

Fifty Ways to CPD

Do you realise just how skilled you are? Are you aware of many ways each day you are improving your knowledge and professionalism? Whether you are a recently trained therapist or someone who trained many years ago you will no doubt have heard the term CPD. This stands for Continuing Professional Development and is a system designed to help us all maintain and improve professionalism within whichever discipline we are trained, whether this be massage, Sports Massage, reflexology, aromatherapy, bodywork, Indian Head Massage, or any other complementary therapy. Lead Bodies in these therapies have set criteria for the number of CPD 'points' you need to undertake in order to maintain your professional status (around 20 points per year), allocating around five CPD points to items such as one-day workshops. However, you do not need to pay out more money for workshops and training in order to gain points. Here in A-Z form are fifty ideas for Continuing Professional Development!

1) Analyse significant events triggered by government legislation the complementary therapy industry is currently going through a period of intense change. How has the industry changed over the last 20 years? How do you see it evolving over the next 20 years? What impact will these changes have for you as a therapist? What impact will they have for your business? Or for members of the public? Are these changes the same in other countries? What challenges might you face? What opportunities? For those of you involved in sports massage, the 2012 Olympics will obviously be a hugely significant event. Already I am asking myself what is responsible for the growing number of people training in Sports Massage: Is it because we won the Olympic bid (thereby generating an increased awareness in all things sporting) or is it simply because the industry as a whole is growing? Has there been a significant event within your particular area of bodywork?

2) Attend conferences This is a great way to discover what's new in your field, hear keynote speakers and network with other therapists. They are usually large events, with many attendees and speakers who have much experience in their specialist fields. Their prime aim should be to disseminate information. I am particularly interested in how our understanding of anatomy and physiology impacts on our work as therapists so this year will be attending the Soft Tissue Conference in Newcastle, the Sports Massage and Sports Rehabilitation Conference in Bedfordshire plus another on the lower limb. For those of you with real enthusiasm there is a back pain conference coming up in Barcelona and a conference on Fascia later in the year in Boston. If there is no conference for your particular therapy, why is this? Could you help to organise one?

3) Be a tutor Have you ever been on a course and found yourself giving a fellow student lessons outside of the classroom in order to help them grasp a particular skill? Have you done this more than once? Did they pick up the skill? What did you learn from helping them in this way? Was it easy for you to teach them or were there challenges? Was it formal or informal? A tutor is someone who gives lessons privately or to students in a college and many aspects of tutoring fall under separate CPD headings, such as 'lecturing or teaching', 'supervising staff or students', 'research', etc. Existing tutors can usually claim CPD points for developing *new* courses and *new* workshops and tend not to get accredited with CPD points for doing the job they usually do.

4) Be an examiner as the complementary therapy industry grows so too will the demand for examiners. Although existing examiners would not be able to claim points for doing what they are already doing, newly appointed examiners would probably get points for the work required to familiarise themselves with the examination processes, or for making suggestions for improving the process, formulating examination questions or reflecting on their own ability to mark examination papers. As an APNT examiner, myself and my colleagues are currently looking at ways to improve the examination process for us, the schools running APNT courses and for the students themselves. This raises questions regarding how we test competency, and how best to do this for students with physical or learning difficulties. So whilst I cannot claim CPD points for carrying out actual examinations (as this is a job that I do regularly) I could probably claim points for developing new methods of examining students and for helping to formulate better or different examination procedures.



5) Branch meetings Therapists often comment on feeling isolated in their work and there is a growing need for us all to be setting up and attending branch meetings. Is there a branch for therapists in your area? If not, could you set one up? What do you need from a local branch and what might other therapists need? Whilst it is good to have an agenda, meetings can take almost any form, from informal coffee mornings to discuss opportunities or challenges, to mini workshops or more formal presentations with guest speakers.

6) Case studies A case study is accredited with CPD points if it includes information over and above what you would normally include in a your client notes. Do you have a client who would make a particularly interesting case study? Did you ever need to research a condition or find alternative ways to treat a client? Were you especially successful or unsuccessful with a particular treatment? Why do you think this was? Case studies are invaluable as collectively they help form our ongoing understanding of how physical therapy impacts on the human condition.

7) Coaching from others Coaching is similar to tutoring and tends to be used to describe the ongoing teaching of sports-specific skills. Have you ever received coaching relevant to your work? What form did this take? How long did it last? What was it like to receive? What were the advantages and disadvantages? What did you learn? Did you identify areas for further improvement? Coaching can count towards CPD but be sure to formalise your experiences by answering questions such as these.

8) Coaching others Have you ever had to coach someone? What were their learning objectives? What made you suitable to coach them? What was it like being the coach? Did you keep a formal record of their goals and achievements? What did you learn? Would you do anything differently next time? Coaching others can count towards CPD. Again, you need to formalise your experiences by answering questions such as these.

9) Courses Almost any course may be counted towards CPD points, providing it is relevant to your ongoing development as a therapist. So for example, if you are working with injuries you might take a course in strapping and taping; if you are treating clients in a hospice you might take a course in palliative care; if you need to manage other therapists you might take a management course; if you are teaching complementary therapies you might take a teaching course.

10) Courses accredited by a professional body - Most of the professional bodies in complementary therapies have lists of 'approved' courses. However, it is important to be aware that such courses may be 'accredited' because the provider of the course has paid for this, and not necessarily because the governing body has ranked the course above those available from other providers.

11) Discussions with colleagues Many of us do this all the time without realising that it can count towards CPD. Have you ever argued with a colleague for the use of one particular treatment over another? Or had a debate regarding ethics? Or needed to discuss the pros and cons of something? Whilst the discussions themselves do not need to be conducted in a formal manner, you do need to formalise your CPD submission for such discussions, perhaps with 'arguments for' and 'arguments against' and any conclusions you form. One of the discussions I have been keeping notes on in recent years concerns the treatment of clients with low back pain. There is much evidence in the world of physiotherapy to demonstrate that ongoing 'hands-on' treatment makes either no difference or may even worsen pain for clients with chronic back pain. So as a physiotherapist I should avoid manual therapy in favour of Cognitive Behavioural Therapy (put bluntly, this means helping the client to find their own coping mechanisms that do not involve me touching them!). However, as a massage therapist my intuition tells me that if I can help relieve or decrease a client's perception of pain, if even for a short time, their body may have a better chance of healing. If you are reading this as a Sports Massage Therapist perhaps you have come across the arguments for and against trapping and taping? Could you list these out and take sides? Can the rest of you think of examples from within your own therapy that might make for interesting discussion?



12) Distance learning This refers to formalised distance learning and it could be argued that The Open University is perhaps the expert at delivering this method of teaching in the UK. Sadly, there are few distance learning courses for therapists (perhaps because so much of what we do is skills based rather than theoretical), although subjects such as anatomy and physiology are popping up more often in this format. Most governing bodies will be able to advise you on how many CPD points such a course is worth.

13) Expanding your role Imagine you are a therapist in a growing clinic and the boss asks if you would mind 'keeping an eye' on new therapists when they start, solicits your input on how best to grow the business or asks if you'd mind testing out some new massage oils. It is possible that you would do this quite naturally anyway. Keeping a diary over the year/s of your changing role and increased responsibilities could be submitted as part of your CPD.

14) Filling in self-assessment questionnaires. I recently completed a self-assessment questionnaire (called the Myers-Briggs Type Indicator). This particular questionnaire assessed my preferences towards planning, leadership, communication, etc., and indicated how best I might respond to change, work in a group, stressful situations, etc. Whilst at first sight this may not seem relevant to my work as a therapist, I often operate as part of a team, so this was especially useful as it helped me understand and improve how I interact with the people with whom I work. It has provided me with a huge amount of extremely useful information that impacts directly on a large part of my work. Perhaps you have been asked to complete a questionnaire concerning your working environment? Or your preferences towards a particular therapy product or service? How has that benefited you as a therapist? What did you learn about yourself in the process?

15) Further education many courses of further education are awarded CPD points. Obviously, if you are an aromatherapist you might gain more points for taking a course in the use of aromatherapy oil for use in pregnancy rather than a course on how to play the guitar or Spanish cookery!

If you have not already done so, start a file in which you record your involvement in the above items. Keep entrance tickets, receipts and cover titles to prove you attendance. Record your discussions and observations about things you have attended, as well as notes made when reading articles, watching TV or DVDs.

16) Involvement with other employer activities are you on a committee at work? Do you help organise brainstorming sessions or help decide what goes into your clinic advertisements? Have you ever helped out your employer at a complementary therapy show by manning the stand or giving presentations or treatments? Have you ever helped your employer organise an event? These kinds of activities can actually count towards CPD providing you keep structured notes with regards to how much time you spent on the activity, whether you had to do any research or training to carry it out, what you learnt from completing the activity or how it impacted on your business, for example.

17) Involvement with a professional body Professional bodies sometimes need help and advice from people within the complementary therapies industry. Some of you may remember that last year we were asked to complete questionnaires concerning our therapies as part of the ongoing process of regulation. Completing the questionnaire could count towards CPD as could other tasks. For example, have you ever compiled statistics for a governing body or analysed its membership? Have you ever acted as Treasurer or helped co-ordinate teachers or schools? All of these may help towards your CPD.

18) Job rotation Physiotherapists are common with the concept of job rotation. On entering the NHS most will start their 'junior' rotations, working for a set length of time in one department such as orthopaedics or neurology or musculoskeletal outpatients, gaining skills and knowledge with each rotation. Beauty therapists may sometimes work this way, gaining experience in facials, waxing, nail care etc., all the time building on their beauty skills. In many clinics therapists are required to offer more than one therapy and may find themselves working in holistic massage, reflexology, hot stone therapy etc. Whilst you might take these changes and additions of task for granted, they could easily add to your CPD providing you appraise them accordingly, keeping notes detailing the skills you acquired or challenges each presented.



19) Journal club Journal Clubs are a fantastic way to keep up to date with current research, events and ideas within your therapy. To form one you simply schedule time you and other therapists will get together and review an article from a journal which is considered relevant to your therapy. Usually journal clubs are held at the same time and place each month in order to help facilitate continuity, during which members feed back what they have learnt rather than attempt to read the article there and then. You can decide whether all members of the club review the article and contribute their comments, or whether one person takes responsibility for doing this and tells the rest of the group what they felt about the article. The articles do not need to come from the same journal and obviously, you do not have to agree on whether you think an article is good or bad! Many journal clubs choose to review just one article per session and to generate discussion following feedback. A copy of each article reviewed is kept on file for reference.

20) Keeping a file of your progress In order to keep a file of your progress you need to know to what it is you are progressing! If you are on a structured course of study this is easy, as you usually need to attend certain lessons, complete certain homework and case studies and perhaps sit some exams. Your progress is easily monitored. However, we all know there are other ways to progress besides formal study. Let's say one of your goals is to become more confident as a therapist. How would you monitor this? How would you know when you were confident? Which markers are you going to use? What does 'confidence' mean to you? Does it mean being more assertive? Does it mean having more clients? Or being able to do deep tissue massage or having your own clinic or being mobile? Would you be more confident if you were able to practice more than one therapy? Or do one therapy better than anyone else you knew? Or work for yourself? Or work for someone else? In order to monitor progress in any aspect of our lives we need to clearly define the end goal. Once you have established your goal/s you can then work out how they might be achieved. The word progress implies a moving towards something. It is not simply a recording of a series of events! And it's obviously hugely personal. You could simply start by asking yourself the question 'how do I wish to progress as a therapist?' or 'where do I want to be in this industry within the next 5 years?'

21) Learning by doing It is extremely difficult to learn to ride a bicycle from reading a book alone. It is impossible to learn how to massage just by listening to a description of how to apply effleurage and petrissage etc. At some point, you have to actually 'do' the thing you are learning. I started teaching before I had taken my teaching qualifications. I learnt on the job as it were. I was in at the deep end and it was challenging. But there's no doubt that I learnt from the experience. At the time, I mentally acknowledge what worked and what didn't work, and quickly learned to do more of what worked. I discovered what students liked, what they didn't like, which room set ups worked, which were less helpful, how to establish an outstanding learning environment (and factors that threatened that environment), how to gain rapport, and how to lose it. Had I kept notes on my progress as a teacher I could have submitted them as part of my own CPD. However, that was a long time ago and I know better now! Is there something you are doing which is new to you which perhaps you are taking for granted? What have you already learned from it? What are you continuing to learn? What might assist your progress?

22) Lecturing and teaching This is an area overflowing with potential for CPD! Not only could you gain CPD points for delivering a lecture or teaching a subject for the first time, but for the research that went into putting it together, for developing your lesson plan, for reviewing how the session went and noting areas for improvement. Whilst I couldn't submit my workshops or courses for CPD (as I have been teaching them for some time and it is a regular part of my work) one of the things I *adore* about teaching is that I *always* learn from the people in class. Sometimes I learn a new technique, sometimes I learn a better way to teach a topic, or a different holding position, sometimes I learn about a new therapy or discover a great book or course or product. Sometimes I simply learn a new joke! So even when I can't submit my preparation or delivery of teaching materials for CPD, I can always submit all of the things I have learned and continued to learn in this fantastic profession!

23) Maintaining or developing specialist skills Sometimes, we need to do a lot of different things before we know which of them we like best. For those of us who are self employed there is a danger of trying to gain qualifications in as many different therapies as possible in order to increase the number of potential clients we might treat and thereby increase our incomes. Does this make us better all-round therapists?



Or are we in danger of becoming a jack-of-all-trades? Perhaps you are reading this as a newly qualified therapist who has already decided in which area of complementary therapy you wish to specialise? Or perhaps you have indeed trained in many therapies and have many different skills and are now wanting to specialise, having discovered which aspects of therapy you like best? Developing *specialist* skills is a very interesting area for CPD. For example, if you work in palliative care you might consider training in lymphatic drainage for the treatment of lymphoedema clients. If you work in sports massage perhaps you need to do a workshop in strapping and taping? Or pitch-side first aid? Do you find yourself working mainly with female clients and might benefit from a course in abdominal and uterine massage for treating female problems? One of the great aspects of complementary therapies at the present time is that there is so much choice for specialisation! Is there anything calling to *you*?

24) Membership of a specialist interest group You are no doubt aware that the field of complementary therapies is huge and split into many different disciplines. Even within these disciplines there are further divisions. For example, I work a lot with Sports Massage Therapists and I have to say you are a pretty varied bunch of people and that's great! Some of you work solely with sports clubs, attending matches and training sessions, strapping and taping and often helping to manage acute injuries. Some of you work with predominantly one group of sportspeople, such as runners (the most common!), cyclists or tennis players. Some of you treat what might be considered sporting conditions (sprained ankle, tight hamstrings, cramp, tennis elbow etc) yet most of your clients are not sporty as these conditions can affect anyone. And perhaps the largest component of therapists trained in Sports Massage actually treat very few sporting people, you simply wanted to learn how to assess and treat stiff shoulders, 'dodgey' knees, clients with low back pain etc., with deep tissue techniques without using your hands. So you can see that in one 'specialist' field (i.e. Sports Massage) there is actually further specialisation.

Have you noticed that we tend to gravitate towards those things in which we have a keen interest? What are you interested in? Do you find yourself working with one particular client group such as older adults, people with physical difficulties or office workers? Do you have knowledge and skills that would help other therapists treating these clients? What might be the benefits of starting a specialist group? In the first article in this series we looked at analysing events within the industry and considering changes that might come about within the next 20 years. I predict even further specialisation within sports massage so that we end up with, for example, specialist interest groups of therapists who work predominantly with golfers, those who treat horse riders, those who work mainly with upper limb conditions or lower limb conditions or hypermobile clients. Animal Therapies is likely to become more popular with therapists specialising between small mammals (cats and dogs) and equine therapies. What do you think?

25) Mentoring My dictionary tells me that a mentor is a 'wise, trusted advisor'. Often a mentor is someone who has done something that you want to do and agrees to help you do it too by advising you on the pitfalls, challenges and opportunities. They are common in business and counselling but much less common in the world of body therapies. It's nice to think of a mentor as being non-judgmental, helping to keep you on the right track with advice without this being too prescriptive. It is a highly skilled role and usually requires some degree of training. Do you think you have the qualities that might make for a good mentor? Are you successful in something relating to therapies that you would be willing to pass on to others? As an industry, do we need a list of people willing to mentor others? If you wanted to submit your role as a mentor for CPD points you would need to keep a record of who you were mentoring, what their goals were, the process you used to assist them (e.g. did you meet in person or mentor over the phone?), when the mentoring sessions took place etc.

26) Organising an accredited course In the second article we asked whether there was going to be increased specialisation within the therapeutic world over the next 20 years. We also noted that there were a great many opportunities for training. Are you skilled in a therapy which is not yet offered as an accredited course? Have you perhaps trained overseas in a therapy not yet as well known here? Putting a course together would benefit the industry as a whole yet takes time and consideration, not only to ensure that objectives are set and could be met, but that the accrediting body is satisfied.



27) Organising clubs, specialist meetings and conferences We have already mentioned the value of a Journal Club. Taking charge to organise something for which you are not normally responsible could count to CPD providing you were able to identify ways in which it enhanced your development as a therapist. For example, lets say you decide to organise a meeting to discuss the need for a specialist interest group in Deep Tissue Techniques. There are questions you will need to ask that will certainly add to your knowledge as a therapist. For example, what do you mean by Deep Tissue Techniques techniques that enable the therapist to apply firm pressure or techniques that enable you to access deep tissues? (These are not the same thing as many subtle techniques are gentle in nature and facilitate access to deeper tissues!) Which techniques will you include? How will you discover what these are? How do other people define 'deep tissue techniques'? Is there an existing standard? How will you get this information, from a journal, a governing body, the web, a training provider? Who will attend the meeting, those therapists already trained in deep tissue techniques or those wanting to train in them? How will you access your target audience? How many therapists do you want to invite, 20? 50? As many as possible? Who will chair the meeting? How will it be managed? Will you use a questionnaire and if so, who will create this? Already you can see that the job of Organising a meeting such as this could certainly be fuel for the submission of CPD points!

28) Other learning activities Learning is the acquisition of knowledge and skill. Traditionally we think of learning activities as attending classes, reading and perhaps watching DVDs. Sometimes you have to practice something repeatedly in order to become proficient at it like playing a musical instrument or navigating central London underground using the District and Circle lines. How many ways of learning can you think of that do not include those listed here in point 28? Any of them may help form part of your CPD submission providing as always, they facilitate your ongoing learning as a therapist.

29) Peer review This involves looking at someone doing the same work as you and making constructive criticism. Alternatively, they could turn their attention to you and do the same thing! Large organisations have set procedures for peer review, the aim of which is to help employees develop well within their chosen fields. Taking part in peer review requires a good facilitator and could count towards CPD.

30) Planning or running a course if planning and running courses is your business the not so good news is that you can't submit this for CPD. The good news is that you can submit the planning and running of a *new* course, one you have not run before, perhaps delivering different material or the same material but in a completely different way. Let's say you teach anatomy and have been teaching it to trainee therapists for several years. There is currently increasing demand for anatomy teachers to deliver their material using accelerated learning techniques. So you go on a course to learn such techniques. You then redesign your anatomy course to enable you to deliver it using your newly acquired skills. Because there is such a huge difference in the way anatomy is taught using traditional versus accelerated learning, you would certainly be able to submit the running of your course in this new way for CPD points. The really good news is that if you have never planned nor run any sort of course, much of that could be submitted for CPD!

31) Project work or practical management projects are a really great way to learn because they usually involve some in depth study or collation of material. Those of you who have degrees call your projects dissertations. Yet you don't need to wait to take a degree course or PhD to do a project, you can start one any time on any subject that interests you. I've met therapists who made a project out of researching which advanced course they were going to do next. They carried out web searches, went to libraries, contacted training providers, sat in on classes, met with former students, compared dates and venues and prices and generally collected a large body of material which they then used to help inform their decision on where and when they were going to spend their money and time. Some of you may have carried out a project without necessarily calling it that, when you investigated going into business for yourselves. You might have looked at locations, considered working from home or a clinic, thought about renting clinic space, looked at what equipment you needed etc. You probably had to think about a business card or brochure as well as how you were going to market yourself and what services you were going to provide. Perhaps you investigated 'competition' (or if you were really flash you'd have considered Strengths, Weaknesses, Opportunities, Threats). Is there a project you could start that would help you in your current position? Is there something that would help move you towards a goal and which perhaps requires some research?



32) Public service Physiotherapists are great at public service because we love telling people how to look after their backs and there's nothing that attracts people more than a bendy model spine and two people in white uniforms pointing at it. As massage therapists, reflexologists, aromatherapists, Reiki Healers, Indian Head Therapists, chiropractors, osteopaths, and bodyworkers of all disciplines we are all in a great position to offer useful information to the public. Most of the people within the therapeutic industry are more aware of health and wellbeing issues than the average member of the public, most of us practice what we preach, and most of us would willingly share this information in a non-prescriptive way that falls well within our scope for professional practice. Many of you offer 'taster' sessions not only to help raise awareness of your business but also because you like to help inform the public about complementary therapies. Next time you do so, consider submitting this for CPD.

33) Reading journals/articles Where oh where do we start!? There is so much to read and so many great things to learn in this profession that I'm lost for words! Whilst I type this I have a box on the floor called Jane's Reading Box. Into it I slip everything I'm planning to read relevant to my work. Already there are copies of Sports Injury Bulletin, SportEx Dynamics, SportEx Medicine, Frontline (the physiotherapy journal), an article on physiotherapy following hip surgery and of course, the last edition of Today's Therapist. It's important to read articles in a structured way if you are intending to submit this activity for CPD. Questions you might ask yourself could be, how has this article informed my work as a therapist? What did I learn that was new? Was it biased or unbiased towards a treatment or technique? Overall, was it helpful? Do I need to find more articles by this author or was it too technical for me? Was it too basic for me? Do I need to change my treatments as a result of what I have learned from the article? Has it inspired me to find out more about something?

34) Reading books Also in my Reading Box are books. One on top tips for trainers and one on how to create fantastic flip charts. There's a book on quantum mechanics and one on quantum healing (because I'm also interested in healing at a cellular level), plus the new Edward De Bono's book on creativity (because I collect books on how to generate ideas). Reading the first two would obviously help me generate CPD points because training is a big part of my job and so I want to be really good at it, always looking for new and better ways to present material in class. What books are you currently reading that could be counted towards your continued professional development?

35) Receiving Mentoring In the second part of this series we looked briefly at the role of a mentor with suggestions for using this towards CPD. What if instead of being the mentor you want to be mentored? Who could you ask? Whom do you admire? What have they done to which you also aspire? Obviously, to qualify for CPD points in this context you would need to clarify in what way your mentor was helping you to develop as a therapist.

36) Reflective practice If you are the sort of person who thinks back over situations and events then you would probably enjoy using reflective practice as part of your CPD submission. After teaching I often spend a long time reflecting and making notes on what went well during the session. I also ask questions such as, what didn't go so well, and what might be improved next time? Did I notice any interesting behaviour amongst the students and what impact, if any might this have on their future learning? Did I have all the resources I needed? Overall, did I do a good job? Were there any unexpected interruptions or challenges? What did I learn from the students themselves? Do I need to change or amend my plan for the next session? Reflective practice is easy to do in therapy. For example, following a treatment you could ask yourself questions such as, did I use any new techniques? If yes, how did that go, did the client enjoy them? Did I feel competent? Were the techniques effective? Perhaps you could reflect on the environment in which you are working: in what way does it really work for you? In what ways could it be improved? Is there enough space? Or too much space? Is it welcoming? Do you feel part of a team or isolated? Is the ambience right for the kind of treatments you provide? You could even reflect on a wider scale with regards to where you are now with your overall therapy practice. For example, why did you become a therapist? Do you still want to be a therapist? Are you happy with your level of skills? Would you like any other skills? How was it training as a therapist? What did you learn about yourself during training? Would you do it again!? In what ways have you progressed? (Do you think you have progressed?) If you continue to do what you are doing, how might you find yourself in five years time? Is that a good situation to be in or do you need to plan for change?



37) Research Research involves looking for answers in a focused way. Every time you search for a new workshop to attend you are doing research; when you call a colleague to ask if they know how to treat frozen shoulder you are doing research; keeping a record of how a client responds to different essential oils is a form of research. Compared to professions such as medicine we do not do enough research as

therapists, we all know that. And perhaps that's not surprising, as complementary therapies tends to attract people more interested in working with people than with data. Concerted research involves the collating of data, yet needn't be daunting. For example, I'm constantly encouraging sports masseurs to work with local running clubs in order to determine whether a measurement of the patella (called the 'Q' angle) really does predict the likelihood of lower limb injuries in runners. Not only would this be great fun to carry out (drawing on knees with lots of coloured body pens!), it would probably generate a lot of interest amongst the runners themselves, may lead to the therapist getting more clients and the results would add to our understanding of the importance of patella tracking.

38) Reviewing books or articles If you like reading then this is definitely one for you! As busy therapists we desperately need people to read relevant books and articles and write reviews which others might find helpful. Some of you may buy books from the web and I bet you scroll down to see if what you are buying has been reviewed? Does having a review help inform your decision to buy or not to buy? The challenge when reviewing is that you need to be clear, concise and balanced in your praise to or for a particular book or article. Many articles written for physiotherapists are actually of relevance to other body workers and yet may be written in rather technical language. It would be great to have therapists regularly reviewing articles relevant to bodywork in a way that will help inform our practice.

39) Secondments in military terms this means sending someone from a regiment to undertake a special duty. Many years ago, before I trained in therapies, I worked in a well-known high street shop as a sales assistant. I was often seconded to visit the head office in order to try on new designs recently imported so that the shop owners could decide how to label them (e.g. size 10, size 12, size 14 etc). It was my job, my special duty, to represent the "large size 14s." As this role required me to stand for long hours having pins stuck in me, I did not stay a shop assistant for long. However, had I wished to stay working in the world of retail this would have served as valuable experience. As therapists we often work alone and are mainly self employed but those of you working in clinics sometimes have the opportunity to undertake secondment-type jobs. If you are the sort of person who thrives on this, then you are flexible and find change stimulating. If your heart sinks at the thought of a change in routine then secondment is not for you. As with other aspects of CPD, it is important to make notes about your secondment and the ways in which it has helped you develop as a therapist. For which special duties could you volunteer?

40) Supervising research Sometimes you do not need to be doing the actual research yourself in order to be able to use this topic as part of your ongoing CPD. For example, I train students on the APNT sports massage diploma and one of their tasks is to complete a project of their choice that will benefit them in any aspect relating to their work. Whilst I do not actually carry out the projects, I often need to help co-ordinate things, provide comments and feedback that are helpful. I often read project proposals and identify whether the project is too short, or conversely whether it is going to be too long and difficult to carry out. I consider whether there are any ethical implications and how projects might be submitted (e.g. as videos, artwork presentations, formal presentations or simply a written document, etc.). Are you a good co-ordinator? Do you like to help organise things? Is there an area of research you have the opportunity to supervise?

41) Supervising staff or students Have you ever been asked to temporarily supervise staff or students? Do you ever have students on placement coming to your clinic as part of their training course? Do you use any documentation to help you? If not, could you do with some? Could you design it? What do the students expect to get from the placement? What do you learn from it as their supervisor? Keeping notes on these and other questions will assist you in your continued professional development and may help improve working practices for those of you who work in clinics.



42) Updating your knowledge through the internet, TV and DVDs don't you just love this one!? We are lucky to live in an age when visual information is widely available with many resources for therapists. Now you can purchase DVDs showing detailed anatomy as well as those demonstrating specific bodywork skills, and we can watch recordings of lectures and presentations on our laptops. In order to submit this kind of learning as part of your CPD it's useful to keep notes as to what you learned, and to identify subjects for which you need further information.

43) Updating your knowledge through audiotapes and CDs whilst typing this I am listening to some new CDs which I am thinking of using in class. Some of the music is uplifting, some of it calming and later I'll make notes about how and when I could use it. Obviously, I could submit this as part of my own CPD because I use music as part of work. Do you have music playing when you treat people? Will you stick to what you know or is it time to check out some new CDs? Could you play music between treatments to help re-energise? What would you choose?

44) Visiting other departments and reporting back In large organisations this was part of the traditional induction process for new employees. Working in large department stores, for example, staff were expected to be able to assist in all departments and were therefore required to familiarise themselves with each. In medicine doctors have traditionally undertaken junior rotations which helps give them an all round understanding of medicine prior to specialisation. However, as most of us work on our own or within small clinics there is little scope for this aspect of CPD, perhaps more so because there tend not to be 'departments' as many therapists are skilled in more than one therapy. However, as the industry continues to grow I predict the growth of more and more clinics offering more and more therapies and it may be possible for therapists working in a London clinic, for example, to visit the same clinic in Manchester and vice versa, reporting back on changes or similarities in practice.

45) Voluntary work I have to say, that of all of the ways to gain CPD points this is perhaps the one most ripe with opportunity yet the most overlooked! The nature of our skill as bodyworkers, coupled with our disposition of character makes us ideal volunteers. We naturally want to help people, feel good when we can help others feel better, and enjoy feeling we have made a difference. Some of you reading this will have provided massage at one-off annual events such as the London Marathon, often for recognised charities. Some of you will have volunteered to provide treatment regularly in hospitals and hospices. But your volunteer work can take other forms and does not necessarily have to involve you providing hands on therapy. Two therapists recently volunteered to assist me teaching a group of students their muscle origins and insertions (Ooooo! Do you remember learning all that!?). It was a group of mixed ability learners and I knew it was going to be fun and a little noisy so having two highly skilled assistants was of huge benefit to me. The therapists themselves felt good because it reinforced how much they now know and, as volunteers, the day counted towards their CPD points; the learners felt good because they were getting expert tuition, and I felt good because everyone was having a great time and we met our objectives for the day! What volunteer opportunities do you have?

46) Work shadowing - This is something many training therapist request but often find difficult to achieve, the opportunity to shadow a working therapist and learn from their observations. Trainee sports masseurs would find this particularly helpful as the assessment and treatment procedures in sports massage can be quite different from holistic massage. One of the challenges is that whilst the qualified therapists do not object, paying clients may be reluctant to have a student therapist observe them during treatment. Of course, this is not the case for all clients and more and more we are finding ways to set up clinics that enable training therapists to observe their colleagues. Is there someone you could shadow? What would be your aims and what would you be hoping to learn?

47) Workshops have you mastered something really well? Could you run a workshop in it? If running workshops is your job, then you can't claim CPD points but if you are new to this then it's perfectly acceptable. More than simply delivering the workshop you would need to keep notes on where it was held, who attended, your lesson plans, what the challenges and opportunities were and some self reflective practice demonstrating what you learned from the experience. With a growing number of therapists there will naturally be a growing demand for workshops and currently, there aren't enough of us training providers to meet this demand! What would you just love to tell other people about? What are you really good at? Which techniques do you use that give you the best results and to whom might you



teach these? Do you work with a particular client group and have specialist knowledge in that area? Why might running your first workshop be really good for you?

48) Writing articles or papers could you contribute to a magazine such as this? Do you contribute to a local newsletter? Unless you are actually a writer by profession and earn your living this way, you could submit the writing of articles as part of your CPD. What could you write about? Does this need to be something you already know or could you research something and feed back on it? Is there anyone with whom you could collaborate?

Phew - 48 ideas for how to keep up to date with your CPD. "Where's 49 & 50" I hear you cry. Now that you are in the swing of it, what do you think they could be? What else could you do?

If you'd like to discuss any of the points in this article then please be in touch.

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