



FACULTY OF
PUBLIC HEALTH



CONTINUING PROFESSIONAL DEVELOPMENT
POLICIES, PROCESSES AND STRATEGIC DIRECTION
(including CPD portfolio)

PREFACE

This is an updated version of the FPH CPD Policy, implemented in full from 1 April 2012.

Adjustments were made to the CPD policy in light of the publication of a template written by the CPD Directors Group of the Academy of Medical Royal Colleges. The updated policy standardises some elements of specialty CPD in light of revalidation. Additionally, FPH CPD Co-ordinators reviewed the policy in light of their experiences of audit and concerns of members.

For a summary of the key changes to the policy see Appendix 5.



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CONTINUING PROFESSIONAL DEVELOPMENT

Definition of Continuing Professional Development

The Academy of Medical Royal Colleges (AoMRC) and the Faculty of Public Health (FPH) defines Continuing Professional Development (CPD) as a continuing process, outside formal undergraduate and postgraduate training, that enables individual doctors (and other public health specialists) to maintain and improve standards of medical (and public health) practice through the development of knowledge, skills, attitudes and behaviour. CPD should also support specific changes in practice.

FPH supports the Ten Principles for College/Faculty CPD schemes of the AoMRC as revised in October 2007 [1], which can be found as an appendix to this policy document.

The Faculty of Public Health

FPH is the standard setting body for specialists in public health in the UK. FPH is a joint Faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow).

FPH was established as a registered charity in 1972 as a result of a recommendation of the Royal Commission on Medical Education (1965-68). Although it is an integral part of the three Colleges, it has its own Officers, manages its own affairs through the FPH Board and is financially independent.

FPH aims:

- to promote, for the public benefit, the advancement of knowledge in the field of public health
- to develop public health with a view to maintaining the highest possible standards of professional competence and practice
- to act as an authoritative body for consultation in matters of education or public interest concerning public health.

FPH has worked to develop public health as a multidisciplinary specialty to encompass the growing diversity of its members' professional backgrounds and public health as a whole. This commitment is reflected in our name change in 2003 from the Faculty of Public Health Medicine to the Faculty of Public Health.

FPH members come from a diverse range of professional backgrounds (including clinical, academic and policy) and are employed in a variety of settings, usually working at a strategic or specialist level.

In public health, the overall aim of CPD 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.



1. INTRODUCTION

The contribution of CPD to Revalidation is set out in the Chief Medical Officer's Report, 'Medical Revalidation – Principles and Next Steps' [2].

The Report states that:

- "Continuing professional development (CPD) is the process by which individual doctors keep themselves up to date and maintain the highest standard of professional practice. The GMC will require documented proof of CPD as an essential component of the information needed for successful appraisal and revalidation
- CPD belongs to the individual, but there is a need for the organised collection of evidence of appropriate activity, together with some audit of the adequacy of any individual's programme. To facilitate these requirements, the Colleges and Faculties of the Academy of Medical Royal Colleges have developed CPD Schemes
- It will be desirable to increase the linkage between CPD and appraisal. Appraisal focuses on meeting agreed educational objectives
- Monitored systems¹ that define College or Faculty approved educational activities may assist the meeting of those objectives
- Effective CPD schemes are flexible and largely based on self-evaluation. This lets doctors develop what they do in the context of their individual professional practice while providing evidence for external scrutiny
- The principles underpinning CPD schemes need to be as simple as possible while providing a good foundation on which to build an appropriate portfolio unique to the individual doctor."

The Ten Principles of the Academy of Medical Royal Colleges support this approach, and in particular, Principles 1, 2 and 10 set out the relationship between CPD, Appraisal and Revalidation.

As a multidisciplinary speciality with members on several specialist registers, FPH requires all its public health specialists to revalidate in a similar manner and CPD is an integral part of this process.

¹'Monitored systems' is taken to mean arrangements in place to quality assure Colleges' and Faculties' CPD programmes.

2. The principles of the CPD programme

The CPD policy affects FPH members (both those who are required to participate in CPD and those who are exempted – see ‘Who needs to do CPD?’) and non-members of FPH who participate in the scheme.

2.1 Who needs to do CPD?

2.1.1 UK members

All members who are in active public health practice must undertake CPD.

All doctors who have a licence to practise and wish to revalidate will be required to provide documentation that they are participating in CPD in order to keep up to date and fit to practise. Documentation of participation in, and learning from, CPD to the standards set by the College or Faculty of a doctor’s specialism will be a requirement for revalidation. This will apply to retired members who are undertaking sessional or part-time employment or acting as a locum and also those working part-time.

For public health specialists who will revalidate through another specialist register CPD will also be a requirement. In order to continue to assert parity between medical specialists and those from a background other than medicine, FPH recommends that all public health specialists participate in the FPH scheme. It is a requirement for all practising public health professionals who are FPH members to participate in the FPH scheme.

Exemptions

Automatic exemption

FPH members are automatically exempted from participating in CPD if they are in a recognised UK public health training scheme.

Other exemptions on application.

Exemption from the FPH CPD scheme may be granted where:

- a. The member’s career path and revalidation requirements are better represented though another College or Faculty of the AoMRC and the member participates in that scheme
- b. The member does not work actively in public health, does not wish to revalidate in public health AND participates in a scheme which meets criteria agreed by the FPH Board
- c. The member confirms to FPH that they have retired from ALL public health practice.

Members will be asked to provide one of the following pieces of documentary evidence

- A copy of a letter from an accrediting body or
- A copy of current CPD certification or
- A letter or email confirming that they have retired

Any queries about other appropriate schemes will be referred in the first instance to the CPD Director.

2.1.2 International members

Medical public health specialist International members who hold a UK licence to practise and wish to revalidate in the UK must participate in the FPH CPD scheme. The information will be displayed in their CPD record.

Exemptions

Automatic exemption

FPH members are automatically exempted if they are in an overseas training scheme that has been approved by an appropriate authority for the purpose. The information will be displayed in their CPD record.

Other exemptions on application

Exemption from the FPH CPD scheme may be granted where:

- a. The member participates in an International public health CPD scheme which meets criteria agreed by the FPH Board
- b. The member confirms to FPH that they have retired from ALL public health practice.

Members will be asked to provide the following documentary evidence:

- A copy of a letter from an accrediting body or
- A copy of current CPD certification.

Any queries about other appropriate schemes will be referred in the first instance to the CPD Director.

2.2 Prolonged absence from work and back to work policy

FPH's current return to practise policy is:

1. All members of FPH (or non-members registered with FPH for CPD) returning to practise after a break of nine months or longer are to undergo a "return to practise" assessment.
2. The "return to practise" assessment is to be conducted by a trained appraiser in Public Health. The assessment is to include:
 - A review of training/refresher needs
 - An assessment of fitness to return to unrestricted practise, or of the need for a period of supervision
 - The development of a new Personal Development Plan (PDP)
 - Setting of timelines for achievement of objectives
 - Date of the next review.
3. Records of the assessment are to be retained with the returner's appraisal documentation.
4. Public Health practice is not to be resumed until this assessment has taken place and any conditions imposed are met.
5. The level of support and refresher training required will in part be determined by the length of the break, and will vary between individuals. The "return to practise" programme will be assessed as complete when all training objectives have been met and the assessor is satisfied that unrestricted practice may be resumed.
6. Personnel on a "return to practise" programme will not be subject to audit as part of the Faculty's CPD audit process although assessors are expected to ensure that the returner undertakes a minimum of 50 hours training annually during the programme.
7. On satisfactory completion of the "return to work" programme, a certificate signed by the returner and assessor is to be submitted to FPH. Normal CPD requirements will then resume. A returner completing the programme mid-year may submit evidence of training undertaken during their "return to practise" programme as part of their CPD return, and for CPD audit purposes if selected.
8. The documentary record of the assessment and training programme will provide an auditable trail in the event of a returner's practice being called into question, protecting the individual.

2.3 Part-time public health professionals

All part-time public health professionals are expected to undertake CPD, including any retired member or locums etc in part-time public health work. CPD requirements for part-time or sessional public health professionals are for the same as for full-time public health professionals, on the grounds that everyone needs to be 100% competent. It has been argued that those in part-time work may need more CPD to keep abreast of rapidly changing specialties. Public health is one of these because of its sensitivity to changing structures and functions within the NHS and Local Authority.

2.4 Individual personal responsibility for CPD

Individuals have the responsibility to record CPD that has educational value. It is the responsibility of the individual to record the activity and document the learning achieved. Learning may reinforce existing good practice as well as provide new knowledge.

Self-accreditation of relevant activities and documented reflective learning is a key component of CPD. It is the responsibility of individuals to ensure that they undertake a range of CPD that reflects the local and national needs of their practice and their own learning needs.

It is the responsibility of participants to ensure that they submit an annual return to FPH's CPD Administrator at the Faculty office **as soon as possible after 31 March each year and no later than 30 June.**

- 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 and CPD participants should understand FPH's requirement for them to comply with audit sampling of documentation behind the CPD returns.

2.5 Recording CPD and registration of CPD credits

CPD activity is recorded in a diary (or portfolio). This can be the paper-based form as found in the FPH CPD Portfolio (the annual total of hours spent in CPD should be sent to the CPD Administrator at the FPH office cpd@fph.org.uk), or the electronic version maintained through the FPH website (<https://cpd.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 April to 31 March. FPH is currently redeveloping an eportfolio for revalidation. Once this is launched all members seeking to revalidate will be required to use the eportfolio which will include a CPD component.

3. The programme

3.1 Key areas for the 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*. Public health professionals will be revalidated in the role they are undertaking. 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*. Revalidation is designed to demonstrate competence in the job you are doing. However, in the interests of well-rounded professionalism, members are encouraged to consider updating their knowledge and skills across the competencies in a five year revalidation cycle, where possible and appropriate, in order that CPD activities include professional development outside narrower specialty interests.

There is a specific section on appraisal and CPD in this policy. CPD activities are expected to link into an individual's PDP with at least 25 credits being directly linked to it.

Summary of the key areas for public health competence

(defined by the FPH's Standards and Knowledge 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 interventions, programmes and services intended to improve the health or well-being of individuals or populations
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	Demonstrating the behaviour of ethical management of self/others/resources

3.2 What sort of activities constitute as CPD?

New learning which improves practice can be considered as CPD. Ideally, CPD should include activities both within and outside the employing institution, where there is one.

3.3 Definitions of categories of CPD

Categories assist people to classify CPD and to ensure that a balance of activities is undertaken. CPD does not have to consist of formal courses and conferences, although of course it may include some of these.

Categories of educational 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.

3.4 An overview of the structure of the CPD scheme in the FPH

Every FPH member has a CPD record and is automatically enrolled in the FPH CPD scheme.

A certificate is issued annually to those who have successfully completed CPD requirements by submitting a satisfactory annual return of at least 50 credits and who have met FPH's standards for CPD. Those members who are granted a formal exemption are 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.

Credit requirement per year and per five years

To remain in good standing, members are required to complete a minimum of 50 credits per year unless FPH has formally exempted them from this requirement. Members are required to complete a minimum of 250 credits in a five year revalidation cycle. It should be noted that gaining more credits does not necessarily equate with better learning or higher quality of practice. When auditing CPD returns, FPH CPD Co-ordinators only consider reflective notes for 100 credits although members' certificates will include the credits submitted.

As a guide, count one credit per hour of 'real educational time', three credits for half a day and five credits for a full day.

FPH reserves the right to check the accuracy of any returns made via the annual audit.

How these credits must be divided

The FPH scheme is flexible as it relates to the individual's job. However, there are the following limitations on credits:

- No single category (a-j left) should normally contribute more than 50% of the total hours achieved
- Private reading should form no more than 20% of the total claimed and each piece of learning should be supported by a reflective note
- Publications and preparation under category h) is allowed up to a maximum of 5 hours for each item
- At least 25 credits must be directly related to the PDP.

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.

Before claiming credits for any CPD activity, consider:

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

3.5 Specific exclusions from consideration for CPD credits

Normally, meetings, committee activity, routine operational work and academic activities with no significant new learning are not creditable as CPD. For example:

- Examining for the Faculty's Part A or Part B (OSPHE) examinations (unless participating or preparing a question for the first time or unless new learning can be demonstrated) is an excluded activity for CPD. If there is any new learning that can be demonstrated, the examiner should write a reflective note and claim CPD credits
- 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.

4. Planning and review of individual CPD activity

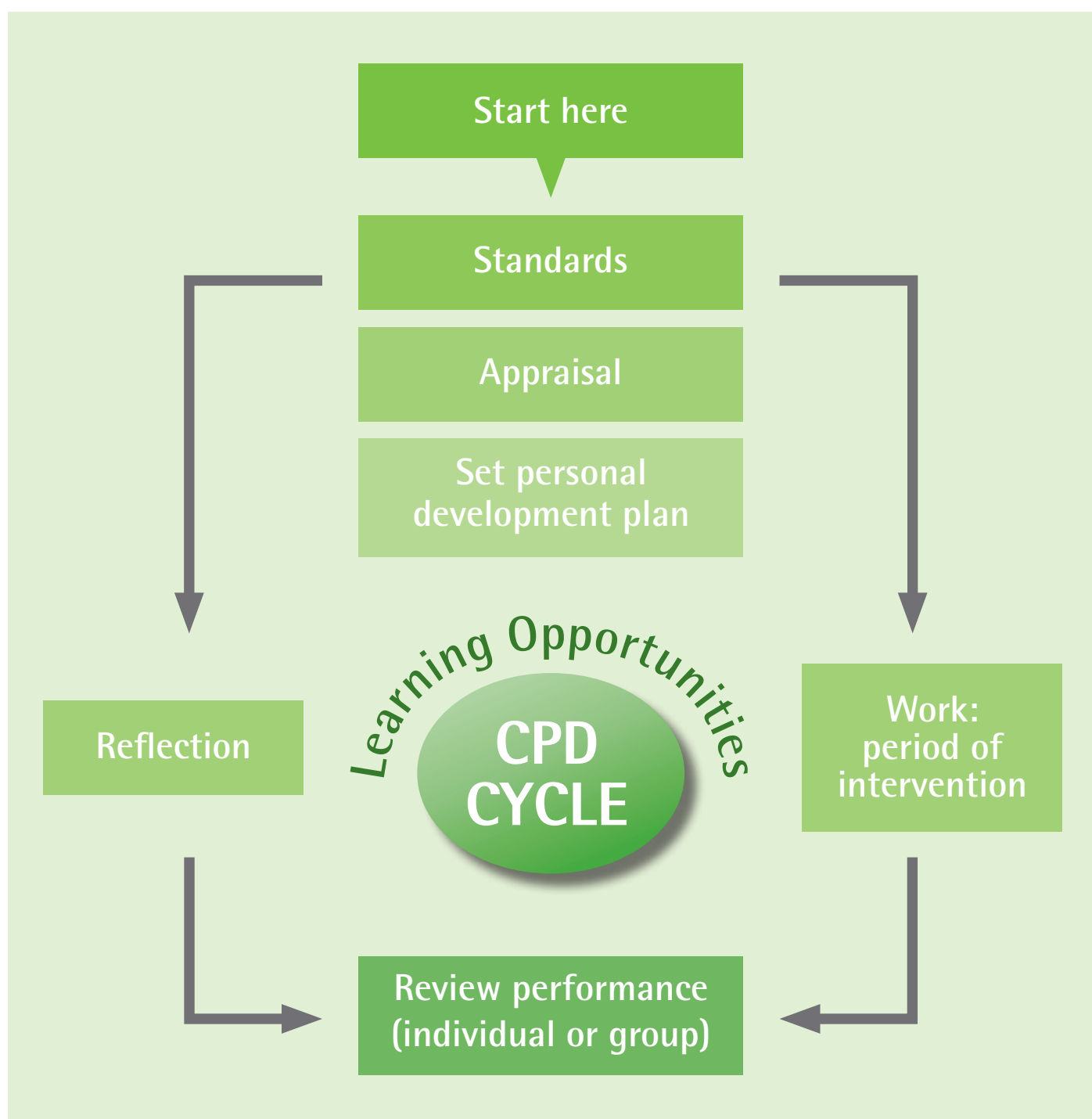
4.1 CPD and Annual Appraisal

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 PDP. Appraisal is already embedded across most employment settings and enhanced appraisal will be a key element of revalidation. FPH is currently reviewing public health appraisal and this service will be available through FPH from early 2011.

CPD and annual appraisal are intrinsically linked.

CPD Cycle



4.2 Supporting information required for appraisal

Participation in the FPH CPD scheme will be confirmed by the issuing of a certificate based on the annual submission. This should be signed off at appraisal.

Participants' portfolios, either paper records, electronic record and later elements of the eportfolio will be reviewed as part of the process of appraisal and revalidation. This will probably take the form of discussion of CPD broadly, the PDP for the previous year and a selection of key CPD activities undertaken and reflection on them, using the reflective notes written by the participant.

4.3 The documentation needed for participation in CPD activity

Standard documentation is used in both the paper CPD portfolio and the electronic CPD diary. This includes a CPD activity summary sheet (including reflective notes) for each activity and any supplementary evidence relevant to that activity. Evidence may include (but is not limited to):

- attendance certificates
- articles
- presentations
- meeting/lecture notes or slides.

4.4 Supporting information needed to demonstrate that learning has taken place

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. This is confirmed by the Academy of Medical Royal Colleges.

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. Reflection should occur as soon as possible following the event – to be contemporaneous and meaningful.

Construction of reflective notes

There are four elements to be completed in each reflective note for each CPD activity claimed.

1. Title and description of activity

Include the date of activity.

Why was this activity selected for CPD? (Does it meet an identified PDP need? Were educational objectives advertised for an event of interest? Was this a significant work related event where I was able to reflect/learn?)

2. What was the learning need or objective that was addressed?

CPD activities should ideally be linked to learning objectives either agreed as part of your PDP or those that you have considered desirable for your own development.

Describe how the activity contributed to the development of your knowledge, skills or attitudes (It might be that an activity only confirmed your current thinking – in which case you can reflect on this. If an organised event failed to meet expectations, you could also reflect on the quality of the event and how it could be improved). It may help preparation for appraisal to map your reflections to the GMC's Good Medical Practice Framework, Domains and Attributes or Good Public Health Practice, which uses the same framework.

3. What was the outcome of the activity?

How have your knowledge, skills and attitudes changed?

Have you identified any skills, attitude and knowledge gaps?

How will this activity improve patient/public care or safety?

How will your current practice change as a consequence of your learning from this activity?

What aspects of your current practice were reinforced by this activity?

4. Further learning needs

Outline any further learning or development needs highlighted by the activity

How do you intend to address these?

4.5 How CPD activity and the PDP relate to each other

Annual appraisal will lead to the development of the next year's PDP which will include future CPD activity. The CPD undertaken should reflect and be relevant to the public health professional's current and future profile of professional practice and performance.

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 reflect the importance of the link between appraisal and CPD and the PDP, 25% of all CPD credits must be directly related to the PDP.

5. 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 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 PDP and make a judgement about their value. This self-evaluation is actively encouraged. If the activity provides good quality learning, a reflective note should be written and CPD credits claimed.

6. Audit of compliance

Each year, members of FPH are required to submit a satisfactory return to confirm that they have undertaken CPD activities related to their professional competence and PDP during the previous CPD year.

The FPH Board has directed that the FPH’s CPD Co-ordinators Committee will each year undertake a systematic CPD audit by means of a sample of 20% of the FPH’s 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). The sample will be generated to ensure that all members undertaking revalidation are audited at least once in a five year revalidation cycle.

6.1 Why do we need an audit?

The purpose of the annual audit of CPD returns is to provide quality assurance for the CPD returns. It is a simple system which aims to ensure that the audit is fair, transparent and robust.

CPD is a professional obligation for all public health professionals. It is intended as a tool to ensure that individuals develop and maintain the necessary knowledge, skills and attributes to practise effectively and work towards improving the health of the population. CPD will be one of the key components in the mandatory revalidation process for all public health professionals.

Particular emphasis is placed in the audit on:

- the provision of reflective notes to support each activity
- the provision of a personal development plan (PDP) so that a link between the relevance of CPD activities to an individual's job can be audited as well as quantifying the activities themselves through CPD credits
- the provision of individualised feedback; and
- a framework to support those who fail to respond to the audit request or whose audit submission is unsatisfactory.

6.2 How will the audit be conducted?

If an individual is included in the 20% audit sample, audit material for the previous CPD year will normally be requested in the second quarter of the year (see *When will the audit be carried out section*) and the individual will be asked to submit specific documentation (see *What evidence needs to be submitted section*) within four weeks. This may be hard copy or printed from the electronic record (online diary). It is intended that in the future the audit submission will be automated via the online members’ area on the FPH website. Until this facility is available, paper submissions are required by post.

Each audit submission will be allocated by the FPH CPD Administrator (under the guidance of the CPD Director) to a CPD Co-ordinator in a constituency (region/country, etc) other than that of the auditee. Owing to the nature of the records, the auditee’s name will be known to the auditor, but all documentation will be dealt with in strict confidence and will be electronically deleted or shredded after the audit process has been completed. The auditor will review the documentation submitted using a standardised checklist form (see Appendix 4) which comprises both objective measures and free text.

The FPH CPD Administrator will use the completed checklist forms to compile an anonymised report for the CPD Co-ordinators Committee, the Public Health Standards and Knowledge Committee and the Faculty Board, reporting separately on the 20% sample and on any previous late and non-responders and previous 'unsatisfactory' assessments (see *Who will be audited section*).

A copy of the completed checklist form will be sent to the auditee as feedback (see *How will feedback be provided section*). It is intended that the auditor will give an overall 'satisfactory' or 'unsatisfactory' assessment (see *What are the audit thresholds section*).

Where a CPD Co-ordinator considers that an audit return is unsatisfactory, the submission is passed to a second Co-ordinator. The second Co-ordinator is blinded to the comments of the initial CPD Co-ordinator. Where two CPD Co-ordinators disagree, the audit return will be judged as satisfactory and the submission will be used for training purposes (to inform debate at the awayday) the following year. Where two CPD Co-ordinators both agree that the submission is unsatisfactory, the audit return will be passed to the CPD Director whose decision will be final.

It is also expected that in future years CPD certificates will record 'CPD return for [year] not audited' or 'CPD return for [year] audited as satisfactory' or 'CPD return for [year] audited as unsatisfactory' and that both employers and professional appraisers will be advised to view the CPD certificate as part of managerial and professional appraisal.

Support will be available through the FPH CPD Director and Deputy Director, the CPD Administrator at the Faculty office, constituency CPD Co-ordinators and professional appraisers if required.

6.3 Who will be audited?

The sample size is 20%, selected from a list of those who are undertaking public health CPD through the Faculty's scheme and who have submitted a return when the audit sample is taken. (A 20% sample is in line with the Academy of Medical Royal Colleges' principles of CPD.) In addition the sample also contains those whose audit submission was unsatisfactory or who failed to respond to a request for audit material in the previous year, and all those who were exempted from submitting an audit sample in the previous year. Anyone whose audit submission is unsatisfactory or who fails to respond for up to a maximum of three consecutive years will also be included. Anyone who submits a very late CPD annual return (for example after the deadline in the third reminder letter) and thus is not included when the 20% sample is taken, will also automatically be included in the audit the following year.

6.4 When will the audit be carried out?

Audit material for the previous CPD year will normally be requested in the second half of the year and should be sent (by post until a facility can be provided via the online members' area) to the Faculty office within four weeks of the date of the request. The request will provide guidance, state what information is required and remind the auditee that the CPD return for that year has been accepted subject to audit. The audit material will be assessed against the agreed thresholds (see *What are the audit thresholds section*) by CPD Co-ordinators. Following ratification of all the results by the CPD Co-ordinators Committee, written feedback will be provided to each auditee.

6.5 What evidence needs to be submitted?

The auditee should send:

- Completed audit checklist form;
- Portfolio section 1: Personal details form;
- Portfolio section 2: Personal Development Plan (either portfolio section 2 – preferred option – or the appraisal form 3 – http://www.fph.org.uk/uploads/appraisal_form_public_health_consultants.pdf – but do not send the whole of your appraisal documentation). The PDP should cover the majority of the relevant year's CPD activities. As CPD and PDP years do not necessarily coincide, a PDP that covers at least six months of the CPD year which is being audited will be required;
- Portfolio section 3: CPD log – each activity must be recorded in the log;
- Portfolio section 4: CPD annual return;
- Portfolio section 5: Reflective notes – there must be one reflective note for each activity and it must include the title of the activity and a factual description. It should not be just a record of what happened. The Faculty has posted some examples on the FPH website (<http://www.fph.org.uk/uploads/Examples%20of%20reflective%20notes.pdf>).

The auditee should **not** send:

- Full minutes of meetings
- Notes taken during the activity
- Full papers or articles written, read or studied by the auditee
- Attendance lists
- Supporting documents.

6.6 What are the audit thresholds?

The auditor will assess the audit submission as 'satisfactory' or 'unsatisfactory'. To achieve a satisfactory assessment all of the following requirements must be met:

- the submission must be personally identifiable and must include the personal details form, PDP, CPD log, CPD annual return and a reflective note for each activity as described before.
- there must be a minimum of 50 credits, up to a maximum of 100 credits, each one covered by a reflective note
- there must be a balance of types of activities as set out in the CPD credits menu – no single category should normally contribute more than 50 per cent of the credits claimed
- reflective notes must have been assessed as 'good' for a minimum of 25 credits (see *Use of reflective notes in the FPH audit scheme section*)
- there must be a PDP or PDPs covering the relevant CPD year which is being audited (i.e. the previous CPD year)
- there must be a minimum of 25 credits directly related to the PDP
- any disparity between credits claimed in the annual return and those recorded in the CPD log must be less than 10%.

6.7 What is the purpose of reflective notes?

Reflective notes are considered to be the most discriminating form of evidence of effective CPD. The time taken to reflect systematically on learning is more likely to embed the learning within subsequent practice. Although reflective notes are intrinsically subjective in nature, their completion can provide a form of quality assessment.

Use of reflective notes in the FPH audit scheme

As reflective notes 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 FPH if the person's CPD return is selected for audit under the Faculty's 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:

Reflective note Number of the four elements completed	Assessment
4	Good
3	Good
2	Poor
1	Poor

The Co-ordinators have instigated a checklist of documents (see Appendix 4) required for CPD audit including a PDP and reflective notes which are included in the pack sent to members when they are selected for audit. The audit comprises auditees self-declaring these documents are present and the CPD Co-ordinator checking against them. Co-ordinators do not audit people in their region. Therefore the only area where an element of subjectivity is present is around the quality of reflective notes.

6.8 How will feedback be provided?

After the CPD Co-ordinators have assessed the audit material and the audit process has been completed (see *When will the audit be carried out section*), the CPD Director (via the CPD Administrator) will send each auditee a copy of the audit checklist form as completed by the auditor. The following information will be provided:

- the number of CPD credits for which the Co-ordinator has evidence (and this will be the number accepted by the Faculty for the return – ie an individual's CPD database record will be amended if the number of credits is different)
- the number of activities supported by reflective notes
- the number of activities relevant to the PDP; and
- a summary of the quality of the audit submission, based on the agreed thresholds outlined before.

The constituency CPD Co-ordinator will also give oral feedback or discuss the audit return more informally if requested by the auditee following receipt of the written feedback.

6.9 Consequences of failing to provide evidence or providing insufficient evidence

Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being annotated accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Further failure or suspected falsification of evidence for claimed CPD activities may call into question the individual's fitness for revalidation, and may result in referral to the GMC/GDC (Adapted from *Principle 10*).

FPH endorsed CPD certificate

The endorsed certificate will contain the following information:

This is to certify that x submitted X hours for CPD in <year>

As part of FPH's quality assurance process X was audited in <year> and his/her audit was found to be unsatisfactory on the grounds of:

<insert tick box> No PDP submitted for the relevant year

<insert tick box> Fewer than 25 credits scored Good ratings on reflective notes

<insert tick box> Fewer than 25 credits relate to the PDP

<insert tick box> There is an incorrect balance of activities

Signed

Y

Director of CPD
GMC/UKPHR number

6.10 Sanctions that FPH will apply in the case of an unsatisfactory audit

Year one:

- Letter informing participant that they have completed an 'unsatisfactory audit and will be automatically included in the next audit' and sanctions in year two and year three and notification of appeals process
- Certificate of CPD submission sent endorsed with the reason for unsuccessful audit
- Offer of follow up by CPD Co-ordinator in the region and offer of further support. The nature of this support to be discussed between failed auditee and CPD Co-ordinator but to be formalised in writing and returned to FPH central office in order for effective quality assurance. It is noted that this information is classed as sensitive personal data under the Data Protection Act 1988 and special data protection provisions will apply. It is anticipated that in most circumstances, this remediation will be enough to enable members to pass the CPD audit in year two.

Consecutive year two:

- Letter informing participant that they have completed an 'unsatisfactory audit' and will be automatically included in the next audit. Letter also states that should FPH be approached by the employer, appraiser or RO then this information will be imparted by letter. Letter also to inform of sanctions in year three and notification of appeals process (to be confirmed)
- Certificate of CPD submission sent endorsed with the reason for unsuccessful audit
- Offer of follow up by CPD Co-ordinator in the region and offer of further support. The nature of this support to be discussed between failed auditee and CPD Co-ordinator but to be formalised in writing and returned to FPH central office in order for effective quality assurance. It is noted that this information is classed as sensitive personal data under the Data Protection Act 1988 and special data protection provisions will apply. For the few participants who have two unsuccessful audits, it is anticipated that in most circumstances, this remediation will be enough to enable them to pass the CPD audit in year three.

Consecutive year three:

- Letter informing participant that they have completed an unsatisfactory audit and they are now 'not in good standing' (if they are members). Their name will be submitted to the Board for removal from membership under Standing order 15. Participant name will be removed from Membership by the Board once accepted. Letter also to inform of appeals process (to be confirmed)
- Certificate of CPD sent endorsed with the reason for unsuccessful audit
- Letter sent to employer informing them of three failed CPD audits, not in good standing status with FPH and removal from membership pending.
- Offer of follow up by CPD Co-ordinator or Director and offer of further support. The nature of this support to be discussed between failed auditee and CPD Co-ordinator/Director but to be formalised in writing and returned to FPH central office in order for effective quality assurance. It is noted that this information is classed as sensitive personal data under the Data Protection Act 1988 and special data protection provisions will apply
- Notification to GMC affiliate, RO and GMC/appropriate register depending on finalised reporting mechanism of revalidation.

6.11 Appeals mechanism

See Appendix 2 of this document.

6.12 How auditors are trained

FPH's auditors are the FPH CPD Co-ordinators. CPD Co-ordinators are Deputy Faculty Advisers and are elected by the membership in their region and serve an initial three year term with a possible second term of two years or two second terms of one year. Full details on the status of Faculty Advisers in the FPH Governance structure can be found in Chapter 12 of FPH Standing Orders.

The International, National and Regional CPD Co-ordinators meet four times a year as the CPD Co-ordinators committee to set CPD policy. The Committee reports into the standing committee Public Health Standards and Knowledge Committee and ultimately the Board. Central office disseminates policy to members with Co-ordinators advising in their regions. CPD Co-ordinators are supported with an induction pack containing minutes of meetings and policy documents. Additionally, from 2009 onwards, an induction/awayday has been introduced to allow outgoing and incoming CPD Co-ordinators to ensure a consistent approach to audit. The day specifically workshops anonymised CPD audit returns from the previous year to ensure that the same criteria are being applied.

7. Administration

Administering CPD

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 Public Health Standards and Knowledge Committee. The Head of Professional Standards (the senior member of FPH staff) is responsible for CPD. The CPD scheme is administered on a day to day basis by the CPD Administrator at FPH central office. The Professional Standards department is also responsible for the implementation of revalidation under the Vice President and the Public Health Standards and Knowledge Committee.

Registration of Participants

All FPH Members and Fellows have a CPD record, as meeting the minimum CPD requirements is a prerequisite for remaining in good standing as a Member or Fellow of the FPH. Therefore, there is no need to register separately for the CPD scheme, as this is integrated with the membership database.

Non-members can also participate in the FPH's CPD scheme for a fee based on cost of the scheme plus 20% administration costs as agreed by the FPH Board.

7.1 CPD structures 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 and Knowledge 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 Standards Department.

FPH CPD Administrator

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. FPH employs a member of staff with primary responsibility for the ongoing performance and functionality of the electronic CPD systems. Staff liaise with appropriate technical staff to resolve any issues as they arise. The CPD systems are protected by the FPH business continuity systems, both online and offline.

The roles of the CPD Director and Deputy Director are:

- to give strategic direction to FPH staff and to CPD activities, including liaising with the FPH Registrar and other officers as appropriate and linking with relevant FPH committees and individuals
- to support the CPD Co-ordinators, FPH members and other CPD participants by providing advice and leading on policy development
- to undertake regular review of existing CPD policies
- to encourage the development of educational materials in support of CPD by academic institutions, NHS departments and other appropriate bodies

- to represent the FPH externally in CPD forums and to communicate with FPH committees and members
- to hold delegated responsibility for the CPD budget (the Registrar is the CPD budget holder).

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's website (see the CPD section under Professional Standards http://www.fph.org.uk/faculty_advisers). The role description for CPD Co-ordinators can be summarised as follows:

- to act as a local source of information, advice, and support for participants in the CPD scheme
- to communicate between participants and the FPH.

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

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 the FPH more generally. The CPD Co-ordinators Committee reports to the FPH Board via the Standards and Knowledge 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 (AoMRC)

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.

Responsibilities of Employers

In its Guidance on Continuing Professional Development [3] the GMC states:

- Employers and organisations that doctors and public health professionals work in should recognise the benefits of allowing enough resources for them to carry out CPD activities.
- Resources, such as time to think and access to on-site educational facilities, should be available to all doctors and public health professionals to allow them to develop professionally.

The responsibility for fulfilling CPD requirements and achieving learning needs rests with the individual. However, the employing organisation (including locum agencies, where applicable) should provide support for professional development in partnership with other relevant bodies.

All FPH guidance on CPD is available on the FPH website, along with links to other key resources. The website address is www.fph.org.uk.

8. Special circumstances

All doctors and public health professionals who hold a licence to practise should remain up to date with the CPD requirements set out by their Medical Royal College or Faculty. Doctors and public health professionals working less than full-time have an equal obligation to provide high quality patient care as do those working full-time, and thus should maintain the same commitment to their CPD. Colleges and Faculties, as well as employers, should be as flexible as possible in enabling this commitment to be met for all doctors and public health professionals.

In addition, the local arrangements to facilitate CPD should reflect current NHS guidance on equality and diversity in the workplace [4].

In some circumstances participation in CPD may be difficult or impossible for periods of time. The following are some of the circumstances to be considered, and some of the ways in which these may be addressed:

A rolling five-year programme

A shortfall in CPD activity at the end of a fixed five-year cycle is difficult to make up. However, the use of a rolling cycle allows the average amount of activity to be maintained over five years if a shortfall occurs

Doctors undergoing remediation

CPD will be an essential part of the remediation process.

Doctors who are suspended

This is likely to be rare, and the period of suspension before return to work, or a decision on re-training or remediation should be short. Where necessary it should be possible to make up any lost CPD credits over a five-year cycle.

Sick-leave, Maternity Leave or other Career Breaks

Any deficit in CPD activity should be made up over the remainder of the five year cycle. This may be achieved either prospectively (where possible), retrospectively after return to clinical work, or a combination. Where the absence is for more than a year, advice from the College or Faculty should be sought.

Doctors and public health professionals who have fully retired from clinical practise

If a retired doctor or public health professional wishes to retain a licence to practise, then the CPD requirements of the College or Faculty should be met. As much flexibility as possible should be provided, and a doctor or public health professional experiencing difficulty should contact the relevant College or Faculty.

Non-consultant career grade doctors

This group of doctors should meet the same CPD requirements as other career grade doctors in their specialty.

Doctors and public health professionals working in isolated environments outside the UK

In some circumstances the type of CPD activity available may not conform to the quality standards set by the College or Faculty. The doctor should self-accredit as much CPD as appears justifiable in terms of the learning achieved. Any shortfall should be made up on return to the UK. Periods of absence of more than one year may require specific CPD as agreed with the doctor's appraiser, College or Faculty.

References

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2. Medical Revalidation – Principles and Next Steps. Department of Health, 27th July 2008.
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3. Guidance on Continuing Professional Development. GMC, London, 2004.
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APPENDIX 1:

Academy of Medical Royal Colleges 10 Principles of CPD

A Review of the Ten Principles for CPD in the Context of the Proposals of the Donaldson Report

The Ten principles for College/Faculty CPD schemes

1. An individual's CPD activities should be planned in advance through a PDP, and should reflect and be relevant to his or her current and future profile of professional practice and performance. These activities should include continuing professional development outside narrower speciality interests.
2. CPD should include activities both within and outside the employing institution, where there is one, and a balance of learning methods which include a component of active learning. Participants will need to collect evidence to record this process, normally using a structured portfolio cataloguing the different activities. This portfolio will be reviewed as part of appraisal and revalidation.
3. College/Faculty CPD schemes should be available to all Members and Fellows and, at reasonable cost, to non-members who practise in a relevant speciality.
4. Normally, credits given by Colleges/Faculties for CPD should be based on one credit equating to one hour of educational activity. The minimum required should be an average of 50 per year. Credits for untimed activities such as writing, reading and e-learning should be justified by the participant or should be agreed between the provider(s) and College/Faculty directors of CPD.
5.
 - a) Self-accreditation of relevant activities and documented reflective learning should be allowed and encouraged.
 - b) Formal approval/accreditation of the quality of educational activities for CPD by Colleges/Faculties should be achieved with minimum bureaucracy and with complete reciprocity between Colleges/Faculties for all approved activities. The approval/accreditation process and criteria should be such as to ensure the quality and likely effectiveness of the activity.
6. Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Formal CPD certificates of attendance at meetings will not be a requirement, but evidence of attendance should be provided, as determined by each individual College or Faculty.
7. Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants which should be based on annually submitted returns, and should be signed off at appraisal.
8. In order to quality assure their CPD system, Colleges/Faculties should fully audit participants' activities on a random basis. Such peer-based audit should verify that claimed activities have been undertaken and are appropriate. Participants will need to collect evidence to enable this process.
9. Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme.
10. Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being endorsed accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Suspected falsification of evidence for claimed CPD activities will call into question the individual's fitness for revalidation, and may result in referral to the GMC/GDC.

APPENDIX 2:

CPD Audit Appeals Policy & Procedure

1 Introduction

- 1.1 This policy applies to all participants in the CPD scheme of the Faculty of Public Health (FPH) of the Royal Colleges of Physicians of the United Kingdom.
- 1.2 CPD participants should note that by virtue of entering the FPH's CPD scheme they are deemed to have understood and agreed to respect and abide by all relevant regulations regarding CPD including, but not restricted to, this Appeals Policy and documentation available on the FPH website.
- 1.3 Any dispute as to the interpretation of this policy shall be referred to the Registrar, whose decision in the matter shall be final.
- 1.4 This policy is to be used to investigate all CPD audit appeals.
- 1.5 An 'appeal' is defined as a request for a review of a decision made by or on behalf of the CPD Co-ordinators, as devolved by the Board of FPH.

2 Office reviews

- 2.1 Participants may request an office review if they have reason to believe that there may have been an administrative error in their result for CPD audit. There is a fee for an office review, which will be refunded if the participant's result is changed.
- 2.2 A participant wishing to request an office review must complete a Request for an Office Review form (downloadable from the FPH website) and send it to the Head of Professional Standards to arrive within ten working days of receipt of the FPH audit result to which the request relates. Each request must be accompanied by the appropriate fee.
- 2.3 Office reviews will be carried out by the Head of Professional Standards and will involve a clerical check for errors in the audit process.
- 2.4 The outcome of the office review will be reported to the participant within 21 days of receipt of the request. If the outcome is a change of result the fee for the review will be refunded. If the CPD participant is not satisfied with the outcome of an office review, he/she may proceed to an appeal.

3 Grounds for appeal

- 3.1 A participant in CPD may appeal, in certain circumstances, against the result when:
 - There is clear evidence of procedural irregularity in the conduct of the audit
 - There were exceptional circumstances or some other extenuating circumstance (for which clear documentary evidence must be provided), which adversely affected a participant's ability to submit audit information on time or appropriately. Participants are advised to submit details of any such circumstances as soon as possible (i.e. within three working days) of the audit deadline and not wait until after they receive their result of the audit.
- 3.2 Appeals will not be accepted on the grounds that a participant:
 - Considers his or her efforts were under-marked
 - Did not understand or was unaware of the CPD Regulations
 - Seeks to question the professional judgment of the CPD Co-ordinators.
- 3.3 All participants should note that this policy does not facilitate the changing of any unsatisfactory decision, unless it has been determined that there was an error in the results as originally communicated to the participant. CPD Co-ordinators cannot accurately determine the effects of any procedural irregularity or extenuating circumstance on a participant's audit result, and so will not revise a participant's result even if an appeal is upheld. Instead the CPD Co-ordinators may expunge the audit from a participant's record or offer some other remedy, where appropriate.

- 3.4 Any expression of a specific concern about the provision or quality of a service by FPH, including issues such as staff conduct, disputes about the regulations, other procedures or the application thereof is defined as a 'complaint' and as such will not be considered under this policy (but may instead be handled in accordance with the FPH Complaints Procedures – http://www.fph.org.uk/about_faculty/feedback/default.asp).
- 3.5 It is recognised that on occasion it may be initially unclear whether a case constitutes an appeal or a complaint, hence FPH reserves the right to reclassify appeals to complaints or vice versa at any stage in proceedings, in consultation with the person(s) appealing or complaining. Such reclassification will always be done so that the matter can be considered in the most appropriate and fair way, and participants will not be required to resubmit their cases following any reclassification.

4 Preliminary procedure

- 4.1 Any appeal shall be made in writing, together with the required fee, to the FPH Chief Executive to arrive within one calendar month of the date of dispatch of the results ("the time limit"), or within 14 days of the result of an office review, and include supporting documentary evidence.
- 4.2 Any appeal submitted after this period must include an explanation and evidence (such as medical certification) as to why it could not be submitted sooner, and will only be accepted at the sole discretion of the FPH Chief Executive.
- 4.3 On receipt of an appeal the FPH Chief Executive will investigate and collate all relevant information, before referring it to the Director of CPD for initial consideration. The Director of CPD may discuss the case or direct the FPH Chief Executive to undertake further investigations, as he/she deems necessary.
- 4.4 If it is considered by the Director of CPD and the FPH Chief Executive that there is no *prima facie* case, ie that the appeal request is outside the permitted grounds, frivolous or unsubstantiated, the participant will be notified of this and informed that the appeal will not be heard and that the appeals procedure is at an end. If it is considered vexatious or malicious, or that the appellant has used false information, the appeal procedure will also be at an end but in this instance the appellant may be liable for action under FPH Standing Order 15. Additionally, the appellant may be liable for a notification to their employer and/
- or the appropriate Register. Where the participant is a non-member of FPH, the appellant may be liable for a notification to their employer, Responsible Officer and/ or the appropriate Register.
- 4.5 If it is considered by the Director of CPD and the FPH Chief Executive that there is a *prima facie* case in support of the appeal, he/she may:
- 4.5.1 arrange for an immediate remedy to be offered to the participant;
- 4.5.2 refer the appeal to the FPH Registrar.
- 4.6 The decision of the Director of CPD and FPH Chief Executive will be communicated to the appellant within 10 working days of receipt of the appeal. In some cases, extra time may be needed to undertake further investigations, in which case the appellant will be informed within 10 working days of the receipt of the appeal.
- 4.7 If the appellant is not satisfied with the outcome of any appeal considered under paragraph 4.5.1, they must contact the FPH Chief Executive within 10 working days of being notified of it to request that their case be reconsidered by a CPD Appeals Panel. All such requests will be reviewed by the FPH Registrar, who will determine whether sufficient evidence remains for consideration by an Appeals Panel, following the decision of the Director of CPD and FPH Chief Executive.

5 CPD Appeals Panel

- 5.1 A CPD Appeals Panel shall be convened at the discretion of the FPH Registrar, and established by the FPH Chief Executive.
- 5.2 The Panel will meet as soon as practicable ("the hearing"), within a reasonable time after the date on which the appeal was received, and constituted with one member from each of the following categories, or their nominee, provided that none have previously audited the participant:
- The FPH Registrar (or deputy), who shall be Chair of the Appeals Panel
 - The CPD Director
 - A current CPD Co-ordinator who shall not be in the same region as the participant, nor should have reviewed the audit materials previously
 - A member of the FPH Public Health Standards and Knowledge Committee who has no involvement in CPD procedure.

- 5.3 The FPH Chief Executive will inform the appellant that the appeal has been referred to the CPD Appeals Panel, and the scheduled date of the hearing, at least fifteen working days in advance of the hearing.
- 5.4 The FPH Chief Executive will arrange for a copy of each document that is to be presented to the Panel to be sent to the participants not less than 10 working days before the date set for the hearing. Such documents shall include any statement(s) provided by the participant, whose responsibility it is to ensure any such documents and list of witnesses they intend to call in support of their appeal are received by the Chief Executive at least 12 working days before the date set for the hearing. No documents or witnesses may be presented to or referred to by the Panel, unless details have been circulated in this manner, except with the consent of both the Panel and the participant. All documents will also be circulated in advance to members of the Panel so that they may familiarise themselves with the details of the case before the date of the hearing.
- 5.5 The FPH Chief Executive will attend the hearing as an observer, to record the proceedings and deliberations of the Panel, and to advise on procedural or regulatory matters. He or she may not influence the decisions of the Panel in any way.
- 5.6 The CPD Appeals Panel will consider the appeal in the light of written evidence presented and will afford the appellant the opportunity of addressing the Panel at the hearing. No member of the CPD Appeals Panel will have been involved in auditing the participant in that year although the CPD Co-ordinator(s) involved in auditing may be asked to provide information for the Appeals Panel to consider.
- 5.7 The participant shall have the right to be present at all proceedings and deliberations of the Panel subject to the procedures detailed below in paragraphs 5.1, 5.5 and 5.6.
- 5.8 The appellant shall have the right to present oral evidence to the Appeals Panel at the hearing. Proceedings of the Panel shall not be invalidated by reason of the absence of the appellant, provided that the procedure detailed below has been observed.
- 5.9 The appellant shall be entitled to be accompanied by a Next Friend. The Next Friend may advise and counsel the appellant but will not be allowed to make statements to, or cross examine, the CPD Appeals Panel or otherwise to take part in the proceedings, except with the permission of the Chair.

The procedure to be adopted at the hearing shall be at the absolute discretion of the Chair. If the appellant wishes to be accompanied by a Next Friend they must provide the FPH Chief Executive with the name, address and roles of the nominated person not less than five working days before the hearing.

6 Appeal hearing procedure

- 6.1 The CPD Appeals Panel may, at its discretion, meet before the scheduled start of the hearing for preliminary discussions. The FPH Chief Executive shall be present and keep a record of proceedings.
- 6.2 At the start of the hearing all present shall introduce themselves. The Chair shall then invite the appellant to present their appeal, documentary evidence and call any witnesses in support of their case. The Panel may then question the appellant and his/her witnesses.
- 6.3 The Panel may, at its discretion and at any time, interrupt proceedings to ask questions.
- 6.4 Before the appellant is dismissed, the Chair shall give them the opportunity to make a closing statement. Before leaving, the appellant shall be reminded that he/she will be notified of the outcome within ten working days.
- 6.5 The Panel shall then consider the matter, whether there are sufficient grounds and evidence for the appeal to be upheld, and what, if any, remedy should be offered to the participant. The comments and decisions of individual Panel members shall always be treated as confidential. The CPD Appeals Panel decision shall be made on a majority basis.
- 6.6 Following the meeting the FPH Chief Executive shall prepare a written response summarising the decisions of the Panel. This shall be sent to the participant within ten working days of the hearing, and a copy presented to the next meeting of the relevant CPD Co-ordinators Committee for its information and action, if appropriate. The participant shall be reminded that the decision of the MFPH Appeals Panel is final, and that the appeals procedure is at an end.

Guidance for CPD participants submitting an Appeal

Participants are advised to read this guidance, as well as the appeal policy itself, before deciding to proceed with an appeal.

1. Personal details required

- 1.1 When submitting the appeal please provide the following personal details:
1. Name
 2. CPD year
 - 3 Address for correspondence.
- 1.2 Failure to provide these details accurately (or failure to inform the FPH Professional Standards department of any amendments punctually) may result in delays in processing your appeal.

2. Grounds for appeal

- 2.1 The following information regarding grounds for appeal is required:
1. The audit result that is being appealed against and the year.
 2. Circumstances that you consider affected your performance or the consideration of your results.
 3. Where relevant, details of why you did not disclose these circumstances at an earlier stage.
 4. Documentary evidence to substantiate your claims.
- 2.2 Should any of these relevant details be missing in the submission of the appeal, it is likely that your case will be dismissed at the preliminary stage (you should always provide an explanation for the absence of evidence).

3. Points to consider in submitting an appeal

- 3.1 The CPD Appeals Procedure is intended to be an open and fair process. However, it is recommended that participants pay close attention to the following information.
- 3.2 The appeal is not a process for questioning professional judgment.
- 3.3 The appeal is not a complaints procedure and only details that clearly demonstrate that circumstances affected performance or the consideration and processing of your results will be considered.
- 3.4 The existence of mitigating circumstances or procedural defects are not regarded generally as a substitute for academic or professional performance. Therefore, participants should not anticipate that the upholding of an appeal will automatically result in an unsuccessful result being converted to a successful one.
- 3.5 Participants are advised that should an appeal be rejected there are no further opportunities to submit additional details. Please ensure that you include everything you wish to be considered as part of the appeal in the first instance.
- 3.6 There are many opportunities for you to make CPD Co-ordinators aware of any extraneous factors before your audit submission is considered. For example:
1. If you are ill or have a special need at the time of the audit inform your national or regional CPD Co-ordinator or the CPD administrator as they may be able to take these circumstances into account and prevent a problem arising.
 2. Should there be an irregularity in the audit process, inform your CPD Co-ordinator, so they may be able to take these circumstances into account and prevent a problem arising.
- 3.7 Appeals may be rejected on the grounds that insufficient effort was made to disclose circumstances at an early stage or that the claims were not backed up with substantive evidence. While FPH cannot advise on how to go about making a case for

appeal, we do advise you to discuss this matter with an advisory or representative body (eg the BMA). Please note that should there be a hearing you may attend and bring with you a Next Friend. The Next Friend may advise and counsel you but will not be allowed to make statements to or cross examine the CPD Appeals Panel or to otherwise take part in the proceedings, except with the permission of the Chair. The Next Friend may be legally qualified or professionally engaged in advocacy or legal practice but may not represent you in a legal capacity.

4. The Hearing

- 4.1 There is no absolute right to have a hearing as part of the appeal unless and until the appeal has been referred to the CPD Appeals Panel in accordance with paragraph 3.7 of the Appeals Procedure. FPH will strike out any claim that, in its opinion, is outside the permitted grounds, frivolous, vexatious, incomplete, or unsubstantiated at the preliminary stage.
- 4.2 Should the appeal proceed to a hearing this will be the opportunity for you to state your complaint and respond to requests for information. The hearing will not provide the forum for explaining the procedure to the appellant and any queries regarding the workings of the appeal should be put separately in writing to the FPH Chief Executive.
- 4.3 The CPD Appeals Procedure is an internal administrative procedure for reviewing the participant's performance in the CPD audit. It is not a forensic process.
- 4.4 We appreciate it may not be practicable for some participants, particularly those based overseas, to attend a hearing. We will allow appeals to be processed by correspondence and the Appeals Panel will consider any written statements submitted. Before dealing with any appeal by correspondence, a participant must confirm in writing that he/she will waive their right to a hearing. Participants will be expected to pay all their own costs (travel etc) for attending any hearing.

5. Declaration

- 5.1 In your letter of appeal please clearly state that it is your intention to appeal against a CPD audit decision and state the grounds for your appeal. In submitting an appeal, we would expect you to understand that the details you provide are true and complete and that you would be prepared to answer further questions in relation to any claims you make.
- 5.2 All details will be treated in a confidential manner, disclosed only to those individuals involved in the appeals process, or cited by you as someone who can substantiate your claims. We will seek your permission should we need to disclose details to any other individual or party as part of the consideration of your appeal.
- 5.3 Furthermore, FPH regards the submission of any false details as part of an appeal to be an act of cheating (in seeking to gain unfair consideration or an unfair advantage).

6. Fees

A fee is required for every appeal.

The current fee for an office review is £70.

The current fee for an appeal is £238.

The appeal or office review fee will be refunded if the result is altered.

The address for all correspondence is:

Chief Executive
Faculty of Public Health
4, St Andrew's Place
London NW1 4LB

APPENDIX 3:

Guidance on PDPs and reflective notes

The link between appraisal, personal development plans and CPD

Your employment based personal development plan (PDP) should be agreed through your employment appraisal process which will also form the basis of revalidation. Appraisal is your opportunity to reflect upon the previous year's PDP. Appraisal brings together the evidence of your commitment to improvement of practice across the domains of Good Medical Practice, through supporting information which includes your CPD. This, along with your reflection on your CPD, will be discussed at your appraisal. This will then lead into discussion of your development needs for the coming year and the construction of a new PDP. This PDP should be agreed and signed by your appraiser and dated and will form the backbone of your CPD for the next year. FPH's policy demands that 25 credits of your CPD are directly related to your PDP.

The CPD year will change in 2012 to April to March. Hopefully, this will mean that for most members only one previous year PDP will be discussed at each appraisal.

How should my PDP be constructed?

Your PDP should relate to your practice and the job that you are doing especially since revalidation is concerned with your competence to do the job you are in. That said, CPD can also be an opportunity to explore other areas of practice and to keep your public health competencies fresh and this is to be encouraged. Therefore it is recommended that your PDP addresses both specific and general development. This will also enable 25 CPD credits to be directly related to your PDP. Practically speaking then, your PDP targets can be a combination of specialised areas and a target in the PDP showing commitment to 'maintaining public health competencies' or similar.

When considering your CPD needs, it is worth considering all learning opportunities, formal or informal. As well as courses and events, CPD can include 'on the job' learning, audit and also private study. It is important to have a range of activity and the CPD policy and the website outlines the different credits that can be awarded.

Reflective notes

CPD is formative and about what it achieves for you and your practice rather than the summary of a learning event. That is why FPH does not credit specific CPD activity but relies on its members to select appropriate activity and reflect upon it. Reflective notes are at the core of FPH's CPD programme. These do not have to be lengthy but should reflect on how the learning was relevant and how it will impact on your practice. The Directors of CPD group of the Academy of Medical Royal Colleges have developed a standard template for reflective notes. Not only will it standardise the approach taken across the specialties, it is hoped that this version will support members in developing high quality and meaningful reflection. Samples are audited as part of the FPH CPD annual audit but will also be discussed at your annual appraisal.

1. Title and description of activity

Include the date of activity.

Why was this activity selected for CPD? (Does it meet an identified PDP need? Were educational objectives advertised for an event of interest? Was this a significant work related event where I was able to reflect/learn?).

2. What was the learning need or objective that was addressed?

CPD activities should ideally be linked to learning objectives either agreed as part of your PDP or those that you have considered desirable for your own development.

Describe how the activity contributed to the development of your knowledge, skills or attitudes (It might be that an activity only confirmed your current thinking – in which case you can reflect on this. If an organised event failed to meet expectations, you could also reflect on the quality of the event and how it could be improved).

It may help preparation for appraisal to map your reflections to the GMC's Good Medical Practice Framework, Domains and Attributes or Good Public Health Practice, which uses the same framework.

3. What was the outcome of the activity?

How have your knowledge, skills and attitudes changed?

Have you identified any skills, attitude and knowledge gaps?

How will this activity improve patient/public care or safety?

How will your current practice change as a consequence of your learning from this activity?

What aspects of your current practice were reinforced by this activity?

4. Further learning needs

Outline any further learning or development needs highlighted by the activity.

How do you intend to address these?



APPENDIX 4:

Audit checklist form for CPD returns

For completion by the auditee when sending audit submission AND CPD Co-ordinators when auditing a sample CPD record.

Please complete the AUDITEE column of this form and return it together with your audit submission.

A copy of this form (including the auditor's comments on the next page) will be sent back to the auditee as part of the feedback at the end of the audit cycle.

CPD year: <input type="text"/>		AUDITEE Please tick if enclosed	AUDITOR Delete as appropriate or insert figure
Full name of auditee: <input type="text"/>			
Date of audit: <input type="text"/>			
1.	Is there a copy of Personal Details Form (Portfolio Section 1)?		Y / N
2. (i)	Is there a copy of Personal Development Plan covering the relevant CPD year (Portfolio Section 2 or alternative format)?		Y / N
(ii)	Is PDP dated?		Y / N
(iii)	Does PDP relate to year of activities being audited?		Y / N
(iv)	Has PDP been agreed with a professional appraiser?		Y / N
(v)	Is there a minimum of 25 credits directly related to the PDP?		Y / N
3. (i)	Is there a copy of the CPD log (Portfolio Section 3)?		Y / N
(ii)	Number of credits claimed in CPD log		
4. (i)	Is there a copy of the CPD annual return (Portfolio Section 4)?		Y / N
(ii)	Number of credits claimed in CPD annual return		
5. (i)	Number of credits supported by a good quality reflective note	N / A	
(ii)	In general, is the quality of the reflective notes submitted truly reflective? (1/2 = poor, 3/4 = good)	N / A	
(iii)	Is there a minimum of 25 credits covered by a reflective note that have been assessed as good?	N / A	Y / N
6.	Is there a balance of types of activities?	N / A	Y / N
7.	Overall is this submission satisfactory? <i>[Should ideally include: minimum 50 credits, all covered by a reflective note (of which a minimum of 25 credits must have been assessed as good), a PDP covering the relevant CPD year (of which a minimum of 25 credits must be directly related to the PDP), a balance of activities as set out in the CPD credits menu and an annual return/log disparity of less than 10%].</i>	N / A	Y / N

Comments from the auditor:

(Balance of activities, future advice, relevance of CPD, quality of paperwork, general advice for future improvement)

Secondary CPD Co-ordinator's comments if graded unsatisfactory: (including general advice for future improvement)

CPD Director's comments if required:

APPENDIX 5:

Key Changes to the CPD Policy

Why FPH reviewed its CPD policy

Adjustments were made to the CPD policy in light of the publication of a template written by the CPD Directors Group of the Academy of Medical Royal Colleges.

The updated policy standardises some elements of specialty CPD in light of revalidation. Additionally, FPH CPD Co-ordinators reviewed the policy in light of their experiences of audit and concerns of members.

The timeframe

This new updated CPD policy was passed by the Board in November 2010 and run in conjunction with the previous CPD policy for the CPD year January 2011 to December 2011.

The updated CPD policy will be implemented in full from 1 April 2012 when the CPD year will change from January-December to April - March. Members therefore have an extra three months to complete their 50 credits of CPD in the year 2011/2012.

Summary of Key Changes

While the changes below do not reflect all the adaptations made to the substance and presentation of the policy, they do reflect the key elements.

Key change one – CPD Year

The CPD year will change from January-December to April-March in 2012/2013.

The Rationale

While this will not benefit all members, this change is designed to minimise the need for two PDPs in one CPD year by attempting to align the appraisal year with the CPD year.

Key change two – Return to Work Policy

The CPD policy now includes FPH's return to work policy which is best practice guidance for members and their employing bodies.

The Rationale

The CPD Co-ordinators felt that it would be useful to incorporate all information of relevance to appraisal and CPD into one policy. The document is currently available separately.

Key change three – Combined CPD and audit policy

The CPD policy now includes full information on CPD audit.

The Rationale

The CPD Co-ordinators felt that it would be useful to incorporate all information of relevance to CPD into one policy. The CPD audit policy is currently available separately.

Key change four – reflective questions

The reflective questions have been changed.

The old template had 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 activity (include future learning needs and how to address them)?
5. How will the learning gained influence or change my practice?

The updated policy has **four elements** and updated guidance on what should be contained in each section.

1. Title and description of activity

Include the date of activity.

Why was this activity selected for CPD? (Does it meet an identified PDP need? Were educational objectives advertised for an event of interest? Was this a significant work related event where I was able to reflect/learn?).

2. What was the learning need or objective that was addressed?

CPD activities should ideally be linked to learning objectives either agreed as part of your PDP or those that you have considered desirable for your own development.

Describe how the activity contributed to the development of your knowledge, skills or attitudes (It might be that an activity only confirmed your current thinking – in which case you can reflect on this. If an organised event failed to meet expectations, you could also reflect on the quality of the event and how it could be improved).

It may help preparation for appraisal to map your reflections to the GMC's Good Medical Practice Framework, Domains and Attributes or Good Public Health Practice, which uses the same framework.

3. What was the outcome of the activity?

How have your knowledge, skills and attitudes changed?

Have you identified any skills, attitude and knowledge gaps?

How will this activity improve patient/public care or safety?

How will your current practice change as a consequence of your learning from this activity?

What aspects of your current practice were reinforced by this activity?

4. Further learning needs

Outline any further learning or development needs highlighted by the activity.

How do you intend to address these?

The Rationale

This new reflective note has been developed by the Directors of CPD group of the Academy of Medical Royal Colleges. Not only will it standardise the approach taken across the specialties, it is hoped that this version will support members in developing a high quality reflective note.

Key change five – reflective note assessment

The way in which the reflective notes are assessed in the audit has been adapted. Currently, there are five completed elements and CPD Co-ordinators assess against the number of completed elements as poor, fair and good.

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

In order to attain a satisfactory audit, reflective notes must have been assessed as good or fair for a minimum of 25 credits.

In the updated policy the number of completed elements will change to four and the assessment adapted accordingly.

Reflective note Number of the four elements completed	Assessment
4	Good
3	Good
2	Poor
1	Poor

In order to attain a satisfactory audit, reflective notes must be assessed as good for a minimum of 25 credits.

The Rationale

The assessment method will need to reflect the number of elements on the reflective note. Recognising that the purpose of CPD is to strive for improvement, that CPD policy development is an iterative process and having seen the quality of reflective notes rise as the process has become further embedded, the CPD Co-ordinators have raised the assessment standards and removed the category of 'fair' from the assessment. The close relationship between CPD and the appraisal process where reflection is encouraged should further enhance the opportunity to discuss CPD activity and further improve the quality of reflection.

Key change 6 – audit sample

The annual audit sample will rise from 10% to around 20% in 2012.

The Rationale

The precise formula is still being developed but this is to ensure that all those undertaking CPD through FPH and wishing to be revalidated are audited at least once in a five year revalidation cycle.

Key change 7 – Sanctions for unsatisfactory audit

At the November 2010 Board meeting, the Board agreed provisional sanctions for unsatisfactory audit throughout the revalidation cycle which are included in the policy.

The Rationale

In light of revalidation, it is clear that the sanctions for an unsatisfactory CPD audit have to be transparent and proportionate. It should also be noted that an unsatisfactory audit is not a reflection or comment on the work performance of an individual but a comment on the quality of the CPD return, which also helps the CPD Co-ordinators to both audit the CPD process and develop policy. The CPD Co-ordinators and the Board take the view that one unsatisfactory audit should not impact disproportionately on an individual's appraisal and revalidation cycle but that three consecutive unsatisfactory audits could impact on an individual's ability to revalidate. Of course, the impact of this will be largely down to an assessor's and an RO's interpretation of all the revalidation evidence and their respective recommendations. It is certainly the case that FPH's draft sanctions are more stringent than some other Royal Colleges and Faculties of AoMRC. However, FPH takes the view that CPD and CPD audit is more firmly embedded at FPH than at other Royal Colleges and Faculties and not including sanctions would be a retrograde step.

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 development goal	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
1				
2				
3				
4				
Sign off				

We agree that the above is an accurate summary of the appraisal discussion and agreed action, and of the agreed personal development plan.

Appraiser: GMC/GDC Number:

Appraisee: Date:

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.

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

Date	Description of activity	Brief reflection 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.



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 CPD year (i.e. before 30 June).

Please return your completed form BY 30 JUNE
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 the Faculty unless you are included in the annual audit.

Title of educational activity:

Date:

Number of credits claimed:

Which PDP item does this relate to?

Why was this activity selected for CPD?

(Does it meet an identified PDP need? Were educational objectives advertised for an event of interest? Was this a significant work related event where I was able to reflect/learn?)

What was the learning need or objective that was addressed?

(Describe how the activity contributed to the development of your knowledge, skills or attitudes)

What was the outcome of the activity?

(How have your knowledge, skills and attitudes changed? Have you identified any skills, attitude and knowledge gaps? How will this activity improve patient/public care or safety? How will your current practice change as a consequence of your learning from this activity? What aspects of your current practice were reinforced by this activity?)

Further learning needs

(Outline any further learning or development needs highlighted by the activity. How do you intend to address these?)



**FACULTY OF
PUBLIC HEALTH**

Faculty of Public Health

4 St Andrew's Place, London, NW1 4LB

Tel: 020 7935 0243 Fax: 020 7224 6973

cpd@fph.org.uk

www.fph.org.uk

Dr Anne Mackie
Director of Continuing
Professional Development
Faculty of Public Health

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