



The Royal College of
Chiropractors

PRT Handbook

& Reflective Diary



PRT Handbook & Reflective Diary

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Issue 3

Summary and Checklist of PRT Requirements

<p>1. Practice-Based Learning 1.1 Trainer log - Regular contact and mutual observation between candidate and Trainer takes place. The Trainer completes a trainer log using the downloadable <i>Trainer Log Form</i>.</p>	<input type="checkbox"/>
<p>1.2 Candidate Progress Audit - Trainer audits the candidate's developing clinical proficiency, normally at 1, 5 and 9 months. Trainer and candidate document this using the downloadable <i>Candidate Progress Audit Forms</i>.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>2. Experiential Learning - Candidate observes three different allied health practitioners in practice. Each practitioner (or the candidate's Trainer) signs off the candidate's downloadable <i>Candidate Experiential Learning and Meeting Record</i>.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>3. Participation in Meetings/Events 3.1 Regional meetings A, B & C - Candidate attends 3 x regional PRT meetings and ensures the PRT Tutor signs off the downloadable <i>Practice-Based Learning Record</i> for each meeting.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>3.2 CPD events - Candidate attends two CPD events and ensures their <i>Practice-Based Learning Record</i> is signed off by the organiser for each event.</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>3.3 National/international conference - Candidate attends one national or international conference and ensures their <i>Practice-Based Learning Record</i> is signed off by the organiser.</p>	<input type="checkbox"/>
<p>4. Reflective Diary - Candidate makes regular entries in their <i>Reflective Diary</i> (at the back of this handbook) and ensures their <i>Practice-Based Learning Record</i> is signed off by their Trainer.</p>	<input type="checkbox"/>
<p>5. Learning Cycle - Candidate documents at least one complete learning cycle according to the downloadable <i>PRT Learning Cycle Form</i> and ensures their <i>Practice-Based Learning Record</i> is signed off by their Trainer.</p>	<input type="checkbox"/>
<p>6. Clinical Audit - Candidates undertake and document one complete cycle of clinical audit and ensures their <i>Practice-Based Learning Record</i> is signed off by their Trainer.</p>	<input type="checkbox"/>

Each requirement is described in detail in this handbook.

Please Note

The forms required to document your PRT activities are available for download at:

<http://rcc-uk.org/prt-forms/>

These forms can be completed electronically but must printed for signing.

Your reflective diary forms part of this handbook (see back pages). Please complete it by hand.

Examples of how all the forms should be completed are provided in the appendices in this handbook.

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Your details & key contact details:

Name:	
RCC 'regional faculty' (i.e. the RCC region in which you are based):	
PRT commencement date:	
RCC website access: http://rcc-uk.org/ (refer to RCC membership card)	User name:
	Password:
Online learning access: http://rcc.elearning247.com/	User name:
	Password:
PRT Trainer details:	
PRT Administrator:	Sandra Tigwell Tel: 0118 946 9727 Email: admin@rcc-uk.org
PRT Regional Tutor details:	
RCC Chief Executive:	Rob Finch Tel: 0118 946 9727 Email: rob.finch@rcc-uk.org

Should you have any problems or queries relating to the PRT programme that cannot be resolved by your Trainer, please contact the PRT Administrator at the Royal College of Chiropractors' offices who will be able to help or identify other sources of help for you as necessary. Should you have a formal complaint or grievance, please refer to the relevant section in this handbook.

Useful web-links:

RCC website	
RCC website:	http://rcc-uk.org/
PRT forms for download:	http://rcc-uk.org/prt-forms/
General PRT information: (log in for access to secure sub-menu items):	http://rcc-uk.org/prt/
Clinical audit resources: (log in required)	http://rcc-uk.org/clinical-audit-resources/
RCC Quality Standards:	http://rcc-uk.org/quality-standards/
RCC CPD & PRT events:	http://rcc-uk.org/rcc-events/
RCC membership benefits:	http://cld.bz/IOufsP
Other	
Online learning website:	http://rcc.elearning247.com/
CPiRLS website:	http://www.cpirls.org/
GCC website:	http://www.gcc-uk.org/

Social media:

RCC Facebook page:	https://www.facebook.com/royalcollegeofchiropractors
RCC Research Forum Private Facebook Group:	Email admin@rcc-uk.org to request access

Dear PRT Candidate,

Welcome to the 'PRT' Postgraduate Training Programme!

The PRT programme provides a framework for the period of postgraduate training and professional development which takes place immediately after successful completion of undergraduate chiropractic education. PRT enables newly-qualified chiropractors to work in professional clinical settings in regular contact with a more experienced colleague who acts as their trainer/mentor, i.e. their 'PRT Trainer'. In addition to practical clinical aspects, further structured education is provided at meetings held within your region organised by a Regional PRT Tutor.



Marcel Morelli FRCC
PRT Director

The overarching aim of PRT is a smooth transition from the undergraduate setting to autonomous professional practice in the clinical setting.

Enrolment on the Royal College of Chiropractors' PRT scheme is a requirement for new graduates wishing to join the BCA or MCA and is recommended by the UCA. But regardless of which association you join, or whether you join an association at all, the PRT is open to you.

Enrolling on the PRT programme also means enrolling as a Provisional Member of the Royal College of Chiropractors, which means the usual membership benefits of the latter are part of the package.

Requirement for successful completion of the PRT Scheme

Upon successful completion of the PRT programme, Provisional RCC Members become eligible for Licentiate Membership (with a certificate and the post-nominal letters 'LRCC'). There are clear routes to other levels of membership, details of which are available on the RCC website (www.rcc-uk.org).

Getting started on the PRT programme

Having received this handbook, you now have all the materials you need to get started, but you must identify a PRT Trainer if you have not done so already. For some PRT candidates, their Trainer is the Principal, Partner or other experienced chiropractor in the practice in which they take up an associate position. For others, their Trainer is an experienced chiropractor working in a separate clinic. Please liaise with the RCC's PRT Administrators if you are having any difficulty identifying a suitable Trainer. We are always able to make other arrangements for you if necessary.

It is important that you read the contents of this handbook in full. If you have any questions about the contents, the accompanying resources or the operation of the scheme, or if at any time during your participation you have any problems or queries, there are a number of sources of help available to you. These are indicated on page 6 of this handbook. Please ensure you allow one or other of these RCC contacts an opportunity to resolve any problems before approaching your professional association. A formal complaints/grievance procedure is in place for your protection should you need to use it. Details are included in Appendix 8 of this handbook.

RCC website – www.rcc-uk.org

The RCC's website has a specific, secure area for PRT candidates. Please log in using the unique membership username and password provided on your RCC membership card (or contact us for a reminder). From here you can download the electronic forms you and your Trainer need to complete as part of the PRT programme. **Please note that it is your responsibility, not the responsibility of your Trainer, to download these forms and to ensure they are completed appropriately.** Additional resources are also available, including *The Unofficial Graduate Manual*, written by graduates for graduates. Details of the regional PRT Meetings and CPD events can also be found on the website.

Membership

Please note that as a Provisional Member of the RCC, membership benefits are available to you including free access to the RCC's annual general meeting/winter conference, the RCC's summer conference, subscription to *Articulate* (the RCC e-magazine) and a range of discounts on courses and books.

Online learning

PRT Candidates have free access to a suite of 8 online modules to help them develop their business skills, either in support of setting up a new business or actively contributing to the development of the business in which they work. Access to these modules is provided on request. Please contact the PRT Administrator (contact details on page 6 of this handbook).

Staying in contact with the RCC

Please keep in regular contact with the RCC and inform the RCC office promptly of any changes to your contact details or of any problems - we are here to help. We will contact you periodically for an update on your progress and will ask you to provide feedback on the programme.

And finally....

We would like to take this opportunity to wish you the best of luck with your postgraduate training on the PRT Programme. We hope you find it a rewarding and enjoyable experience. Do not hesitate to tell us if there is anything we can do to improve either the programme or our procedures.

Yours faithfully,

Marcel Morelli FRCC
Director of PRT

1. Practice-Based Learning

In order to fully participate in the programme, each PRT candidate must be partnered with a Trainer who has been approved by the RCC. In order for the Trainer/PRT candidate relationship to be useful and effective, there must be regular contact. Contact should be taken to mean: Trainer observing candidate, candidate observing Trainer, participation in structured practice meetings, discussion of individual cases and an assessment of the development of clinical proficiency.

The number of contact hours is not specified but contact at least once per week would normally be expected, particularly in the initial stages. It is important for a new graduate to have access to the Trainer for as long as is needed. Note that some contact and support may take place by telephone, e-mail etc.

1.1 Trainer Log

A *Trainer Log Form* is provided for download on the RCC website. This is completed by the Trainer and should be kept throughout the entire period of the PRT to provide a record of how the contact hours have been utilised. Please download this form and forward it to your Trainer, or inform them of the link.

An example of how the Trainer Log should be completed is illustrated on page 27 of this handbook.

Towards the end of your PRT programme, you must ask your Trainer to sign the relevant part of your *Candidate Practice-Based Learning Record*, also provided for download on the website, to confirm that regular contact has occurred and entries have been made in the Trainer Log.

An example of how a completed Practice-Based Learning Record should look is illustrated on page 51 of this handbook.

1.2 Candidate Progress Audit

As a chiropractic graduate, you have demonstrated clinical competency to satisfy the requirements of the General Chiropractic Council. The purpose of the PRT Candidate Progress Audit process is to support the transition from competency (at the point of qualification) towards levels of proficiency.

The *Candidate Progress Audit Forms*, which guide the process, are provided for download on the RCC website and you should download these ready for your Trainer to use.

Using these forms, proficiency in 12 clinical areas is rated by your Trainer, normally at approximately 1 month, 5 months and 9 months from the start of your PRT programme. A rating scale is provided for each clinical area and your Trainer rates your current position on the scale. In order to assist the Trainer to be objective, 'anchor statements' are provided, which are self-explanatory. There is every expectation that from the start, and for each clinical area, every PRT candidate will be rated at 5 or above, but do not worry if this is not the case as the candidate progress audit is not a pass/fail assessment but a means of promoting and recognising progress.

Achieving and maintaining a rating of 5 is perfectly satisfactory, but the audit process allows progress up the scale from 5 to be recorded as you become more proficient. It is the monitoring of this progress both by the PRT candidate and the Trainer which facilitates reflection, provision of feedback and agreement of objectives for future development. The tables on the third page of each audit form facilitate these processes. Should the Trainer feel a rating of less than 5 is warranted in any area, the audit documentation provides a clear record of the agreed objectives required to address this. The whole process is intended to be non-threatening and helpful in facilitating the development of clinical proficiency.

How to undertake each audit

The candidate progress audit should normally be undertaken at approximately 1, 5 and 9 months using the relevant form in each case. For each audit, the following procedure should be followed, in the order indicated:

1. The Trainer asks the candidate to complete the candidate comments section on the third page of the audit document.
2. The Trainer rates the candidate in the 12 clinical areas by circling the appropriate number on the scale in each case. The 'anchor statements' provided are to guide the Trainer.
3. The Trainer uses the ratings to help them complete the Trainer comments section on the third page of the document.
4. The Trainer shares the ratings openly with the candidate and learning objectives are agreed.

After the 9 month audit, the Trainer completes a concluding statement before signing off the PRT completion certificate.

An example of how the Candidate Progress Audit documentation should be completed is illustrated on pages 28-47 of this handbook.

Once the three stages of the process have been completed, please prompt your Trainer to sign the relevant part of your *Candidate Practice-Based Learning Record*.

2. Experiential Learning

There is a requirement for PRT candidates to observe members of other healthcare professions in their 'day to day' work. Candidates are expected to observe three different disciplines over the PRT year. According to your or your Trainer's contacts, these may be a local GP, hospital consultant, physiotherapist, podiatrist, osteopath, health visitor etc. Observing other chiropractors at every opportunity throughout your PRT is positively encouraged, but you must observe three non-chiropractors to meet the Experiential Learning element of the programme.

The purpose of these observations is to help foster a clearer understanding of how other professionals work, to provide them with a clear picture of how chiropractors work and, hopefully, to help develop referral relationships.

The fact that these observations have taken place must be recorded in your *Candidate Experiential Learning and Meeting Record*. Please ensure the practitioner concerned, or your Trainer, signs your form.

An example of how a completed Candidate Experiential Learning and Meeting Record should look is illustrated on page 50 of this handbook.

3. Participation in Meetings/Events

3.1 PRT Regional meetings A, B & C

Each PRT candidate attends three one-day regional PRT meetings (A,B,C) which are held regionally during the PRT year. Attendance at all three is a requirement of the programme although exemption can be sought in writing for one of these meetings if the candidate can demonstrate that they have undertaken suitable alternative training. The three meetings cover the topics outlined in the table below:

Meeting A	Communication and presentation skills; direct communication; empathy; dealing with difficult patients; public speaking
Meeting B	Setting up a business, marketing; Dealing with emergencies
Meeting C	Record keeping; Letter writing

Supporting materials, handouts and reading lists are provided by the PRT Tutor.

It is the candidate's responsibility to make arrangements to attend the PRT meetings and it is expected that each candidate will attend the meetings arranged within his/her own region. However, if this is not possible, it will be necessary to arrange to travel to another region to attend the meetings.

We recognise that learning requirements vary among graduates, and the spirit in which the PRT regional meetings should run is one where those with pre-chiropractic experience of business or other professions, for example, share this experience with their Tutor and peers, fostering the development of a learning culture. The PRT is about contributing as well as benefiting from the support provided.

The exact dates of PRT Meetings will vary depending upon the regional faculty. This is arranged by the faculty PRT Tutors in association with the PRT Administrator. While they should inform you of the dates of meetings, please make contact if you have not heard anything from them within a month of commencing the programme. Note that all PRT

meetings are advertised, with enrolment details, on the RCC website at www.rcc-uk.org

Please do not arrive unannounced at a PRT meeting. Tutors prepare in advance for a given number of delegates and the venue/catering arrangements and materials available may not be sufficient for a larger number than planned. Late registration will probably be fine, but please inform the Tutor directly and/or the PRT Administrator of your intentions.

Any queries in relation to the PRT Meetings should be directed to your Regional PRT Tutor. The PRT Administrator will also be happy to assist if you are having any difficulties. Every effort is made for details of the meetings to be posted on the RCC website well in advance and Tutors notify PRT candidates individually by post and/or email.

You must ensure your PRT Tutor confirms your attendance at each meeting by signing off your *Practice-Based Learning Record*.

N.B. Online learning modules

The RCC has produced a suite of online learning modules to support PRT candidates in areas of business development, such as marketing and advertising. Enrolment normally happens automatically, but please contact the PRT Administrator if you wish to be enrolled but have not been.

3.2 CPD Events

Each PRT candidate is required to attend at least two CPD events, normally those organised in your region. These are often evening meetings and are open to all RCC members, not just PRT candidates.

PRT candidates can attend meetings *in any region* although, ideally, meetings within the candidate's own Faculty are preferable in terms of integration into the chiropractic community. Attendance at two regional evening events is included in the PRT fee. The purpose of requiring you to attend CPD meetings is to assist your integration into your regional chiropractic community as well as helping you meet your statutory CPD requirement.

N.B. PRT candidates may be able attend non-RCC CPD events instead of RCC events if the timing of the latter is not convenient. However, approval for this must be sought via the PRT Administrator. PRT candidates are responsible for the full cost of any non-RCC CPD events they choose to attend.

Exact dates and details of CPD events are published in the CPD courses section of the RCC website at: www.rcc-uk.org and this will usually be the source of the most up-to-date information. In addition, the RCC's regional chairperson will be notified when provisional members join the region so that their names can be added to the mailing list for any regional information, which is distributed by email and/or post. Do let the PRT Administrator know if you do not hear anything about regional events.

Attendance at CPD Seminars must be recorded in the aforementioned *Candidate Experiential Learning and Meeting Record*. You must ensure the organiser signs off your form in each case.

3.3 National Conference

Each PRT candidate is required to attend at least one national or international chiropractic conference during the course of the year. This would normally be the conference of the PRT candidate's professional association.

Note that the RCC's AGM, held in January, is also a suitable event and is provided free of charge to RCC members.

The requirement to attend a national or international conference is all about fostering the process whereby newly-qualified chiropractors become a part of the wider chiropractic community.

Attendance at a national chiropractic conference must be recorded in the aforementioned *Candidate Experiential Learning and Meeting Record* form. You must ensure the organiser signs off your form.

4. Reflective Diary

Reflection is a vital component of work-based learning. Donald Schon, in his classic work 'The Reflective Practitioner: How Professionals Think in Action' (London: Temple Smith, 1983), highlighted the importance of professionals thinking about their actions and experiences, i.e. reflecting on them, in order to better understand them. It is now common educational practice to facilitate reflection as part of work-based learning, to encourage practitioners to record and think about their professional activities, thus bridging the gap between experience and learning.

There are many ways to facilitate effective reflection but for the purposes of the PRT programme, candidates are required to keep a reflective diary. This should be used to record and reflect upon 'key learning incidents', i.e. positive experiences, queries and any difficulties of everyday practice. The reflective diary should sit on your desk so that day-to-day incidents can be easily noted and then referred to, thought about and investigated at a convenient time.

For this reason, we have included reflective diary pages at the back of this handbook for you to complete *in situ* (rather than providing pages for download and electronic completion as we have done for all the other PRT documentation).

Please keep this handbook with you at all times when working so that you are always in a position to jot down any learning incidents experienced.

What to include in your diary entries

Learning incident (success/concern/queries/experiences)

In this column, the key learning incidents should be simply described. Learning incidents are experiences/events in which a decision was made, something worked well, a conflict occurred, a problem was resolved, you became aware of a shortcoming in your knowledge etc.

Thoughts, findings and identified need for further learning

In this column, your thoughts and the sense made of the relevant critical incident should be recorded. These entries should not be hampered by a need to use perfect grammar. They should be written freely in a manner that reflects thoughts and findings,

perhaps following any reading undertaken or discussions had with the Trainer, or others, regarding the incident. The outcome may be an identified learning need in order to prepare for similar experiences or events in the future. This should feed into a learning cycle (see next section).

We have provided an example page from a reflective diary on page 48 of this handbook to illustrate the types of items you might record on your own reflective diary pages. Note that the emphasis is on simplicity; completion of the diary is not intended to be onerous or cause difficulty.

Reflective Diary - requirement for the purposes of the PRT programme

It is expected that the diary will be used regularly as a learning tool that will help focus discussions between the candidate and Trainer. The Trainer will expect to see that you are using the diary regularly. Although there is no intention to be prescriptive about the diary's use, the Trainer will wish to check for a minimum of six entries per quarter.

Towards the end of your PRT programme, please prompt your Trainer to sign off the relevant part of your *Candidate Practice-Based Learning Record*.

CPiRLS

All PRT participants are strongly encouraged to participate in the use of CPiRLS (Chiropractic Patient Incident Reporting and Learning System). Using this online system, safety incidents and near misses are submitted to a central database such that all chiropractors can learn from the collective experience. For full details, visit www.cpirls.org and log in using the special access details provided on your RCC membership card.



5. Learning Cycle

All chiropractors must demonstrate the completion of at least one full learning cycle for the purposes of the General Chiropractic Council's statutory CPD programme.

The GCC defines the cycle as shown in figure 1:

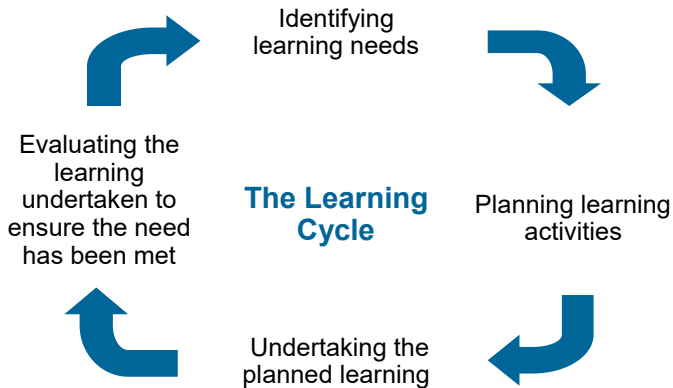


Figure 1. The Learning Cycle

The process is cyclical because if the learning need is not fully met, further learning is required.

Identifying learning needs

You will find that as you start to make entries in your reflective diary and participate in other aspects of the PRT programme (regional meetings, CPD events, observations of other practitioners), you will begin to identify clear learning needs. These effectively feed in as the first stage in one or more learning cycles.

Planning your learning

The second stage of a learning cycle, planning, is all about focusing on the identified learning need and planning how you will address this need in terms of learning activities. It ensures you focus on where you are now (in terms of your knowledge/skills in a particular area), where you want to get to and how you will get there. For the purposes of PRT, discussions with your Trainer will assist you in planning to address all of your learning needs.

Undertaking and evaluating learning

The final two stages in the learning cycle are to undertake the learning you have planned and, finally, to evaluate the effectiveness of the learning to determine whether you have satisfied your learning need and applied your new knowledge/skills.

Documenting learning cycles - requirement for the purposes of the PRT programme

Structuring all of your learning in cycles is helpful to ensure your learning is effective and focused on need and, as already mentioned, because you are required to document at least one learning cycle for the purposes of statutory CPD. A downloadable [Learning Cycle Form](#) very similar in its format to the GCC document, is provided on the RCC website and you are encouraged to fill in a template for each major learning need you identify/address over the course of your PRT programme.

Confirmed completion of at least one full learning cycle is a requirement of the PRT programme. Please prompt your Trainer to sign the relevant part of your [Candidate Practice-Based Learning Record](#) when you have done this. You may wish to document this same learning cycle on the relevant GCC form for the purposes of statutory CPD.

An example of how a completed learning cycle form might look is illustrated on page 49 of this handbook.

6. Clinical Audit

Clinical audit is a quality-improvement process that seeks to improve patient care and clinical outcomes through the systematic review of care against explicit criteria and the implementation of change. Clinical audit is an important part of any healthcare service as it helps ensure the best possible care is delivered.

Clinical Audit is undertaken in cycles, the components of which are illustrated in figure 2 and described below:



Figure 2. The Clinical Audit Cycle

1. Selecting a topic to audit

Your selection of a topic for audit might be triggered by an issue or problem you/the team in which you work have identified yourself that you need to quantify and resolve, or a wish to establish the extent to which your practices match a best practice standard and to work towards that standard.

2. Defining best practice

The defined best practice standard on which you base your audit may be a national guideline or the GCC code, or simply something you have agreed locally within your team, perhaps with reference to patient views.

The standard essentially has two components: a single criterion, i.e. a measurable statement of best practice, and a quantifier, i.e. The

performance level that meets the criterion, normally a percentage.
Here is a simple example of a topic and standard:

Topic = Do we seek patients' consent for treatment?

Standard: In all cases, patient consent is recorded in their notes

Criterion = The consent of patients is recorded in their notes

Quantifier = *All* patients (i.e. 100%)

3. Measure current practice

This involves collating data, for example from patient records or from questionnaires.

4. Compare current practice to best practice

This involves comparing the measured performance to the defined standard to determine the level of compliance and hence the need for any changes to be implemented.

5. Make changes

Depending on the nature of your audit and the findings, changes to be implemented may include, for example, revisions to patient information, undertaking further training/CPD, changes to policy/documentation or agreed new ways of working.

6. Re-audit

Clinical audit is a cyclical process and so the process may be repeated though two or more rounds. Thus, once changes have been implemented, performance should be measured again to establish whether the identified standard is closer to being met.

Clearly, identifying areas where your and the clinic's performance could be better will lead to improvement if changes are made. The inclusion of an audit requirement as part of the PRT programme is designed to assist and encourage you to incorporate audit as a routine part of your clinical practice.

In order to guide you in undertaking a clinical audit, you are referred to the PRT candidate resources section of the RCC's website (visit www.rcc-uk.org, log in and choose PRT > Candidate resources) from where a set of audit resources including useful, straightforward audit toolkits can be downloaded and used. The same resources can be accessed from the Audit and Health Policy menus. Note that staff and officers at the RCC have expertise in Clinical Audit, so if you need advice, do contact the PRT Administrator in the first instance.

For the purposes of the PRT programme, you must complete one full cycle of a relevant audit (as illustrated on page 21 of this

handbook). **It does not have to be one of the audits on the RCC website.** Do speak to your Trainer about your audit plans.

When you have completed your audit cycle, please discuss your findings with your Trainer and ask them to sign the relevant part of your *Practice-Based Learning Record*.

7. Important information regarding PRT completion

As has already been explained in this handbook, completion of the various elements of the PRT programme is confirmed by your Trainer, or other person as indicated, signing off your *Candidate Experiential Learning and Meeting Record* and your *Candidate Practice-Based Learning Record*, completed examples of which are illustrated on pages 50 and 51 of this handbook. It is your responsibility to download these forms from the RCC website and collect the signatures you need.

Once both record forms are complete, please send them to the PRT Administrator at the RCC. You do not need to send us anything else.

PRT Office
Royal College of Chiropractors
Chiltern Chambers
St Peter's Avenue
Reading RG4 7DH
UK

It is essential that you retain copies of your forms. Please telephone the RCC office if you have not received acknowledgement of receipt within one working week. Only on safe receipt of these forms can we confirm that you have completed the PRT programme.

8. What happens after PRT?

Having successfully completed the PRT programme, you are eligible for Licentiate membership of the Royal College of Chiropractors. Licentiate members receive a Royal College certificate and can use the letters 'LRCC' after their name. You will automatically be contacted in this regard once your PRT programme is complete.

We hope you decide to remain with the RCC which provides a unique, non-political, academic membership body for the profession, dedicated to improving and defining standards of care through education and research. Continuing to be a part of the RCC means you are actively contributing to its good work and thus signalling your professionalism and commitment to continuing professional development and provision of the highest quality care in the best interests of patients.

Moving through Licentiate, Membership and Fellowship of the RCC defines a recognised career path in the profession that has otherwise been absent. Thus, in time, Licentiate members can progress to full Membership (MRCC) and Fellowship (FRCC) via achievement of further qualifications, or through equivalent professional achievement, as explained in the 'membership' menu on the RCC website at www.rcc-uk.org

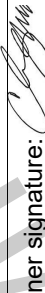

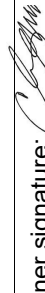

Continuing to be part of the RCC ensures continued access to the usual membership benefits. These are described online at <http://cld.bz/IOufsP> and covered in detail on the RCC website, and include:





- Access to interest groups involved in specialist areas, such as sport & exercise and paediatric practice, to help you develop your special skills;
- Access to the RCC's various quality initiatives, including the Patient Partnership and Clinical Management Quality Marks, which serve to promote and highlight excellence in the clinical services you provide;
- Subsidised access to the RCC's national programme of CPD events to help you stay up-to-date;
- Free access to the RCC AGM/conference which provides a unique programme of high quality CPD and an opportunity to meet up with colleagues from all over the UK;
- Access to study bursaries and grants to help you enhance your knowledge and skills.

If you have any questions or comments about RCC membership, please do not hesitate to contact the RCC office.

APPENDICES

APPENDIX 1. Trainer Log Form with example entries

Date	Key points discussed	Action agreed
10/4/14	Graduate highlighted the case of a male patient, 80 YOA with persistent knee pain but no knee pathology apparent on x-ray, not responding after 5 treatments. We discussed the likelihood of the knee pain being referred from an underlying hip pathology.	<p>We agreed this particular patient should be referred back to their GP with a letter detailing treatment to date and outcome, Trainer to assist in finalising the referral letter.</p> <p>Trainer signature:  Candidate signature: </p>
17/4/14	Discussed the appropriate evaluation of a patient with disc-related LBP and the usefulness of rating the severity/degree of disc involvement when formulating a management plan. Discussed when to refer a patient for alternative management.	<p>Graduate to review patient histories and physical presentations that have discal components.</p> <p>Trainer signature:  Candidate signature: </p>

28/4/14	<p>We discussed appropriate management/referral for patients with high blood pressure. Also discussed management of patients with fibromyalgia including how we explain the condition and how we can help.</p>	<p>Graduate to review WHO guidelines on high blood pressure. Graduate to undertake a literature search on fibromyalgia and chiropractic, and to review NICE guidelines for fibromyalgia management.</p>
5/5/14	<p>Discussed the role of vitamin D and how we know if a patient is deficient i.e. what are the signs and symptoms of vitamin D deficiency?</p>	<p>Trainer signature:  Candidate signature: </p> <p>Graduate to re-watch and make notes on informative vitamin D online documentary, and to revise MChiro nutrition information on the role of vitamin D.</p>
		<p>Trainer signature:  Candidate signature: </p>

APPENDIX 2. Candidate Progress Audit Forms with example entries

Candidate Progress Audit – 1 month

1. History taking:									
Always thorough and complete; all information recorded in a manner that facilitates ready information recovery	→	Elicits a sufficiently detailed history; information recorded in an acceptable fashion	→	History often incomplete; information difficult to retrieve					
9	8	7	6	5	4	3	2	1	
2. Physical examination:									
Always undertakes appropriate and relevant tests in an efficient and accurate manner	→	Tests undertaken are generally relevant and undertaken with acceptable accuracy	→	Regularly undertakes irrelevant tests; inefficient and/or accurate					
9	8	7	6	5	4	3	2	1	
3. Clinical reasoning and management:									
Always makes sound clinical assumptions from information elicited and applies this safely and effectively to patient care	→	Usually makes sound clinical assumptions; patient management sufficient	→	Clinical reasoning not applied to patient care protocol					
9	8	7	6	5	4	3	2	1	

4. Chiropractic contra-indications:									
Always assesses and recognises contra-indications to chiropractic care and uses appropriate referral mechanisms		Generally recognises chiropractic contra-indications; identifies the need for referral		Unable to identify chiropractic contra-indications; no referral mechanism used					
9	8	7	6	5	4	3	2	1	

5. Technique:									
Always chooses the appropriate chiropractic technique and applies chosen technique correctly		Generally chooses appropriate technique; acceptable application		Unable to select appropriate technique and uncertain in the application					
9	8	7	6	5	4	3	2	1	

6. Medical records and reports:									
Always thorough and complete; all information recorded in a manner that is fully understood by the appropriate health professional		Generally complete; information recorded in a manner generally understood by appropriate health professional		Records incomplete; information recorded is not easily understood by relevant health professionals					
9	8	7	6	5	4	3	2	1	

Candidate Progress Audit – 1 month

7. Diagnostic techniques:									
Always recognises if diagnostic imaging and other diagnostic techniques are necessary; uses referral mechanisms as necessary; full understanding and interpretation of diagnostic results; undertakes appropriate procedures safely and correctly with full adherence to guidelines		Generally able to recognise if diagnostic imaging and other diagnostic techniques are necessary; aware of referral mechanisms; sufficient understanding and interpretation of diagnostic results; acceptable adherence to appropriate procedures and guidelines		Unable to recognise if diagnostic techniques are necessary; unaware of referral mechanisms; insufficient understanding and interpretation of diagnostic results; unacceptable procedural activity and lack of adherence to guidelines					
9	8	7	6	5	4	3	2	1	
8. Professionalism:									
Behaves impeccably at all times with professional colleagues and patients		Acceptable manner with professional colleagues and patients		Unacceptable manner with professional colleagues and patients					
9	8	7	6	5	4	3	2	1	
9. Ethical practice:									
Full understanding of legal obligations; full awareness of ethical issues; always deals appropriately with ethical dilemmas		Sufficient understanding of legal obligations; sufficient awareness of ethical issues; generally deals with ethical dilemmas in an appropriate fashion		Insufficient understanding of legal obligations; unaware of ethical issues; unable to deal appropriately with ethical dilemmas					
9	8	7	6	5	4	3	2	1	

10. Personal development:									
Fully embraces the principles of continuing and lifelong learning; understands requirements of PRT programme, and obligations to the GCC			Generally understands the principles of continuing and lifelong learning; generally understands requirements of PRT programme, and obligations to the GCC				Does not appreciate principles of continuing and lifelong learning; unaware of requirements of PRT programme, and obligations to the GCC		
9	8	7	6	5	4	3	2	1	
11. Practice management:									
Fully understands legal obligations in this context; <i>if applicable</i> , shows full application of these; operates according to a robust business plan			Sufficient understanding of legal obligations; <i>if applicable</i> , generally shows application of these; operates according to an acceptable business plan				Lacks understanding of legal obligations in this context; <i>if applicable</i> , shows no application of these; no business plan		
9	8	7	6	5	4	3	2	1	
12. Clinical knowledge:									
Thorough and complete knowledge of clinical medicine and its implications for chiropractic care			Sufficient knowledge of clinical medicine and its implications for chiropractic care				Insufficient knowledge of clinical medicine and its implications for chiropractic care		
9	8	7	6	5	4	3	2	1	

Candidate Progress Audit – 1 month

Candidate comments:

1. What aspects of the 12 areas in which you have been reviewed do you think you have done particularly well?
2. What areas could you improve upon?

1. My confidence in undertaking physical examination and choosing and applying appropriate techniques is good and improving week by week as I see more patients.
2. I feel I need more support in terms of taking a thorough history in the time allocated and documenting this appropriately in the patient records.

Trainer comments:

1. What aspects of the 12 areas you have reviewed were done particularly well?
2. What areas could be improved upon?
 1. Graduate has shown well-developed skills in the examination and treatment of common musculoskeletal presentations.
 2. Further focus needed on eliciting an appropriate history by improving patient communication skills and identifying the areas to question more deeply and those to move on from.

Trainer and candidate:

List the agreed aims and objectives for improvement over the next four months.

1. Ongoing practice and discussion to develop improved patient communication skills in the context of eliciting a full and thorough history.
2. Being aware of words, phrases and gestures that might identify when to question an area of history in a little more detail.
3. Continue to review patient records together to improve the technique and content of recording patient notes.

Signature of candidate:



Signature of Trainer:



Date:

9/5/2014

Date:

9/5/2014

Candidate Progress Audit – 5 months

1. History taking:									
Always thorough and complete; all information recorded in a manner that facilitates ready information recovery	→	Elicits a sufficiently detailed history; information recorded in an acceptable fashion	→	History often incomplete; information difficult to retrieve					
9	8	7	6	5	4	3	2	1	
2. Physical examination:									
Always undertakes appropriate and relevant tests in an efficient and accurate manner	→	Tests undertaken are generally relevant and undertaken with acceptable accuracy	→	Regularly undertakes irrelevant tests; inefficient and/or accurate					
9	8	7	6	5	4	3	2	1	
3. Clinical reasoning and management:									
Always makes sound clinical assumptions from information elicited and applies this safely and effectively to patient care	→	Usually makes sound clinical assumptions; patient management sufficient	→	Clinical reasoning not applied to patient care protocol					
9	8	7	6	5	4	3	2	1	

4. Chiropractic contra-indications:									
Always assesses and recognises contra-indications to chiropractic care and uses appropriate referral mechanisms		Generally recognises chiropractic contra-indications; identifies the need for referral		Unable to identify chiropractic contra-indications; no referral mechanism used					
9	8	7	6	5	4	3	2	1	
5. Technique:									
Always chooses the appropriate chiropractic technique and applies chosen technique correctly		Generally chooses appropriate technique; acceptable application		Unable to select appropriate technique and uncertain in the application					
9	8	7	6	5	4	3	2	1	
6. Medical records and reports:									
Always thorough and complete; all information recorded in a manner that is fully understood by the appropriate health professional		Generally complete; information recorded in a manner generally understood by appropriate health professional		Records incomplete; information recorded is not easily understood by relevant health professionals					
9	8	7	6	5	4	3	2	1	

Candidate Progress Audit – 5 months

7. Diagnostic techniques:									
Always recognises if diagnostic imaging and other diagnostic techniques are necessary; uses referral mechanisms as necessary; full understanding and interpretation of diagnostic results; undertakes appropriate procedures safely and correctly with full adherence to guidelines			Generally able to recognise if diagnostic imaging and other diagnostic techniques are necessary; aware of referral mechanisms; sufficient understanding and interpretation of diagnostic results; acceptable adherence to appropriate procedures and guidelines			Unable to recognise if diagnostic techniques are necessary; unaware of referral mechanisms; insufficient understanding and interpretation of diagnostic results; unacceptable procedural activity and lack of adherence to guidelines			
9	8	7	6	5	4	3	2	1	
8. Professionalism:									
Behaves impeccably at all times with professional colleagues and patients			Acceptable manner with professional colleagues and patients			Unacceptable manner with professional colleagues and patients			
9	8	7	6	5	4	3	2	1	
9. Ethical practice:									
Full understanding of legal obligations; full awareness of ethical issues; always deals appropriately with ethical dilemmas			Sufficient understanding of legal obligations; sufficient awareness of ethical issues; generally deals with ethical dilemmas in an appropriate fashion			Insufficient understanding of legal obligations; unaware of ethical issues; unable to deal appropriately with ethical dilemmas			
9	8	7	6	5	4	3	2	1	

10. Personal development:									
Fully embraces the principles of continuing and lifelong learning; understands requirements of PRT programme, and obligations to the GCC			Generally understands the principles of continuing and lifelong learning; generally understands requirements of PRT programme, and obligations to the GCC				Does not appreciate principles of continuing and lifelong learning; unaware of requirements of PRT programme, and obligations to the GCC		
9	8	7	6	5	4	3	2	1	
11. Practice management:									
Fully understands legal obligations in this context; <i>if applicable</i> , shows full application of these; operates according to a robust business plan			Sufficient understanding of legal obligations; <i>if applicable</i> , generally shows application of these; operates according to an acceptable business plan				Lacks understanding of legal obligations in this context; <i>if applicable</i> , shows no application of these; no business plan		
9	8	7	6	5	4	3	2	1	
12. Clinical knowledge:									
Thorough and complete knowledge of clinical medicine and its implications for chiropractic care			Sufficient knowledge of clinical medicine and its implications for chiropractic care				Insufficient knowledge of clinical medicine and its implications for chiropractic care		
9	8	7	6	5	4	3	2	1	

Candidate Progress Audit – 5 months

Candidate comments:

1. What aspects of the 12 areas in which you have been reviewed do you think you have done particularly well?
 2. What areas could you improve upon?
-
1. I am much more confident in using my findings to develop a good management plan for patients.
 2. My skills and confidence in history taking and physical examination have improved over the past few months, with practice.
 3. I am at times struggling to deliver a clear report of findings, with patients' retention of information sometimes appearing to be poor.

Trainer comments:

1. What aspects of the 12 areas you have reviewed were done particularly well?
 2. What areas could be improved upon?
-
1. Graduate has shown marked improvement in clinical interpretation and management.^[2]
 2. I have observed the graduate in practice in the past week and have noticed more confidence and competence in history taking and physical examination.^[2]
 3. Patient compliance seems to be an issue, with perhaps over complication of the language used at the initial report of findings.

Trainer and candidate:

List the agreed aims and objectives for improvement over the next four months.

1. The graduate will observe the Trainer giving a Report of Findings.
2. Arrange a meeting to review a few patients' notes, rehearse a report of findings retrospectively and experiment with different phraseology.
3. The graduate will continue to develop communication skills in directing patients' responses to specific questions during the consultation.

Record of progress in each area (insert ratings)

Assessment after period:	Clinical area											
	1	2	3	4	5	6	7	8	9	10	11	12
1 month	4	5	5	5	6	4	5	5	5	5	5	5
5 months	6	6	7	7	7	6	6	6	6	6	6	6

Signature of candidate:



Signature of Trainer:



Date:

19/9/2014

Date:

19/9/2014

Candidate Progress Audit – 9 months

1. History taking:								
Always thorough and complete; all information recorded in a manner that facilitates ready information recovery			Elicits a sufficiently detailed history; information recorded in an acceptable fashion			History often incomplete; information difficult to retrieve		
9	8	7	6	5	4	3	2	1
2. Physical examination:								
Always undertakes appropriate and relevant tests in an efficient and accurate manner			Tests undertaken are generally relevant and undertaken with acceptable accuracy			Regularly undertakes irrelevant tests; inefficient and/or accurate		
9	8	7	6	5	4	3	2	1
3. Clinical reasoning and management:								
Always makes sound clinical assumptions from information elicited and applies this safely and effectively to patient care			Usually makes sound clinical assumptions; patient management sufficient			Clinical reasoning not applied to patient care protocol		
9	8	7	6	5	4	3	2	1

4. Chiropractic contra-indications:									
Always assesses and recognises contra-indications to chiropractic care and uses appropriate referral mechanisms			Generally recognises chiropractic contra-indications; identifies the need for referral				Unable to identify chiropractic contra-indications; no referral mechanism used		
9	8	7	6	5	4	3	2	1	
5. Technique:									
Always chooses the appropriate chiropractic technique and applies chosen technique correctly			Generally chooses appropriate technique; acceptable application				Unable to select appropriate technique and uncertain in the application		
9	8	7	6	5	4	3	2	1	
6. Medical records and reports:									
Always thorough and complete; all information recorded in a manner that is fully understood by the appropriate health professional			Generally complete; information recorded in a manner generally understood by appropriate health professional				Records incomplete; information recorded is not easily understood by relevant health professionals		
9	8	7	6	5	4	3	2	1	

Candidate Progress Audit – 9 months

7. Diagnostic techniques:									
Always recognises if diagnostic imaging and other diagnostic techniques are necessary; uses referral mechanisms as necessary; full understanding and interpretation of diagnostic results; undertakes appropriate procedures safely and correctly with full adherence to guidelines									
Generally able to recognise if diagnostic imaging and other diagnostic techniques are necessary; aware of referral mechanisms; sufficient understanding and interpretation of diagnostic results; acceptable adherence to appropriate procedures and guidelines									
Unable to recognise if diagnostic techniques are necessary; unaware of referral mechanisms; insufficient understanding and interpretation of diagnostic results; unacceptable procedural activity and lack of adherence to guidelines									
9	8	7	6	5	4	3	2	1	
8. Professionalism:									
Behaves impeccably at all times with professional colleagues and patients									
Acceptable manner with professional colleagues and patients									
Unacceptable manner with professional colleagues and patients									
9	8	7	6	5	4	3	2	1	
9. Ethical practice:									
Full understanding of legal obligations; full awareness of ethical issues; always deals appropriately with ethical dilemmas									
Sufficient understanding of legal obligations; sufficient awareness of ethical issues; generally deals with ethical dilemmas in an appropriate fashion									
Insufficient understanding of legal obligations; unaware of ethical issues; unable to deal appropriately with ethical dilemmas									
9	8	7	6	5	4	3	2	1	

10. Personal development:									
Fully embraces the principles of continuing and lifelong learning; understands requirements of PRT programme, and obligations to the GCC		Generally understands the principles of continuing and lifelong learning; generally understands requirements of PRT programme, and obligations to the GCC		Does not appreciate principles of continuing and lifelong learning; unaware of requirements of PRT programme, and obligations to the GCC					
9	8	7	6	5	4	3	2	1	
11. Practice management:									
Fully understands legal obligations in this context; <i>if applicable</i> , shows full application of these; operates according to a robust business plan		Sufficient understanding of legal obligations; <i>if applicable</i> , generally shows application of these; operates according to an acceptable business plan		Lacks understanding of legal obligations in this context; <i>if applicable</i> , shows no application of these; no business plan					
9	8	7	6	5	4	3	2	1	
12. Clinical knowledge:									
Thorough and complete knowledge of clinical medicine and its implications for chiropractic care		Sufficient knowledge of clinical medicine and its implications for chiropractic care		Insufficient knowledge of clinical medicine and its implications for chiropractic care					
9	8	7	6	5	4	3	2	1	

Candidate Progress Audit – 9 months

Candidate comments:

1. What aspects of the 12 areas in which you have been reviewed do you think you have done particularly well?
2. What areas could you improve upon?
1. I have continued to develop and work towards improved communication skills and this has improved the consultation process with patients.
2. My overall confidence and competence has improved over the past 9 months of the PRT programme.
3. Reports of findings are much improved and patient compliance has been better as a result.

Trainer comments:

1. What aspects of the 12 areas you have reviewed were done particularly well?
2. What areas could be improved upon?
1. Graduate has made continued, steady progress in all areas.
2. Graduate has gained and demonstrated a high level and degree of autonomy, which has been observed during one-to-one meetings and observations.

Trainer and candidate:

List the agreed aims and objectives for improvement in the future, with clear timescales.

1. No specific outstanding issues to address. Mentor and graduate satisfied that significant and progressive development has been made and recorded in all areas of the PRT programme.
2. The graduate appreciates that continued experience and learning is an ongoing process

Candidate Progress Audit – 9 months

This page, which completes the review at 9 months, serves also to provide a summary of progress over the course of the programme and provides justification for the Trainer to sign the PRT Completion Certificate.

Record of progress in each area (insert ratings)												
Assessment after period:	Clinical area											
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1 month	4	5	5	5	6	4	5	5	5	5	5	5
5 months	6	6	7	7	7	6	6	6	6	6	6	6
9 months	8	8	7	8	8	8	8	7	7	8	8	8

Trainer:

Sum-up the outcomes of the various ratings made over the past 9 months. Please sign off the relevant section of the Candidate Practice-Based Learning Record.

The graduate has shown marked improvement in all areas. There is specific improvement in the areas where they at first showed weakness such as their history taking and reports of findings, which is now far above average. Their attitude towards professional development has been excellent. They have made good progress over the year and I am happy to sign them off.

Signature of candidate:



Signature of Trainer:



Date:

21/1/2015

Date:

21/1/2015

APPENDIX 3. Reflective Diary page with example entries

Reflective Diary

Date	Learning incident (i.e. success/concern/query/experience)	Thoughts, findings and identified need for further learning
8/4/14	Male PT, 80 YOA, persistent knee pain, no knee pathology on x-ray, 5 th visit, not improving. What to do? Continue treatment? Refer?	Is this a case of referred pain? Read up on referred pain syndromes and pain patterns. Speak to trainer.
2/5/15	PT presented with BPPV symptoms. Confident I can help with the Epley manoeuvre but realised that I lacked the confidence and skill to perform it, despite learning it at college. Asked the patient to return later in the week for appropriate assessment.	I realised I needed to review and practice material in relation to Dx and Tx of BPPV. Watching videos of manual therapists performing the Epley manoeuvre was good revision. Researching and reading two articles has improved my knowledge of BPPV and its treatment.

APPENDIX 4. Learning Cycle Form example

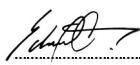


Learning Cycle

<p>Identified learning need</p> <p>This will relate to incidents or themes from your reflective diary, other experiences and feedback from your Tutor. Write down 'where you are now' with respect to the aspect of your skill/knowledge that you feel requires attention.</p>
<p>Following a recent case, I feel I need further training and/or experience of indentifying/treating/referring for pain syndromes.</p>
<p>Plan to address learning need</p> <p>Focusing on the learning need, record how and when you will address it in terms of attendance at a course, one-to-one session with your trainer, discussion with another colleague, reading etc. Your Trainer may be helpful in assisting the development of this plan.</p>
<p>I plan to undertake reading specifically on referred pain patterns and pain syndromes, and to arrange a one-to-one session with my trainer to identify treatment and/or onward referral for further investigations.</p>
<p>Confirmation of learning activities undertaken</p> <p>Record what was done (and when) to address your learning need in terms of activities undertaken. Attach any relevant notes or materials for future reference.</p>
<p>Following on from the recent case I experienced, I have had a session with my trainer where we reviewed this particular case and looked at charts and diagrams on pain referral patterns. I also had the opportunity to read and study this area in more detail prior to my meeting with my trainer.</p>
<p>Evaluation and application</p> <p>Record whether your learning need has been satisfied by the learning undertaken. Is any other learning activity required? How do you know the learning was effective? How have you applied the learning in practice?</p>
<p>I have applied my recent learning into my practice and I am now more aware of the need to further examine and test for pain referral syndromes.</p>

APPENDIX 5. Candidate Experiential Learning and Meeting Record — Example of a completed form

CANDIDATE EXPERIENTIAL LEARNING AND MEETING RECORD



Candidate name: Joe Bloggs

Experiential Learning Observations		
1. Date:	<u>3/5/14</u>	Venue: <u>Royal Berks Hospital, Reading</u> Signed*: 
2. Date:	<u>16/6/14</u>	Venue: <u>Byways Dental Practice, Checkendon</u> Signed*: 
3. Date:	<u>14/9/14</u>	Venue: <u>Sonning Common Health Centre, Reading</u> Signed*: 

*PRT Trainer or healthcare professional observed

Faculty PRT Meetings		
Meeting 'A'		
Date:	<u>11/9/14</u>	Signed**:
Meeting 'B'		
Date:	<u>15/1/15</u>	Signed**:
Meeting 'C'		
Date:	<u>14/5/15</u>	Signed**:

**PRT Tutor

Royal College of Chiropractors (or other) Regional CPD Events		
1. Date:	<u>3/5/14</u>	Event: <u>Hands on Visit to Amazon World</u> Signed ^v : 
2. Date:	<u>16/6/14</u>	Event: <u>Manual Muscle Testing: a window to the nervous system</u> Signed ^v : 

^vPRT Trainer, course organiser etc.


National (or International) Conference		
Date:	<u>28/1/15</u>	Event: <u>RCC AGM</u> Signed ^{wv} : 


^{wv}PRT Trainer, course organiser etc.


APPENDIX 6. Candidate Practice-based Learning Record — Example of a completed form


CANDIDATE PRACTICE-BASED LEARNING RECORD


Candidate name: Joe Bloggs

Trainer/Candidate Contact & Trainer Log	
I confirm that regular contact has occurred and entries have been made in the Trainer Log.	
Signed (Trainer): 	Date: 28/5/15
.....

Candidate Progress Audit	
I confirm that the three phases of the Candidate Progress Audit were undertaken and completed satisfactorily.	
Signed (Trainer): 	Date: 21/1/15
.....

Reflective Diary	
I confirm that regular entries have been made in the Reflective Diary.	
Signed (Trainer): 	Date: 28/4/15
.....

Learning Cycle	
I confirm that at least one complete learning cycle has been undertaken and recorded appropriately.	
Signed (Trainer): 	Date: 17/1/15
.....

Clinical Audit	
I confirm that at least one complete audit cycle has been undertaken and documented appropriately.	
Signed (Trainer): 	Date: 28/4/15
.....

APPENDIX 7. Using your PRT activities to fulfill the GCC's statutory Continuing Professional Development (CPD) requirements

CPD is a mandatory requirement for all chiropractors and your CPD obligations will be notified to you by the General Chiropractic Council. We have produced the following guidance based on information received from the GCC in response to specific questions about statutory CPD for RCC PRT candidates:

1) As you now know, you are required to fill in a reflective diary throughout the RCC PRT programme, identify learning needs and make plans to address them. This means that documenting a learning cycle for the purposes of the GCC's statutory CPD programme should be a familiar and straightforward process. We understand that, *'to work in professional clinical settings where there is regular contact with more experienced colleagues facilitating my transition from undergraduate education to independent clinical practice, and thus preparing me for autonomous professional practice in the best interests of patients and the public'* would be a valid 'learning need'. However, your clinical experiences are likely to highlight more specific learning needs that will arise as themes from your reflective diary.

2) As part of the RCC PRT programme, you spend time observing and being observed by your trainer/mentor who logs how contact hours are utilised in terms of topics discussed and action agreed. Your trainer/mentor also carries out, with you, a global review or 'audit' of the development of your clinical proficiency during the RCC PRT programme. Bearing in mind the learning need, we understand that this activity can be recognised for CPD hours for RCC PRT candidates.

3) As you know, the RCC PRT scheme has a range of requirements including attending two RCC regional faculty CPD meetings, a national conference plus the three structured PRT meetings. We understand that these events can count towards the CPD hours requirement in terms of 'learning with others'.

4) CPD hours can be claimed for the observational activity PRT candidates undertake (i.e. spending time observing other professions such as GPs, osteopaths, surgeons etc.).

Do not hesitate to speak to your PRT Trainer, your regional PRT Tutor or the RCC office if you have any questions regarding CPD.

Appendix 8. PRT Candidate Grievance/Complaints Procedure

1. Introduction

If a PRT candidate ('candidate') has a complaint or grievance about any aspect of the PRT programme, this should be raised with an appropriate person at the earliest opportunity, as complaints that are dealt with informally at an early stage have the best chance of being resolved quickly and effectively. The Royal College of Chiropractors ('the RCC') will deal with complaints sympathetically and will make every reasonable effort to resolve complaints/grievances according to the candidate's desired outcomes. It is thus helpful for candidates to identify the outcome they would like to achieve. Note that the RCC may not be able consider complaints or grievances that are made substantially after the matters complained about.

2. First steps

In the first instance, candidates should raise their grievance/complaint with an appropriate RCC representative. The table at the end of this procedure indicates who should be approached.

3. Confidentiality

If information is to be kept confidential, the candidate should make this clear to the person to whom a grievance/complaint is made. Candidates should understand that in *exceptional* circumstances it may be impossible for confidentiality to be respected. Candidates should also understand that in some circumstances the demand for confidentiality may make it difficult for the RCC to assist them.

4. Designated RCC Officer

Where informal procedures have failed to resolve the problem, a candidate may bring a grievance/complaint to a designated RCC Officer (DO) who is not involved in the operation of the PRT programme, who will act impartially and will be happy to give advice to candidates about any matter of concern to them.

In some cases, in co-operation with appropriate individuals, the DO may be able to resolve the candidate's difficulty. If the problem is unresolved, the candidate may nevertheless have received a satisfactory explanation and decline to take the matter further. However, if the candidate remains dissatisfied, he or she may take the grievance/complaint to the RCC

Council.

5. Council of the Royal College of Chiropractors

If the candidate remains dissatisfied and takes the appeal to the RCC Council, a letter setting out details of the grievance/complaint should be addressed to the Chief Executive, who may be contacted for information or advice. The Chief Executive may ask a candidate bringing a grievance/complaint to set out in writing further details, making clear its exact nature and the outcomes sought.

On receipt of the written grievance/complaint the Chief Executive will establish a committee, which will normally consist of three members of Council, and a member of the RCC's Lay Partnership Group who will normally chair the committee.

6. Procedure of a RCC Council grievance/complaints committee

The procedure of a Council grievance/complaint committee will be as informal as possible, consistent with proper consideration of the issues. The Chief Executive will act as secretary to the committee, and may be contacted for information or advice at any stage. To clarify the issues, the Chief Executive may ask for written witness statements or documents to be produced in advance of a hearing. The candidate will be entitled to see all statements and documents seen by the committee.

The candidate is entitled to be present at hearings of the committee, and to be accompanied by an adviser, friend or representative. If a grievance/complaint is being taken up against a particular person, this person is also entitled to attend hearings and to be accompanied by an adviser, friend or representative.

The order of any hearing will be at the discretion of the committee, which may ask for enquiries to be undertaken and witnesses to attend. The committee may ask questions of anyone present. The candidate will be given a full opportunity to state their case, and will be able to address the committee at the conclusion of any evidence that has been presented.

The committee shall submit to the Council a written report containing its decisions, the grounds on which they have been

made, any proposals to redress a grievance and any other relevant matters which the Committee wishes to bring to the Council's attention. The Council shall consider these matters at the next available Council Meeting and its decision shall be final. Proposals (if any) to redress the grievance approved by the Council shall be notified to the candidate, normally within 14 working days of the relevant Council Meeting.

7. Recommended route for grievances/complaints

Candidates are recommended to approach first someone from among those listed 1 in the table below, then those listed 2, 3 and so on. Candidates should endeavour to deal with their complaint in the first instance at the lowest level possible, and Council may be approached only after the other avenues have been exhausted.

Person to whom approach may be made	Order approached
PRT Trainer	1
RCC PRT Administrator	1
Regional PRT Tutor	2
RCC PRT Director via the PRT Administrator	3
Designated RCC Officer (DO)	4
RCC Council via the Chief Executive	5

PRT REFLECTIVE DIARY

Reflective Diary

Date	Learning incident (i.e. success/concern/query/experience)	Thoughts, findings and identified need for further learning

Date	Learning incident (i.e. success/concern/query/experience)	Thoughts, findings and identified need for further learning

Reflective Diary

Date	Learning incident (i.e. success/concern/query/experience)	Thoughts, findings and identified need for further learning

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NOTES



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