

Faculty of Public Health

# Continuing Professional Development (CPD)

Policies, processes and strategic direction

This policy will be in place from 1 April 2024 and will be reviewed again in 2026

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# 1 Continuing Professional Development

## Definition of Continuing Professional Development

- 1.1 The Academy of Medical Royal Colleges (AoMRC) and the Faculty of Public Health (FPH) define 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.
- 1.2 The FPH supports the [Core Principles for CPD](#) of the Academy of Medical Royal Colleges as revised in 2023.

## The Faculty of Public Health

- 1.3 The FPH is the standard setting body for specialists in public health in the UK. The FPH is a joint Faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow).
- 1.4 FPH members come from a diverse range of professional backgrounds (including clinical, academic and policy) and are employed in a variety of settings.
- 1.5 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.

## Why has this policy changed?

- 1.6 Whilst the FPH approach to CPD is seen as good practice, and valued by members, concerns had been raised that there was too much emphasis placed on counting credits and not enough on supporting reflective learning and personal development.
- 1.7 The FPH has a responsibility to support and encourage the development of members as reflective practitioners. Encouraging members to write good quality reflective notes linked to Personal Development Plans (and therefore professional appraisal) is a far better standard for CPD than one based on a specific number of CPD credits.
- 1.8 Feedback is essential for personal development. In the past the CPD audit was perceived as a pass/fail assessment, and a system of providing non-judgemental and supportive feedback would better support the development of members as reflective practitioners.

**The requirement for FPH members to complete at least 50 CPD credits each year is replaced by a requirement to submit 3 to 6 reflective notes linked to their PDP.**

**The annual CPD audit is replaced by system of providing non-judgemental and supportive feedback on the quality of reflective notes.**

## 2 Introduction

- 2.1 Continuous professional development (CPD) remains an important cornerstone of ensuring specialists from all medical disciplines are both safe and competent to practice in the UK. As such it is an integral element of professional appraisal, which is the basis for revalidation.
- 2.2 FPH members are expected<sup>1</sup> to 'be competent in all aspects of your work as a public health professional and retain your competence throughout your working life. It is first and foremost a personal responsibility to maintain your professional competence and performance. You can do this through regular participation in continuing professional development (CPD); reflection on practice; and such forms of appraisal, personal development planning and revalidation as apply to you and your work'.
- 2.3 The FPH supports members by providing an online CPD diary, which allows members to:
  - Record their PDP objectives,
  - Maintain reflective notes on their CPD activities,
  - Submit an annual CPD return,
  - Self-generate and store their annual CPD certificate, and
  - Generate evidence of CPD activities to support their annual professional appraisal.
- 2.4 As the standard setting body for public health in the UK, the FPH has a responsibility to support and encourage the development of members as reflective practitioners. The FPH will continue to set the standard for CPD reflective notes, and members of the FPH CPD committee will provide feedback on reflective notes submitted alongside annual CPD returns. This policy supports members undertaking CPD in the context of professional appraisal and revalidation.
- 2.5 This policy document describes the organisation of the FPH CPD system, defining roles and responsibilities, describing who must undertake CPD and who might be exempt, outlining standards for good quality reflective notes and the support available to members wishing to improve their reflective notes, and the actions required by members to submit their annual CPD return in order to remain in good standing with the FPH.

## 3 Key points

- 3.1 Unless they are exempt, all members of the FPH must participate in the FPH CPD scheme in order to remain in good standing with the FPH.
- 3.2 The FPH takes the view that members participating in the FPH CPD scheme should have a PDP that covers the whole scope of their practice, and therefore so should their CPD.
- 3.3 All participants must submit an annual CPD return by 30 April each year. They must submit a minimum of three, and a maximum of six reflective notes as part of their annual return. Each reflective note submitted will need to be linked to one or more PDP objective(s).
- 3.4 The annual CPD audit is replaced by an advisory review of the reflective notes submitted with the annual CPD return. Members selected for review will receive individual feedback on how they might improve the quality of their reflective notes. Members are encouraged to seek further guidance/support from their Regional CPD adviser if they wish to do so.
- 3.5 Members should focus on good quality reflection on their learning, rather than the number of CPD points achieved. There is no longer any requirement to record CPD points.

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1 Faculty of Public Health: Good Public Health Practice Framework 2016.

## 4 Who needs to do CPD?

- 4.1 All members of the core public health workforce are required<sup>2</sup> to ensure they remain competent in all aspects of their work throughout their working lives. This can be achieved through regular participation in CPD targeted at addressing personal development needs. In short, all FPH members are required to undertake CPD, unless they are exempt.

## 5 Who doesn't need to do CPD?

- 5.1 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.
- 5.2 Additionally, the following categories of members are automatically exempted from participating in CPD:
- Honorary Members and Fellows.
  - Members and Fellows through distinction.
  - International practitioners.
  - Diplomate Members
- 5.3 However, if these members hold a UK licence to practice, they are encouraged to participate in the FPH CPD scheme, unless another CPD scheme is more appropriate to their individual circumstances.
- 5.4 FPH members may be eligible for exemption from participating in the FPH's CPD scheme on application to the FPH if:
- they confirm to the FPH that they do not undertake ANY public health practice,
  - their circumstances are exceptional, such as, prolonged absence from work (for example, leave due to sickness, maternity, paternity, adoption or sabbatical) for not less than 9 months in any one CPD year. Any other very exceptional circumstances (for example, 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 their personal discretion, or
  - their career path and revalidation requirements are better represented through another CPD scheme which has been recognised by the FPH as equivalent. A list of such schemes may be found on the [Faculty CPD pages](#) of the website. Members seeking exemption must either provide a copy of a letter from accrediting body or a copy of current CPD certification.

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2 Faculty of Public Health: Good Public Health Practice Framework 2016.

## 6 Relationship between CPD and professional development appraisal

- 6.1 CPD and professional appraisal are intrinsically linked and the current GMC guidance<sup>3</sup> states that 'reflection supports your development and continuous learning and will help you to identify improvements you can make to your practice. You must consider the learning needs and opportunities identified through the appraisal process in discussion with your appraiser and agree how this feeds into your personal development activities for the following year.'
- 6.2 At least once a year, members should critically review their scope of practice in order to identify personal development needs and from these develop a Personal Development Plan (PDP). This will normally be done with their professional appraiser (and possibly line manager) and will guide the CPD activities to be undertaken in the coming year(s).
- 6.3 It will not be uncommon for members to have many development needs and it may be necessary to prioritise their needs in order to achieve a PDP which can be achieved over a reasonable period of time (usually one year). NHS England consider<sup>4</sup> that a 'good quality' PDP will contain between three and six PDP objectives.
- 6.4 A PDP should be a vehicle for recording personal development objectives, rather than organisational or management targets. The aim should be to focus on the learning a member needs to do in order to develop as an individual, not the tasks which must be done in order to satisfy a line manager. The PDP should reflect the member's current and future scope of practice and may include the learning required to get a new job.
- 6.5 If circumstances change, it may be necessary to review the PDP on an ongoing basis, not just during an annual professional appraisal meeting.

## 7 What constitutes CPD?

- 7.1 Any new learning which contributes to your personal development can be considered as CPD. The GMC suggests<sup>5</sup> that doctors' CPD activities are 'based on your day-to-day work and what you think you will need in the future to carry out all the roles and responsibilities that are (or are likely to become) part of your scope of practice.'
- 7.2 CPD activities do not have to be formally accredited to be recognised as CPD. Individuals are encouraged to assess the content of meetings and other CPD activities in relation to their own PDP and to make a judgement about how well they contribute to personal development.
- 7.3 Each year, members should aim to undertake a range of CPD activities which address all of their personal development needs. The amount of CPD to be done each year therefore depends upon the personal development needs of each individual member.
- 7.4 Categories may assist some members to classify their CPD and to ensure that a balance of activities is undertaken. Categories of CPD activities include (but are not limited to):
  - Learning as part of your job
  - Group work, seminars and journal clubs
  - Conferences
  - Workshops and educational meetings
  - Formal courses

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3 General Medical Council. Guidance on supporting information for appraisal and revalidation.

4 NHS England Medical Appraisal Policy. Annex J: routine appraiser assurance tools.

5 General Medical Council. Guidance on supporting information for appraisal and revalidation.

- Private study and reading
- Audit
- Research
- Organisational development activities
- Inspection and review activities.

7.5 Teaching and examining, routine business meetings and committee activity, and routine academic activities (such as writing articles for peer-reviewed journals, chapters in books or official policy documents) are not normally creditable as CPD. However, sometimes such activities may provide access to significant new learning which may prove to be excellent for CPD. It is up to individual members to identify what constitutes new learning on which it is useful for them to reflect.

## 8 How much CPD needs to be done?

8.1 FPH members should do as much CPD as they and their appraisers agree they should do in order to meet their personal development needs. Other than the requirement to submit three to six good quality reflective notes each year, there is no minimum CPD requirement, nor is there an upper limit to the amount of CPD FPH members can record in a single year.

## 9 Recording CPD and reflective notes

- 9.1 The FPH online CPD diary is provided to support members in recording and reflecting on their CPD activities. The online CPD diary allows members to submit their annual CPD return and to produce supporting evidence of CPD activities for their annual professional appraisal. All FPH members who are not exempt are able to record their CPD activities and submit their annual CPD return via the online CPD diary.
- 9.2 In order to demonstrate the breadth of their CPD at their professional appraisal, members may wish to record many more CPD activities and reflective notes in their online CPD diary, but they will only be required/permitted to submit three to six good quality reflective notes as part of their annual CPD return. These reflective notes are required to be linked to the member's PDP, so it is mandatory that members enter summary details of their PDP into their CPD diary.
- 9.3 Whilst acknowledging that there are many approaches to reflection, the GMC<sup>6</sup> identified three questions which doctors should consider when reflecting on a single event, or a period of time. This is known as the What? So what? Now what? framework. Based on these three questions, the FPH has identified four questions which members should consider when reflecting upon their CPD activities:

**a. Why did I choose this activity for my CPD?**

*(Focuses on how the activity relates to your learning needs as identified through reflection on your practice and described in your PDP)*

**b. What new learning did I get from this activity or event?**

*(Focuses on your thoughts at the time of the activity and critically analyses any new learning that took place)*

**c. How am I going to apply this new learning in my work?**

*(Focuses on the significance of what happened and why this may influence future learning or practice)*

**d. What personal development needs have I identified (if any) and how do I take them forward?**

*(Focuses on future actions and plans for further development, if necessary)*

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6 GMC: The reflective practitioner. Guidance for doctors and medical students.

- 9.4 Reflection is a very personal activity. Members using the FPH online CPD diary may record their reflective notes in whichever language is most appropriate for them.

## 10 The annual CPD return

- 10.1 In order to remain in good standing with the FPH, unless they are exempt from CPD, all members are to submit an annual CPD return no later than 30 April each year for the CPD year (1 April to 31 March). This will normally be achieved by using the annual CPD return submission tool in the online CPD diary. If you are unable to use the Faculty's online CPD diary, please contact [cpd@fph.org.uk](mailto:cpd@fph.org.uk) and seek assistance as soon as you can so a reasonable adjustment can be made.
- 10.2 In order to remain in good standing with the FPH, unless they are exempt from CPD, all members are to submit three to six reflective notes with their annual CPD return. The CPD return submission tool in the new online CPD diary will allow members to choose which of their reflective notes they submit. No matter how many reflective notes a member has produced during the year, it will not be possible to submit more than six as part of their annual CPD return.
- 10.3 A certificate is issued annually to those members who successfully submit an annual CPD return, which includes three to six reflective notes.
- 10.4 Members who do not submit their annual returns (or do not apply for formal exemption) before the 30 April deadline risk losing their good standing with the FPH.
- 10.5 Members who fail to submit an annual return will receive a letter from the CPD Director reminding them of the requirement to submit an annual CPD return, unless exempt from CPD. Regional CPD Advisers will be provided with details of members failing to submit annual CPD returns in their regions. They will be available to provide advice, if requested. It is anticipated that a simple reminder will be sufficient to prompt most members to either apply for exemption from CPD or to submit an annual CPD the following year.
- 10.6 Members who fail to submit an annual return may write to the CPD Director if they feel there are exceptional circumstances which prevented them from submitting an annual return.
- 10.7 Members who fail to submit an annual CPD return for a second year will receive a letter from the Registrar inviting them to discuss the reasons for their non-submission. Members who subsequently fail to make contact within three months will receive a second letter from the Registrar informing them that their name will be submitted to the FPH Board for removal of membership under Standing Order 15. The letter will also inform the member they must discuss this with their line manager and professional appraiser. A letter will be sent to the member's responsible officer informing them that the member is not in good standing with the FPH and is pending removal of membership.
- 10.8 Members who fail to submit an annual return for two successive years and then fail to respond to the Registrar's invitation may write to the President if they feel there are exceptional circumstances which prevented them from meeting these requirements.



## 11 Feedback on CPD reflection

- 11.1 FPH members will no longer be subject to audit of their CPD reflective notes. The focus will shift to promoting development as reflective practitioners through the provision of non-judgemental and supportive feedback on the CPD reflective notes members submit as part of their annual CPD return. This will be supported by automated processes within the new online CPD diary, eliminating the need for any additional administrative burden for members.
- 11.2 Each year, members of the FPH CPD committee will provide feedback on a random selection of the CPD reflective notes submitted by members as part of their annual CPD returns. The proportion of reflective notes to be reviewed will be determined each year by the CPD Director and ratified by the FPH Workforce Committee. Whilst the aim will be to provide feedback to as many members as possible, the actual proportion of reflective notes selected for feedback may change from year to year. At the start of each CPD year FPH members will be informed of the proportion of reflective notes to be reviewed after the end of the CPD year and the reason(s) for deciding on this number.
- 11.3 All members of the FPH CPD committee will undergo training before they are selected to provide feedback on CPD reflective notes. This is to ensure a consistent approach to feedback. The training will normally consist of a workshop which follows the spring meeting of the FPH CPD committee. The training will normally include the review of anonymised CPD annual returns from the previous year to ensure that the same criteria are being applied when providing feedback.
- 11.4 Whilst there is no nationally agreed set standard for the 'quality' of reflective notes, the FPH has established a number of attributes which contribute to a good quality reflective note. These are summarised in Annex A.
- 11.5 Written feedback will be provided to those members selected for review. Members wishing further guidance on their reflective notes are encouraged to contact their Regional CPD Adviser. Contact details for current regional CPD Advisers can be found [here](#).
- 11.6 The FPH CPD Administrator will use the completed feedback reports to compile an anonymised report for the CPD Advisers Committee, the Workforce Standing Committee and (when deemed necessary) the FPH Board.
- 11.7 If a CPD return selected for review contains reflective notes which are in a language other than English, the reflective notes will be translated into English and the translation agreed with the member before the reflective notes are passed to a CPD Adviser for review.

## 12 The FPH CPD Committee

- 12.1 Whilst ultimate responsibility for the scheme rests with the FPH Board, the CPD Director (in collaboration with the CPD Advisers Committee) has delegated responsibility for the CPD scheme and reports to the FPH Registrar via the Workforce Standing Committee. The CPD scheme is administered on a day-to-day basis by the Workforce and Standards Team in the Faculty office.
- 12.2 The CPD committee consists of the following FPH members:
  - 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.

12.3 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, FPH members and other CPD participants by providing advice and leading on policy development.
- To undertake regular review of existing CPD policies.
- To encourage the development of educational materials in support of CPD by academic institutions, NHS departments and other appropriate bodies.
- To represent the FPH externally in CPD forums and to communicate with FPH committees and members.

12.4 Regional CPD Advisers are elected by their regional membership to serve an initial three-year term with a possible second term of two years or two second terms of one year. The roles of the Regional CPD Advisers are to:

- Act as a local source of information, advice, and support for participants in the CPD scheme.
- Communicate between participants and FPH.
- Improve the quality of reflection through the provision of education, review and feedback on reflective notes submitted by members alongside their annual CPD returns.
- Promote local CPD activities.

12.5 The CPD scheme 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 to encourage good practice, to help to develop and implement the CPD policy and to provide feedback on reflective notes submitted by members alongside their annual CPD returns.

## 13 Administration

13.1 The FPH maintains a database of members' details. This database will include a record of whether or not a member meets the minimum CPD requirements for remaining in good standing for each CPD year.

13.2 Once a specialty registrar member of the FPH has successfully completed specialty training in public health and has been recommended by the FPH for the award of certificate of completion of training (CCT), or to register on one of the specialty registers, their CPD record will automatically be activated. The CPD start date will be 1 April of the same calendar year if they are practicing or intending to practice 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 practicing or intending to practice 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.

13.3 The FPH Workforce and Standards Team administer the annual programme of CPD activity by maintaining the CPD database, providing advice and dealing with questions from members and others, processing annual CPD returns, working with the CPD Director/Deputy Director and supporting the Regional CPD Advisers through their meetings and other activities. Faculty staff will liaise with appropriate technical staff to resolve any issues relating to the CPD database and online diary as they arise.

## 14 Annex A: Criteria for quality assessment of reflective notes on CPD

	<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 prior 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 new learning did I get 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 new 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 personal development needs have I identified (if any) and how do I take them forward?</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>