failed Audit – you may be given an opportunity to provide more information in a set timeframe, or a request to re-audit in 1 year with suggestions for improvement.
* Failure to submit or resubmit a portfolio when requested, may result in loss of your APC.

How to send your Portfolio for Auditing:

**Method A** (preferred) – email to [admin@cprb.org.nz](mailto:admin@cprb.org.nz)

Take paper copies and scan, in order, into 1-4 pdf document files, e.g. one file, or one file per year. Attach to email, and send.

*Ensure you receive a reply that they have been received, as due to email account size limitations at either CPRB or your end, the email may not be sent or received. If you don’t get a reply within 1 week email the registrar for confirmation.*

If your documents are already scanned, use pdf combining software to make into between 1-4 documents, and attach to email.

Please do not email multiple individual pages.

**Method B** – USB

Copy your portfolio documents to a USB stick with a clearly labelled file and folder names.

If several people from your workplace wish to submit on the same USB stick, ensure documents are in clearly named and labelled individual folders.

Place USB between a piece of folded cardboard and tape to secure. Post to the registrar with a self-addressed envelope for return.



**Method C** – mail

Post **copies** of your documents, **in order**, with **no staples** to the registrar. They will scan and then discard. Please do not post originals, as they will not be returned.

Do not post folders, ring binders or plastic sleeves. Paperclips may be used.

**Method D** – Dropbox

Save your Portfolio documents to a single Dropbox folder. Share this folder with the registrar, and send email notification that it has been shared. Once you receive notification that the audit is passed, you can delete.

You will be advised when and where to send your portfolio at the time.

**E Portfolios:** Some DHBs are introducing E portfolios which can be shared for auditing. If you wish to share your documents as an E portfolio, please make arrangements with the Registrar. You will need to ensure the same minimum information is provided (e.g. group types), that it is shared with the correct people and is available for sufficient time for the audit to occur.