

Continuing Professional Development (CPD)

Policies, processes and strategic direction

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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.

FPH supports the Core Principles for Continuing Professional Development of the AoMRC as revised in July 2016 [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.

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 AoMRC's Core Principles for Continuing Professional Development support this approach, and in particular, Principle 4 sets out the relationship between CPD and Appraisal.

As a multi-disciplinary specialty 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.

2. KEY POINTS

2.1 All Members and Fellows of FPH, including Honorary Members and Fellows, must participate in the CPD scheme unless they are exempt, to remain in good standing with FPH.

2.2 Participants must have a new Personal Development Plan (PDP) each year, preferably developed as a result of professional appraisal.

2.3 Participants must undertake at least 50 credits of CPD each year, at least 25 of which must be linked to their PDP.

2.4 All credits claimed must be supported by a reflective note. A maximum of 5 credits may be claimed in any one reflective note and a minimum of 40 credits must be supported by a reflective note that is assessed to be 'satisfactory' or 'good'.

2.5 It is the responsibility of individuals to ensure they meet the requirements of the CPD Policy.

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

3. WHO NEEDS TO DO CPD?

3.1 FPH members

- All Members and Fellows of FPH, including Honorary Members, must participate in the FPH CPD scheme unless they are exempt, to remain in good standing in FPH. All doctors who have a licence to practise and wish to revalidate will be required to provide documentation that they are participating in CPD.
- 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.

3.2 Exemptions

Automatic exemption

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

Once a Specialty Registrar member of FPH has successfully completed Specialty training in public health and has been recommended by FPH, for the award of certificate of completion of training (CCT), or to register as a Generalist Specialist with the UK Public Health Register, their CPD record will automatically be activated. The CPD start date will be 1 April of the same calendar year if they are practising or intending to practise for more than nine months (i.e. they leave their training post before the end of June in any given year) in that CPD year. For those practising or intending to practise for fewer than nine months in that CPD year, the start date will be 1 April of the following calendar year. In each case, they must submit a full CPD return for the CPD year following their start date.

Exemption on application

FPH members *may* be eligible for exemption from participating in FPH's CPD scheme on application to FPH if:

- They confirm to the FPH via a letter or email that they do not undertake ANY public health practice.
- They confirm to the FPH via a letter or email that as an Honorary Member, they do not require to revalidate and therefore would like to be granted exemption.
- Their career path and revalidation requirements are better represented through another CPD scheme which has been recognised by FPH as equivalent. They must provide documentary evidence that they are participating in such a scheme: either a copy of a letter from accrediting body or a copy of current CPD certification. See the list of recognised CPD/CME schemes (any queries about the acceptability of other schemes will be referred to the CPD Director).
- Their circumstances are exceptional, such as:
 - Prolonged absence from work (e.g. leave due to sickness, maternity, paternity, adoption or sabbatical) for not less than 9 months in any one CPD year. See separate FPH guidance and policy on return to practice.
 - Any other very exceptional circumstances (e.g. these may include those few FPH members who are not retired but are not currently in any active public health practice) must be discussed with the Regional CPD Adviser or CPD Adviser and referred to the CPD Director for a decision at his/her personal discretion. The decision of the CPD Director will be final.

How to apply for exemption

Members applying for exemption should complete [Section 4 of the CPD Portfolio](#), and send it, along with the required evidence via email to cpd@fph.org.uk or by post to the CPD Administrator, 4 St Andrews Place, London, NW1 4LB.

If an individual envisages extreme difficulties in meeting CPD requirements during the forthcoming year, they should contact the CPD Administrator as soon as possible via email to cpd@fph.org.uk.

3.3 Part-time public health professionals

All part-time public health professionals are expected to undertake CPD, including any retired members or locums etc. in part-time public health work. CPD requirements for part time or sessional public health professionals are 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.

3.4 Registration of CPD

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

If for whatever reason you experience difficulties or you are not able to submit a CPD return in the current year, please contact your regional CPD Adviser or the CPD Administrator at FPH (cpd@fph.org.uk) and seek assistance as soon as you can. Get in touch early and do not wait until CPD returns are due or you are selected for audit! The sooner it's resolved and a solution found, the better for everyone.

- 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 3.2
- FPH members and CPD participants should understand FPH's requirement for them to comply with audit sampling of documentation which relates to the CPD returns.
- FPH reserves the right to check the accuracy of any returns made via the annual audit.

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.

3.5 Late submission or non-submission of CPD annual return / application for exemption

CPD returns and applications for exemption are due no later than 30 April each year in order to remain in good standing with FPH. This is announced on several occasions and reminders are sent to participants approaching the deadline. It is mandatory that participants take responsibility for their CPD and submit their annual returns (or apply for formal exemption) on time. Members who do not submit their annual returns (or apply for formal exemption) before the 30 April will automatically lose their good standing with FPH, be included in next year's audit of CPD returns and will risk losing their membership of FPH.

4. WHAT CONSTITUTES CPD AND HOW MUCH DO YOU NEED TO DO?

4.1 CPD and accreditation of activities

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. 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.

Personal CPD activities do not have to be formally accredited to count as CPD credits. 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. 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. A single reflective note should not cover more than five credits.

4.2 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 Workforce 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 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 behaviour of ethical management of self/others/resources |
| 11) Other job related/not public health |

4.3 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.

4.4 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. For the purposes of collecting CPD credits, the FPH year runs from 1 April to 31 March.

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, auditors only consider reflective notes for up to 100 credits.

How these credits should 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 above) 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.
- Maximum of 5 credits to be claimed in any one 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)
- A minimum of 25 credits must be directly related to the PDP.
- All credits claimed must be supported by reflective notes.
- No more than 100 credits should be claimed in any one year.

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?

4.5 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 FPH'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.

5. PLANNING AND REVIEW OF INDIVIDUAL CPD ACTIVITY

CPD and PDP

Each year public health professionals should review their individual development needs and to develop their PDP for the coming year. This will normally be agreed with their appraiser or line manager and will guide the CPD activities to be undertaken in the coming year(s). If circumstances change it may be necessary to review the PDP during the year. Planning and evaluating CPD needs and opportunities should be managed on an ongoing basis, not just before an annual appraisal.

The PDP sets out the main learning objectives that the public health professional has agreed to address over a specified length of time in order to maintain existing skills or to develop new skills. It is important to note that the PDP should set out *personal* development objectives rather than *organisational* objectives.

The PDP should reflect the public health professional's current and future scope of practice. Whilst in individual years there may be gaps, over time there should be a range of CPD activities that cover the full scope of practice. Some CPD activities may be totally focused on achieving PDP objectives, whilst others may reflect wider Personal development goals. Not all learning opportunities can be foreseen – some of the 'best' learning is unplanned.

In order to reflect the importance of the link between appraisal, CPD and the PDP, a minimum of 25 CPD credits must be directly related to the PDP.

6. RECORDING CPD AND REFLECTIVE NOTES

An electronic diary for CPD has been developed and is open to all members and non-members who participate in the FPH CPD scheme to record their CPD. The online diary allows users to keep an accurate record of their learning activities. It also allows them to submit their annual CPD return online in one easy click, as well as their portfolio when they are selected for audit.

The web address for FPH's online CPD diary is <https://cpd.fph.org.uk/>

The FPH Board has approved that, from 1 April 2016, it is mandatory for all members to enter their CPD activities in the online CPD diary in order to submit their annual return and portfolio, once selected for audit.

It is advisable to record CPD activities as they are completed rather than at the end of the CPD year.

If for whatever reason you are not able to record your activities online, please contact the CPD Administrator at FPH (cpd@fph.org.uk) and seek assistance as soon as you can so a reasonable adjustment can be made.

6.1 Supporting information needed to demonstrate that learning has taken place

FPH CPD Advisers 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. Why did I choose this activity for my CPD?**
- 2. What did I learn from this activity or event?**
- 3. How am I going to apply this learning in my work?**
- 4. What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?**

For further information on

- the link between PDPs and reflective notes please see Appendix 4
- tips on writing effective reflective notes see: <http://www.fph.org.uk/uploads/FPH%20Tips%20on%20Writing%20Effective%20Reflective%20Notes.pdf>
- you can find examples of good quality reflective notes on the FPH website here: <http://www.fph.org.uk/uploads/Examples%20of%20reflective%20notes.pdf>

7. AUDIT OF COMPLIANCE

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

7.1 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 is 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.

7.2 Who will be audited?

A sample of 20% is selected from a list of those who are undertaking public health CPD through FPH's scheme and who have submitted a return when the audit sample is taken. 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. In addition to this, a further 2% of the membership will be randomly selected. Anyone who has not submitted a CPD annual return or application for exemption by the middle of May, when the audit sample is taken, will also automatically be included in the audit sample the following year.

7.3 How will the audit be conducted?

If an individual is selected for audit, specific documentation for the previous CPD year will normally be requested in May and the individual will be asked to submit within two weeks, using the online CPD diary's 'Submit portfolio for audit' function.

Each audit submission will be allocated by the FPH CPD Administrator (under the guidance of the CPD Director) to a Regional CPD Adviser, CPD Adviser or CPD Auditor 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 after the audit process has been completed. The auditor will review the documentation submitted using a standardised checklist form (see Appendix 6) 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 Advisers Committee, the Workforce Standing Committee and the FPH Board,

reporting separately on the submissions and on any previous late and non-responders and previous 'unsatisfactory' assessments.

A copy of the completed checklist form will be sent to the auditee as feedback. It is intended that the auditor will give an overall 'satisfactory' or 'unsatisfactory' assessment.

Where an auditor considers that an audit return is unsatisfactory, the submission is passed to a second auditor. The second auditor is blinded to the comments of the initial auditor. Where two auditors disagree, the audit return is judged as satisfactory. Where two auditors both agree that the submission is unsatisfactory, the audit return is passed to the CPD Director whose decision will be final.

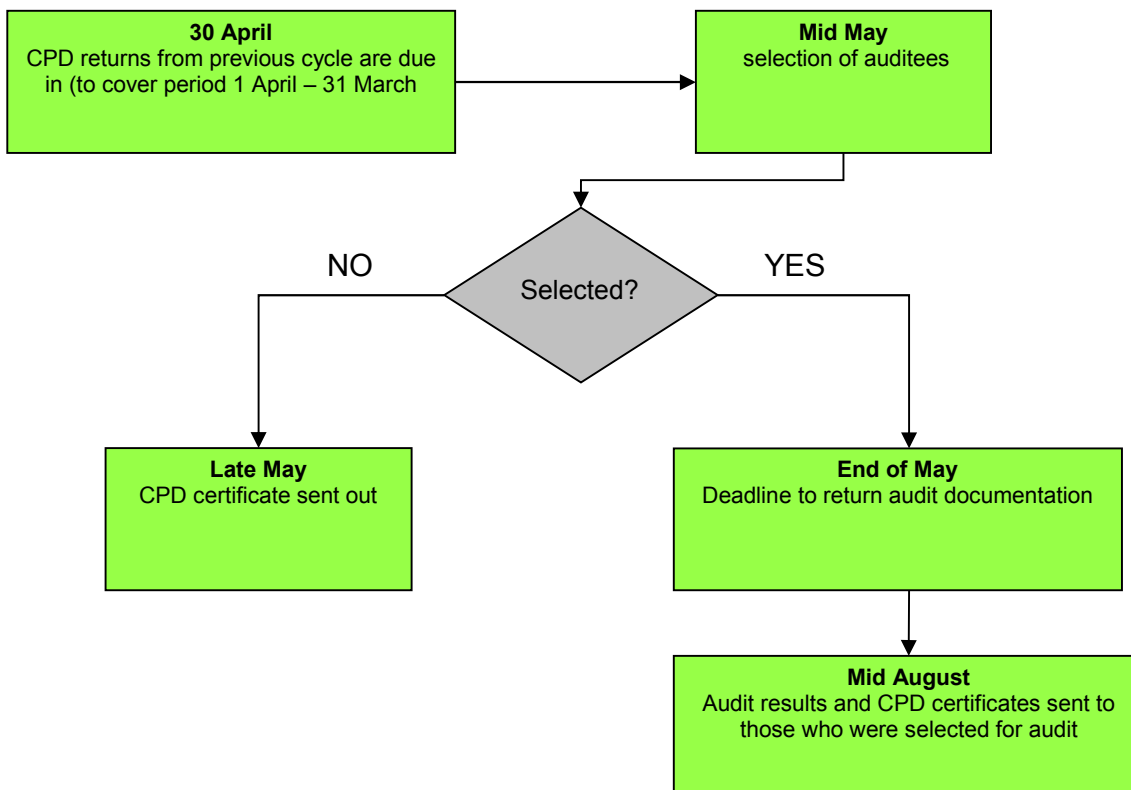
CPD certificates record 'CPD return for [year] not audited' or 'CPD return for [year] audited'. Both employers and professional appraisers will be advised to view the CPD certificate as part of managerial and professional appraisal.

Support will be available through the FPH CPD Director and Deputy Director, the CPD Administrator at the FPH office, Regional CPD Advisers, CPD Advisers and professional appraisers if required.

7.4 When will the audit be carried out?

Audit material for the previous CPD year will normally be requested in May and the individual will be asked to submit within two weeks, using the online CPD diary's 'Submit portfolio for audit' function. The request will provide guidance, state what information is required and remind the auditee that the CPD annual return for that year has been accepted subject to the audit. The audit material will be assessed against the agreed thresholds by the auditors and written feedback will be provided to each auditee.

The CPD year 1 April - 31 March



7.5 What evidence needs to be submitted?

From 1 April 2016, it is mandatory for all members to enter their CPD activities in the online CPD diary in order to submit their portfolio for audit.

After logging in, please go to 'Submit portfolio for audit' and follow the instructions on screen. You will also need to submit the audit checklist form with your portfolio (see Appendix 6). If you have not used the PDP function in the online diary, you will need to send a copy of your PDP separately to cpd@fph.org.uk

If for whatever reason you are not able to submit your audit documentation via the online diary and need to submit offline, please contact the FPH CPD office for approval. Once an exemption from this requirement has been agreed with the FPH CPD office, the CPD Administrator will send information on what needs to be submitted.

7.6 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 (if not submitted via the online diary) must include the personal details form, PDP, CPD log, CPD annual return and a reflective note for each activity
- there must be a minimum of 50 credits, up to a maximum of 100 credits, each one covered by a reflective note
- there should be no more than 5 credits per 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
- a minimum of 40 credits must be supported by reflective notes that have been assessed as 'satisfactory'
- there must be a PDP or PDPs covering the relevant CPD year which is being audited (ie the previous CPD year)
- there must be a minimum of 25 credits explicitly cross-referenced to the PDP
- if not submitted via the online diary, any disparity between credits claimed in the annual return and those recorded in the CPD log must be less than 10%.

7.7 Auditing 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 CPD participants. 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 FPH'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 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 assessed 'borderline' or 'good' | Overall assessment |
|--|---------------------------|
| 4 | Satisfactory |
| 3 | Satisfactory |
| 2 | Unsatisfactory |
| 1 | Unsatisfactory |

Auditors 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.

There is increasing professional emphasis on good quality reflective notes to augment professional learning and strive to be a better and more effective practitioner. In addition, recently introduced requirements from the GMC place greater emphasis on reflective practice as a key skill for Revalidation. Hence, the CPD audit will become more central to members demonstrating their commitment to Good Medical Practice. This is likely to be adopted as good practice for all Public Health Practitioners.

For further guidance on criteria for quality assessment of reflective notes on CPD, please see Appendix 5.

7.8 Exemption from audit

Exemption from the audit process will be granted to participants who are exempt from CPD. The audit is a review of documentation that is collected throughout the year. Only in very extreme causes will exemption from audit be granted by the CPD Director.

7.9 How will feedback be provided?

After the auditors have assessed the audit material and the audit process has been completed, 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 auditor has evidence (and this will be the number accepted by FPH 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 below.

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

Certification of audit result

Following a satisfactory audit, a CPD certificate will be issued containing the following information:

This is to certify that x participated in the FPH Continuing Professional Development (CPD) scheme during <year> and submitted a CPD return in <year>. As part of FPH's quality assurance process x was audited in <year> and their CPD return was found to be satisfactory. They are therefore in good professional standing for CPD.

If the audit is other than satisfactory a letter will be issued as follows:

Unsatisfactory audit:

No CPD certificate will be issued in case of an unsatisfactory audit. A copy of the completed audit checklists with the auditors' feedback and reasons for the unsuccessful audit will be sent to the auditee. The letter informing the auditee of the unsatisfactory audit result, sent from the CPD Director, will confirm the auditee's submission of an annual CPD return for the current CPD year and serve as evidence for the auditee.

Exempted from audit:

A CPD certificate will be issued containing the following information:

This is to certify that x participated in the FPH Continuing Professional Development (CPD) scheme during <year> and submitted a CPD return in <year>. As part of FPH's quality assurance process x was selected for audit in <year>. However, exemption was granted for this year and they will therefore be included in the audit in <year>.

Audit documentation not received:

A CPD certificate will be issued containing the following information:

This is to certify that x participated in the FPH Continuing Professional Development (CPD) scheme during <year> and submitted a CPD return in <year>. As part of FPH's quality assurance process x was selected for audit in <year>. However, they did not submit their CPD portfolio and will therefore be included in the audit in <year>. They are therefore not in good professional standing for CPD.

7.10 Consequences of failing to provide evidence / sufficient evidence or to submit audit documentation

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.

Auditees who fail to submit their audit documentation by the communicated deadline or who do not submit any audit documentation will automatically be included in the next year's audit and will no longer be in good standing with FPH.

It is the responsibility of the auditee to ensure they submit the correct documentation for audit. FPH does not have the resources to review all documentation before it is sent to the auditors for review. Any inaccuracies in audit documentation submitted may result in an unsatisfactory audit result and the auditee will be held responsible for this.

7.11 Sanctions that FPH will apply in 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
- Offer of follow up by CPD Adviser in the region and offer of further support. The nature of this support to be discussed between unsatisfactory auditee and CPD Adviser 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
- Offer of follow up by CPD Adviser in the region and offer of further support. The nature of this support to be discussed between unsatisfactory auditee and CPD Adviser 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 once accepted by the Board. Letter also to inform of appeals process
- 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 Regional CPD Adviser or Director and offer of further support. The nature of this support to be discussed between unsatisfactory auditee and CPD Adviser/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.

Reinstatement to membership can be applied for upon recommendation by Regional CPD Adviser or Director. All such cases will be automatically included in the next year's audit. If unsatisfactory, participant name will be recommended to the Board for removal from membership under Standing Order 15 and subsequent reinstatement will be at the discretion and recommendation of the CPD Director.

7.12 Appeals mechanism

See Appendix 3 on page 25 of this document.

7.13 How auditors are trained

FPH's auditors are the Regional CPD Advisers, CPD Advisers and trained CPD Auditors. Regional CPD Advisers 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. The CPD programme is also supported by CPD Advisers who are non-region specific and for the duration of audit, CPD Auditors. 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 Advisers and CPD Advisers meet four times a year as the CPD Advisers Committee to set CPD policy. The Committee reports into the Workforce Standing Committee and ultimately the Board. Central office disseminates policy to members with Regional CPD Advisers advising in their regions. Regional CPD Advisers and CPD Advisers are supported with an induction pack containing minutes of meetings and policy documents. Additionally, from 2009 onwards, an induction / away day has been introduced to allow outgoing and incoming Regional CPD Advisers and CPD Advisers to ensure a consistent approach to audit. CPD Auditors are also invited to attend this day, on top of the training they receive directly from the CPD Director. The day specifically workshops anonymised CPD audit returns from the previous year to ensure that the same criteria are being applied.

8. ADMINISTRATION

Administering CPD

The CPD Director, in collaboration with the CPD Advisers Committee, has the delegated responsibility for the CPD scheme and reports to the Vice President (Standards). The ultimate responsibility for the scheme rests with the FPH Board, via the Workforce Standing Committee. The Head of Education and 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 Education and Professional Standards department is also responsible for the implementation of revalidation under the Vice President (Standards) and the Workforce Standing 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 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.

8.1 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 CPD Advisers
- a network of regional CPD Advisers, which extends to all regions and countries of the UK with international support from the International Committee
- a small network of CPD Advisers who are non-region specific
- a small group of CPD Auditors who are specifically trained and only help out with the audit
- links between these and other key FPH structures such as the Workforce Standing Committee, FPH Board, International Committee, Regional/country local affairs committees
- support from FPH staff, including the CPD Administrator, and other staff in the Education and 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 Regional CPD Advisers and CPD Advisers 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 Vice President (Standards) and other officers as appropriate and linking with relevant FPH committees and individuals
- to support the Regional CPD Advisers, CPD Advisers, CPD Auditors, 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 FPH externally in CPD forums and to communicate with FPH committees and members
- to hold delegated responsibility for the CPD budget (the Vice President (Standards) is the CPD budget holder).

The Regional CPD Advisers

There is a network of Regional CPD Advisers who are elected by their local constituent FPH members in the UK in accordance with Standing Orders 106 to 113. Their names and contact details can be found on the FPH website (see the 'Senior public health appointments - Faculty Advisers' section under Professional Affairs http://www.fph.org.uk/faculty_advisers). The role description for Regional CPD Advisers 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 FPH
- to act as auditors.

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

The CPD Advisers

The CPD programme is also supported by CPD Advisers who are appointed into the post and are non-region specific. Their main function is to promote and support CPD activity and encourage good practice, to help to develop and implement the CPD policy and to participate in the assessment of CPD returns in the Faculty's annual audit.

The CPD Auditors

The main role of the CPD Auditor is to act as one of the team of auditors for the FPH CPD scheme. CPD Auditors will review submissions for the first and second round of audits and provide comments on the audit documentation and assess whether satisfactory or not satisfactory.

Links between FPH and other relevant organisations

- The CPD Advisers Committee: The Advisers 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 Advisers Committee reports to the FPH Board via the Workforce Standing Committee. Records of the minutes of these meetings are available from the FPH office.
- The Academy Revalidation and Professional Development Committee (ARPDC) of the Academy of Medical Royal Colleges (AoMRC)
The ARPDC meet quarterly to exchange information and policies. 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

9. 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 license 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

1. Core Principles for Continuing Professional Development. AoMRC, London 2016
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2. Medical Revalidation – Principles and Next Steps. Department of Health, 27th July 2008
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086430
3. Guidance on Continuing Professional Development. GMC, London, 2004
http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp
4. Navigating Equality and Diversity. NHS Employers
<http://www.nhsemployers.org/excellence/equality-diversity.cfm>
5. Good Medical Practice Framework for appraisal and revalidation. GMC, London 2011
www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp
6. CPD – Guidance for all doctors. GMC, London June 2012
http://www.gmc-uk.org/CPD_guidance_June_12.pdf_48970799.pdf
7. Set of FAQs developed by the AoMRC Directors of CPD group
<http://www.fph.org.uk/uploads/CPD%20FAQs.pdf>
8. Guidance for academics and International members
http://www.fph.org.uk/continuing_professional_development_%28cpd%29

Appendix 1: Core Principles for Continuing Professional Development

Developed by the AoMRC Academy Revalidation and Professional Development Committee

1. Individual Responsibility

Doctors have a responsibility for their own learning and for recording Continuing Professional Development (CPD) that has educational value. It should be appropriate to their personal fields of practice and anticipated future changes, and the needs of the service in which they work. The responsibility for identifying and prioritising professional development requirements rests ultimately with the learner. Learning may reinforce existing good practice as well as enhancing knowledge, skills and behaviours.

2. The Importance of Reflection

Doctors should always reflect on the learning gained from their CPD and any changes made as a result, including the likely effect on their professional work and any further learning needs identified. Reflection will help a doctor assess whether their learning is adding value to the care of their patients and improving the services in which they work, and they should record any impact (or expected future impact) on their performance or practice.

3. Scope of Work

Doctors should be participating in CPD and reflection that covers the whole scope of their professional practice. This includes NHS work, independent practice, voluntary work that involves patients and professional activities such as education, management and research. It is not expected that CPD will be undertaken in every area of professional work every year, but doctors should ensure all aspects are supported adequately over the five year cycle.

4. CPD and Annual Appraisal

Doctors should present their CPD undertaken during the year, and associated reflection, for discussion and assessment at their annual appraisal. The appraisal discussion should include the learning and/or changes in practice that have arisen from the activities. A doctor's professional development needs should be considered and agreed with their appraiser, and the most significant needs should form part of the doctor's SMART personal development plan (PDP).

Planning and evaluating CPD needs and opportunities should be managed on an ongoing basis, not solely at annual appraisal.

5. Balance of CPD

There should be a balance of learning methods and experiences, for which doctors should provide appropriate supporting information and reflection. It is important that doctors undertake a significant proportion of their CPD with colleagues outside their normal place of work (often termed "external" CPD) to avoid professional isolation. Other CPD should take place with colleagues and teams within the workplace on topics directly related to the doctor's professional practice (often termed "internal" CPD).

Doctors should participate in peer-based learning in their specialty or field of practice. Discussing and disseminating their learning to others may help consolidate a doctor's learning and enhance that of the team in which they work. Doctors can achieve this through peer reviews and participation in specialty networks.

Recognised learning will also come from personal study such as reading of relevant books and journals and from internet-based learning. This should be self-accredited and accompanied by reflective learning.

6. Documenting CPD

The focus of CPD should be on its quality and reflection of its impact on a doctor's practice, rather than the amount of time spent on the activity. Doctors will need to collect evidence to record their CPD, normally using a structured portfolio. CPD schemes or programmes organised by Colleges or professional associations can be a convenient way of doing this.

Doctors are required by the GMC to do enough appropriate CPD to remain up to date and fit to practise across the whole of their scope of work. There is no regulatory requirement to acquire a particular number of 'credits' each year. However, for doctors who wish to be guided by a credit based approach, a target of 50 credits each year and 250 credits over five years is recommended.

Normally, one credit will equate to one hour of educational activity, preferably demonstrated through a reflective note.

7. Employers' Responsibilities

All employers and contractors of doctors' services have a responsibility to ensure that their entire medical workforce is competent, up to date and able to meet the needs of the service; they must facilitate access to adequate resources to allow staff to develop, including time. Employers and contractors should plan and coordinate the CPD needs of their staff and monitor the effectiveness of their doctors' CPD activities. All doctors, including Specialty doctors, Associate Specialists, Staff and Trust doctors follow the same CPD guidelines and should therefore have equal access to protected time for internal and external CPD, funding and study leave. Doctors who work less than full-time are still required to achieve the same balance and coverage/standards of CPD as full-time doctors, so require the same access to funding and study leave.

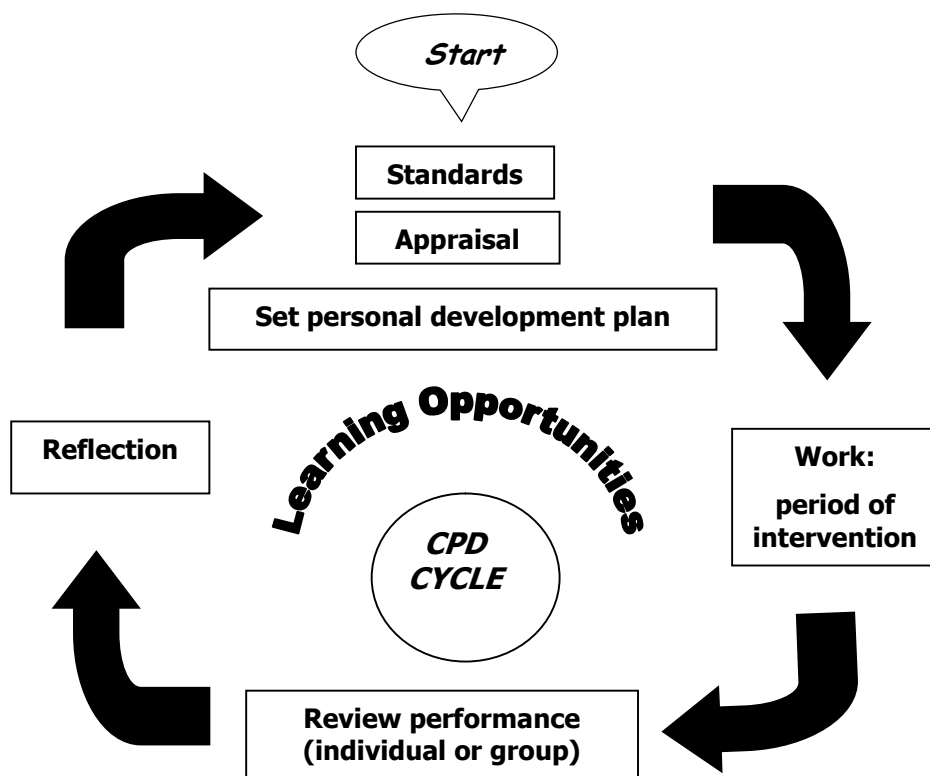
In some circumstances, participation in CPD may be difficult or impossible for periods of time; for example, because of long term illness, or maternity or study leave. At the point of returning to work after such a break, it is important that there is an appropriate plan in place to allow such doctors to return to work safely.

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Appendix 2: 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 is available through FPH for those who do not have access to appraisal through their workplace.

CPD and annual appraisal are intrinsically linked.



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 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.

The GMC's Good Medical Practice Framework for appraisal and revalidation provides a useful structure for discussing CPD during appraisal. [6]. CPD activities should take account of the domains and attributes in the Framework, although is not necessary to match CPD against every element of the Framework. The domains are:

- a knowledge, skills and performance
- b safety and quality
- c communication, partnership and teamwork
- d maintaining trust.

Appendix 3: 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 Vice President (Standards), 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 auditors, 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 Education and 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 Education and 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, subject to submission of the appropriate fee.

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 auditors.
- 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 auditors 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 auditors 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 CPD Director for initial consideration. The CPD Director 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 CPD Director and the FPH Chief Executive that there is no *prima facie* case, i.e. 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. In such cases the candidate will not be entitled to a refund of the appeals fee. 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 CPD Director 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 Vice President (Standards).
- 4.6 The decision of the CPD Director 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 Vice President (Standards), who will determine whether sufficient evidence remains for consideration by an Appeals Panel, following the decision of the CPD Director and FPH Chief Executive.

5 CPD APPEALS PANEL

- 5.1 A CPD Appeals Panel shall be convened at the discretion of the FPH Vice President (Standards), 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 examined the participant:
- a. The FPH Vice President (Standards) (or deputy), who shall be Chair of the Appeals Panel.
 - b. The CPD Director
 - c. A current Regional CPD Adviser, CPD Adviser or CPD Auditor who shall not be in the same region as the participant, nor should have reviewed the audit materials previously
 - d. A member of the Workforce Standing 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 auditors 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 Advisers Committee for its information and action, if appropriate. The participant shall be reminded that the decision of the FPH Appeals Panel is final, and that the appeals procedure is at an end.

END OF POLICY

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 Education and 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 your Regional CPD Advisers 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 Regional CPD Adviser, a CPD Adviser 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 Regional CPD Adviser or a CPD Adviser, 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 (e.g. 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. This fee will not be refunded should it be considered by the CPD Director and the FPH Chief Executive that there is no prima facie case and that the appeal request is outside the permitted grounds of the appeal process.

The current fee for an office review is £70.

The current fee for an appeal is £250.

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 4: 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. A new PDP should be developed each year and each PDP should be dated. Each PDP development need must be clearly dated and should pre-date CPD content. Each 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.

How should my PDP be constructed?

It is unacceptable to retrospectively define a PDP depending on what you have done throughout the year. A PDP is not the same as a job plan. Organisation/work targets are not developmental targets although they may help to form an individual's PDP. 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 opportunity to also 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.

Although the FPH's PDP template does not need to be used, an individual's PDP should cover the same elements as the FPH's PDP.

Reflective notes

CPD is formative and it is 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 Academy Revalidation and Professional Development Committee 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.

Appendix 5: Criteria for quality assessment of reflective notes on CPD

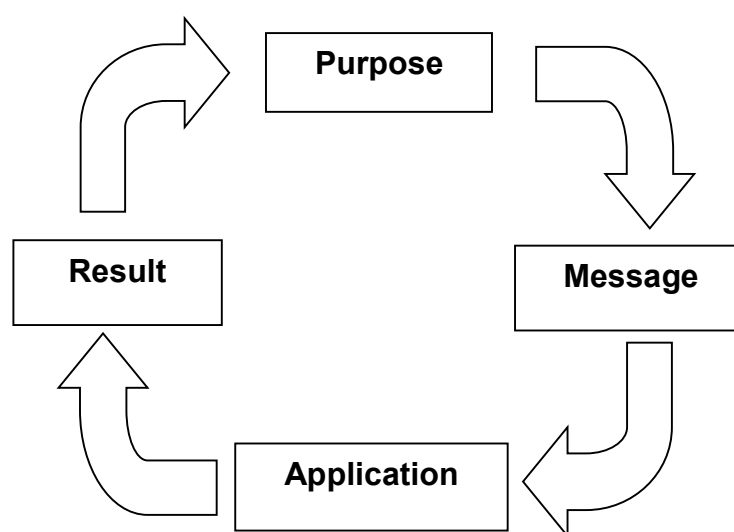
There is increasing professional emphasis on good quality reflective notes to augment professional learning and strive to be a better and more effective practitioner. In addition, recently introduced requirements from the General Medical Council place greater emphasis on reflective practice as a key skill for revalidation. Hence, the CPD audit of members will become more central to members demonstrating their commitment to Good Medical Practice. This is likely to be adopted as good practice for all Public Health Practitioners.

Personal reflective notes by nature come in many different styles and use different language. In conducting audit of CPD, auditors must determine if the **quality** of reflective notes is good – moving beyond counting responses. The auditor and auditee should bear in mind that ‘Reflection’ is to improve practice and this needs to be effectively communicated. The following cycle identifies the key elements of a satisfactory reflective note with the table outlining differentiating elements of a submitted Reflective Note. This aide memoire should be taken with the ‘Tips on Writing an Effective Reflective Note’ document produced by FPH.

When writing a Reflective Note there must be evidence of **mental processing** covering four elements:

- 1) **Purpose** – of attending the event or undertaking the activity (this may be related to PDP or may be identified out of general interest or to widen public health experience or knowledge)
- 2) **Message** – identifying the message or learning from the event or activity.
- 3) **Application** – of how the learning applies to me and my work
- 4) **Result** – the next steps I am going to take, as a consequence of my application.

As we are aiming to create reflective practitioners, the key element is **mental processing** during the overall cycle. The four revised questions help in directing the auditee to be more specific about each domain in line with the mental processing cycle.



| | Good (Well written with clear reflection and analysis, linked to PDP, incorporating consistent evidence of creative and/or critical thinking) | Borderline (brief, superficial reflection, but analysis not fully developed) | Poor (descriptive account only, containing little deeper reflection) |
|---|---|---|--|
| 1: Why did I choose this activity for my CPD? | <ul style="list-style-type: none"> • Explicit relationship between defined learning needs and this CPD activity • Use of <u>prior</u> PDP as a frame of reference, with some attempt to distil out specific learning needs from the PDP • Demonstrates how prior experience and knowledge influenced choice of this CPD activity | <ul style="list-style-type: none"> • Summary statement about topic area being relevant to learning needs, but no further explanation provided • No evidence of investigating the relevance of this CPD activity in any detail • Mentions PDP at high level, but specific learning needs emanating from this are unclear • Prior experience and knowledge are mentioned but not elaborated | <ul style="list-style-type: none"> • Participation in activity arose with little questioning of its relevance to professional development needs • 'Incidental Learning' devoid of contextual workplace setting |
| 2: What did I learn from this activity or event? | <ul style="list-style-type: none"> • Critically examines own internal learning processes during/after this CPD activity • Connects this CPD activity with other evidence to create new insights • Clear evidence of 'standing back' from this CPD activity to critically analyse any new learning that took place | <ul style="list-style-type: none"> • Includes some value judgements about what was good and bad about different parts of the learning event • Separate points made 'to fill a space' - ideas not linked or synthesised | <ul style="list-style-type: none"> • Describes content only • Whole activity/event described as a single learning process – no attempt to analyse discrete learning processes |
| 3: How am I going to apply this learning in my work? | <ul style="list-style-type: none"> • Clear evidence of self questioning and/or honest 'internal dialogue' • Analysis pertains to own specific, unique, personal situation • Outlines an approach to embed the learning, if appropriate • Explores connections between the new learning which took place and plans for future work | <ul style="list-style-type: none"> • States that a change will/won't occur as a result of this CPD activity, with some reference to aspects of its content but unclear reasoning and weak links to any specific learning outcomes | <ul style="list-style-type: none"> • States that a change will/won't occur as a result of this CPD activity, but no reason/s given • Little evidence of creative and/or critical thinking |
| 4: What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding? | <ul style="list-style-type: none"> • Critical analysis of gaps in knowledge/skills identified by this CPD activity • Explicit planning for different types of learning activities arising from this CPD activity | <ul style="list-style-type: none"> • Makes some statements about next steps for meeting future professional development needs, but unclear reasoning and weak links to any specific learning outcomes from this CPD activity | <ul style="list-style-type: none"> • States future action/s in relation to future professional development needs, but no reason/s given |

Appendix 6: Audit checklist form for CPD returns

For completion by the auditee when sending audit submission AND
Auditors 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:

Full name of auditee:

Date of audit:

| AUDITEE | AUDITOR |
|----------------|---|
| Please tick | Delete as appropriate or insert figure |

| | | | |
|--------|--|-------|-------|
| 1. | Has the online diary been submitted? | | Y / N |
| 2. | Is there a copy of Personal Development Plan covering the relevant CPD year or alternatively has the PDP been entered onto the online diary? | | Y / N |
| 3. | Number of CPD credits | | |
| 4. | Is there a minimum of 50 credits claimed? | N / A | Y / N |
| 5. (i) | Are all credits claimed supported by a reflective note? | N / A | Y / N |
| (ii) | Are there no more than 5 credits per reflective note? | N / A | Y / N |
| 6. | Is there a minimum of 40 credits supported by a reflective note that has been assessed as 'satisfactory'? | N / A | Y / N |
| 7. | Is there a minimum of 25 credits linked to the PDP? | N / A | Y / N |
| 8. | Overall is this submission satisfactory? <i>[Minimum of 50 credits, all covered by a reflective note of 5 credits or less of which at least 40 credits have been assessed as 'satisfactory', a PDP covering the relevant CPD year of which a minimum of 25 credits must be directly related to the PDP]</i> | N / A | Y / N |

Comments from the auditor:

Did submission meet minimum requirements? If no, why not?

Other comments

Secondary auditor's comments

Did submission meet minimum requirements? If no, why not?

Other comments

CPD Director's comments *if required:*

Appendix 7: Key Changes to the CPD Policy

Why is FPH reviewing its CPD policy?

FPH is making some adjustments to its CPD policy in light of the GMC's publication of *Continuing Professional Development - Guidance for all doctors* in June 2012 and also of a template written by the Academy Revalidation and Professional Development Committee. This document seeks to standardise some elements of specialty CPD in light of revalidation. Additionally, the FPH CPD Advisers Committee have reviewed this policy in light of their experiences of audit and concerns of members.

The timeframe

This CPD policy was approved by the Board in February 2013 and updated in July 2016.

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 – All credits claimed to be supported by reflective notes

The Rationale

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.

Key change two – At least 25 credits to be related to the PDP

The Rationale

The 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 opportunity to also 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, 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.

Key change three – No more than 100 credits to be claimed in any one year

The Rationale

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, auditors only consider reflective notes for up to 100 credits.

Key change four – reflective questions

The reflective questions have been changed. The old questions were:

1. Title and description of activity
2. What was the learning need or objective that was addressed?
3. What was the outcome of the activity?
4. Further learning needs

The new questions to be used from 1 April 2014:

1. Why did I choose this activity for my CPD?
2. What did I learn from this activity or event?
3. How am I going to apply this learning in my work?
4. What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

The Rationale

The new reflective questions been developed by the Regional CPD Advisers. 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 – Maximum of 5 credits may be claimed in any one 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

Key change 6 – A minimum of 40 credits must be supported by a reflective note that has been assessed as ‘satisfactory’ to achieve a satisfactory audit outcome

The Rationale

There is increasing professional emphasis on good quality reflective notes to augment professional learning and strive to be a better and more effective practitioner. In addition, recently introduced requirements from the GMC place greater emphasis on reflective practice as a key skill for revalidation. Hence, the CPD audit of members will become more central to members demonstrating their commitment to Good Medical Practice. This is likely to be adopted as good practice for all Public Health Practitioners.

Key change 7 – Anyone who submits a CPD annual return any later than the middle of May (when the audit sample is taken), will also automatically be included in the audit sample the following year