

PsycPrac CPD Manager User's Guide

Data structure

The data structure for CPD Manager is derived directly from the recommend format for reporting CPD activity as set out by the Psychology Board of Australia (PBA) in the document *Guidelines on Continuing Professional Development* (July 2010). The PBA says that the guidelines are based on the *World Federation for Medical Education Global Standards for CPD* (2003).

The hierarchical data structure

Period: One each twelve months

Plans: Each Period could have a number of plans

Journal Entries: One or more for any given Plan to cover about an hour of Log Entries

Log Entries: One or more for each Journal Entry with a total duration of about one hour

Periods: There is one CPD Period for each year that commences in a nominated month. The PBA requirement is to complete 30 hours of Continuing Professional Development (CPD) in the twelve month period. Ten of these hours must be Peer Consultation time; also a further 10 of the remaining 20 hours can be made up from 'Active' participation.

Plans: Each Period may consist of many plans. The likely optimal number of plans would be up to four for a single practitioner with a single professional focus. For example Plan One could be 'Multidisciplinary Care provision'; Plan Two could be 'Learning opportunities with Psychologist in clinical practice'. Plan Three could be 'Symposia for profession papers and workshops'. Plan Four could be 'Practice Management Processes'. Or Plan Four could be 'Learning a new psychometric'.

Journal Entries: Each Plan is expected to have at least one journal entry, each with at least one Log Entry. More likely a plan will have many Journal Entries. Some of these will have a number of Log Entries. Since each Journal Entry is expected to account for about an hour of learning, there will be no more than 30 Journal Entries over any twelve month period. Each Journal Entry is expected to contain a written outline of the content and relevance of each activity and to include the action taken in response to this learning.

Log Entries: Each Journal Entry will ideally account for one hour of Log Entries. Activities of less than an hour can be entered under the one Journal Entry (see Example 1). For two hours of Log Entries for a particular Plan, you would ideally create two Journal Entries to cover an hour each (see example 2).

Getting Started

Create a Period first.

Open the Plan Period Details window. Press the Clear/Add icon in the tool bar menu at the top of the page if there is data displayed in the data fields.

Enter the Commencement Month and the Commencement Year.

If this is your current period, then change The Current Period flag to "YES". It is important to have the Current Period flag set correctly because it effects the software operations. For example, whenever you enter a CPD Manager window, the current Period is automatically displayed.

Then enter the review date, which will be the date twelvemonth hence.

Then enter the number of hours that you are expected to complete in that period.

The Period Review text field is sufficient space for you to describe your practice as a psychologist; and to describe your learning needs and how you intend to achieve them. And then you will still have room to comment at the end of the period as a review.

Click the Save icon. Always Save. You can Save as you go. If you leave the window without Saving, then you will lose your entry.

Create Your Learning Plans.

Open the Learning Plans Details window. You will see that the Current Period will automatically display (providing the Current Period flag is set correctly).

Press the Clear/Add icon in the tool bar menu at the top of the page if there is data displayed in the data fields.

Enter the frequency that you expect to engage this Plan.

Enter a Plan Title for quick recognition.

Then using text, describe your Learning Needs, the Activities you expect to engage in and the Expected Outcomes.

Once this plan is completed, then provide an Outcome Review.

Click the Save icon in the tool bar. Always Save. You can Save as you go. If you leave the window without Saving, then you will lose your entry.

Journal and Log Entries.

Open the Journal/Log Details window. You will see that the Current Period will automatically display (providing the Current Period flag is set correctly).

Then select the Plan that you intend to work on. Use the Look Up List icon in the Learning Plan *Find* field.

You can then go ahead and create a Journal entry. To create a new Journal entry, just make sure that there is no existing Journal Entry displayed in the data fields. If there is an existing Journal Entry displayed, then press the Clear/Add icon in the tool bar.

You can at any time select an existing Journal Entry to edit, change, or update. You can of course select an existing Journal Entry and append an activity at any time.

Ideally, a Journal Entry covers about an hour of Log Entries. In other words, you could have say four 15-minutes Log Entries for one Journal Entry. Or you could have one Log

Entry that covers one hour. If for example you attended a Conference for one day, you would in that case break the day down into separate Journal/Log entries for each presenter.

Hours: accumulation and allocation

Hours are allocated to Total, Peer, and Active; and accumulated at three levels Period, Plans, and Journal Entries.

Hours for the Period are displayed in all three *CPD Manager* data-entry windows. The 'Period Total Hours' is the sum of all Hours for the Current Period. The hours are also displayed for each Plan in the Plan Details window and the Journal/Log Details window. The Journal/Log Details window shows the hours for each Journal Entry. The Journal Entry hours are the sum of Log Entries hours for that Journal Entry.

The Peer Consultation time is the portion of Total Hours that is assigned to peer-consultation. So during a Working Lunch with a GP over 45 minutes, if you have the focus on your Practice for 15 minutes of that activity, then in the Log Entry you assign 45 minutes to the total activity and 15 minutes to Peer Consultation.

In Example 1, there are two activities under the same Plan. In the Journal/Log Details window, one Journal Entry is created and both activities are assigned to the Journal Entry as two Log Entries.

Example: 1

Period Commencing:	July 2011	1.5 Total, 0.5 Peer, 0 Active
Plan Number 1:	Multidisciplinary Care Provision	1.5 Total, 0.5 Peer, 0 Active
Journal Entry 1:	GP lunch meetings	1.5 Total, 0.5 Peer, 0 Active
Log Entry 1.1:	Referral follow-up	45 Mins total, 15 minutes of peer consultation
Log Entry 1.2:	Difficult clients and management strategies	45 Mins total, 15 minutes of peer consultation

In example 1, Plan Number 1 is Multidisciplinary Care Provision. This is the plan, for argument sake, where you record meetings with other health professionals such as GPs, or Rehabilitation Consultants. In this example, you have had two lunch meetings with a GP where you both discussed a referral on one occasion and on another occasion you discussed the management of difficult clients. On both occasions you spent at least 15 minutes with a focus on your practice. One Journal Entry is sufficient to cover both meetings.

To accumulate Active hours, in the Journal/Log Details window, you merely flag the Log Entry as "YES" for active. This flag then assigns the Total Time to Active. Likewise a portion of this time can be allocated as Peer time if during the activity there was a focus on your Practice. Example 2 shows Active time as two Journal Entries.

In example 2, there are two activities under Plan Number 2 Learning with Psychologist in clinical practice. Both of these activities are one hour in duration, a total two hours; and both activities involved your active participation in the sense that you evaluated the writing of another psychologist and in turn you produced a written response.

Example 2: Accumulated from Example 1

Period Commencing:	July 2011	3.5 Total, 0.5 Peer, 2.0 Active
Plan Number 2:	Learning with Psychologist in clinical practice	2.0 Total, 0 Peer, 2.0 Active
Journal Entry 1:	Paper: Who drives the profession...?	1.0 Total, 0 Peer, 1.0 Active
Log Entry 1.1:	Analysing and reviewing the content of the paper	1.0 Hr Total, 0 Peer, 1.0 Active
Journal Entry 2:	Who drives the profession...? Response	1.0 Total, 0 Peer, 1.0 Active
Log Entry 2.1:	Written response to a group of psychologists	1.0 Hr Total, 0 Peer, 1.0 Active

In example 2, at the Period level, Plans 1 and 2 accumulate to a total of 3.5 Hours. Of these total hours, 0.5 are for Peer Consultations and 2 hours are Active.

Reports

The Psychology Board of Australia (PBA) in the document *Guidelines on Continuing Professional Development* (1st July 2010, Attachment C Templates) provides five templates for reporting purposes. By streamlining the five PBA templates, all the reporting requirements are adequately represented in the three reports described here.

The three reports are:...

- Ψ Period Summary Report
- Ψ Learning Plans Report
- Ψ Journal/Log Report.

Examples of these reports are attached below in the order above.

Print Peer Activity Verification

Once you have created a Peer Consultation Log Entry you then have the option to print a CPD Peer Activity Verification form. This form shows all the relevant Peer-activity entries and the Journal Entry and a place at the bottom of the form for your peer to sign. You could print the CPD Peer Activity Verification form, fax it to your peer for signing and have your peer fax it back, as an example. The PBA requires that you have external documents to support your CPD reports.

An example of a Peer Activity Verification form is attached below.

Operating Tips

Set 'Current Period' flag:

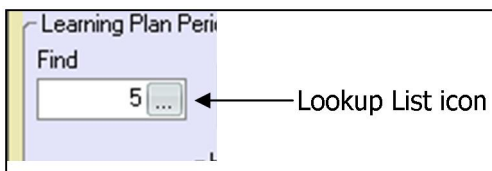
In the Plan Period Details window always flag the Current Period as 'YES'. When moving from one twelve month period to the next, flag the past Period as 'NO' for Current and flag the current Period as 'YES' for Current. This will allow the automatic screen-fills for the current Period.

Save:

Always Save. When in *PsycPrac* look at the top left corner of the screen to the second row below the *PsycPrac* Logo. See the word 'Save' in the Save icon. If 'Save' is black (not grey) then you need to Save, by clicking on the Save icon.

Finding a data entry:

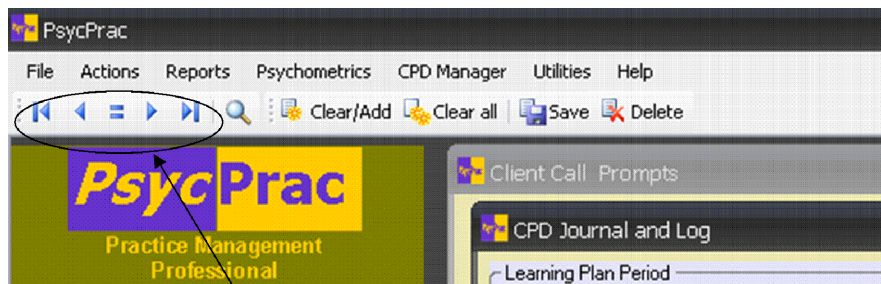
The data is hierarchical in its structure. You need a Period before you can find a Plan. You need a Plan before you can find a Journal Entry; and you need a Journal Entry before you can find Log Entries.



Data entries are found through the key-field which is the unique number for each unique data entry. The key-field number is not related to the content of the data entry. For example, Plan Two in the Current Period could have a unique identifier of 19. Data in the Lookup Lists are however presented in their logical order, for example Plans 1, 2 and 3 will be seen in that order even though the unique identifiers could in any order.

To find an entry you can just click on the key data field. You can call up the Lookup List by clicking on the Lookup List icon in the key data field. The Lookup List will appear on the screen and then you select or double-click the record that you're looking for.

Or you can use the arrows back and forth on the tool bar just under the menu bar at the top of the screen.



When the cursor is in the key field you can scroll back and forth or jump to the beginning or the end of the data range.

CPD Learning Period Summary

Dr Jon Presentedwell

Period Commencing: July 2010

Review Date: 01/11/2011

Number of Plans: 5

Hours Required: 30.00

Hours Completed: 23.25

Peer Consultation Hours: 6.25

Active Hours: 8.50

Period Review: I have devised four learning plans for this CPD period commencing July 2010.

As a psychologist I have a singular focus in clinical practice.

The vast bulk of my work is treating chronic depression and/or anxiety. Other cases include PTSD, pain management, relationships issues, and court reports. I do not treat children because I believe that I'm neither qualified nor equipped to do so.

My cases are mainly GP referrals for Mental Health Care Plans or NSW WorkCover. Some referrals come through various Employee Assistance Programs and self-referrals through my website.

The four Learning Plans directly relate to the requirements of my practice. For example, I need to keep in touch with the multidisciplinary care requirements for WorkCover clients. Also, I need to keep in touch with other psychologists to 'run it past them' from time to time to check my perspective and understanding. I will also take advantage of learning opportunities provided by seminars and workshops. Finally I need to maintain my practice as a sustainable business, which is in itself an essential ongoing learning requirement.

CPD Learning Plans

Dr Jon Presentedwell

1. Multidisciplinary Care Provision Commencing July 2010

Frequency:	Fortnightly	Total Hours:	1.5
Peer Consultation Hours:	0.5	Active Hours:	0
Journal Entries:	1		

Learning Needs: In clinical practice there is a need to keep abreast with the treatment needs of clients where other health care professions have an interest in the therapy outcome.

This learning-need applies particularly to WorkCover cases. There are often complexities in relation to the return-to-work agenda, which usually do not apply to general cases.

Activities: Case conferences with GPs or Rehabilitation Consultants. These include face-to-face meetings or telephone calls.

Expected Outcomes: More efficient outcomes.

Less workcover cases getting bogged down because of interfering agenda form either the client, the employer, or both.

Revised Outcomes:

2. Symposia for profession papers and workshops Commencing July 2010

Frequency:	Annually	Total Hours:	11.5
Peer Consultation Hours:	0	Active Hours:	3.5
Journal Entries:	7		

Learning Needs: The Plan here is to stay in touch with developments in modelling the issues of psychotherapy. There is a danger that I can become complacent and jaded with my own models. Here I can potentially learn two things from other psychologists.

Firstly, I can learn how to re-invigorate my own models. In other words, by seeing the modelling of another psychologist I can either introduce new elements into my own modelling, or I can learn that my own modelling is up to date and adequate.

Secondly, I can learn new modelling that has otherwise eluded me. Sometimes, with certain clients, I am left wondering what I could have done differently to be of use to that client. Stepping outside the square often provides a fresh perspective.

Activities: Attending workshops and symposia as they become available. For example the Psychology Private National Congress provides a rich yield of learning opportunities.

Expected Outcomes: To be reinvigorated and refreshed in my work in private clinical practice. This ensures that my clients get the best from me because I remain fresh and confident.

Revised Outcomes:

CPD Journal and Log Report

Dr Jon Presentedwell

1. Multidisciplinary Care Provision

Journal Entry: 1 of 1. GP follow-up

Period Commenced:	July 2010	Total Hours:	1.50
Dated:	30/12/2010	Active Hours:	0.00
Peer Consultation Hours:	0.50		

Journal Entry: Discussions with the GP often reveal details about the client that I might not otherwise find and that might help me in the delivery of the treatment.

Sometimes a difficult client presents from a GP's referral. In these cases it is helpful to find out from the GP how the referral came about. For example, a referral from this GP has done two no-shows. I discussed with the GP how I deal with and manage these contingencies. Even though the I'm bulkbilling the client, in the end, after two no-shows I tell the client that he is responsible for the fee and if there is a no-show, then I expect the client to cover the cost of the session. In this case the client told me that he wont be seeing me agian because of this.

Also, having a discussion with a GP about clients generally can help to clarify my own involvement with a client. It is sometime useful to get a view about a case from a completely different perspective.

Activities:

<u>24/12/2010</u>	<u>01:30PM</u>	Total Duration:	0Hr 45Min	Peer Focus:	0Hr 15Min	Active:	NO
		Format:	Working lunch				
		Focus of peer consultation:	Difficult clients and no-shows				
		Name(s) of peer(s):	Dr Jimmy Brown GP				
		Activity details:	Exchange of clinical observations				
		Endorsed area of practice:	Clinical Psychology				
<u>31/12/2010</u>	<u>01:00PM</u>	Total Duration:	0Hr 45Min	Peer Focus:	0Hr 15Min	Active:	NO
		Format:	Working lunch				
		Focus of peer consultation:	Clients and their agenda				
		Name(s) of peer(s):	Dr Jimmy Brown GP				
		Activity details:	Exchange of clinical observations				
		Endorsed area of practice:	Clinical Psychology				

2. Symposia for profession papers and workshops

Journal Entry: 1 of 7. Police and psychological injuries

Period Commenced:	July 2010	Total Hours:	1.25
Dated:	28/12/2010	Active Hours:	0.00
Peer Consultation Hours:	0.00		

Journal Entry: This paper explored the impact compensation entitlements can have on the treatment and recovery of police suffering from duty related psychological injuries, including post-traumatic stress disorder PTSD, depression and occupational burnout. Dr Peters is a clinical psychologist with 30 years of experience which includes treating in excess of 3000 police officers.

Activities:

<u>10/10/2010</u>	<u>09:00AM</u>	Total Duration:	1Hr 15Min	Peer Focus:	0Hr 0Min	Active:	NO
		Format:	Symposium				
		Focus of peer consultation:	The impact compensation entitlements can have on the treatment				
		Name(s) of peer(s):	Presenter Dr Roger Peters				
		Activity details:	Presentation lecture				
		Endorsed area of practice:	Clinical Psychology				

CPD Peer Activity Varification

Dr Jon Presentedwell

Period: July 2010

Plan Number: 1. Multidisciplinary Care Provision

Journal Entry: 1. GP follow-up

Journal Date: 30/12/2010

Journal Entry: Discussions with the GP often reveal details about the client that I might not otherwise find and that might help me in the delivery of the treatment.

Sometimes a difficult client presents from a GP's referral. In these cases it is helpful to find out from the GP how the referral came about. For example, a referral from this GP has done two no-shows. I discussed with the GP how I deal with and manage these contingencies. Even though I'm bulkbilling the client, in the end, after two no-shows I tell the client that he is responsible for the fee and if there is a no-show, then I expect the client to cover the cost of the session. In this case the client told me that he won't be seeing me again because of this.

Also, having a discussion with a GP about clients generally can help to clarify my own involvement with a client. It is sometimes useful to get a view about a case from a completely different perspective.

Activity Date: 24/12/2010

Total Duration: 0 Hr: 45 Mins

Peer Time: 0 Hr: 15 Mins

Focus of Consultation: Difficult clients and no-shows

Peer Name(s): Dr Jimmy Brown GP

Peer(s) Signiture: