New Zealand and Australia Society of Renal Dialysis Practice Inc (NZASRDP)

Professional Portfolio

Name:

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Section

The NZASRDP acknowledges the Clinical Physiologist Registration Board (New Zealand) for kindly allowing this Professional Portfolio to be adapted and reproduced for the purpose of recertification for our Australian members

SECTION 1

Portfolio Instructions

Overview

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

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

NZASRDP uses a reflective learning model for continuing professional development (CPD). All members must maintain a CPD portfolio which will be audited every three years.

CPD Requirements

Minimum Annual Requirements

- **1 x Group A** – Workplace Learning
- **1 x Group B** – Structured Learning
- **1 x Group C** – Self-directed Learning

Minimum Audit Period Requirement (3 years)

- **18 CPD activities in total**

All learning must be:

- Relevant to scope and employment
- Appropriate for experience – must define what was actually learned

  Repeated workplace mandatory training is generally not accepted unless training is new, there has been a significant change in process/procedure, or member can identify and demonstrate a particular knowledge gap where training was required.

CPD Evaluation Form Requirements

Each section of the CPD Evaluation Form must be completed.

- **Activity** – Include a brief description of the activity. Include details such as presenter, method of attendance (eg. online, face to face, self-directed), length of session, full journal reference etc.

- **What did you learn**? – Be very specific about what was learned. It may be useful to revisit any notes or educational material to refresh understanding; this is the essence of reflective learning. Avoid vague statements such as "I learned a lot about this equipment." Instead, provide concrete insights – for example, "I learned that calibrating this equipment at room temperature before use is essential to prevent underestimation of measurements."
  If learning would be considered not complex enough for level of professional experience, detail why the training was required, acknowledging a knowledge gap and specifying what was actually learned. This section should include a meaningful level of detail, writing at least a full paragraph is recommended.
- **How will you/have you applied this to your practice?** – Be specific about how or when you might be able to use what you learned in your practice. It is not sufficient to state "I will apply what I learned". If learning was not specific to every day practice (for example a haemodialysis employee attending a peritoneal dialysis training session) explain how this knowledge might be useful to your practice even if not applied regularly.
- **Evidence of attendance/completion OR supervisor verification and sign off** – Only one of these is required.

Handwritten forms are **NOT accepted.**

Please submit a maximum of 24 CPD entries for audit.

Special Circumstances

- **New to Practice** – CPD begins immediately; lectures/assignments may be used.
- **Extended Leave** – CPD activities are not required during demonstrated extended leave (eg. extended long service leave, parental leave etc.). This should be noted on submission of your portfolio for consideration. A minimum of 18 CPD entries will remain required over the three-year audit period.
- **Part-time** – A minimum of 18 CPD entries required; no pro-rata.

Portfolio Tips

Ensure that no documents in your portfolio, in particular presentations or case studies, contain the name of any patient under your or another health professional's care. All patient identifiers must be deleted or covered. Where possible do not identify any other health professional without their consent, or use a reflection of an incident or event that may bring any other health professional or profession into disrepute.

Organise CPD entries by calendar year.

Do not send:

- NZASRDP payment receipts – we already have this
- Full PowerPoint presentations or other extremely large file size documents, print to PDF
- Entire educational content of presentations attended – in general one page for evidence is sufficient
- Full journal articles

- Performance reviews, bank statements or other personal documents
- Anything with patient identifiers
- Original documents

Audit Process

Audit may occur:

- As part of your scheduled three-yearly audit cycle
- Annually as a notified condition
- Otherwise at NZASRDP's discretion

Notification timeline:

NZASRDP will endeavor to provide the following audit notifications:

- Three-month notice
- One-month notice

Please note that at all times, responsibility for audit timelines remains with the member.

Audit period:

- **Three years from the last portfolio due date**
  Example: If your next audit period is January 2025 to December 2027, you will be required to submit your portfolio by 31st December 2027.

Professional Portfolio Submission
Email to admin@nzasrdp.com OR as directed
Take paper copies and scan, in order, into one (or several if required) PDF file, eg. one document or one file per year.
Attach to email and send.
Ensure you receive a reply that your email has been received, as due to email account size limitations at either NZASRDP or your end, the email may not be sent or received. If you do not get a reply within one week, email admin for confirmation.
If your documents are already scanned, use a PDF combining software to make one (or several if required) documents and attach to email.
Please do not email multiple individual pages.

Portfolio Committee to assess:

Entire portfolio, ensuring all sections completed at an adequate level based on experience, including (but not limited to):

- Updated CV
- Supervisor declaration, professional (self) declaration
- Adequacy of learning reflection, including appropriateness of activities
- Evidence attached or signed by supervisor
- Total activity count; minimum of 18 entries across three years (maximum of 24 CPD entries)
- Minimum of one CPD entry per activity for every year

Audit Outcomes

Accepted

- Portfolio meets required standard
- Suggestions or feedback may be provided
- No further action required, for next audit in three years

Resubmission

In the case of a portfolio not yet meeting the required standards, the portfolio committee may request further/improved/additional documentation.

- Resubmission must occur within given timeframe, this will generally be two weeks
- Feedback must be incorporated
- If then accepted, suggestions or feedback may be provided and no further action required, for next audit in three years

Not Accepted

Outcome will be subject to portfolio committee discretion. Generally:

- Member will be placed on annual audit for the following three years with membership subject to three successful annual audits
    - Each annual audit must include a minimum of six CPD entries with at least one entry per activity; other than the number of CPD entries, a full portfolio must be submitted each year (inclusive of CV, declarations, professional memberships)
    - If each audit accepted, member will revert to three yearly audit cycle after three years
    - If annual audit not accepted, membership will be revoked and clinical supervisor notified
- Extensions will only be considered in extreme extenuating circumstances

NZASRDP strongly recommend seeking the advice and support of a local Board member in the case of annual submission requirements prior to submitting your professional portfolio.

Extensions

- Only applicable to three-year audit cycles, not for annual audit unless extreme extenuating circumstances
- Extensions will only be granted in exceptional circumstances at the discretion of the portfolio committee
- Must be requested **before** the due date

Failure to submit

- Membership may be revoked

Revoked membership

A membership may be revoked at the discretion of the portfolio committee and NZASRDP Board. Generally, this will be the case when (but not limited to) a member:

- Has failed to respond to NZASRDP submission requests
- Has failed to submit their portfolio in a timely manner
- Has had their annual portfolio not accepted
- Has significantly failed to meet the required standard for a three-yearly audit

In the case of a revoked membership, the NZASRDP Board will:

- Notify the member (or attempt to notify the member)
- Notify the member's clinical supervisor
- Remove the member from the NZASRDP database and their access to the member section of the NZASRDP website

Unless there are significant clinical/professional safety concerns, previous members will remain eligible to re-apply for their NZASRDP should they choose to do so in the future. They will be subject to the same conditions of a new member application which may change from time to time but generally includes:

- Application fee
- Assessment of application, including all relevant documentation – qualifications and experience to be assessed as with all new members
- Annual membership fee
- Competency assessment (including associated fees)
- Renal pharmacology module (including associated fees)
- Any other relevant assessment/documentation required by the NZASRDP Board

SECTION 2

Curriculum Vitae

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

SECTION 3

Professional Declarations

Keep a copy of your signed professional declarations in this section

Declarations must be signed by yourself and by your Clinical Supervisor. The person who signs your declaration must be qualified and capable of attesting to your competence to practice. They will be required to note their full name, membership/registration number with NZASRDP if applicable, and email address.

A Clinical Supervisor might be one of the following:

- Clinical team leader, charge physiologist, professional leader or department head
- Clinician responsible for your service
- Clinical Manager or educator
- Director of Allied Health
- Person undertaking your annual performance review

The following list are ineligible to sign the declaration:

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

Supervisors and Sole Practitioners
If you are a supervisor or sole practitioner and have none of the above to sign your personal professional declaration please advise NZASRDP.

Industry representatives
Your line manager should sign your declaration.

More than one employer
There is space for an additional signatory for an additional workplace.

Not currently employed eg. between roles, on extended leave
Please include an additional statement of your circumstances and why you require ongoing membership.

Professional Declaration

Extended Scope: N/A *or* as follows: _____

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

I confirm that I am fit to practice	Yes	No	
I confirm I have maintained the required standards for competence	Yes	No	
I confirm I have practised lawfully	Yes	No	
I declare I have no mental or physical conditions I am aware of that may compromise my competence and therefore compromise the safety of patients	Yes	No	
I declare that the information I have supplied in this application (and other supporting information provided) is true and correct to the best of my knowledge	Yes	No	
I accept that false declaration or failure to disclose relevant information could result in my loss of membership	Yes	No	
I consent to the NZASRDP obtaining confidential verbal or written information about my professional experience and current role for the purpose of assessing my membership eligibility.	Yes	No	
I confirm I have adhered to any conditions on my current Scope of Practice	Yes	No	N/A
I have completed further training as directed (if you tick yes, attach evidence of completion of the *training program, certification or qualification* you have been directed to undertake)	Yes	No	N/A

Applicant name:		
Applicant signature:		**Date:**

Clinical Supervisor Declaration

Clinical Renal Physiologist name: _____

Clinical Supervisor to circle answer to every statement to indicate agreement

I confirm the applicant is suitable to practice as a clinical renal physiologist in the scope of practice for which they are employed.	**Yes / No**
All individuals are required to demonstrate a suitable level of competence in the following domains as per the competency standards set by NZASRDP: Scientific, Clinical, Problem Solving, Communication, Research and Development, Technical, Self-Management	
I hereby certify that the above named applicant has demonstrated a level of competence and provided appropriate evidence in each of the specified domains above that fulfils the requirements of the NZASRDP	**Yes / No**
I confirm that the above named has completed Continuing Professional Development activities which meets the objectives set out in the Professional Portfolio requirements for NZASRDP	**Yes / No**
If you have answered NO to any of the above statements, attach a summary outlining any areas where the applicant is not meeting the requirements for competence or CPD, and document the plan in place for the specific requirements to be met. Please attach to this application. Please note, you will be contacted via email should the applicant have conditions placed on their membership or in case of an unsuccessful audit.	

Supervisor Name:	**Supervisor Name:** (If > 1 workplace)
Supervisor Signature:	**Supervisor Signature:**
Membership number: **Position:** **Date:** **Email Address:**	**Membership number:** **Position:** **Date:** **Email Address:**

SECTION 4

Professional Society Memberships

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

This could include:

- Membership certificates
- Acceptance letters
- Payment invoices and receipts

SECTION 5

Continuing Professional Development

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

This could include:

- CPD learning outcome forms
- Attendance certificates
- Case studies
- Presentations, and program of meeting announcing your presentation

Minimum requirements set by NZASRDP for CPD activities:

- 1 from activity group A per year
- 1 from activity group B per year
- 1 from activity group C per year
- 18 activities over any 3 year period (maximum of 24 activities submitted)

CPD forms without accompanying evidence should be signed by your clinical supervisor, educator, or manager.

File CPD by calendar year.

Examples of CPD activities and format for recording information

CPD Activity	Evidence to be kept in portfolio
Group A: Learning from experience in the workplace	
Discussion with colleagues	Summary of incident and outcome
Staff meetings	Attendance record and documentation of learning outcome(s)
Review and analysis of incidents/events	Self-reflection/evaluation form
In service training	Self-reflection/evaluation form
Audit activities	Self-reflection/evaluation form
Peer review	Self-reflection/evaluation form
Project work	Self-reflection/evaluation form
Work shadowing/job rotation	Self-reflection/evaluation form
Group B: Learning from structured courses	
Seminars/Workshops/Lectures	Attendance form plus evaluation form
Specialist or multidisciplinary conferences	Attendance certificate plus evaluation form
Courses	Attendance form plus evaluation form
Qualifications gained	Qualification certificate or exam results letter
Learning from online sources	Documentation of website and learning points
Developing training courses	Details of course and your input
Group C: Learning from self-directed personal work	
Journal article review-Self directed	Self-reflection /evaluation form
Case study	Copy of case report (patient identifiers removed)
Peer review paper submission	Copy of article
Teaching	Details of teaching sessions
Mentoring/student supervision	Details of staff/student and your role
Presentation at meeting/conference/course/seminar	Copy of presentation and invite for presentation or program for event

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

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

Please submit a maximum of 24 entries.

Continuing Professional Development Evaluation Form

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

Activity (Case presentation, article review, poster presentation, conference presentation, teaching session, etc.)

What did you learn?

How will you/have you applied this to your practice?

For any activity EITHER obtain signoff OR attach evidence

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