

The Royal College of  
**Chiropractors**

# THE UK PRT PROGRAMME



## **UK PRT Programme**

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Issue 7

# Summary and Checklist of PRT Requirements

<p><b>1. Practice-Based Learning</b>  <b>1.1 Trainer log</b> - Regular contact and mutual observation takes place between the candidate and their Trainer. Trainer completes a trainer log using the <i>Trainer Log Form</i> downloaded by candidate.</p>	<input type="checkbox"/>
<p><b>1.2 Candidate Progress Audit</b> - Trainer audits the candidate's developing clinical proficiency, normally at 1, 5 and 9 months. The 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><b>2. Experiential Learning</b> - Candidate observes the practice of, and/or holds discussions with, three different health practitioners of their choice. Each practitioner (or the candidate's Trainer) signs off candidate's downloadable <i>Candidate Experiential Learning and Meeting Record</i>. (optional alternative process applies during covid.)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>3. Participation in Meetings/Events</b>  <b>3.1 Meetings A, B &amp; C</b> - Candidate attends 3 x PRT meetings/webinars and appends an attendance certificate to their <i>Practice-Based Learning Record</i> for each meeting. Associated online learning modules must be successfully completed.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>3.2 CPD events</b> - Candidate participates in two CPD events/webinars and ensures their <i>Practice-Based Learning Record</i> is signed off by the organiser for each event (or appends an attendance certificate)</p>	<input type="checkbox"/> <input type="checkbox"/>
<p><b>3.3 National/international conference</b> - The candidate attends one national or international conference/webinar and ensures their <i>Practice-Based Learning Record</i> is signed off by the organiser (or appends an attendance certificate)</p>	<input type="checkbox"/>
<p><b>4. Development Journal</b> - The candidate makes regular entries in their <i>Development Journal</i> (at the back of this book) and ensures their <i>Practice-Based Learning Record</i> is signed off by their Trainer.</p>	<input type="checkbox"/>
<p><b>5. Learning Cycle</b> - 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><b>6. Clinical Audit</b> - Candidate undertakes and documents 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"/>
<p><b>7. Clinical Governance online learning modules</b> - Candidate completes online learning modules provided on standards-based care, evidence informed practice, clinical audit, safety incident reporting and learning, PROMS/PREMS &amp; reflective practice.</p>	<input type="checkbox"/>

Each requirement is described in detail in this book.

# Please Note

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

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

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

Your **development journal** forms part of this book (see back pages). Please hand-write your entries.

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

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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: <a href="http://rcc-uk.org/">http://rcc-uk.org/</a>	User name:
	Password:
Online learning access: <a href="http://rcc.elearning247.com/">http://rcc.elearning247.com/</a>	User name:
	Password:
PRT Trainer contact details:	
PRT Administrator:	Rebecca Pready Tel: 01491 340022 Email: rebecca.pready@rcc-uk.org Email: admin@rcc-uk.org.uk
RCC Chief Executive:	Rob Finch Tel: 01491 340022 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 book.

## Useful web-links:

<b>RCC website</b>	
RCC website:	<a href="https://rcc-uk.org/">https://rcc-uk.org/</a>
PRT forms for download:	<a href="https://rcc-uk.org/prt-forms/">https://rcc-uk.org/prt-forms/</a>
General PRT information: (log in for access to secure sub-menu items):	<a href="https://rcc-uk.org/prt/">https://rcc-uk.org/prt/</a>
Clinical audit resources: (log in required)	<a href="https://rcc-uk.org/clinical-audit/">https://rcc-uk.org/clinical-audit/</a>
RCC Quality Standards:	<a href="https://rcc-uk.org/quality-standards/">https://rcc-uk.org/quality-standards/</a>
RCC CPD & PRT events:	<a href="https://rcc-uk.org/rcc-events/">https://rcc-uk.org/rcc-events/</a>
RCC Discovery Service	<a href="https://rcc-uk.org/rcc-discovery-service/">https://rcc-uk.org/rcc-discovery-service/</a>
RCC Emergency Referral	<a href="https://rcc-uk.org/emergency-referral-form/">https://rcc-uk.org/emergency-referral-form/</a>
RCC membership benefits:	<a href="https://bit.ly/rcc-membership-brochure-21-22">https://bit.ly/rcc-membership-brochure-21-22</a>
Online learning website:	<a href="https://rcc.elearning247.com/">https://rcc.elearning247.com/</a>
CPIRLS website:	<a href="https://www.cpirls.org/">https://www.cpirls.org/</a>
GCC Code (of Practice)	<a href="https://www.gcc-uk.org/i-am-a-chiropractor/guidance/the-code">https://www.gcc-uk.org/i-am-a-chiropractor/guidance/the-code</a>

## Social media:

RCC Facebook page:	<a href="https://www.facebook.com/royalcollegeofchiropractors">https://www.facebook.com/royalcollegeofchiropractors</a>
Twitter	@royalcolchiro
Instagram	royalcollegeofchiropractors
RCC Research Forum Private Facebook Group:	Email <a href="mailto:admin@rcc-uk.org">admin@rcc-uk.org</a> 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 regional meetings or live webinars organised by one or more PRT Tutors. The overarching aim of PRT is a smooth transition from the undergraduate setting to autonomous professional practice in the clinical setting. The PRT is provided to help and support you.



Marcel Morelli FRCC  
PRT Director

Enrolment on the Royal College of Chiropractors' PRT scheme is a requirement for recent graduates wishing to join the BCA or MCA. But regardless of which association you join (BCA, MCA, UCA or SCA), 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.

### **Successful completion of the PRT programme**

Upon successful completion of the PRT programme, you will receive an RCC Diploma in Chiropractic (DC) certificate. You will also become eligible for Licentiate Membership (with a certificate and the post-nominal letters 'LRCC') and continued access to all RCC membership benefits. There are clear routes to other levels of



membership, details of which are available on the RCC website ([www.rcc-uk.org](http://www.rcc-uk.org)).

### **Getting started on the PRT programme**

Having received this book, 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 Administrator if you are having any difficulty identifying a suitable Trainer. We are always able to make other arrangements for you if necessary. Please ask.

**It is important that you read the contents of this short book 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 book. 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 book.

### **RCC website – [www.rcc-uk.org](http://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 issued to you (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 be found in the events area of 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) full access to the RCC Discovery Service and a wide range of free/discounted courses.

## **Online learning**

PRT Candidates have free access to a suite of online modules. Some of these are optional and help you develop your business skills, either in support of setting up a new business or actively contributing to the development of the business in which they work. Others address important aspects of Clinical Governance (a GCC requirement), or provide essential pre-learning for the PRT ABC meetings. Access to these modules is provided when you enrol on the PRT programme. Note that we offer regular, informal, lunchtime webinars as an optional extra benefit for our PRT candidates (we'll let you know when these are scheduled). These are usually recorded and also made available to you as online learning modules (see Appendix 7 of this book).

## **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.

Please remember that the RCC's office personnel are there to help and support you through the PRT Programme. If you have any issues of concern relating to any aspect of the programme, including any issues relating to the candidate/trainer relationship, you can discuss these matters in full confidence and they will do all they can to help.

## **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 supportive experience. Do not hesitate to tell us if you experience any problems or 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. and that best use should be made of informal contact/discussions which can be just as much value as more formally scheduled sessions.

## 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 30 of this book.**

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 53 of this book.**

## 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.

**An example of how the Candidate Progress Audit documentation should be completed is illustrated on pages 32-51 of this book.**

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 meet with and/or observe the clinical practice of members of other health professions. This should not just comprise passive observation of practice, but should include active discussions about areas of common clinical interest.

Candidates are expected to interact in this way with 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 also positively encouraged, but you must observe three non-chiropractors to meet the Experiential Learning requirement of the programme.

The purpose of these interactions 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. We provide a letter of introduction for you, but if you experience any problems with accessing other professions in this way, please let us know.

The fact that these interactions 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 52 of this book.**

**N.B. Due to difficulties experienced in arranging observations of other practitioners during the covid pandemic, optional, alternative arrangements have been put in place. Please contact the PRT administrator for details if you are not already aware of these special arrangements.**

## 3. Participation in Meetings/Events

### 3.1 PRT meetings A, B & C

Each PRT candidate attends three PRT meetings (A,B,C) held during the PRT year. Attendance at all three is a requirement of the programme. The three meetings cover the topics outlined in the table below

Meeting A	Initial Consultation, Developing Rapport, Report of Findings
Meeting B	Part I: Dealing with Emergencies; Part II: Setting up a Business
Meeting C	Part I: Difficult situations/patients, Transactional Analysis & clinical reasoning; Part II: Running a Practice

Pre-learning, supporting materials, handouts and reading lists are provided when you register for each of these 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 the meeting Tutor and peers, fostering the development of a learning culture. **The PRT is about contributing as well as benefiting from the support provided in the best interests of professional development.**

Note that the PRT Administrator will keep you informed of forthcoming ABC meetings which, for the foreseeable future, will be held as live webinars rather than face-to-face meetings. These webinars are also advertised, with enrolment details, in the events section of the RCC website at [www.rcc-uk.org](http://www.rcc-uk.org). Every effort is made for details of the meetings to be posted on the RCC website well in advance.

Any queries in relation to the PRT ABC webinars should be directed to the PRT Administrator.

While the ABC meetings are being held as webinars, there is no need to have your attendance signed off on your *Practice-Based Learning Record*. Please append your attendance certificates (you may need

these for your GCC CPD return) although note that we do hold central records of webinar attendance.

### **N.B. Online learning modules for business development**

The RCC has produced a suite of optional online learning modules to support PRT candidates in areas of business development, such as marketing and advertising. Access details are provided when you enrol on the PRT programme.

### **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. The cost of attending two RCC evening CPD events is included in the cost of your PRT programme. Alternatively, a special discount is applied to registration fees for one-day/weekend RCC CPD events. Note that, currently, RCC live webinars are being run in place of face-to-face events and these are provided free of charge to all members.

PRT candidates can attend meetings *in any region* although, ideally, meetings within the candidate's own region are preferable in terms of integration into the chiropractic community.

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 Events section of the RCC website at: [www.rcc-uk.org](http://www.rcc-uk.org) and this will usually be the source of the most up-to-date information.

Attendance at CPD Seminars must be recorded in the aforementioned *Candidate Experiential Learning and Meeting Record*. You should either ensure the organiser signs off your form in each case **OR** that you append a copy of your attendance certificate.

### **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, and the RCC's Summer Conference, normally held in June, are also suitable events and are available free of charge to RCC members including PRT Candidates. Places are limited so book early. Note that an optional session, specifically for PRT Candidates, is held at the AGM.

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 should either ensure the organiser signs off your form **OR** that you append a copy of your attendance certificate.

N.B. Attending live webinars in place of face-to-face events is perfectly acceptable.



## 4. Development Journal

The PRT programme is designed to help you and your Trainer identify your personal learning needs so that these can be addressed through the regular interactions with your Trainer, the regional meetings, participation in CPD events, private study etc.

The Development Journal is a simple tool to help ensure that any learning needs you identify when you are practising, or otherwise working alone, are remembered and addressed—perhaps simply by discussing them with your Trainer—and that you have a lasting record of them to refer back to.

**For convenience, the Development Journal pages are included at the back of this book for you to complete *in situ* (rather than providing pages for download and electronic completion as has been done for all the other PRT documentation).**

**Please try to keep this book with you when working so that you are always in a position to jot down any learning needs you identify.**

*What to include in your journal entries*

*Learning incident (success/concern/queries/experiences) and identified need for further learning*

In this column, significant learning incidents should be briefly described. Learning incidents are experiences/events where you became aware of a shortcoming in your knowledge/skill, a conflict occurred, a problem was identified/resolved etc. You should record the action you intend to take to resolve this.

*Follow-up learning undertaken; thoughts and findings*

In this column, the action you took, your subsequent findings and the sense you made of the relevant incident should be recorded. Every learning incident should have a follow-up entry in this column.

**An example page from a development journal has been provided on page 52 of this book to illustrate the types of items you might record on your own development journal pages. Note that the emphasis is on simplicity; completion of the journal is not intended to be onerous or cause difficulty.**

### *Development Journal - requirement for the purposes of the PRT programme*

It is expected that the journal will be used regularly as a learning tool that may provide a focus for some of the discussions between the candidate and Trainer. The Trainer should expect to see that you are using the journal regularly although there is no intention to be prescriptive about its use.

Towards the end of your PRT programme, please prompt your Trainer to sign off the relevant part of your *Candidate Practice-Based Learning Record* to indicate that the journal has been used to help identify your learning needs.

### *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.

The system is secure and anonymous and you cannot be identified by using it.

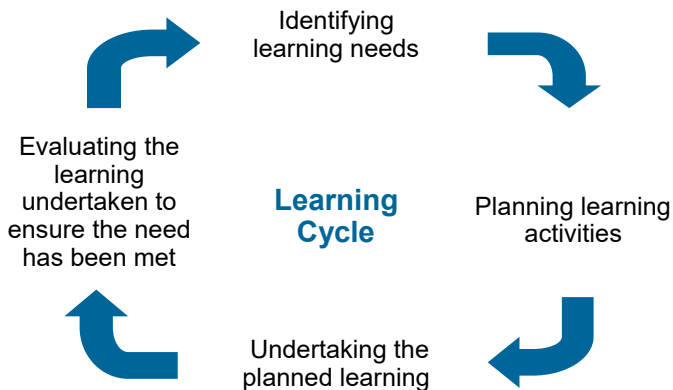
For full details, visit [www.cpirls.org](http://www.cpirls.org) and log in using the special access available from [admin@rcc-uk.org](mailto:admin@rcc-uk.org)



The suite of Clinical Governance online learning modules (see pages 23 & 56 of this book) includes a module on safety incident reporting which also provides information regarding the use of CPiRLS.

## 5. Learning Cycle

It is good professional development practice to learn in cycles. This facilitates the process of learning from experience, planning learning according to identified needs and reflecting on learning experiences. A simple learning cycle structure is shown in figure 1 below:



**Figure 1. 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 development journal and participate in other aspects of the PRT programme (regional meetings, CPD events/webinars, online learning modules, observations of other practitioners), you will 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 53 of this book.**

## 6. Clinical Audit

Clinical audit is a simple quality-improvement process that seeks to improve patient care and clinical outcomes by measuring the standard of care you provide, comparing care to an agreed practice standard and then making changes to help ensure that standard is reached. Clinical audit is an important and routine part of any healthcare service as it helps ensure the best care is provided to your patients.

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 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 a best practice standard*

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 to provide care?**

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.

### *Clinical Audit as part of your PRT requirements*

The inclusion of an audit requirement as part of the PRT programme is designed to assist and encourage you to incorporate clinical audit as a routine part of your practice.

You are advised to complete the online learning module on Clinical Audit before embarking on your audit (see p23 of this book). Additional guidance is provided in the Audit Resources section of the RCC's website (visit <https://rcc-uk.org/clinical-audit/> log in and choose Clinical Audit Resources) from where a set of useful, straightforward audit toolkits can be downloaded and used. Note that RCC 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 book). **It does not have to be one of the audits on the RCC website.** Do speak to your Trainer about your audit plans since undertaking a suitable clinical audit

that relates to the development of the practice can be very helpful to the practice as a whole, and the Practice Principal may wish to involve all members of the team. Demonstrating that a practice routinely undertakes Clinical Audit is a requirement of the Clinical Management Quality Mark (CMQM) which your clinic may be pursuing.

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

## **7. Clinical Governance online learning modules**

The GCC expects all recent graduates to commence their professional life with due regard to the essential elements of clinical governance, and therefore requires all those who have qualified within the last two years and who have registered with the GCC for the first time from 1 July 2021, to include a focus on clinical governance as part of their 30-hour CPD requirement for the year; these registrants must reflect on their skills and understanding in six defined areas and address any aspects that require development.

The six areas of clinical governance are: (i) Standards-based care, (ii) Using evidence to inform practice, (iii) Clinical audit, (iv) Safety incident reporting and learning, (v) PROMS/PREMS & (vi) Reflective practice.

The PRT programme addresses these topics in a number of ways, but specifically provides a dedicated online learning module for each one. Successful completion of these modules is a requirement of the PRT programme, but also meets your GCC Clinical Governance CPD requirement. When you have successfully completed these 5 modules, please indicate this on your *Practice-Based Learning Record*.

## **8. Claiming GCC CPD hours for your PRT activities**

GCC registrants are required to undertake and report a minimum of 30 hours CPD each year, of which at least 15 hours must be learning undertaken with others. There is a pro-rated requirement for those who join the register part way through the CPD year.

You can claim CPD hours for the vast majority of your PRT activities - just ensure you complete your GCC CPD return appropriately on the GCC's online portal. Note that the GCC provides guidance to help you complete your CPD return at [www.gcc-uk.org](http://www.gcc-uk.org)

### **8.1 PRT activities for which you can claim CPD hours**

#### *ABC meetings/webinars*

You can claim for the hours you spent participating in the ABC meetings with the exception of those hours relating to business development (i.e. the material

delivered by Celia Champion). This does not mean that the business development material isn't useful, but that it falls outside the scope of GCC CPD.

A suitable claim for each of the meetings would be as follows (noting that the content has recently been reviewed):

Meeting	Hours claimable	Category
A (before 26 May 2021)	3	Learning with others
A (26 May 2021 onwards)	3*	Learning with others
B	2	Learning with others
C (before 23 June 2021)	4	Learning with others
C (23 June 2021 onwards)	2*	Learning with others
C (5 April 2022 onwards)	3*	Learning with others

\*Additional hours are claimable for covering the online pre-learning modules associated with these meetings.

#### *Online learning modules*

You can claim for hours spent undertaking all the online modules the PRT provides (accessed at <https://rcc.elearning247.com/>) with the exception of those relating to business development. The amount of time you claim is not fixed – it is up to you to make a reasonable claim based on time spent undertaking each module and any associated reading. This activity falls into the learning alone category.

#### *Informal PRT live webinars / recordings*

You can claim up to 1 hour learning with others for attending each of the live lunchtime webinars. You can still claim if you watched a recording, but this would fall into the learning alone category.

#### *Meetings with your Trainer*

All time spent discussing your PRT programme with your PRT Trainer, including the Candidate Progress Audit, scheduled (and informal) meetings, case discussions etc. can be claimed as CPD hours in the category of learning with others. Make sure this activity is documented (which you will have done for the PRT programme anyway) so that you have evidence of this activity. Note that your Trainer can claim for these meetings too if they felt the interactions constituted a learning activity for them.

#### *Experiential learning (observations of other healthcare professionals)*

Many PRT candidates have been unable to carry out observations of other healthcare professionals during the pandemic, although this is starting to change now. If you have spent time having face-to-face discussions/ observations, or zoom discussions, with other healthcare professionals, you



can claim CPD hours for this activity in the learning with others category. You can use a brief email/note from the practitioner you interacted with, or sign-off of your Experiential Learning & Meeting Record, as evidence of this activity.

#### *Clinical audit*

Undertaking Clinical Audit is a recognised CPD activity and you can claim CPD hours for the time you spent undertaking your clinical audit. If you involved others in the audit exercise, in terms of discussing findings and agreeing changes to practice for example, some or all of these hours can be claimed as learning with others. Otherwise, it is learning alone.

#### *Development journal*

Keeping a development journal is an important part of being a reflective practitioner. You may have found that keeping the journal has led to your identifying learning needs which you subsequently followed up through self-study, such as reading and discussions with colleagues. Don't forget that you can claim CPD hours for these activities too.

#### *CPD events*

As an RCC member, you have access to all our live webinars and the recordings. You can claim CPD hours for any of these – simply claim for the amount of time you spent participating, plus any time you spent following up on any associated reading. Time spent watching a live webinar can be claimed as learning with others.

## **9. Important information regarding PRT completion**

As has already been explained in this book, 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 54 and 55 of this book. It is your responsibility to download these forms from the RCC website and collect the signatures/attendance certificates you need.

Once both record forms are complete, please email scanned copies (along with any relevant attendance certificates) to the PRT Administrator at the RCC at [rebecca.pready@rcc-uk.org](mailto:rebecca.pready@rcc-uk.org)

Upon safe receipt of these forms, fully completed and verified, we will write to confirm that you have completed the PRT programme and issue an RCC Diploma in Chiropractic (DC) certificate. You will then be eligible to take up Licentiate Membership of the Royal College.

## 10. 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 prestigious Royal College Membership certificate and use the letters 'LRCC' after their name. You will automatically be contacted in this regard once your PRT programme is complete.



Continuing to be part of the RCC ensures continued access to a comprehensive package of membership benefits. These are described online at <https://bit.ly/RCCBenefits2021> and include:

- Free access to all the RCC's live webinars, and subsidised access to the RCC's national programme of CPD events and

education programmes to help you develop your clinical career and to stay up-to-date;

- Access to interest groups involved in specialist areas, such as sport & exercise and paediatric practice, to help you develop your special skills;
- 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;
- Full access to the entire contents of Medline, including full-text access to 3000+ journals, via the RCC Discovery Service which helps you stay abreast of current research and practice;
- 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;
- 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.

Moving through Licentiate, Membership and Fellowship of the RCC defines a recognised career path. Thus, in time, Licentiate Members (LRCC) can progress to Membership (MRCC) and Fellowship (FRCC) if they wish by following one of the RCC's postgraduate programmes, through achievement of further qualifications, or through equivalent professional achievement (see the 'membership' menu on the RCC website at [www.rcc-uk.org](http://www.rcc-uk.org)).











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.



# **APPENDICES**

# APPENDIX 1. Trainer Log Form with example entries

Date	Key points discussed	Action agreed
10/4/14	<p>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>	<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	<p>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>	<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>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: </p>	<p>Candidate signature: </p>
	<p>Trainer signature: </p>	<p>Candidate signature: </p>

## APPENDIX 2. Candidate Progress Audit Forms with example entries

### Candidate Progress Audit – 1 month

<b>1. History taking:</b>								
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
<b>2. Physical examination:</b>								
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
<b>3. Clinical reasoning and management:</b>								
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



<b>4. Chiropractic contra-indications:</b>									
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	
<b>5. Technique:</b>									
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	
<b>6. Medical records and reports:</b>									
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

<b>7. Diagnostic techniques:</b>									
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	
<b>8. Professionalism:</b>									
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	
<b>9. Ethical practice:</b>									
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	

<b>10. Personal development:</b>									
Fully embraces the principles of continuing and lifelong learning; understands requirements of PRT programme, and obligations to the GCC	9	8	7	6	5	4	3	2	1
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									
<b>11. Practice management:</b>									
Fully understands legal obligations in this context; <i>if applicable</i> , shows full application of these; operates according to a robust business plan	9	8	7	6	5	4	3	2	1
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									
<b>12. Clinical knowledge:</b>									
Thorough and complete knowledge of clinical medicine and its implications for chiropractic care	9	8	7	6	5	4	3	2	1
Sufficient knowledge of clinical medicine and its implications for chiropractic care									
Insufficient knowledge of clinical medicine and its implications for chiropractic care									

## 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:

9/5/2017

Date:

9/5/2017

## Candidate Progress Audit – 5 months

<b>1. History taking:</b>									
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	

<b>2. Physical examination:</b>									
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	

<b>3. Clinical reasoning and management:</b>									
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	

<b>4. Chiropractic contra-indications:</b>									
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	
<b>5. Technique:</b>									
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	
<b>6. Medical records and reports:</b>									
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

<b>7. Diagnostic techniques:</b>									
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	
<b>8. Professionalism:</b>									
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	
<b>9. Ethical practice:</b>									
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	



<b>10. Personal development:</b>									
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	
<b>11. Practice management:</b>									
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	
<b>12. Clinical knowledge:</b>									
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.<sup>[2]</sup>
  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.<sup>[2]</sup>
  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:

19/9/2017

Date:

19/9/2017

## Candidate Progress Audit – 9 months

<b>1. History taking:</b>									
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	
<b>2. Physical examination:</b>									
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	
<b>3. Clinical reasoning and management:</b>									
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	

<b>4. Chiropractic contra-indications:</b>									
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	
<b>5. Technique:</b>									
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	
<b>6. Medical records and reports:</b>									
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

<b>7. Diagnostic techniques:</b>									
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	
<b>8. Professionalism:</b>									
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	
<b>9. Ethical practice:</b>									
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	

<b>10. Personal development:</b>									
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	
<b>11. Practice management:</b>									
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	
<b>12. Clinical knowledge:</b>									
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:

21/1/2018

Date:

21/1/2018

**APPENDIX 3. Development Journal page with example entries**

**Development Journal**

Date	Learning incident (success/concern/queries/experiences) and identified need for further learning	Follow-up learning undertaken; thoughts and findings
8/4/17	<p>Male PT, 80 YOA, persistent knee pain, no knee pathology on x-ray, 5<sup>th</sup> visit, not improving. What to do? Continue treatment? Refer?</p>	<p>Likely a case of referred pain. Read up on referred pain syndromes and pain patterns and spoke to trainer.</p>
2/5/18	<p>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.</p>	<p>I realised I needed to review and practice material in relation to Dx and Tx of BPPV. Watched videos of manual therapists performing the Epley manoeuvre which was good revision. Researching and reading two articles has improved my knowledge of BPPV and its treatment.</p>

## APPENDIX 4. Learning Cycle Form example


### Learning Cycle

<p><b>Identified learning need</b></p> <p>This will relate to incidents or themes from your Development Journal, 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><b>Plan to address learning need</b></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><b>Confirmation of learning activities undertaken</b></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><b>Evaluation and application</b></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		
1. Date:	<u>3/5/17</u>	Venue: <u>Royal Berks Hospital, Reading</u> Signed*: 
2. Date:	<u>16/6/17</u>	Venue: <u>Byways Dental Practice, Checkendon</u> Signed*: 
3. Date:	<u>14/9/17</u>	Venue: <u>Sonning Common Health Centre, Reading</u> Signed*: 


\*PRT Trainer or person observed (alternative form in place during covid pandemic)

PRT ABC Meetings/Webinars		
Meeting 'A'		
Date:	<u>11/9/17</u>	Signed**:
Meeting 'B'		
Date:	<u>15/1/17</u>	Signed**:
Meeting 'C'		
Date:	<u>14/5/17</u>	Signed**:

\*\*PRT Tutor (or append attendance certificate)

Royal College of Chiropractors (or other) CPD webinars/seminars		
1. Date:	<u>3/5/17</u>	Event: <u>Hands on Visit to Amazon World</u> Signed <sup>v</sup> : 
2. Date:	<u>16/6/17</u>	Event: <u>Manual Muscle Testing: a window to the nervous system</u> Signed <sup>v</sup> : 

<sup>v</sup>PRT Trainer, course organiser etc. (or append attendance certificate)

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

<sup>wv</sup>PRT Trainer, course organiser etc. (or append attendance certificate)


# 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: 28/5/17

**Candidate Progress Audit**

I confirm that the three phases of the Candidate Progress Audit were undertaken and completed satisfactorily.

Signed (Trainer):  Date: 21/1/18


**Development Journal**

I confirm that regular entries have been made in the Development Journal.

Signed (Trainer):  Date: 28/4/17


**Learning Cycle**

I confirm that at least one complete learning cycle has been undertaken and recorded appropriately.

Signed (Trainer):  Date: 17/1/17


**Clinical Audit**

I confirm that at least one complete audit cycle has been undertaken and documented appropriately.

Signed (Trainer):  Date: 28/4/17

**Clinical Governance Online Learning Modules**

I have successfully completed the online learning modules: (i) Standards-based care, (ii) Using evidence to inform practice, (iii) Clinical audit, (iv) Safety incident reporting and learning, (v) PROMS/PREMS & (vi) Reflective practice.

Signed (Candidate):  Date: 28/4/17

## APPENDIX 7. Catalogue of online learning modules provided by the PRT programme.

PRT candidates are enrolled on the following online learning modules when they first join the PRT programme. If you have any difficulty accessing the modules, please contact [admin@rcc-uk.org](mailto:admin@rcc-uk.org) in the first instance.

### Mandatory modules

Title	Notes
Motivational Interviewing	Required pre-learning for PRT Meetings A & C
OARS: Key Skills for Motivational Interviewing	Required pre-learning for PRT Meetings A & C
Transactional analysis	Required pre-learning for PRT Meeting C
Clinical Governance: Standards-based care	Required element of PRT / required component of CPD return for recent graduates
Clinical Governance: Using evidence to inform practice	Required element of PRT / required component of CPD return for recent graduates
Clinical Governance: Clinical audit	Required element of PRT / required component of CPD return for recent graduates; assists you with the clinical audit element of PRT
Clinical Governance: Safety incident reporting and learning	Required element of PRT / required component of CPD return for recent graduates; informs your use of CPiRLS
Clinical Governance: Reflective practice	Required element of PRT / required component of CPD return for recent graduates
Clinical Governance: PROMS & PREMS	Required element of PRT / required component of CPD return for recent graduates

### Optional modules

Title	Notes
Patient Management Quiz	Optional exercise following PRT Meeting C
Getting Established	Business development module
Ensuring Patient Loyalty	Business development module
Brand Building	Business development module
Marketing and Advertising	Business development module
Business Finance and Ethics	Business development module
Planning Your Marketing	Business development module
Tracking Marketing Success	Business development module
Becoming A Business Owner	Business development module
GP Management of MSK Conditions	Informal webinar recording
Working in Professional Sport	Informal webinar recording
How Full is Your Bottle?	Informal webinar recording
Remote Consultations	Informal webinar recording
Managing Chronic Pain	Informal webinar recording



## **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 (contact details are provided on page 6 of this booklet). The PRT Trainer might be the best point of first contact, but in instances where the grievance/complaint relates to the trainer, there may be a preference to contact the RCC PRT Administrator.

### **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.

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



# **PRT DEVELOPMENT JOURNAL**

































# NOTES

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