

**Continuing
Professional
Development:
Policy &
Guidance for
Public Health
Practitioners**



**FACULTY OF
PUBLIC HEALTH**

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Introduction

The Faculty of Public Health (FPH) defines Continuing Professional Development (CPD) as the component of learning and development that occurs after the formal completion of training. 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. CPD should also support specific changes in practice and career development.

This document represents the view of FPH on how CPD should be carried out by public health practitioners and sets out the principles which must be followed as a FPH Practitioner Member. This CPD guidance supports practitioners by setting a framework within which they may decide how to keep their learning and development needs up to date.

FPH believes that it is the individual's responsibility to participate in CPD that has educational value relevant to their own personal fields of practice. It is the responsibility of the individual to record and document the learning achieved from all their CPD activities.

1 Key principles

FPH Practitioner Members must:

- Undertake a minimum of 15 CPD credits per year
- Have a new Personal Development Plan (PDP) each year
- Link at least half of their CPD to their PDP
- Support all CPD credits with a reflective note
- Submit an annual return

Practitioners must ensure they undertake a minimum of 15 CPD credits per year, equating to 75 CPD credits over a 5 year cycle.

What constitutes CPD for public health practitioners?

There is no fixed definition of a CPD activity – any activity which provides new learning is appropriate for CPD. Ideally, CPD should include activities both within and outside the employing institution, where there is one. Self-accreditation of relevant activities and documented reflective learning is a key component of CPD. It is the responsibility of the individuals to ensure they undertake a range of CPD that reflects the needs of their practice and their own learning needs.

CPD activities do not have to be formally accredited to count as CPD credits. Individuals are advised to assess the content of activities in relation to their own PDP and make a judgment about their value. If the activity provides good quality learning, a reflective note should be written and CPD credits claimed.

As a guide, count one credit per hour of ‘real education time’, three for half a day and five credits for a full day. A single reflective note should not cover more than five credits.

Key areas for public health competence

FPH has defined key areas of public health competence within which Practitioner Members will identify the key areas of personal development *most relevant to their own role and aspirations*. Different key areas may be relevant for different posts or stages of the public health practitioner’s career. Practitioner Members are encouraged to consider updating their knowledge and skills across the competencies in a five year cycle, where possible and appropriate, in order that CPD activities include professional development outside narrower specialty interests.

Summary of the key areas for public health competence ***

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

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 wellbeing 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 behavior of ethical management of self/others/resources

Balance of activities

There are no limits on the number of hours that can be claimed for the same type of activities. However, Practitioner Members are encouraged to achieve a balance of activities that reflects their practice and developmental needs. With the underlying principle for claiming CPD credits being that they should be from activities that will result in some new educational benefit, repeated claiming of CPD credits for duplicate activities is not justified if no new learning/educational benefit has been gained.

The following categories of CPD (non-exhaustive) are used to assist Practitioner Members in classifying their CPD:

- a) Learning a 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 of activities
- j) Inspection and review activities
- k) E-learning

FPH is flexible as it believes that CPD should relate to the individual's job. However, there are the following limitations on credits:

- No single category (a-k above) should normally contribute more than 50% of the total hours achieved
- Private reading should form no more than 5 CPD credit per year
- Publications and preparation under category h) is allowed up to a maximum of 5 hours for each item

Specific exclusions

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

- 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.

Certification of CPD return

A certificate is issued annually to those who have successfully met the CPD requirements by submitting a satisfactory annual return of at least 15 credits and who have met FPH's standards for CPD.

2 Recording CPD

The CPD scheme is administered exclusively through the CPD online diary. It is advisable to record CPD activities as they are completed rather than at the end of the CPD year.

FPH CPD year runs from 1 April – 31 March.

Personal Development Plan (PDP)

The CPD process should start with the creation of a PDP, as CPD should reflect and be relevant to the participant's current and future profile of professional practice and performance. Ideally this is undertaken with a peer as part of, or linked to, an annual appraisal. Participants who may not have access to professional appraisal should reflect on their development needs at the beginning of each year and produce their own PDP.

The PDP should set out the participant's main development needs or learning objectives that the public health practitioner has agreed to address over a specified length of time (usually a year) in order to maintain skills or assure continuous improvement. The PDP should not be a list of organisational objectives or tasks. A new PDP should be developed each year, even if the development needs are the same as previous years, and should pre-date CPD content.

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. FPH acknowledges that not all learning is planned and that some of the 'best' learning is unplanned.

FPH requires that at least half of the CPD credit claimed annually be directly related to the participant's PDP.

Reflective learning

FPH has adopted the view that, in verifying the CPD of any give participant, reflecting on new learning through the use of reflective notes is the most discriminating form of evidence of effective CPD.

All CPD undertaken must have associated evidence of reflection giving consideration to what the participant has learnt, the influence this has had on their practice, and any further learning needs identified as a result. The content of a reflective note must be appropriate to the learning experience and the value of the event in a participant's learning.

It is important that the participant take time systematically to reflect on new learning as this is more likely to embed the learning with subsequent practice. Reflection should occur as soon as possible following the event, to be contemporaneous and meaningful.

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

1. Why did I choose this activity for my CPD?
2. What did I learn from this activity?
3. How am I going to apply this leaning in my work?
4. What am I going to do in future to further develop this learning?

Participant may claim up to 5 credits per reflective note. If for example a 3 day conference is attended, an individual may claim up to 5 credits for each day of the conference, however 3 reflective notes must be submitted for each 5 credits, reflecting on different learning gained at the event.

There is separate guidance on how to become a reflective practitioner.

3 Annual audit of compliance

Each year, FPH will monitor participant's CPD activities through audit. The purpose of the annual audit is to provide FPH with a quality assurance for the CPD returns of its Practitioner Members. The audit also helps Practitioner Members to confirm they are compliant with the current CPD requirements.

5% of the practitioner membership will be randomly selected. In addition, the sample also contains those whose audit submission was found to be unsatisfactory by the auditors or who failed to respond to a request for audit material in the previous year. Anyone who has not submitted a CPD annual return or application for exemption by the communicated deadline will also automatically be included in the audit sample the following year.

Audit thresholds

Auditor(s) assess the audit submission as 'satisfactory' or 'unsatisfactory'. To achieve a satisfactory assessment, the following requirements must be met:

- There must be a minimum of 15 CPD credits
- All credits should be covered by a reflective note
- There should be no more than 5 credits per reflective notes
- There should be a balance of types of activities
- A minimum of 10 credits must be supported by a reflective note that has been assessed as 'satisfactory'
- There must be a PDP or PDPs covering the relevant CPD year being audited
- There must be at least half of the CPD linked to the PDP

There is separate guidance on the audit process.

4 Special circumstances

In some circumstances, participation in CPD may be difficult or impossible for periods of time. Participants should contact FPH as soon as they envisage extreme difficulties in meeting CPD requirements during the forthcoming year.

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.

Practitioners working less than full-time: Practitioners working less than full-time have the same CPD requirements as practitioners working full-time, on the grounds that everyone needs to be 100% competent. Employers should try to be as flexible as possible in enabling this commitment to be met with regards to current NHS guidance on equality and diversity.

Practitioners undergoing remediation: CPD will be an essential part of the remediation process.

Practitioners who are suspended: This is likely to be rare. Where necessary, it should be possible to make up any lost CPD credits over a five-year cycle.

Sick-leave, maternity/paternity leave, adoption leave or other career breaks: Any deficit in CPD should be made up over the remainder of the five-year cycle. This may be achieved prospectively (where appropriate), retrospectively after the return to work, or a combination. Where the absence is for more than a year, advice from FPH should be sought.

Public health practitioners who have fully retired: Fully retired participants can be exempt from the CPD scheme upon application.

Public health practitioners working in isolated environments outside the UK: In some circumstances, the type of CPD activities available may not conform to the quality standards of FPH. The participant 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.

Exemption on application

FPH Practitioner Members may be eligible for exemption on application to FPH if:

- They do not undertake ANY public health practice
- They participate in another organisation's CPD scheme which has been recognised as acceptable to FPH: documentary evidence must be provided. See the list of [recognised CPD/CME schemes](#)
- Their circumstances are exceptional, such as:

- prolonged absence (sick-leave) from work for not less than 9 months in any one CPD year
- maternity/paternity/adoption leave for not less than 9 months in any one CPD year
- sabbatical leave for not less than 9 months in any one CPD year
- any other very exceptional circumstances (these must be discussed with the regional CPD Adviser and referred to the CPD Director for a decision which will be final.)

Practitioner Members who are granted a formal exemption will be issued with a confirmatory email setting out the terms of their exemption.

To apply for exemption, participants should complete the exemption form and send it, along with the required evidence, to cpd@fph.org.uk.

5 Important reminders

- It is mandatory that participants take responsibility for their CPD and submit their annual returns (or application for exemption) on time. Reminders are sent to participants on many occasions approaching the deadline. Any Practitioner Member who does not comply with this requirement will automatically lose their good standing with FPH and risk losing their membership of FPH.
- 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.
- Please ensure your registered address and contact details are always up to date. The most common reason for lapsed registration is addresses that haven't been updated resulting in registration documents being sent to the wrong address.

6 Resources and further information

FPH Resources

- CPD online diary – registration and log-in
<https://cpd.fph.org.uk>
- FPH Guidance on reflective notes -
<http://www.fph.org.uk/uploads/FPH%20Tips%20on%20Writing%20Effective%20Reflective%20Notes.pdf>
- Examples of reflective notes -
<http://www.fph.org.uk/uploads/Example%20of%20good%20reflective%20notes.pdf>

This current version of the *Continuing Professional Development: Guidance for Public Health Practitioners* was issued in September 2015. Any minor revisions will be listed here.

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