

## CPD activity - Details

### Description of activity

Maternity and Child Health Information Workshop

### Start date:

24 Apr 2015

### End date:

24 Apr 2015

### CPD Year:

2015

### Credits:

3

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## Reflective notes

### Why did I choose this activity for my CPD?

Keeping up to date with public health and public health intelligence issues and developments is a key part of my role and appears on my PDP. I am the lead in XXX for child and maternity datasets and intelligence and it is therefore important for me to have an up to date and detailed knowledge of information in order to be able to support the XXX PH community in addressing public health issues around children and young people. Having already spent time with colleagues in the Children and Maternal Health Intelligence Network, I already have some knowledge of key issues and data sources to support activity. I chose this activity to build on this knowledge and with a view to seeing how the new information could further support the children and young people's programme in XXX.

### What did I learn from this activity or event?

One of the most important things that I learnt at this workshop was about the Maternity and Children's dataset and the potential for this dataset to support public health initiatives. The linking together of the maternity and children's datasets means that the impact of the circumstances or health behaviours of a mother during pregnancy on the outcome of the child can be assessed. Furthermore, it will allow the segmentation of information so that, eg smoking at delivery can be analysed by age to inform public health interventions. I also heard about future developments in the Children and Maternity Health Intelligence Network programme, such as the publication of profiles for children and young people. In particular, there was a survey of 15 year olds in the autumn/winter 2014/15. The results will become available later on in 2015. This includes information about the behaviour of these young people, including how they spend their free time, health activities and perceptions of self and weight/image, bullying and other key items of information. This information will be really important to inform the prioritisation of public health interventions.

### How am I going to apply this learning in my work?

The most important action that I will take is to explain these developments to members of the public health community, including information teams. I will use this knowledge when I am presenting to public health professionals and discussing their information needs and helping them to interpret information. The knowledge that I gained from this workshop will be important in helping me to understand the priorities for children and young people, as the indicators discussed point to priority areas and issues that require information to provide evidence for action. I have received a number of requests from public health professionals about these information sources and I will be able to provide detailed feedback.

### What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

I will attend future workshops on similar topics to ensure that I keep up to date with new developments and register for electronic updates on these topics. I will attend monthly teleconferences with the child and maternal health intelligence network to share this information and to learn from others. I will further explore these topics on the internet to learn more detail about these data sources and their potential to support the public health community, such as ChiMat and the HSCIC.

## Linked PDP Entries

[Keep up to date with public health intelligence developments 2015/16](#)

[Details \]](#)

## Key Competencies

- |  |  |
|--|--|
| <input type="checkbox"/> Assessing evidence of effectiveness             | <input checked="" type="checkbox"/> Health surveillance and assessment |
| <input type="checkbox"/> Strategic leadership and collaborative working  | <input type="checkbox"/> Policy and strategy                           |
| <input type="checkbox"/> Health protection                               | <input checked="" type="checkbox"/> Health improvement                 |
| <input checked="" type="checkbox"/> Public health intelligence           | <input type="checkbox"/> Health and social service quality             |
| <input type="checkbox"/> Ethical management of self / others / resources | <input type="checkbox"/> Academic public health                        |

## Domains of good medical practice

### Knowledge, skills and Performance

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- Develop and maintain your professional performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly

### Safety and quality

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- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

### Communication, partnership and teamwork

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- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Establish and maintain partnerships with patients
- Teaching, training, supporting and assessing
- Continuity and coordination of care

### Maintaining trust

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- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

## CPD activity - Details

### Description of activity

Public Health England Annual Conference Day 1

### Start date:

15 Sep 2015

### End date:

15 Sep 2015

### CPD Year:

2015

### Credits:

5

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## Reflective notes

### Why did I choose this activity for my CPD?

Keeping abreast of developments in public health and public health intelligence are key to me being able to provide a public health intelligence service to the local community that is fit for purpose. This features on my PDP. The PHE Annual Conference comprises a series of lectures, discussion workshops and other activities centred on the national public health priorities. I attended sessions from the PHE Chief Executive and the Minister for Public Health to understand the broad context in which I am working. I attended a session on the future of large datasets in order to keep up to date with technical developments, which are becoming more important for the storage, management and analysis of data such as genomics and hospital activity data. I also attended a session on Sugar: Responding to the challenge as this is a key public health priority and I need to understand the implications so that I can support Local Authorities in XXX with the most relevant information to support local implementation. The final session that I attended on this day focused on worklessness and health, which is closely related to the health inequalities agenda.

### What did I learn from this activity or event?

I learnt that diet has overtaken tobacco in terms of risk factors for mortality and morbidity. Economic prosperity is at the heart of inequalities and the focus needs to be local to ensure that the target populations benefit from interventions. The World Health Organisation produces a number of atlases on key themes, such as women and children's health and there are country profiles, that will provide useful comparisons. I heard about the recommendations from the Scientific Advisory Group on Nutrition about sugar consumption, which I had been aware of, but did not know the detail. I also learnt how the messages had been translated into terms that the general public could relate to and saw examples of infographics to convey messages simply and effectively to a particular audience.

### How am I going to apply this learning in my work?

The information about the national priority and risk factors for mortality and morbidity will help me to prioritise the work that I do. I will focus on the data tools and resources that are relevant for these key priorities and ensure I know where the data sources can be obtained and have a better understanding of their interpretation. This includes the Global Burden of Disease tool and the Marmot indicators, as well as Public Health Profiles and other tools. I will be able to direct Local Authorities to the most relevant information and support them in interpreting it. I will be able to draw the links between these national initiatives and a PHE tool The Segment Tool that allows Local Authorities to analyse the causes of death contributing to differences in Life Expectancy. The WHO atlases will be a useful source of information for me to add to the toolkit that I use to respond to enquiries about public health information. In particular the atlas with country profiles may be of use to the XXX PHE centre, who are using international comparisons as drivers for local change. Not only did the lecture on sugar provide background about the recommendations and help me to understand where the focus of my efforts to access and interpret dietary information, but it also provided very good examples of infographics and I learnt how the team had approached the design and production of them. This is particularly helpful at the moment when the team in which I work is being asked to support the development and production of infographics, and complements earlier training that I have undertaken on the subject. I will support colleagues in the public health community to further develop their skills in data visualisation.

### What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

I will explore the Global Burden of Disease tool to understand the messages about risks for mortality and morbidity and to analyse the drivers for some of the inequalities. I will spend time using The Segment Tool in order to understand and make the links between the national and regional analysis of risks and the more local analysis of differences in mortality. I will spend time looking at the elements of the Public Health Profiles that focus on diet in order to identify how best to support Local Authorities and other local organisations in understanding the local picture and implementing national policy locally. I will continue to work with colleagues to share best practice and move forwards with producing high quality infographics.

## Linked PDP Entries

< Keeping abreast of Public Health agenda 2015/16

[Details \]](#)

< Keep up to date with public health intelligence developments 2015/16

## Key Competencies

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Assessing evidence of effectiveness            | <input type="checkbox"/> Health surveillance and assessment |
| <input checked="" type="checkbox"/> Strategic leadership and collaborative working | <input checked="" type="checkbox"/> Policy and strategy     |
| <input type="checkbox"/> Health protection   | <input checked="" type="checkbox"/> Health improvement      |
| <input checked="" type="checkbox"/> Public health intelligence                     | <input type="checkbox"/> Health and social service quality  |
| <input type="checkbox"/> Ethical management of self / others / resources           | <input type="checkbox"/> Academic public health             |

## Domains of good medical practice

### Knowledge, skills and Performance

- Develop and maintain your professional performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly

### Safety and quality

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

### Communication, partnership and teamwork

- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Establish and maintain partnerships with patients
- Teaching, training, supporting and assessing
- Continuity and coordination of care

### Maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

## CPD activity - Details

### Description of activity

Public Health England Annual Conference Day 2

### Start date:

16 Sep 2015

### End date:

16 Sep 2015

### CPD Year:

2015

### Credits:

4

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## Reflective notes

### Why did I choose this activity for my CPD?

Keeping abreast of developments in public health and public health intelligence are key to me being able to provide a public health intelligence service to the local community that is fit for purpose. This features on my PDP. The PHE Annual Conference comprises a series of lectures, discussion workshops and other activities centred on the national public health priorities. I attended two sessions on the Global Burden of Disease in order to understand the key messages and to be able to use the visualisation tool to support the local public health community in understanding the key messages. I attended a session on the skills for improving the public health, which included informative perspectives on the working of Local Authorities. I attended this session to understand how public health teams work in Local Authorities and how negotiation and influence works in this context, in order to appreciate how I can best support public health teams by providing knowledge and intelligence. I also attended a session on the NHSE Five Year Plan to understand the NHS priorities and how they fit in with PHE priorities and influence the agenda of Local Authorities. This was an opportunity to understand the broader context in which public health is operating in order to identify how teams are working and who they need to influence and how - in order to inform the information service that I provide.

### What did I learn from this activity or event?

I learnt about the key measure the DALY that is used for international health comparisons. Although life expectancy has increased since 1990, there has been no change in morbidity and ill health. As people are living longer and the population is ageing more people are living with disabilities and there is an increasing number of people with multiple morbidities. Diet is the most important risk factor for morbidity. Variations in mortality with deprivation are heart disease, COPD, cirrhosis and drug use. XXX has better health outcomes than would be expected for the levels of deprivation. I learnt how to use the visualisation tool. The session on skills for health improvement provided an insight into the pressures and priorities from a local authority perspective and how to effect change in a political environment. Politicians set the agenda and they are elected every 4 years and so it is important that there are short term wins as well as longer term gains. It is not necessarily viewed as a problem that public health is combined with other parts of local government because this means that public health can have influence over all areas and is not kept separate.

### How am I going to apply this learning in my work?

I will apply the learning from the Global Burden of Disease by helping colleagues in PHE and in Local Authorities to understand how to use the visualisation tool and how to interpret the results. I will do a walk through with colleagues and also consider the best way to help local authorities to make good use of this tool. The PHE XXX centre is particularly interested in international comparisons as they are using these as drivers for local change. I will use the insight that I have gained from the sessions on influencing in a political environment to guide my response to enquiries from local authorities and to identify which information would be the most appropriate to influence colleagues in the local authority on particular topics. It will also help me to interpret the information in the broader context of themes for which a local authority is responsible, going beyond any 'traditional' public health boundaries, for example, commissioning leisure services. I will arrange for colleagues in public health intelligence teams to undergo training and development in this area as I have recognised that it is of fundamental importance to effective presentation of intelligence to influence local authorities and other stakeholders.

### What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

I will spend time becoming more familiar with the Global Burden of Disease visualisation tool.

## Linked PDP Entries

## Key Competencies

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Assessing evidence of effectiveness            | <input type="checkbox"/> Health surveillance and assessment |
| <input checked="" type="checkbox"/> Strategic leadership and collaborative working | <input checked="" type="checkbox"/> Policy and strategy     |
| <input type="checkbox"/> Health protection   | <input checked="" type="checkbox"/> Health improvement      |
| <input checked="" type="checkbox"/> Public health intelligence                     | <input type="checkbox"/> Health and social service quality  |
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## Domains of good medical practice

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## Portfolio Section 5 : REFLECTIVE NOTES

### Personal CPD – Reflection

Use this sheet to help reflection on each CPD activity. Whenever undertaking an educational activity time should be spent reflecting on your learning. Complete this sheet whenever possible and keep in your CPD folder. There is no need to submit it to the Faculty unless you are included in the annual audit.

**Title of educational activity:**

Scottish Patient Safety Programme – Primary Care forum

**Date:** 6 Oct 15

**Number of credits claimed:** 4

**Which PDP item does this relate to?**

Increasing understanding of QI at national/ international level

**Why did I choose this activity for my CPD?**

Essential development training for me and a number of my team to gain a greater understanding of how primary care providers in NHS Scotland are using SPSP whilst being so pressured. What can my organisation learn from them? Real opportunity to accelerate our work.

**What did I learn from this activity or event?**

A great deal.

Main lesson is that need to collect data to demonstrate that changes have taken place. Change without measurement is useless. Also need to set targets to stimulate progress.

Time is needed for practices to do the SPSP work, including reviewing data and considering next steps.

Training in QI methodology and thinking is necessary if staff are to buy in and be effective. QI methodology does work if applied properly.

Small scale change works better than big bang! Build on what have with incremental changes in many places. Lots of data already collected, but most never looked at or analysed. Much prob not needed, so could focus on essential data collection and have time to analyse etc.

93% of Scottish practices have completed the safety climate survey. 74% have completed case not reviews.

Early detection of sepsis using NEWS app working well in GG&C/ SAS and likely to be rolled out across Scotland.

Trigger tool reviews in Forth Valley ident 186 PSIs, 2/3rds were preventable. 48% of PSIs related to medicines!

New Scottish legislation requires that all people aged under 18 yrs must have a 'Named Person' who is responsible for them in law. Unclear how my organisation has followed this.

**How am I going to apply this learning in my work?**

Invite Paul Bowie to present at one of our future SPSP event on human factors/ results handling/ enhanced SEAs.

Link dental lead into SPSP Dental programme, suggesting they get involved in it.

Establish links into the Medicines' SPSP (multi-disciplinary) aiming to improve the reliability of prescribing and dispensing across region.

Ensure that facilitation is provided when my practices get their safety climate survey, so that they can understand what it says and effect change as indicated.

Get my practices to establish links with local NHS practices active with SPSP to share work both ways.

**What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?**

I need to gain a greater understanding of the various QI tools in use by SPSP and also ensure I can understand what the numbers they produce mean, so that I can interpret, prioritise and work with my teams to act.

There is a knowledge deficit in data analysis and presentation across the Region. Opps to use SPSP expertise to cover some of this gap.

Getting my staff trained to QI practitioner/ expert level would help.

Do I need to become more expert myself?

**What are my reflections on this learning?**

Really rewarding to be working with a group of healthcare professionals for a day who were all pressured, had difficult NHS jobs etc, but who were trying to do something about it. All had a positive attitude to change, and remained enthusiastic about caring for patients and improving care. In many ways this is an unusual audience to find in UK healthcare these days, but it both inspired and re-enthused me.

It remains to be seen what my colleagues gained from the meeting, but I sense that they were somewhat less enthusiastic than I. Is this a case of SPSP as the 'Emperor's New Clothes', or is it just change fatigue?

I am keen to support them but know that I might need to push to get progress going. With my recent extension in post, I know that I am here for the next 3 years, so will outlast most of them. Therefore any attempt to sit me out is gone. I need to understand their drivers better so as to support them and ensure we are really focussing on improving patient care and safety moving forwards. Work needed to reduce other work that they have to do!

## CPD activity - Details

### Description of activity

On call training day

### Start date:

30 Jun 2015

### End date:

30 Jun 2015

### CPD Year:

2015

### Credits:

5

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## Reflective notes

### Why did I choose this activity for my CPD?

An agenda was circulated prior to the event, highlighting the opportunities to increase my knowledge about areas that I was not familiar with. The activity was over an entire day and therefore provided time for me to undertake learning and reflection in a focused way.

### What did I learn from this activity or event?

There were numerous presentations that covered areas that I had limited familiarity with. For example, a session on Carbon Monoxide poisoning highlighted a new process for responding to cases, which includes working with emergency services, Public Health England, Toxicology and Local Authorities. The session highlighted the introduction of new forms used to risk assess reported cases, as well as the importance of notifying the consultant in communicable disease.

A session on returning travelers highlighted the most common causes of a fever and the key questions that need to be asked to identify actions whilst on call. The session highlighted the epidemiology and response to possible MersCoV and Ebola cases, both of which are new risks. I learnt about the changes to decontamination guidelines, which are now focusing on dry decontamination in most cases, apart from exposure to caustic / biological / radiological substances. I also learnt about the operational response units to CBRN and HAZMAT incidents, and where these units could be used.

I learnt about the difficulties of dealing with Port Health incidents and the importance of passing information to the CCDC, who is the only person with the authority to give advice.

I was able to consolidate my knowledge about responding to incidents of outbreaks in care homes, responding to measles notifications, responding to needle stick injuries and acute hepatitis.

### How am I going to apply this learning in my work?

The learning will be used when I participate in the on call rota. As my day to day activity rarely covers health protection issues, I am unlikely to use the learning regularly in my daily work.

### What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

I will continue to participate in on call health protection training to maintain my knowledge and skills.

I will undertake reading on the subject e.g. journal articles, latest guidelines etc to ensure that I continue to learn about the latest changes to responding to health protection incidents.

## Linked PDP Entries

Maintain general Public Health skills and competencies

[Details \]](#)

## Key Competencies

- |  |   |
|--|---|
| <input type="checkbox"/> Assessing evidence of effectiveness             | <input type="checkbox"/> Health surveillance and assessment |
| <input type="checkbox"/> Strategic leadership and collaborative working  | <input type="checkbox"/> Policy and strategy                |
| <input checked="" type="checkbox"/> Health protection                    | <input type="checkbox"/> Health improvement                 |
| <input type="checkbox"/> Public health intelligence                      | <input type="checkbox"/> Health and social service quality  |
| <input type="checkbox"/> Ethical management of self / others / resources | <input type="checkbox"/> Academic public health             |

## Domains of good medical practice

## Knowledge, skills and Performance

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- Develop and maintain your professional performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly

## Safety and quality

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- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

## Communication, partnership and teamwork

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- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Establish and maintain partnerships with patients
- Teaching, training, supporting and assessing
- Continuity and coordination of care

## Maintaining trust

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- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

## Portfolio Section 5 : REFLECTIVE NOTES (KEEP FOR YOUR OWN RECORD)

<b>Personal CPD – R e f l e c t i o n</b>	
Use this sheet to help reflection on each CPD activity. Whenever undertaking an educational activity time should be spent reflecting on your learning. Complete this sheet whenever possible and keep in your CPD folder. There is no need to submit it to the Faculty unless you are included in the annual audit.	
<b>Title of educational activity:</b> Towards Integration: Rights, Roles, Recognition of Person with Disabilities. A University of the West Indies (UWI) Network and Outreach for Disability Education and Sensitization (NODES) Conference	
<b>Date:</b> 23/24 April 2015	<b>Number of credits claimed:</b> 5
<b>Which PDP item does this relate to?</b> Developing my understanding of Caribbean approaches to social care and maintain/update PH Specialist Skills. Aligned to Learning/Development (L/D) needs 1 <sup>st</sup> and 2 <sup>nd</sup> ,	
<b>Why did I choose this activity for my CPD?</b> Personal interest in both Down Syndrome and screening, as I have been involved in these two activities previously.  Need to expand my knowledge base of Public Health in the Caribbean. Particularly in this country in which the PH academics are more focused on Epidemiology and Infectious diseases over the social determinants of health, and the social dimension of health care so pertinent tackling problem of people with disabilities  Part of my PDP to become a more engaged academic in Public Health in the Caribbean.	
<b>What did I learn from this activity or event?</b> 1.- The urban areas in the Caribbean Region is hardly suited for people with Physical Disabilities. 2.- Some, and commendable sporting programmes have been sponsored for people with disabilities 3.- Private sponsors (in particular Repsol –the Spanish petroleum company) are the main contributors of so much needed resources for meeting the needs of people with disabilities. 4.- A great misunderstanding between what constitutes social and healthcare needs of people with disabilities worsen the effectiveness of some programmes. Lack of efficient screening services in particular for children, which are overrepresented with the issue of autism	
<b>How am I going to apply this learning in my work?</b> 1.- Raising awareness, at every opportunity on the lack of clear policies to tackle people with disabilities, in particular Learning Disabilities. 2.- Covering these aspects in the syllabus of graduate programmes as the MPH I am directing, and considering the development of specific module(s) to address Disabilities, focusing in: a) Coverage of Programmes for Learning Disabilities c) Policies development at country and regional levels.	

**What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?**

- 1.- Attending workshops and conferences in the Region concerning social and health disabilities
- 2.- Keep learning the reality of the Caribbean, where every island / country is different.
- 3.- Keep expanding my network of stakeholders not only of academics but concerning a wider range of disciplines.

**THE FACULTY MAY SAMPLE YOUR RECORDS IN THE ANNUAL AUDIT, but you don't need to send this form in unless you have been included in the audit.**

## CPD activity - Details

### Description of activity

Research in Yunnan Province, China

### Start date:

01 Apr 2015

### End date:

30 Mar 2016

### CPD Year:

2015

### Credits:

5

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## Reflective notes

### Why did I choose this activity for my CPD?

China is a new environment for me to work. We had previously written a paper in the Lancet criticising analyses that attributed changes in TB prevalence to DOTS implementation. This research interrogated, along with Chinese colleagues, a database of 75,000 patients with TB and meant that Chinese CDC was open, trusting, and genuinely interested in research to inform policy/practise. We looked at delays occurring within the system and the economics of implementing active case finding. We are extending this work with a new project, working with modelers.

### What did I learn from this activity or event?

Early engagement with senior stakeholders and finding out what questions were of importance meant close collaboration was feasible. The research probed more deeply than any other researchers before into larger numbers of patients and into the economics of the Chinese programme. Before initiating this research we were concerned that the political sensitivity (along with WHO's reluctance to acknowledge weaknesses in the DOTS programme) would prohibit the research. We found that Chinese policy makers in the provinces were interested in finding real solutions to problems they thought they had, interrogating their data, and not bowing to WHO's requests for 'closure' of questions they felt were still important. Working with modelers, who want 'data' to parameterise their data can be challenging because of the often perspective that the data should be easy to collect - this is often not the case. And in China can be very sensitive.

### How am I going to apply this learning in my work?

Manage working with WHO constructively, build relationships with those with technical capacity but exclude those with limited understanding of TB or who fall into dogmatism. Continue to build collaborations with key stakeholders in Yunnan. We are trying to extend our network of collaborators in China (and have done so to try and explore very politicised questions around substandard drug, for example.)

### What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

Further questions beyond Yunnan have been raised by this research but the feasibility of conducting this research depends on building relationships in China. I'll be working with Yunnan colleagues to extend our network of collaborators beyond the province. And I have developed relations with senior colleagues in Beijing to try and address politically sensitive questions around informal pharmaceutical markets.

## Linked PDP Entries

### Key Competencies

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Assessing evidence of effectiveness             | <input type="checkbox"/> Health surveillance and assessment |
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| <input checked="" type="checkbox"/> Public health intelligence                      | <input type="checkbox"/> Health and social service quality  |
| <input checked="" type="checkbox"/> Ethical management of self / others / resources | <input checked="" type="checkbox"/> Academic public health  |

## Domains of good medical practice

### Knowledge, skills and Performance

- Develop and maintain your professional performance
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- Record your work clearly, accurately and legibly

### Safety and quality

## Communication, partnership and teamwork

Contribute to and comply with systems to protect patients

- Respond to risks to safety
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- Communicate effectively
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- Continuity and coordination of care

## Maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

## CPD activity - Details

### Description of activity

The Ninth Malta Medical School Conference

### Start date:

03 Dec 2015

### End date:

05 Dec 2015

### CPD Year:

2015

### Credits:

5

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## Reflective notes

### Why did I choose this activity for my CPD?

The Malta Medical School Conference is a high level triennial scientific conference which has been running since 1989. Over the years it has grown to become the major academic activity of the Medical School outside its formal teaching programme. It provides the opportunity for the local academic, clinical and scientific community to demonstrate and share its wealth of research. The Conference is also increasingly attracting international and highly renowned guests and speakers. Indeed for the days of this Conference, clinical workloads are reduced, and elective surgery lists are not scheduled, in order to enable participation. This year nine hundred abstracts were submitted for either oral or poster presentations. The Conference extended over three days with six parallel sessions running concurrently, broken up by six plenary lectures delivered by distinguished speakers. I myself presented my research on Mental Health Literacy (reported as a separate CPD event) in the Public Health session on the 5th December. I attended the whole three day conference, and apart from attending 5 of the 6 plenary lectures, I carefully chose to participate in those sessions where I perceived that I could generally improve, maintain and refresh my public health competencies especially, but not limited to academic and mental public health (PDP Objective 1), and/or to become a better teacher and mentor to the new generation of public health trainees and foundation doctors (PDP Objective 3). I also made it a point to choose joint public health/psychiatry or public health/family medicine sessions as I felt this would enable me to build better bridges with professionals in these specialties, an important opportunity which would be beneficial to my work. For these reasons, I chose to include this activity for my CPD.

### What did I learn from this activity or event?

First of all the Conference provided me with time-out from my day to day work, within which I could do some introspective reflection about my own academic knowledge and interests, and relate with my public health colleagues as well as other clinical colleagues in various specialties, whom I either hadn't seen for a long time, or whom I actually met for the first time. The Conference gave me the space to re-assert myself on the "clinical scene" so to speak. Many times I feel that as a public health physician, I am isolated from clinical colleagues, not only geographically but also in terms of perceptions. This is because not only does public health medicine still suffer from generally being considered a "Cinderella" speciality, but at times, I also tend to have a poor self-esteem of my own abilities vis-a-vis other clinical specialists. The Conference provided me with a forum wherein I could overcome this feeling, be myself, and show that public health medicine is truly a valid speciality on an

### How am I going to apply this learning in my work?

In reflecting upon my main learning points from the Conference, I can see two main routes of application. The first concerns me as a public health practitioner, the second as an educator. Hence as a public health practitioner, I will strive to continue to put a public health perspective in all our Office work and especially in all our dealings with psychiatrists and other clinical colleagues. I need to continue my efforts in proving the validity of my speciality as an equal to all other clinical specialties. I shall actively advocate for culture change with respect to smoking within mental health facilities and to drive the antismoking agenda further. Finally I will also strive to expand my public health interests and knowledge in other "forgotten" or new areas of public health medicine in order to improve and maintain a wide public health competence.

As to the effects of this Conference on my abilities as a teacher, trainer and mentor, I shall continue to strive for my own excellence as well as that of all my students and trainees. I shall also strive to adopt a higher level of sensitivity in order to detect stress and possible signs of depression in my trainees early, to consult with clinical colleagues as and when necessary, and to guide the students to appropriate services such as counselling or mental health services if necessary.

### What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

In order to apply the learning outlined above in relation to my public health performance I will need to continue actively searching for and taking up relevant activities which would enable me to improve my leadership and other personally related skills (also in line with PDP Objective 4), and to take up opportunities of CPD activities in other public health areas, apart from those directly related to mental health, especially areas where I haven't been exposed to for a number of years, and/or new developing areas of public health medicine. This is in line with my PDP Objective 1. In relation to my teaching, training and mentoring abilities, I will continue to actively search for specific CPD opportunities aimed at clinical/public health educators, and to try and identify some specific training to enable me to be able to detect and address early mental health problems in my students/trainees, for example a Mental First Aid Training Course.

equal footing with other specialities, and one which has a lot to offer to the other specialities, and from which other specialities can learn. This feeling was most important in my encounters with psychiatrists because of my current work.

Needless to say, each plenary and each session was a source of new/interesting learning. Dr Ian Curran's lecture on the nature and nurture of professional excellence was for me the best plenary since it gave me a lot of new insight which will be valuable for me in my training, teaching and mentoring capacity as well as in my own personal development and continuous learning. Excellence is what I want to strive for and what I try to instil in my trainees/students. We do not want to be merely safe and sufficient. To be excellent, it means you never stop trying to improve yourself, because you continually realise that you can always be better!

As for the parallel and discussed poster sessions, the ones I liked best were the joint sessions of public health with psychiatry, and public health with family medicine. In the former, I was particularly pleased to hear that some work had been started to tackle the problem of smoking within the psychiatric hospital. This was very important for me because I had been raising my concern in this respect with mental health services over the past two years. My concern was grounded in an inequality approach. On the one hand we preach "no smoking" to the general population. On the other hand we either condone it, or worse still use it as a reward/punishment with our mental health patients. So it was good to hear that the ground was starting to break, and that I may have been instrumental in bringing on this issue into focus for addressing. I also enjoyed the Infectious disease and microbiology session. In this session I was particularly struck by the presentations on the outbreak of STIs in the MSM population in Malta, and to learn about changes in antiretroviral therapy regimens and accompanying drug resistance mutations in HIV seropositive patients attending the infectious diseases clinic. These sexual health themes were new areas for me. I was also positively impressed by the knowledge as well as the demeanour of the new young consultant and trainees at the Infectious Disease Clinic. Another presentation which left me rather shaken was in the psychiatry session. The presentation gave the findings of a 4-year longitudinal study of mental health problems in medical students at the University of Malta. The results showed that a staggering 67% of medical students suffered from clinical anxiety and depression. 19% had associated feelings of hopelessness whilst 9% had associated thoughts of suicide. These (and other) results have prominent implications on medical education and the future cohort of young doctors and need to be seriously addressed.

## Linked PDP Entries

improve and maintain my public health competencies

[Details \]](#)

become a better teacher, trainer and mentor

[Details \]](#)

## Key Competencies

- |   |   |
|---|---|
| <input type="checkbox"/> Assessing evidence of effectiveness            | <input type="checkbox"/> Health surveillance and assessment |
| <input type="checkbox"/> Strategic leadership and collaborative working | <input type="checkbox"/> Policy and strategy                |
| <input type="checkbox"/> Health protection                              | <input type="checkbox"/> Health improvement                 |

- Public health intelligence
- Ethical management of self / others / resources

- Health and social service quality
- Academic public health

## Domains of good medical practice

### Knowledge, skills and Performance

- Develop and maintain your professional performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly

### Safety and quality

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

### Communication, partnership and teamwork

- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Establish and maintain partnerships with patients
- Teaching, training, supporting and assessing
- Continuity and coordination of care

### Maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

**Portfolio Section 5 : REFLECTIVE NOTES (KEEP FOR YOUR OWN RECORD)**

**Personal CPD – R e f l e c t i o n**

Use this sheet to help reflection on each CPD activity. Whenever undertaking an educational activity time should be spent reflecting on your learning. Complete this sheet whenever possible and keep in your CPD folder. There is no need to submit it to the Faculty unless you are included in the annual audit.

**Title of educational activity:** *Participation in consultation exercise and stakeholders workshop organised by health ministry in collaboration with World Health Organisation Regional Office regarding a new Country Collaboration Strategy*

**Date:** 8<sup>th</sup> June 2015

**Number of credits claimed:** 5

**Which PDP item does this relate to?** PDP Item 2 - To further update my knowledge and broaden my understanding of the workings of international health organisations, in particular the World Health Organisation, as well as to keep up to date with global and regional priorities and the current policy debate .

**Why did I choose this activity for my CPD?**

This activity presented *an excellent opportunity for me to observe and actively participate in this very well defined prioritization exercise and stakeholder consultation process* to identify areas for long term (5-6yr) collaboration between the country and the organization.

Internal and external stakeholders were invited to a participatory dialogue which followed a desktop review of national policies, strategies and plans developed nationally over the previous 5 years. A number of broad areas for possible collaboration in line with were identified for discussion. Stakeholders were invited to contribute to the drafting of the strategy, ensure its eventual support and implementation.

**What did I learn from this activity or event?**

My main learning outcomes from this activity, which was coordinated by a joint team from the WHO Regional Office and the health ministry, were:

- (i) a better understanding of the consultation process, governed by WHO and national processes and in line with WHO policy direction and national needs and priorities – both as part of the health ministry and as an end-user
- (ii) a deeper understanding of the application of WHO’s main European Policy Framework - *Health 2020* – in particular the emphasis on the main pillars life-course approach, tackling communicable and non-communicable diseases, health systems strengthening and emergency preparedness and supportive environments /resilient communities by ensuring that these aspects were incorporated - and ensuring that these aspects
- (iii) the importance of framing health issues when dealing with other sectors impacting on health during the consultation process

**How am I going to apply this learning in my work?**

As a result of this activity I am now familiar with the process and content of the Country Strategy, signed in 2016 and which will give rise to annual shorter term collaborative agreements between the country and the organization, which process I will also be involved in. Understanding and owning the vision is essential to more successful outcomes.

**What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?**

I will actively seek out further learning opportunities during the course of my work with the Organisation.

**THE FACULTY MAY SAMPLE YOUR RECORDS IN THE ANNUAL AUDIT, but you don't need to send this form in unless you have been included in the audit.**