

# **Continuing Professional Development (CPD)**

## ***Policies, processes and strategic direction***

**Faculty of Public Health  
Published on 1 April 2014  
Revised December 2018  
(to come into effect from 1 April 2019)**

# Contents

1. INTRODUCTION	4
2. KEY POINTS	4
3. WHO NEEDS TO DO CPD?	4
FPH members	4
Part-time public health professionals	5
4. WHAT CONSTITUTES CPD AND HOW MUCH DO YOU NEED TO DO?	5
4.1 CPD and accreditation of activities	5
4.2 Categories of CPD	5
4.3 Credit requirement	5
4.4 Specific exclusions from consideration for CPD credits	6
5. PLANNING AND REVIEW OF INDIVIDUAL CPD ACTIVITY	6
6. RECORDING CPD AND REFLECTIVE NOTES	7
6.1 Supporting information to demonstrate that learning has taken place	7
6.2 Annual returns	8
7. CPD ASSURANCE	8
7.1 Why do we need an assurance process?	8
7.2 Who will be audited each year?	9
7.3 How will the audit be conducted?	9
7.4 When will the audit be carried out?	9
7.5 What evidence needs to be submitted?	10
7.6 What are the audit thresholds?	10
7.7 Auditing of reflective notes	11
7.8 How will feedback be provided?	11
7.9 Consequences of failing to provide sufficient evidence	12
7.10 Sanctions that FPH will apply in case of an unsatisfactory audit	13
7.11 Appeals mechanism	13
7.12 How auditors are trained	14
8. ADMINISTRATION	14
8.1 CPD structures to support FPH members and other CPD participants	15
9. EXEMPTIONS	17
9.1 Automatic exemption	17
9.2 Exemption on application	17
REFERENCES	18
Appendix 1: CPD and Annual Appraisal	19
Appendix 2: CPD Audit Office Reviews, Appeals Policy & Procedure	20
Appendix 3: Guidance on PDPs and reflective notes	25
Appendix 4: Criteria for quality assessment of reflective notes on CPD	26

# 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 (<http://www.aomrc.org.uk/publications/reports-guidance/core-principles-cpd/>).

## 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 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

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care. This means that holding a licence to practise is becoming an indicator that the doctor continues to meet the professional standards set by the GMC.

Each year, licensed doctors in the UK are required to present a portfolio of supporting information at their appraisal which shows how they are meeting the professional values set out in [Good Medical Practice](#). Each year, they are required to reflect upon, and discuss with their appraiser, the CPD undertaken during the previous year. They are also to identify their learning needs for the coming year and to record these in their PDPs. Together, these form the first of the six types of supporting information [required by the GMC](#).

While the principles of revalidation were set initially for medical doctors, the principles of annual appraisal and the principles of CPD are relevant to all faculty members as specialists or as practitioners. 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. For further information on CPD and annual appraisal please see Appendix 1.

[Good Public Health Practice](#) provides the basis for good professional practice in public health. It applies to all members of the core public health workforce, including public health practitioners and specialists and those training to become practitioners and specialists.

## 2. KEY POINTS

All members of FPH must participate in the CPD scheme, unless they are subject to special agreed circumstances, to remain in good standing with FPH.

Participants must have a current Personal Development Plan (PDP), developed as a result of professional appraisal or annual review. See Appendix 3 for more information.

Specialists taking part in Faculty CPD must undertake at least 50 credits of CPD each year, at least 25 of which must be linked to their PDP. Practitioners must ensure they undertake a minimum of 15 CPD credits per year, at least 7 of which must be linked to their PDP.

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' for specialist CPD. For practitioners, a minimum of ten credits must be supported by a reflective note that is assessed to be 'satisfactory' or 'good'.

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

## 3. WHO NEEDS TO DO CPD?

### FPH members

All doctors and public health professionals who hold a licence to practise need to 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.

## Part-time public health professionals

All part-time public health professionals are expected to undertake CPD, including retired members, 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.

## 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 organisation, where there is one. Self-accreditation of relevant activities and documented reflective learning are key components of CPD. It is the responsibility of individuals to ensure that they undertake a range of CPD to address those needs identified in their PDP and that reflects the local and national needs of their practice and their own learning needs. CPD activities are expected to link into an individual's PDP with at least 25 credits being directly linked to it as a specialist (and 7 credits as a practitioner).

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. 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. Any single reflective note should not cover more than five credits.

### 4.2 Categories of CPD

Categories assist people to classify CPD and to ensure that a balance of activities is undertaken.

Categories of educational activities which may include new learning are:

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

### 4.3 Credit requirement

To remain in good standing, specialist members are required to complete a minimum of 50 credits per year unless FPH has formally exempted them from this requirement. Practitioner members are required to complete a minimum of 15 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.

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 the first 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-k 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 (i) are 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 different reflective notes must be submitted for each 5 credits demonstrating new learning).
- A minimum of 25 credits must directly address needs identified in the current PDP (and 7 credits as a practitioner).
- All credits claimed must be supported by reflective notes.
- If audited, no more than 100 credits will be assessed 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?
- Is the activity linked to my PDP?

#### **4.4 Specific exclusions from consideration for CPD credits**

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

- FPH examiners are encouraged to include examiner-related learning in their CPD portfolio as part of a wider range of CPD activities and ideally linked to a PDP item related to examining. This may include training events, preparing new question material where learning occurs and is reflected on etc. However, the process of examining itself, is unlikely to count as CPD, unless there is specific new learning gained and reflected on as usually expected
- 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 or peer 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 for the public health professional to address over a specified length of time, normally a year, in order to maintain existing skills and to develop new skills. It is important to note that the PDP is the vehicle for *personal* development objectives rather than organisational or management 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 (or 7 credits for practitioners).

## **6. RECORDING CPD AND REFLECTIVE NOTES**

All members should use the online CPD diary, supported by the linked PDP. The online diary allows members to keep an accurate record of their learning activities and 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/>

From 1 April 2019, it is mandatory that all members enter their personal development plans (PDP) on the online CPD diary.

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](mailto:cpd@fph.org.uk)) and seek assistance as soon as you can so a reasonable adjustment can be made.

### **6.1 Supporting information to demonstrate that learning has taken place**

To verify 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, and this is confirmed by the Academy of Medical Royal Colleges.

It is important to take time to systematically 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 and these are enabled by the online template

- 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 3
- tips on writing effective reflective notes see: <https://www.fph.org.uk/media/1283/fph-tips-on-writing-effective-reflective-notes.pdf>
- you can find examples of good quality reflective notes on the FPH website here: <https://www.fph.org.uk/media/1284/examples-of-reflective-notes.pdf>

FPH are also reviewing the GMC guidance on reflective practice. The documents are available on the AoMRC website (<http://www.aomrc.org.uk/>)  
[http://www.aomrc.org.uk/wp-content/uploads/2018/09/the\\_reflective\\_practitioner\\_guidance\\_single\\_page.pdf](http://www.aomrc.org.uk/wp-content/uploads/2018/09/the_reflective_practitioner_guidance_single_page.pdf) and  
[http://www.aomrc.org.uk/wp-content/uploads/2018/09/the\\_reflective\\_practitioner\\_summary\\_single\\_page.pdf](http://www.aomrc.org.uk/wp-content/uploads/2018/09/the_reflective_practitioner_summary_single_page.pdf)

## 6.2 Annual Returns

In order to remain in good standing with FPH, it is the responsibility of participants to ensure that they submit an annual return **no later than 30 April each year** for the CPD year (April to March).

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](mailto: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 is resolved and a solution found, the better for everyone.

A certificate is issued annually to those who have successfully completed CPD requirements by submitting a satisfactory annual return of at least 50 credits as a specialist (or 15 credits as a practitioner) and who have met FPH's standards for CPD.

Members who do not submit their annual returns (or do not apply for formal exemption) before the 30 April risk losing their good standing with FPH, and will be included in next year's audit of CPD returns and ultimately at risk of losing their membership of FPH.

## 7. CPD ASSURANCE

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

### 7.1 Why do we need an assurance process?

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

Particular emphasis is placed in the audit on:

- the provision of a personal development plan (PDP) that is relevant to that year so that the link between the relevance of CPD activities to the PDP and to that individual's job can be audited;
- the provision of good quality reflective notes to support each activity;
- the demonstration of at least 50 credits (15 for practitioners);
- the provision of individualised feedback; and
- support for those who fail to respond to the audit request or whose audit submission is unsatisfactory.

## 7.2 Who will be audited each year?

- A sample of 10% randomly selected from a list of those who are undertaking public health CPD through FPH's scheme.
- 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 will be audited.
- Anyone who has not submitted a CPD annual return or application for exemption by 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?

When an individual's annual CPD record is selected for audit, documentation for the previous CPD year will be requested 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. The auditor will review the documentation submitted using a standardised checklist form 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 assessments judged as unsatisfactory documentation.

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.

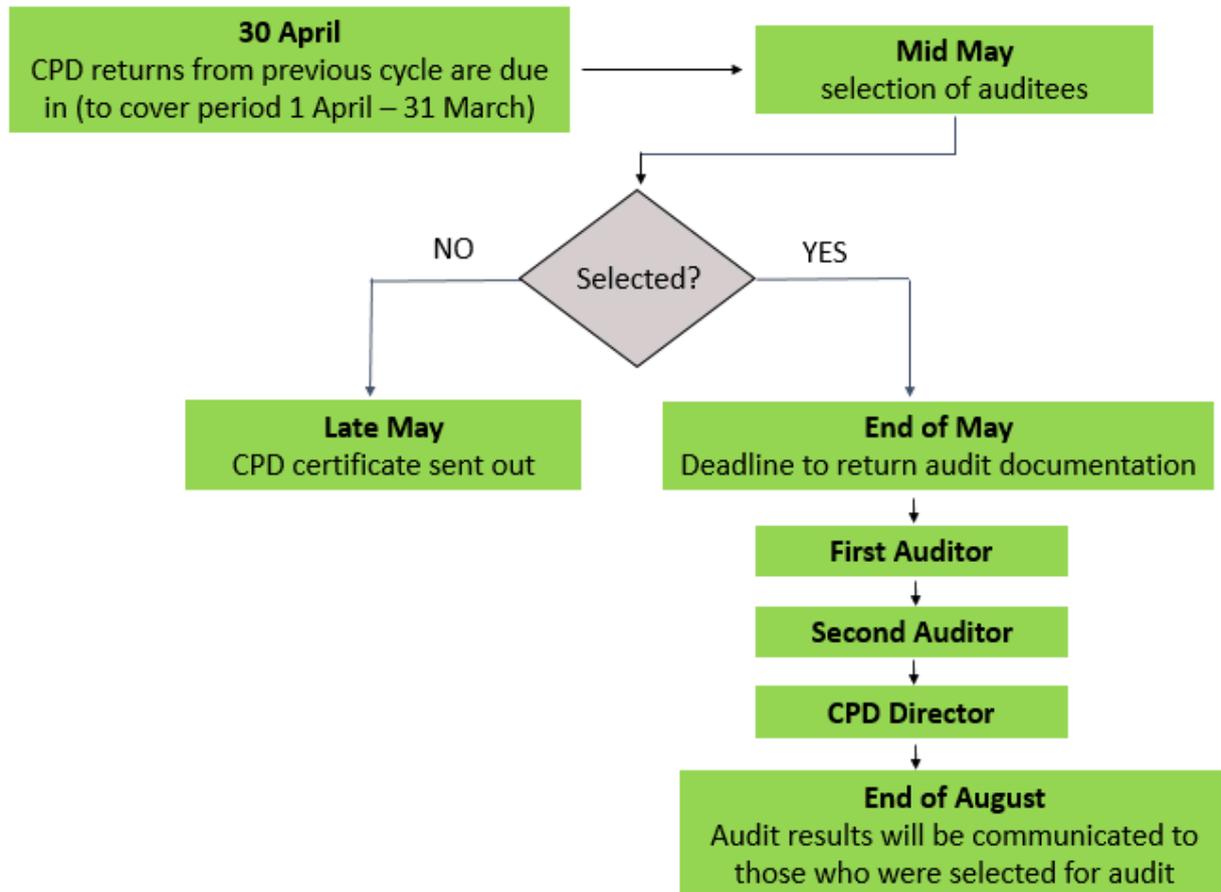
Where an auditor considers that an audit return is unsatisfactory, the submission is passed to a second auditor. The second auditor is blinded to the comments of the initial auditor. If the second auditor considers the audit return to be satisfactory, then the audit return is judged as satisfactory.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

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. For a list of regional CPD Advisers, please see here: <https://www.fph.org.uk/professional-development/cpd/our-team-of-cpd-advisers/>

## 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?

Since 1 April 2016, it has been mandatory for all members to enter their CPD activities in the online CPD diary.

After logging in, please go to 'Submit portfolio for audit' and follow the instructions on screen. This should include the online PDP.

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 include the PDP, CPD log, CPD annual return and a reflective note for each activity
- there must be a minimum of 50 credits (or 15 credits for practitioners), 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' (or 10 credits for practitioners)
- there must be a PDP 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 (or 7 credits for practitioners).

## 7.7 Auditing of reflective notes

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 that educational activity. 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 professional and will assist FPH when the person's CPD return is selected for audit under FPH's scheme.

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:

<b>Reflective note Number of the four elements assessed 'borderline' or 'good'</b>	<b>Overall assessment</b>
4	Satisfactory
3	Satisfactory
2	Unsatisfactory
1	Unsatisfactory

There is increasing professional emphasis on good quality reflective notes to augment professional learning and strive to be a better and more effective practitioner. This is supported by the GMC which emphasises the benefits of reflective practice as a key skill for Revalidation. Hence, the CPD audit is helpful for members needing to demonstrate their commitment to Good Medical Practice. This is likely to be adopted as good practice for all Public Health Professionals.

For further guidance on criteria for quality assessment of reflective notes on CPD, please see Appendix 4.

## 7.8 How will feedback be provided?

After 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 regional 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:

#### **Requires Improvement:**

In the first year, if the auditee hasn't met the required standards, a letter will inform them that their submission 'Requires Improvement' and will be automatically included in the next year's audit.

#### **Unsatisfactory audit:**

Applies to years 2 and 3. 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:**

This will be confirmed by email.

#### **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.*

## **7.9 Consequences of failing to provide sufficient evidence**

Auditees who fail to submit their audit documentation by the communicated deadline or who do not submit any audit documentation at all will automatically be included in the next year's audit.

It is the responsibility of the auditee to ensure they submit the correct documentation for audit. Any inaccuracies in audit documentation submitted may result in an unsatisfactory audit result and the auditee will be held responsible for this.

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 Responsible Officer (RO).

## 7.10 Sanctions that FPH will apply in case of an unsatisfactory audit

### Year one:

- Letter informing participant that they have completed an audit that 'Requires Improvement' and will be automatically included in the next audit and sanctions in year two and year three and notification of appeals process
- Regional CPD Advisers will be provided with details of unsatisfactory auditees in their regions. They will be available to provide advice if requested, in a timely manner.
- It is anticipated that in most circumstances, this remediation will be enough to enable members to have a satisfactory 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 the participant should discuss with their line manager and professional appraiser, and should FPH be approached by the employer, then this information will be imparted. Letter also to inform of sanctions in year three and notification of appeals process
- Regional CPD Advisers will be provided with details of unsatisfactory auditees in their regions. They will be available to provide advice if requested, in a timely manner.
- For the few participants who have two unsuccessful audits, it is anticipated that in most circumstances, this remediation will be enough to enable members to have a satisfactory 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 for CPD' (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 – and reminds the individual of why they chose to participate in the CPD scheme and how it will affect their professional wellbeing. Letter also to inform the participant that they must discuss with their line manager and professional appraiser.
- Letter sent to RO informing them of three unsatisfactory 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.

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.

## 7.11 Appeals mechanism

This is based on the Exams appeals mechanism, for details please see Appendix 2 of this document.

## 7.12 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.

All regional CPD Advisers and CPD Advisers are to undergo annual training before they participate in audit 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 Registrar. The ultimate responsibility for the scheme rests with the FPH Board, via the Workforce Standing Committee. The Director of Education and 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 Registrar 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.

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.

## 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 Administration

The FPH CPD staff 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 roles of the CPD Director and Deputy Director are:

- to give strategic direction to FPH staff and to CPD activities, including liaising with the FPH Registrar and other officers as appropriate and linking with relevant FPH committees and individuals
- to support the 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

### 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 (<https://www.fph.org.uk/professional-development/cpd/our-team-of-cpd-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 (as auditors) in the assessment of CPD returns in the Faculty's annual audit.

### **The CPD Auditors**

The CPD Auditors provide an additional resource for the annual audit, they 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, and overseas organisations) should provide support for professional development as good practice, in partnership with other relevant bodies.

## 9. EXEMPTIONS

### 9.1 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.

### 9.2 Exemption on application

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

- 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 for more 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 and referred to the CPD Director for a decision at his/her personal discretion. The decision of the CPD Director will be final.
- They confirm to FPH that they do not undertake ANY public health practice.
- They confirm to FPH that as an Honorary Member, they do not require to revalidate and therefore would like to be granted exemption.

### 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 by email to [cpd@fph.org.uk](mailto:cpd@fph.org.uk).

**If an individual envisages difficulties in meeting CPD requirements during the forthcoming year, they should contact the CPD Administrator as soon as possible by email to [cpd@fph.org.uk](mailto:cpd@fph.org.uk).**

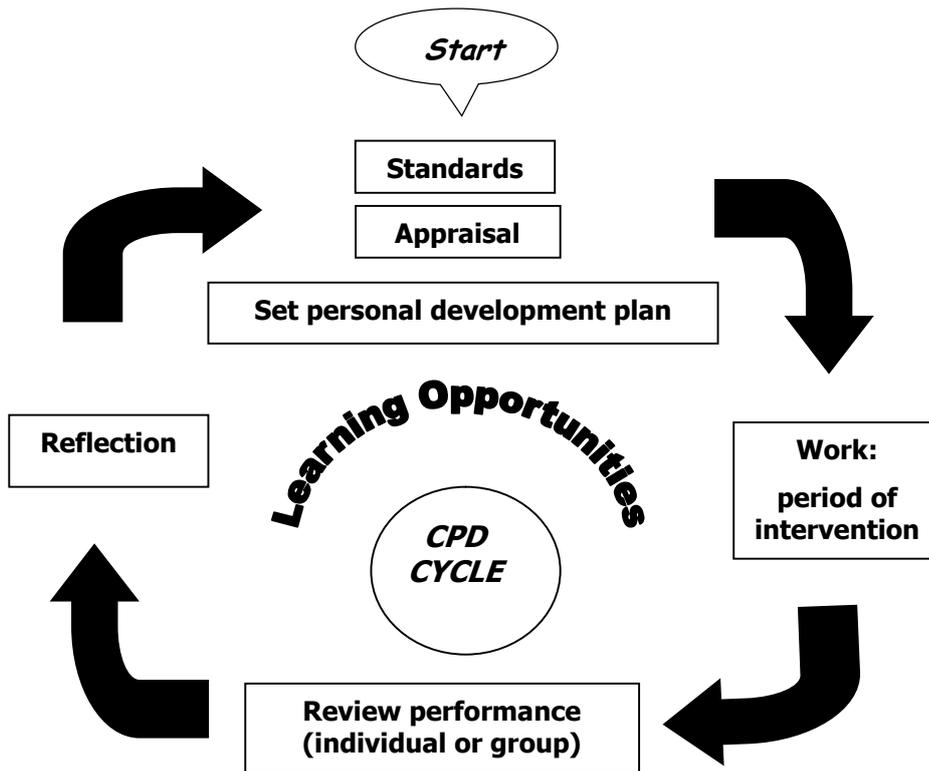
## REFERENCES

1. Core Principles for Continuing Professional Development. AoMRC, London 2016  
[http://www.aomrc.org.uk/wp-content/uploads/2016/07/Core\\_Principles\\_CPD\\_0716-2.pdf](http://www.aomrc.org.uk/wp-content/uploads/2016/07/Core_Principles_CPD_0716-2.pdf)
2. Medical Revalidation – Principles and Next Steps. Department of Health, 27<sup>th</sup> July 2008  
[http://webarchive.nationalarchives.gov.uk/20130123194641/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086430](http://webarchive.nationalarchives.gov.uk/20130123194641/http://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](http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp)
4. Navigating Equality and Diversity. NHS Employers  
<http://www.nhsemployers.org/~media/Employers/Publications/Navigating%20equality%20and%20diversity.pdf>
5. Good Medical Practice Framework for appraisal and revalidation. GMC, London 2011  
[www.gmc-uk.org/doctors/revalidation/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp)
6. CPD – Guidance for all doctors. GMC, London June 2012  
[https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316\\_pdf-56438625.pdf](https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf)
7. Guidance for academics and International members  
<https://www.fph.org.uk/media/1437/cpd-guidance-for-academics.pdf>  
<https://www.fph.org.uk/media/1438/cpd-guidance-for-international-members.pdf>

## Appendix 1: CPD and Annual Appraisal

Without the willingness to review professional performance, it is impossible to know how standards are being addressed, and how goals towards effective practice are being met. Review of practice can also identify learning needs, which in turn will influence the nature of the PDP. Appraisal is already embedded across most employment settings and enhanced appraisal will be a key element of revalidation. FPH is currently reviewing public health appraisal and this service 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 2: CPD Audit Office Reviews, Appeals Policy & Procedure**

### **1 INTRODUCTION**

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

An 'office review' is defined as a review carried out by the Director of Education and Professional Standards to ensure no administrative errors have occurred in the process of inputting data.

- 1.6 Please note that an appeal does not mean that a result will be changed but it may lead to an audit attempt being discounted.

### **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 Director 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 Director 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 identifies a clerical error then the fee for the review will be refunded. If the CPD participant is not satisfied with the outcome of an office review, he/she may proceed to an appeal.

### **3 GROUNDS FOR APPEAL**

- 3.1 A participant in CPD may appeal, in certain circumstances, against the result when:
- There is clear evidence of procedural irregularity in the conduct of the audit

- There were exceptional circumstances or some other extenuating circumstance (for which clear documentary evidence must be provided), which adversely affected a participant's ability to submit audit information on time or appropriately. Participants are advised to submit details of any such circumstances as soon as possible (i.e. within three working days) of the audit deadline and not wait until after they receive their result of the audit.
- 3.2 Appeals will not be accepted on the grounds that a participant:
- Considers his or her efforts were under-marked.
  - Did not understand or was unaware of the CPD Regulations.
  - Seeks to question the professional judgment of the 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 - <https://www.fph.org.uk/about-fph/fph-policies-and-procedures/>).
- 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 Director of Education and Professional Standards 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 Director of Education and Professional Standards.
- 4.3 On receipt of an appeal the FPH Director of Education and Professional Standards 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 Director of Education and Professional Standards to undertake further investigations, as he/she deems necessary.
- 4.4 If it is considered by the CPD Director and the FPH Director of Education and Professional Standards 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 Director of Education and Professional Standards that there is a *prima facie* case in support of the appeal, he/she may:

- 4.5.1 arrange for an immediate remedy to be offered to the participant;
- 4.5.2 refer the appeal to the FPH Registrar.

4.6 The decision of the CPD Director and FPH Director of Education and Professional Standards 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 Director of Education and Professional Standards within 10 working days of being notified of it to request that their case be reconsidered by a CPD Appeals Panel. All such requests will be reviewed by the FPH Registrar, who will determine whether sufficient evidence remains for consideration by an Appeals Panel, following the decision of the CPD Director and FPH Director of Education and Professional Standards.

## **5 CPD APPEALS PANEL**

5.1 A CPD Appeals Panel shall be convened at the discretion of the FPH Registrar, and established by the FPH Director of Education and Professional Standards.

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 Registrar (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 Director of Education and Professional Standards 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 Director of Education and Professional Standards 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 FPH Director of Education and Professional Standards 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 Director of Education and Professional Standards 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 representative. The representative 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 representative they must provide the FPH Director of Education and Professional Standards 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 Director of Education and Professional Standards 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 Director of Education and Professional Standards 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.

## **Appendix 3: Guidance on PDPs and reflective notes**

### **The link between appraisal, personal development plans and CPD**

Your employment based personal development plan (PDP) should be agreed through your employment appraisal process which will also form the basis of revalidation. Appraisal is your opportunity to reflect upon the previous year's PDP. Appraisal brings together the evidence of your commitment to improvement of practice across the domains of Good Medical Practice, through supporting information which includes your CPD. This, along with your reflection on your CPD, will be discussed at your appraisal. This will then lead into discussion of your development needs for the coming year and the construction of a new PDP. 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 4: Criteria for quality assessment of reflective notes on CPD

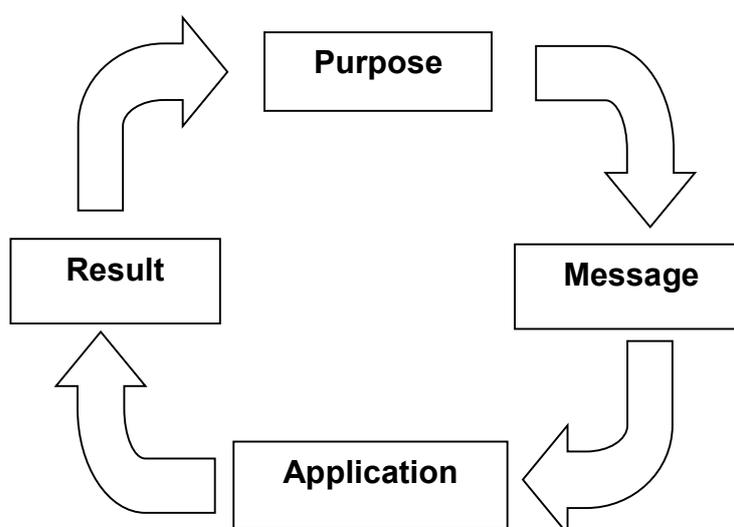
There is increasing professional emphasis on good quality reflective notes to augment professional learning and strive to be a better and more effective practitioner. In addition, recently introduced requirements from the General Medical Council place greater emphasis on reflective practice as a key 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.



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