PUBLIC HEALTH MEDICINE

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14)	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Practice** <u>Core items of supporting evidence</u> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments **Audit** <u>Core items of supporting evidence</u> • Clinical/Public Health Audit • Case Note/Letters Audit **Education, Training and Development** <u>Core items of supporting evidence</u>

		• Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.) • Evidence of compliance with mandatory training, infection control etc • Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable) • CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice • Reflection and behaviour change following CPD activities <u>Optional items of supporting evidence</u> • Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour • Record of "open book" knowledge assessments related to e-learning, or other knowledge assessments
Apply knowledge and experience to practice	■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e)	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Patient Feedback** <u>Core items of supporting evidence</u> • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints

		• Patient education examples <u>Optional items of supporting evidence</u> • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) **Practice** <u>Core items of supporting evidence</u> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments **Audit** <u>Core items of supporting evidence</u> • Clinical/Public Health Audit • Case Note/Letters Audit **Education, Training and Development** <u>Core items of supporting evidence</u> • Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.) • Evidence of compliance with mandatory training, infection control etc • Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable) • CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice • Reflection and behaviour change following CPD activities <u>Optional items of supporting evidence</u>

		• Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour • Record of "open book" knowledge assessments related to e-learning, or other knowledge assessments **Governance** <u>Core items of supporting evidence</u> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <u>Optional items of supporting evidence</u> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations
Keep clear, accurate and legible records	■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f)	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty

		• Evidence of activity as an educational/clinical supervisor • References and letters **Patient Feedback** Core items of supporting evidence • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples Optional items of supporting evidence • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) **Practice** Core items of supporting evidence • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments **Audit** Core items of supporting evidence • Clinical/Public Health Audit • Case Note/Letters Audit

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information

Put into effect systems to protect patients and improve care	■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48)	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Patient Feedback** <u>Core items of supporting evidence</u> • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples <u>Optional items of supporting evidence</u> • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) **Practice** <u>Core items of supporting evidence</u> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports

		• Work Based or Skills Assessments **Audit** Core items of supporting evidence • Clinical/Public Health Audit • Case Note/Letters Audit **Governance** Core items of supporting evidence • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries Optional items of supporting evidence • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations
Respond to risks to safety	■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations	**Peer Feedback** Core items of supporting evidence: • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters Optional items of supporting evidence: • Evidence of involvement in other assessments of individual or team

		practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Practice** Core items of supporting evidence • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments **Education, Training and Development** Core items of supporting evidence • Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.) • Evidence of compliance with mandatory training, infection control etc • Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable) • CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice • Reflection and behaviour change following CPD activities Optional items of supporting evidence • Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour • Record of “open book” knowledge assessments related to e-learning, or other knowledge assessments **Governance** Core items of supporting evidence • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports

		• On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <u>Optional items of supporting evidence</u> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations
Protect patients and colleagues from any risk posed by your health	■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78)	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
Communicate effectively	■ Communicate effectively with colleagues within and outside the team (41b)	**Peer Feedback** <u>Core items of supporting evidence:</u>

	■ Explain to patients and/or involved parties when something has gone wrong (30) ■ Listen to patients and the community and respect their views about their health (22 a 27a). ■ Give patients and the community the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' and their community's questions (22c, 27 b) ■ Keep patients and the community informed about the progress of their care (22c) ■ Treat those close to the patient and the community considerately (29) ■ Pass on information to colleagues involved in, or taking over, your patients' or community's care (40, 51-53)	• Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters Optional items of supporting evidence: • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Patient Feedback** Core items of supporting evidence • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples Optional items of supporting evidence • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) **Practice** Core items of supporting evidence • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments **Education, Training and Development** Core items of supporting evidence

		• Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.) • Evidence of compliance with mandatory training, infection control etc • Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable) • CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice • Reflection and behaviour change following CPD activities <u>Optional items of supporting evidence</u> • Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour • Record of "open book" knowledge assessments related to e-learning, or other knowledge assessments **Governance** <u>Core items of supporting evidence</u> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <u>Optional items of supporting evidence</u> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations

Work constructively with colleagues and delegate effectively	■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54)	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Practice** <u>Core items of supporting evidence</u> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments **Governance** <u>Core items of supporting evidence</u> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <u>Optional items of supporting evidence</u> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research,

		the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations
Establish and maintain partnerships with patients	■ Encourage patients and the community to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve) patients in teaching or research.	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Patient Feedback** <u>Core items of supporting evidence</u> • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples <u>Optional items of supporting evidence</u> • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant)

		Practice Core items of supporting evidence • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments **Governance** Core items of supporting evidence • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries Optional items of supporting evidence • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
Show respect for patients	■ Implement and comply with systems to protect patient confidentiality. (37)	**Peer Feedback** Core items of supporting evidence:

	■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c)	• Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters Optional items of supporting evidence: • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Patient Feedback** Core items of supporting evidence • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples Optional items of supporting evidence • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) **Practice** Core items of supporting evidence • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments **Governance** Core items of supporting evidence

		• Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <u>Optional items of supporting evidence</u> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations
Treat patients and colleagues fairly and without discrimination	■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10)	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Patient Feedback** <u>Core items of supporting evidence</u> • Validated Patient Questionnaires (at least once per five year revalidation period)

		• Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples <u>Optional items of supporting evidence</u> • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) **Practice** <u>Core items of supporting evidence</u> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments
Act with honesty and integrity	■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of you knowledge or competence. (63-65, 67-68) ■ Inform patients about any fees and charges before starting treatment (72a)	**Peer Feedback** <u>Core items of supporting evidence:</u> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <u>Optional items of supporting evidence:</u> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters **Governance** <u>Core items of supporting evidence</u> • Documentation of Compliance with relevant Local Clinical Governance

		Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <u>Optional items of supporting evidence</u> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations

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Public Health - Appraisal and Revalidation Checklist

It has proved immensely challenging to identify and distil any common or central elements of practice in public health, due to the breadth of public health activity and the range of roles in which public health professionals practice. The FPH has therefore identified seven areas of supporting information, which will assist individual public health professionals to demonstrate compliance with the FPH specialty framework. These areas of supporting information are divided into 'Core' items of supporting information and additional suggested 'Options'. All public health professionals will be required to provide the information listed in the checklist as 'Core' over a five year period wherever possible. It is recognised that in some areas of public health practice or in certain settings, some items may be unobtainable or inappropriate. The additional suggested sources of supporting information listed under 'Options' may help to demonstrate the quality of particular areas of specialist practice.

Work is currently ongoing to collect 'baskets of evidence' of best practice in each of these areas of supporting information. These examples of supporting information will be incorporated into the guidance on revalidation for public health professionals. This will provide much greater clarity on how to incorporate different pieces of specialised supporting information into a coherent portfolio for appraisal and revalidation. It will also bring together very disparate areas of public health practice into similar models for revalidation, for example the 'basket of evidence' for 'publications/reports' could include annual Director of Public Health reports, Health Protection Unit surveillance reports, demographic profiling, joint strategic needs assessments or academic research.

General

Core items of supporting evidence

- ❑ GMC Registration Number
- ❑ Evidence of a License to Practice
- ❑ Medical Qualifications
- ❑ Description of Practice
  - o Title
  - o Role
  - o Job Summary including responsibilities and activities throughout the 5 years since last revalidation
  - o Job Plan for each year - commensurate with CEM guidelines
- ❑ Description of voluntary roles undertaken in capacity as doctor
- ❑ Appraisal for each year
- ❑ Description of Indemnity
- ❑ Personal Development Plan (PDP) for each year
- ❑ Statement of Concerns and their resolution
- ❑ Statement of Probity including interests and gifts
- ❑ Statement of Health to confirm ability to undertake practice as described
- ❑ Registration with a GP

Peer Feedback

Core items of supporting evidence

- ❑ Validated multi-source feedback twice per five year cycle
- ❑ Teaching evaluations and feedback
- ❑ Quality of multi-disciplinary team working, evaluated through validated MSF
- ❑ Other assessments if undertaken, eg Peer Review
- ❑ Leadership in management assessed by MSF with appropriate raters

Optional items of supporting evidence

- ❑ Evidence of involvement in other assessments of individual or team practice if undertaken by specialty
- ❑ Evidence of activity as an educational/clinical supervisor
- ❑ References and letters

Patient Feedback

Core items of supporting evidence

- ❑ Validated Patient Questionnaires (at least once per five year revalidation period)
- ❑ Complaints and compliments
- ❑ Reflection and learning from substantiated complaints
- ❑ Patient education examples

Optional items of supporting evidence

- ❑ Evidence of quality of advice given to patients
- ❑ Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients
- ❑ Documentation of engagement with patient and carer support groups, where relevant
- ❑ Evidence of patient involvement in development of services (if relevant)

Practice

Core items of supporting evidence

- ❑ Complaints and compliments
- ❑ Incidents – including contribution to NPSA and confidential enquiries
- ❑ Registries
- ❑ Publications/Reports
- ❑ Work Based or Skills Assessments

Audit

Core items of supporting evidence

- ❑ Clinical/Public Health Audit
- ❑ Case Note/Letters Audit

Education, Training and Development

Core items of supporting evidence

- ❑ Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.)
- ❑ Evidence of compliance with mandatory training, infection control etc
- ❑ Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable)
- ❑ CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice
- ❑ Reflection and behaviour change following CPD activities

Optional items of supporting evidence

- ❑ Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour
- ❑ Record of “open book” knowledge assessments related to e-learning, or other knowledge assessments

Governance

Core items of supporting evidence

- ❑ Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
- ❑ Complaints/Compliments (with any accompanying reflective notes)
- ❑ Quality assurance reports
- ❑ Outbreak reports
- ❑ On-call rota documentation
- ❑ Locum and trainee induction documentation

- ❑ Risk and Workplace Assessments and Reports
- ❑ Contribution to NPSA and confidential enquiries

Optional items of supporting evidence

- ❑ A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended:
- ❑ Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice
- ❑ Examples of consent forms, and ethical committee approval for research.
- ❑ Examples of research papers, posters or presentations