



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

# Professional Portfolio

Name:

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The NZASRD 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

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### Portfolio Instructions

#### Overview

A professional portfolio is a record of your professional development as a clinical 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 physiologist role, as part of your performance review with your employer, and to demonstrate ongoing clinical competence and professional development for professional society membership or professional registration.

#### 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 written permission, or use a reflection of an incident or event to bring any other health professional or profession into disrepute.

Organise CPD by calendar year.

Within each year, group the types A, B and C forms separately from each other. Select only one group for each activity – not multiple groups.

#### Evidence

- File evidence such as certificates with the related CPD form
- If no evidence can be provided, you must have your clinical supervisor sign the CPD form
- For PowerPoint presentations, print to PDF with 6 slides/page, as due to file size they are likely to cause email problems
- One type of evidence is sufficient, eg. for a conference attendance either an attendance certificate, OR a program, OR a registration receipt is sufficient – not all three
- Do not file bank account statements identifying your account number, do not keep flight details and bookings or accommodation receipts in your portfolio

#### Methods of Portfolio Storage

When choosing how to store your portfolio documents, keep in mind how easy it will be for you to send these documents to NZASRD when you are audited. Your decision may also depend on what technology is accessible to you, for example, if you have access to a multipage document scanner, a Dropbox account, a photocopier, PDF combining software. Choose a storage method that is both convenient for you, and convenient when you need to share the documents with NZASRD.

We **do not** accept posted folders/ring binders/plastic sleeves with original documents.



### Hard Copy Storage:

This document can be printed, and section 1-5 used as Section dividers. Paper copies of any documents can be kept organized in each section.

File CPD by calendar year.

File CPD evidence with the relevant CPD learning outcome form, not separately.

Within each year, group types A, B and C forms separately.

Do not use staples.

### Computer storage:

Make folders named after Sections 1-5.

Save CPD forms and evidence by calendar year.

Scan any paper documents and save into appropriate file.

File the evidence with the relevant CPD form, not separately.

Forms requiring signatures ie. those with no evidence, must be first printed and signed, then scanned and stored. Electronic signatures are not accepted.





## Audit Process

If NZASRDP requests to see your portfolio as part of a routine audit, you must send the previous 3 years of contents.

For example:

- CPD activities from the last 3 years
- Professional society memberships from the last 3 years
- Most recent CV

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

If you have not yet been practicing for 3 years, send in what you have completed to date.

If you have been on extended leave over that period of > 6 months (e.g. parental leave) inform the NZASRDP and an individual arrangement can be made.

Audit Outcomes:

- Passed audit – you will receive an email advising the audit was passed. It may provide suggestions or feedback to improve your portfolio.
- Resubmission – you may be asked to provide more information.
- Failed audit – you may be given an opportunity to provide more information in a set timeframe, or a request to re-audit in one year with suggestions for improvement.
- Failure to submit or resubmit a portfolio when requested may result in loss of your membership.



## How to send your portfolio for auditing

### Method A (preferred) – email to [admin@nzasrdp.com](mailto:admin@nzasrdp.com)

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.

### Method B – USB

Copy your portfolio documents to a USB stick with a clearly labelled file and folder names.

If several people from your workplace wish to submit on the same USB stick, ensure documents are in clearly named and labelled individual folders.

Place USB between a piece of folded cardboard and tape to secure. Post to the registrar with a self-addressed envelope for return.

### Method C – mail

Post **copies** of your documents, **in order**, with **no staples** to NZASRDP. They will scan and then discard. Please do not post originals, as they will not be returned.

Do not post folders, ring binders or plastic sleeves. Paperclips may be used.

### Method D – Dropbox

Save your Portfolio documents to a single Dropbox folder. Share this folder with NZASRDP, and send email notification that it has been shared. Once you receive notification that the audit is passed, you can delete.

You will be advised when and where to send your portfolio at the time of your audit.



## SECTION 2

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# Curriculum Vitae

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



## SECTION 3

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# Professional Declarations

Keep a copy of your signed annual 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 and membership/registration number with the board under which they are registered if applicable.

A Clinical Supervisor might be one of the following:

- Clinical team leader, charge physiologist 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 NZASRD.

### 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

I consent to the NZASRDП obtaining confidential verbal or written information about my professional experience and current role for the purpose of assessing my ongoing membership eligibility.

**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 NZASRDП 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 <i>training program, certification or qualification</i> you have been directed to undertake)	Yes	No	N/A
<b>Applicant name:</b>			
<b>Applicant signature:</b>		<b>Date:</b>	



## Clinical Supervisor Declaration

**Clinical Supervisor to circle answer to every statement to indicate agreement**

I confirm the applicant is suitable to practice as a clinical physiologist in the scope of practice of which they are employed.		<b>Yes / No</b>
<b>All individuals are required to demonstrate a suitable level of competence in the following domains as per the competency standards set by the relevant professional society:</b> 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		<b>Yes / No</b>
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		<b>Yes / No</b>
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.		
<b>Supervisor Name:</b>	<b>Supervisor Name:</b> (If > 1 workplace)	
<b>Supervisor Signature:</b>	<b>Supervisor Signature:</b>	
<b>Membership number:</b>	<b>Membership number:</b>	
<b>Position:</b>	<b>Position:</b>	
<b>Date:</b>	<b>Date:</b>	



## SECTION 4

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# 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

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# 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 NZASRD 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

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

File CPD by calendar year.

Collate all groups separately (ie. all group A together) and keep evidence with the relevant CPD learning outcome form.



## 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 category 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



## Continuing Professional Development Evaluation Form

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

<b>Activity</b> (Case presentation, article review, poster presentation, conference presentation, teaching session, etc.)

<b>What did you learn?</b>

<b>How will you/have you applied this to your practice?</b>

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:
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