



FACULTY OF  
PUBLIC HEALTH



CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

# CPD POLICIES, PROCESSES AND STRATEGIC DIRECTION



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# CPD in 2007 and beyond

This guidance document is a description of the interim arrangements that FPH is putting into place following the Department of Health's White Paper *Trust, Assurance and Safety – the regulation of health professionals in the 21st Century* (February 2007). The White Paper is largely the outcome of the consultation on the CMO's report *Good Doctors, Safer Patients* (2006) and the Department of Health's consultation on regulation for all health professionals ('the Foster report', 2006).

- This guidance will be regularly reviewed and updated as appropriate
- FPH has adopted common standards for CPD for all its members
- All FPH members are required to meet the minimum standards<sup>1</sup> for CPD
- The process should start with a personal development (learning) plan. Ideally this is undertaken with a peer as part of, or linked to, your annual appraisal
- CPD will continue to be recorded through credits that encompass a broad range of activities in public health practice
- Achievement of a minimum of 50 credits every year is obligatory to remain in good standing with FPH (unless FPH has formally agreed exemption)
- Credits can be given for planned and unplanned CPD; for planned CPD, the activities will relate closely to the personal development plan
- Normally, meetings, committee activity, routine operational work and academic activities with no significant new learning are *not* creditable as CPD
- FPH operates paper and electronic-based methods for recording and returning CPD activity

<sup>1</sup> In order to comply with the FPH's minimum standards for CPD and to remain in good standing, all FPH members (all categories) must have submitted a satisfactory return for the previous calendar year, or have been formally exempted by the FPH from this requirement.

## 1. Context, definitions and aim of continuing professional development

### 1.1. Definition

Continuing professional development (CPD) is that component of learning and development that occurs *after* the formal completion of postgraduate training. It comprises:

***purposeful, systematic activity by individuals and their organisations to maintain and develop the knowledge, skills and attributes which are needed for effective professional practice; CPD is a professional obligation for all public health professionals.***

### 1.2. The aim of CPD in public health

In public health, the overall aim of continuing professional development is to ensure that ***those who work in the field develop and maintain the necessary knowledge, skills and attributes to practise effectively and work towards improving the health of the population.***

## 2. What continuing professional development in public health entails

### 2.1. Who needs to do CPD?

- All public health professionals – it is a requirement for all FPH members to meet the agreed minimum standards for CPD either by participating in the FPH scheme or by ensuring that FPH has formally agreed exemption.
- All FPH members who are in active public health practice must participate and submit an annual return unless FPH has formally agreed to their exemption.

### 2.2. Personal development plans (PDPs)

PDPs are normally shared between the public health professional and either their employer or their appraiser (sometimes represented by the same person). A PDP is intended to set out the main learning objectives that the public health professional has agreed to address over a specified length of time in order to maintain skills or assure continuous improvement.

Those working in more isolated posts may need to consider how they set time aside for planning their CPD needs and locate peers – who could be trusted colleagues – inside or outside the immediate work location.

CPD activities help the public health professional to achieve those objectives. Some CPD may be totally focused on achieving PDP objectives: some may be partly focused on those objectives, while others may be focused on additional objectives which are not in the PDP.

Not all PDP activities will be relevant to maintaining professional public health practice (though FPH is only interested in PDP activities that are, at least for the purposes of this document). It is also acknowledged that not all learning is planned – some of the ‘best’ learning is unplanned.

***In order to remain in good standing FPH members must maintain a CPD diary and submit an annual return to FPH that states the amount of public health-relevant CPD they have done in the previous calendar year unless FPH has formally agreed to their exemption (see paragraphs 4.4 to 4.9 for details of the exemption criteria).***

### 2.3. Key areas for demonstration of effective public health practice

The effective public health professional is one who can perform to a high standard in *areas that are appropriate to the post that the person holds*. Different key areas as currently defined in public health may be relevant

for different posts or stages of the public health professional's career.

FPH has defined key areas of public health competence within which public health professionals will identify the key areas of *personal development most relevant to their own role and aspirations*.

## Summary of the key areas for public health competence

(defined by the FPH Standards Committee and agreed by the Board)

Key areas of public health competence	
1	Surveillance and assessment of the population's health and well-being
2	Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services
3	Policy and strategy development and implementation
4	Strategic leadership and collaborative working for health
5	Health improvement
6	Health protection
7	Health and social service quality
8	Public health intelligence
9	Academic public health
10	Ethical management of self/others/resources

### 2.4. Poor performance and CPD

It is possible to do harm in public health through misjudgement of risk or negligent practice. Poor individual performance may be identified via the following mechanisms:

- peer review, including external review of performance;
- formal audit of performance against standards;
- consumer and client feedback, complaints and critical incident reporting;
- appraisal, including independent peer review (IPR) and local profiling;
- governance in public health.

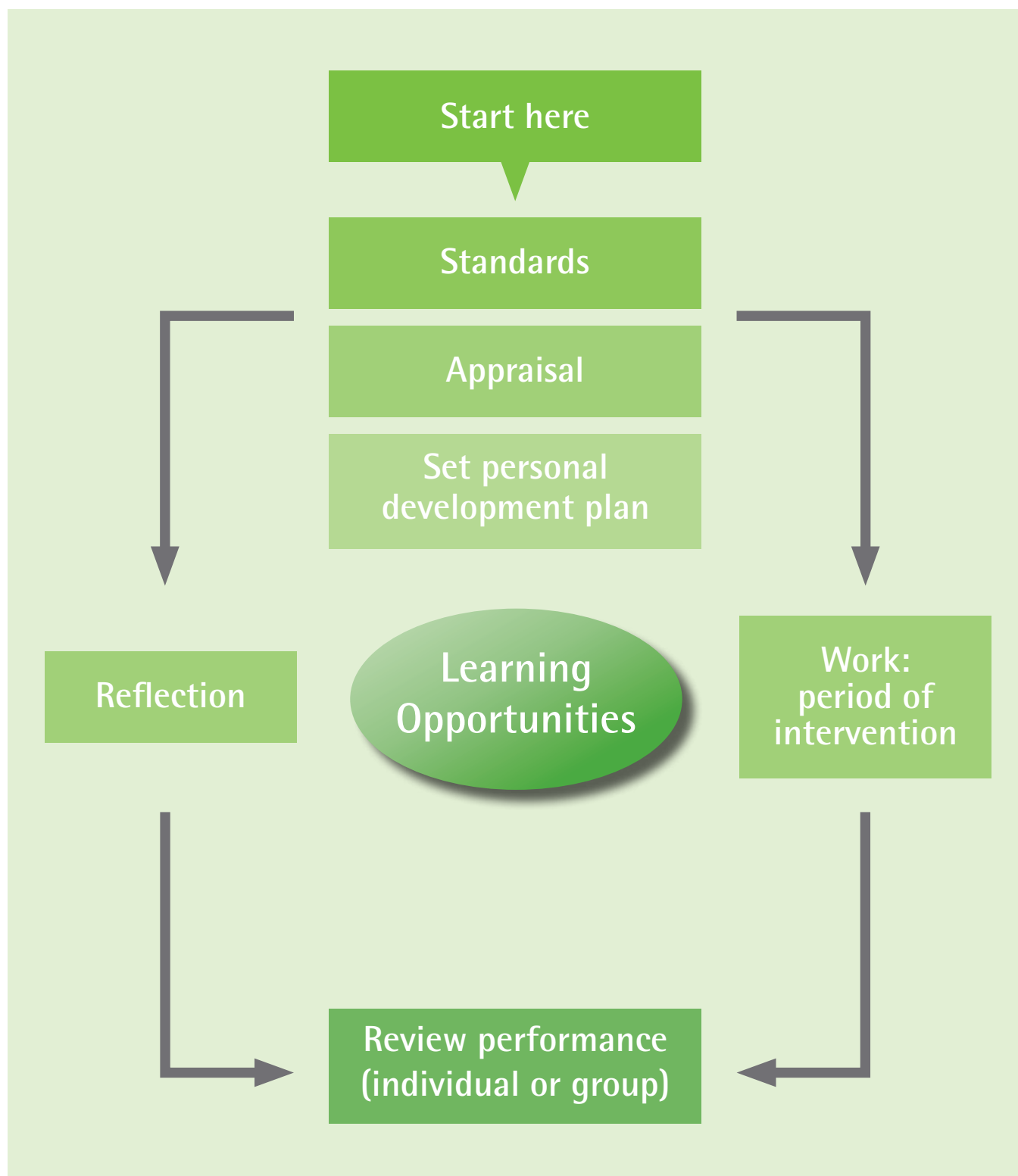
Remedial action includes targeted education, reflection and mentoring alongside more formal intervention depending on the level of risk and the circumstances.

**It is important that, in identifying and remedying poor performance, the individual practitioner also identifies and reflects on what has been learned from the whole experience.** Together with peers/a mentor, the individual will then review their learning needs and devise a realistic learning plan to address their performance. In this way, **CPD can support goals for better practice and risk management.**

## 2.5. Linking the PDP with learning, reflection and work

The audit and CPD cycles are very similar. A diagrammatic representation of the CPD cycle is shown below.

Without the willingness to review professional performance, it is impossible to know how standards are being addressed, and how goals towards effective practice are being met. Review of practice can also identify learning needs, which in turn will influence the nature of the personal development plan.



## 2.6. Recording CPD and CPD credits

CPD activity is recorded in a diary (or portfolio). This can be the paper-based form as found at the end of this document, or the electronic version maintained through the FPH website (<https://members.fph.org.uk/>).

**It is advisable to record CPD activities as they are completed** rather than at the end of the CPD year. For the purposes of collecting CPD credits, the FPH year runs from 1 January to 31 December.

The annual total of hours spent in CPD should be sent to the CPD Administrator at the FPH office ([cpd@fph.org.uk](mailto:cpd@fph.org.uk)) **as soon as possible after 31 December each year and no later than 31 March the following year**. This can be done using either the paper return found in section 4 of the Portfolio at the end of this document, or the electronic return which is part of the FPH on-line CPD diary (<https://members.fph.org.uk/>).

# The CPD credits guide

- 1 As a guide, count 1 credit per hour of '**real educational time**', 3 credits for half a day and 5 credits for a full day.
- 2 To remain in good standing, those FPH members who are in active public health practice are required to complete **a minimum of 50 credits per year (up to a maximum of 100)** unless FPH has formally exempted them from this requirement. Gaining more credits does not necessarily equate with better learning or higher quality of practice.
- 3 For each activity you should write a **reflective note**, which need not be long and should refer to learning points.
- 4 Activities should be linked to your **personal development plan** wherever possible.
- 5 When deciding whether an activity is suitable for inclusion in your CPD log, the critical consideration relates to individual **learning** having taken place.
- 6 **There is no requirement for any activity to be formally accredited.**
- 7 You should record **each activity** in the log and record a reflective note of the activity which should include the following five elements:
  - i Why was I there?
  - ii What was useful for me?
  - iii What were the most important things I learnt?
  - iv What is the most important thing for me to do as a result of this activity (include future learning needs and how to address them)?
  - v How will the learning gained influence/change my practice?

**8** There should normally be a balance across a **range of activities**, but it is not necessary that all categories are represented. Categories of activities (non-exhaustive) which may include new learning are:

- a. Learning as part of your job
- b. Group work, seminars and journal clubs
- c. Conferences, workshops and educational meetings
- d. Formal courses
- e. Private study and reading
- f. PH audit, appraisal and reflective practice
- g. Training, teaching, examining and preparation time
- h. Research
- i. Organisational development activities
- j. Inspection and review activities.

**9** No single category (a-j above) should normally contribute more than **50%** of the credits claimed.

**10** **Private reading** should form no more than 20% of the total claimed and should be supported by a reflective note.

**11** Publications and preparation under category 8h is allowed up to a maximum of **five hours** for each item.

**12** **Certain major pieces of work**, such as the writing of books, external courses and higher degrees, may be apportioned across the categories and spread over a period of more than one year.

**13** Before claiming credits for any CPD activity, consider:

- Were there learning points?
- Have I recorded this in a reflective note?
- How is the activity linked to my PDP?

## 2.7. Reflective notes

As of 2007, the FPH CPD Co-ordinators Committee has adopted the view that, in verifying the CPD of any given public health professional, the use of reflective notes written by the public health professional about their learning is the most discriminating form of evidence of effective CPD.

It is even more important to take time systematically to reflect on learning as this is more likely to embed the learning within subsequent practice.

### Proposed structure of reflective note:

A reflective note for each CPD activity claimed should contain the following five elements:

- 1 Why was I there?
- 2 What was useful for me?
- 3 What were the most important things I learnt?
- 4 What is the most important thing for me to do as a result of this conference/activity (include future learning needs and how to address them)?
- 5 How will my learning influence/change practice?

### Use of reflective notes in the FPH audit scheme:

Although reflective notes are subjective in nature, as they relate to the quality of the activity undertaken for each person undertaking CPD, their completion can provide a form of quality assessment for an educational activity undertaken by FPH Members/Fellows. It is important that every element of the reflective note is considered and a pertinent response made for each. This will make the reflective note a useful learning tool for the practitioner and will assist if the person's CPD return is selected for audit under the FPH scheme.

Subjectively the auditor may be able to ascertain from the content of responses to each element of the reflective note whether there is an indication that the practitioner found the activity of benefit to their public health practice.

However, the main focus for the CPD Auditor will be an objective count of the number of completed elements (excluding N/A or meaningless responses) with an assessment of the reflective note for an activity claimed as:

Number of completed elements	Assessment
5	Good
4	Good
3	Fair
2	Fair
1	Poor
0	Poor

## 2.8. Excluded activities

Activities which do not qualify for CPD recognition are:

- Examining for the FPH Part A or Part B (OSPHE) examinations (unless participating or preparing a question for the *first* time).
- Lecturing which does not involve substantial new learning (for example the same lecture given regularly and minimally updated).
- Attending routine committee meetings or other business meetings.
- Articles in peer reviewed journals, chapters in books, reports and official documents where the author has not undertaken new learning and substantial writing.

## 2.9. The responsibilities of participants in the scheme

- It is the responsibility of participants to ensure that they submit an annual return to the FPH CPD Administrator at the FPH office **as soon as possible after 31 December each year and no later than 31 March the following year.**
- The annual return must be a truthful record of CPD activity in the time period for which the record has been submitted.
- Formal exemptions from this arrangement are referred to in this document in section 4.
- FPH members should understand the requirement for them to comply with random audit sampling of documentation behind the CPD returns.

## 2.10 FPH's responsibilities under the scheme

- The CPD Director, in collaboration with the FPH CPD Co-ordinators Committee, has the delegated responsibility for the CPD scheme and reports to the Registrar. The ultimate responsibility for the scheme rests with the FPH Board, via the Standards Committee.
- The CPD scheme is administered on a day to day basis by staff at the FPH office, currently based within the Professional Affairs Department.
- Every FPH member has a CPD record. A certificate is issued annually to those who have successfully completed CPD requirements by submitting a satisfactory annual return and who have met the FPH standards for CPD as set out in this document generally. Those members who are granted a formal exemption will be issued with a confirmatory letter setting out the terms of their exemption. Public health trainees and FPH members who have retired from all public health practice will not be issued with a certificate.
- FPH reserves the right to check the accuracy of any returns made.

## 2.11. Auditing CPD

The FPH Board has directed that the CPD Co-ordinators Committee will each year undertake a systematic CPD audit by means of a random sample of 10% of the FPH membership (excluding those who are in public health training, those who have retired from all public health practice, and those who have been formally granted exemption from submitting an annual return). Guidance for the audit is currently under review.

In essence, members are requested to provide evidence of their CPD diary/portfolio, including:

- personal details;
- PDP;
- CPD log;
- Reflective notes (evidence of active participation in CPD).

## 2.12. Incentives

Meeting the minimum CPD requirement under the FPH scheme is an essential requirement for all FPH members and may well become a pre-requisite for professional registration for all public health professionals. CPD will become increasingly important as part of the revalidation process recommended by the Chief Medical Officer in *Good Doctors, Safer Patients* (2006), in the Foster report for other health professionals (2006), and in the resulting *White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century* (Department of Health, February 2006).

## 3. Structures and resources relating to CPD

### 3.1 CPD structures available to support FPH members and other CPD participants

The current CPD resources of FPH are as follows:

- the CPD Director (honorary post) is appointed by the FPH Board following open competition and interview;
- the Deputy CPD Director (honorary post) is appointed by the FPH Board from among the elected regional/country CPD Co-ordinators;
- a network of CPD Co-ordinators, which extends to all regions and countries of the UK with international support from the International Committee;
- links between these and other key FPH structures such as the FPH Standards Committee, FPH Board, International Committee, Education/FPH Advisers Committee, regional/country local affairs committees;
- support from FPH staff, including a CPD Administrator, and other staff in the Professional Affairs Department.

The role of FPH staff is to administer the annual programme of CPD activity by inputting and maintaining CPD records in the CPD database, providing advice and dealing with questions from members and others, processing annual CPD returns and the annual audit, working with the Director/Deputy Director and supporting the CPD Co-ordinators through their meetings and other activities.

The roles of the CPD Director and Deputy Director are:

- 1 to give strategic direction to FPH staff and to CPD activities, including liaising with the FPH Vice President, Registrar and other officers as appropriate and linking with relevant FPH committees and individuals;
- 2 to support the CPD Co-ordinators, FPH members and other CPD participants by providing advice and leading on policy development;
- 3 to undertake regular review of existing CPD policies;
- 4 to encourage the development of educational materials in support of CPD by academic institutions, NHS departments and other appropriate bodies;
- 5 to represent FPH externally in CPD forums and to communicate with FPH committees and members;
- 6 to hold delegated responsibility for the CPD budget (the Registrar is the CPD budget holder).

### 3.2 The CPD Co-ordinators

There is a network of CPD Co-ordinators who are elected by their local constituent FPH members in the UK in accordance with Standing Orders 106 to 113. Their names and contact details can be found on the FPH website (see the CPD section under Professional Standards on the FPH's website ([http://www.fph.org.uk/about\\_faculty/faculty\\_advisors/default.asp](http://www.fph.org.uk/about_faculty/faculty_advisors/default.asp))). The role description for CPD Co-ordinators can be summarised as follows:

- 1 to act as a local source of information, advice, and support for participants in the CPD scheme;
- 2 to facilitate the running of CPD sessions in that region/country;
- 3 to communicate between participants and FPH.

In summary, the CPD Co-ordinator is an important resource within the regional/country networks of FPH and is a vital port of call for members and others who wish to clarify aspects of the CPD scheme.

### 3.3 Links between FPH and other relevant organisations

#### ■ *The CPD Co-ordinators Committee*

The Co-ordinators normally meet quarterly for a business and information exchange meeting, chaired by the CPD Director. The Vice Chair is the Deputy CPD Director and supports the CPD Director and FPH more generally. The CPD Co-ordinators Committee reports to the FPH Board via the Standards Committee. Records of the minutes of these meetings are available from the FPH office.

#### ■ *The Directors of Continuing Professional Development Committee (DOCPD) of the Academy of Medical Royal Colleges (AMRC)*

The Directors of CPD of all the medical royal colleges and faculties meet quarterly to exchange information and policies via the DOCPD committee. This is a key learning group at a time when many new procedures and initiatives in relation to CPD, revalidation, standards and governance are being developed.

#### ■ *Links with other relevant institutions*

The CPD Director also liaises as appropriate with other bodies including the National Institute for Health and Clinical Excellence, the General Medical Council and the British Medical Association.

## 4. CPD policy

### 4.1. Accreditation of activities for the purposes of CPD

Personal CPD activities do not have to be formally accredited to count as CPD credits. FPH does not accredit any activities for CPD purposes. This is because the FPH is unable to quality assure meetings and other CPD activities. Individuals are advised to assess the content of meetings and other CPD activities in relation to their own personal development plan (PDP) and make a judgement about their value. If the activity provides good quality learning, they should write a reflective note and claim CPD credits.

### 4.2. Late submission of the CPD annual record

The deadline for submission of annual CPD returns is 31 March in the year immediately following the annual record of interest. This is announced on several occasions and reminders are sent to FPH members and other participants before the deadline. Since 2003, it has been a mandatory requirement of FPH [Standing Order 137 (4)] for members to meet the minimum CPD requirements. All members and other participants must take responsibility for their CPD and make the returns (or apply for formal exemption) on time. Starting in 2007 (for the 2006 returns), the Board of FPH has agreed that FPH members will receive a series of reminder letters if it is thought that they are not fulfilling their CPD requirement. Any member who does not comply with the requirements ultimately risks losing their membership of the FPH. CPD will be an essential discipline when evidence of participation is required in the regulation and revalidation of health professionals.

### 4.3. Part-time public health professionals

All part-time public health professionals are expected to undertake CPD, including any retired members or locums etc in part-time public health work. The part-timer is expected to be 100% competent. It has been argued that those in part-time work may need more CPD to keep abreast in rapidly changing specialties. Public health is one of these because of its sensitivity to changing structures and functions within the NHS.

#### 4.4. Criteria for exemption

##### **Automatic exemption**

FPH members are *automatically* exempted from participating in CPD if they are in a recognised UK public health training scheme or in an overseas training scheme that has been approved by an appropriate authority for the purpose. This information will be displayed in their CPD record.

##### **Exemption on application**

FPH members are eligible for exemption from participating in the FPH CPD scheme *on application to FPH* if:

- they confirm to FPH that they have retired from **ALL** public health practice;
- they can provide documentary evidence<sup>2</sup> that they are participating in another CPD scheme which has been recognised as acceptable to FPH (a list of currently accepted schemes can be found in the CPD section under Professional Standards on the FPH's website ([www.fph.org.uk/prof\\_standards/downloads/cpd/Recognised\\_CP\\_%20schemes.pdf](http://www.fph.org.uk/prof_standards/downloads/cpd/Recognised_CP_%20schemes.pdf));
- their circumstances are exceptional, such as:
  - prolonged absence from work (eg sick leave) for not less than nine months in any one calendar year
  - maternity, paternity or adoption leave for not less than nine months in any one calendar year
  - on sabbatical leave for not less than nine months in any one calendar year
- any other very exceptional circumstances (eg these may include those few FPH members who are not retired but are not currently in active public health practice) must be discussed with the regional/country CPD Co-ordinator and referred to the CPD Director for a decision at his/her personal discretion. The decision of the CPD Director will be final.

After an application for exemption has been agreed, written confirmation will be provided.

#### 4.5. Prolonged absence from work

FPH members who are absent from their work for a prolonged period must apply to FPH for formal exemption after discussing and agreeing their CPD requirements with their regional/country CPD Co-ordinator and, if necessary, with the CPD Director. It should be noted that formal mechanisms to re-accredit doctors and dentists who have had a prolonged absence are currently subject to discussion by the Academy of Medical Royal Colleges and the National Clinical Assessment Authority. The outcome of these discussions is likely to have an impact on the FPH CPD policy.

#### 4.6. Registering with another CPD scheme

In general, public health professionals should register with the college, FPH or other professional body which best represents their mainstream career path and, if not participating in the FPH scheme, they must apply to the FPH for formal exemption.

#### 4.7. Retired members

FPH members who are retired from *all* active public health practice are eligible for exemption from undertaking CPD. However if a retired member is in public health practice (eg sessional or part-time employment or as a locum), they must continue to undertake CPD relevant to their function and continue to submit an annual CPD return in order to remain in good standing with the FPH.

#### 4.8. Sabbatical leave

- If a public health professional is taking **sabbatical leave within UK public health practice**, they must continue to meet their full CPD requirement. The CPD pursued by those on sabbatical leave in public health posts in the UK may be eligible for credits and public health professionals are advised to seek advice from their regional/country CPD Co-ordinator and/or the CPD Director.

<sup>2</sup> On application for exemption, members will be asked to provide the following documentary evidence:

- *either* a copy of a letter from accrediting body
- *or* a copy of current CPD certification

- If the sabbatical leave is **not in a public health area, or is in a public health post outside the UK**, the following applies:
  - FPH members or other participants taking nine months or less in sabbatical leave *during any one calendar year* are expected to fulfil their usual CPD requirement. The CPD pursued by those on sabbatical leave in public health posts outside the UK may be eligible for credits and public health professionals are advised to seek advice from their regional/country CPD Co-ordinator and/or the CPD Director;
  - those taking sabbatical leave for more than nine months *during any one calendar year* can apply for formal exemption for that calendar year only.

During any period of sabbatical leave, the participant should aim to stay informed about general developments in public health and may wish to discuss their learning requirements on re-entry to the service with their local CPD Co-ordinator. Issues for discussion will include the nature of the sabbatical and whether any CPD pursued can gain credits, the need to plan for refresher CPD on return, and the actual CPD requirement for that person in the short to medium term.

#### 4.9. CPD and training in public health

CPD is that component of learning and development that occurs *after* the formal completion of specialist training. Public health trainees are therefore exempted from undertaking CPD.

Once a trainee member of FPH has successfully completed specialist public health training and left their training post, their CPD record will automatically be activated. The CPD start date will be 1 January of the same calendar year if they are practising or intending to practise for more than nine months<sup>3</sup> in that calendar year. For those practising or intending to practise for fewer than nine months in that calendar year, the start date will be 1 January of the following calendar year. In each case, they must submit a full CPD return for the calendar year following their start date.

Those who have been admitted to Membership (MFPH) of FPH and who have not yet completed their specialist public health training need not start CPD unless they specifically wish to do so.

## 5. CPD and revalidation

CPD is an essential part of the revalidation. Full details on revalidation are available separately.

<sup>3</sup>i.e. they leave their training post before the end of March in any given year.



# CPD PORTFOLIO



## Portfolio Section 1: Personal details (FOR YOUR RECORD)

### 1. PERSONAL DETAILS

#### Mail title and mailing address

Mail title:

Address:

Town:

County:

Postcode:

Country:

Forename(s):

Surname:

Title:

Civil & academic honours and degrees:

Date of birth:

Sex: Female:  Male:

#### Work address (if applicable and different)

Mail title:

Address:

Town:

County:

Postcode:

Country:

Employer:

Post title:

Work telephone number:

Mobile telephone number (optional):

Preferred email address:

Secondary email address (optional)

### 2. PROFESSIONAL REGISTRATION

Register name (GMC / GDC / UKPHR)

Date of specialist registration

Registration number

Registration specialty

### 3. CONTINUING PROFESSIONAL DEVELOPMENT

Are you participating in the FPH CPD scheme? Y / N

Are you participating in another organisation's CPD/CME scheme? Y / N

If yes, please give the name of the organisation

Has the FPH formally exempted you from participation in its CPD scheme? Y / N

**Please keep this form for your own records.  
If you are included in the FPH audit you will need to send a copy of this form to the FPH office.**

## Portfolio Section 2: Personal Development Plan (KEEP FOR YOUR OWN RECORD)

This section should be used to inform discussion on your personal development. It should be updated whenever there has been a change – either when a goal is achieved or modified or where a new need is identified.

What development needs do I have?	How will I address them?	Date by which I plan to achieve the	Outcome	Completed
Explain the need	Explain how you will take action and what resources you will need	The date agreed with your appraiser for achieving the development goal	How will your practice change as a result of the development activity?	Agreement from your appraiser that the development need has been met
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

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

### Portfolio Section 3: CPD Log (KEEP FOR YOUR OWN RECORD)

Date	Description of activity	Reflective note including impact on practice	CPD credits claimed

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

It is also advisable that you retain some record of what activities you have undertaken for other bodies. You may photocopy this form.



## Portfolio Section 4: CPD Annual Return/Application for Exemption (*Mandatory*)

Please complete the form on the next page clearly in block capitals.

Keep the original form for your record and send a fully legible photocopy to the CPD Administrator, **Faculty of Public Health, 4 St Andrew's Place, London, NW1 4LB** within three months of the end of the relevant calendar year (ie before 31 March).

**Please return your completed form BY 31 MARCH  
to: CPD Administrator, Faculty of Public Health,  
4 St Andrew's Place, London NW1 4LB, UK  
Registered Charity No. 263894**

## 1. PERSONAL DETAILS

### Mail title and mailing address

Mail title:

Address:

Town:

County:

Postcode:

Country:

Forename(s):

Surname:

Title:

Civil & academic honours and degrees:

Date of birth:

Sex: Female:  Male:

### Work address (if applicable and different)

Mail title:

Address:

Town:

County:

Postcode:

Country:

Employer:

Post title:

Telephone number:

Work:

Mobile (optional):

Preferred email address:

Secondary email address (optional):

## 2. PROFESSIONAL REGISTRATION

Register name (GMC / GDC / UKPHR)

Registration number

Date of specialist registration

Registration specialty

## 3. CONTINUING PROFESSIONAL DEVELOPMENT

**EITHER** 3.1 I participate in the FPH CPD scheme and I wish to claim the following total number of CPD credits for (year)

**OR** 3.2 I request exemption from the FPH CPD scheme for the following reason  
If you have requested exemption, please select ONE of the following reasons

- a) I have retired from all public health practice
- b) I am participating in another organisation's CPD scheme and have enclosed  
– either a copy of a letter from accrediting body   
– or a copy of current CPD certification

**3.3 My circumstances are exceptional as follows:**

If your circumstances are exceptional, please select ONE of the following reasons and indicate dates

	From	To
a) prolonged absence from work (sick leave) for not less than 9 months in any one calendar year	<input type="text"/>	<input type="text"/>
b) maternity leave for not less than nine months in any one calendar year	<input type="text"/>	<input type="text"/>
c) on sabbatical leave for not less than nine months in any one calendar year	<input type="text"/>	<input type="text"/>
d) I have other very exceptional circumstances and have enclosed a short note describing these circumstances (including dates)	<input type="text"/>	<input type="text"/>

## 4. CONFIRMATION

I confirm that this record is an accurate return and understand that I may be requested to participate in a sampling exercise (audit) of the underlying records by FPH

Signed:

Date:

## Portfolio Section 5: Reflective Notes (KEEP FOR YOUR OWN RECORD)

# 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 FPH unless you are included in the annual audit.

Title of educational activity:

Date:

### Why was I there?

(What did I hope to gain from this activity? How does it fit into my learning needs/PDP?)

### What was useful for me? (Key learning points?)

### What were the most important things I learnt?

### What is the most important thing for me to do as a result of this conference/activity?

(include future learning needs and how to address them)

### How will my learning influence/change practice?



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