

## 8. 公衆衛生専門家の教育課程修了・資格取得後の状況

### (1) 公衆衛生関連業務への従事

公衆衛生専門家として登録された者の多くは、PCT、SiHA の公衆衛生部門の責任者といった上級管理職 (senior level) などの職位で公衆衛生業務に従事する。上述したように、FPH は公衆衛生専門家の採用条件 (job description) の基準を設定し、雇用者はそれに準じた採用条件を設定することが多い。現在のところ、FPH は、PCT の公衆衛生部門の責任者、SiHA の公衆衛生部門の責任者、及びそれ以外の公衆衛生専門家の採用条件を設定している。採用条件の中には、組織及び職務の責任、具体的な業務内容 (公衆衛生活動の 10 領域にしたがって記載されている) などもあわせて記載されている。

以下に、FPH が推奨する、PCT の公衆衛生部門の責任者の採用条件を示した。これは FPH のホームページ上で公開されており、SiHA の公衆衛生部門の責任者、それ以外の公衆衛生専門家についてもほぼ同様の内容である。

採用条件は、医師である場合の採用条件、医師でない場合の採用条件、両者に共通する採用条件に分類され、それぞれ「必要である (Essential)」条件と「望ましい (Desirable)」条件が設定されている。ただし SiHA の公衆衛生部門の責任者は、現在のところ医師のみに限定されているため、医師でない場合の採用条件は設定されていない。

医師の場合の主な採用条件は以下のとおりである。

- ① GMC に (GP ではなく) 専門医として登録されていることが「必要である」
- ② 公衆衛生専門医として登録されていることが「望ましい」
- ③ 公衆衛生専門医として登録されていない場合、公衆衛生専門医の教育課程を修了したのと同等の学識と経験を有することが「必要である」
- ④ FPH の正会員であることが「望ましい」

医師でない場合の主な採用条件は以下のとおりである。

- ① 公衆衛生に関連する高い学位・資格 (MPH のような公衆衛生に関連する修士など)、またはそれと同等の学位・資格を有することが「必要である」
- ② 公衆衛生専門家の教育課程を修了したのと同等の学識と経験を有することが「必要である」
- ③ 公衆衛生を含む健康関連の職務経験 (NHS 以外も可) が豊富であることが「必要である」
- ④ FPH の正会員または準会員であることが「望ましい」
- ⑤ UKVRPHS に公衆衛生専門家として登録されていることが「望ましい」

また両者に共通して、資質 (公衆衛生に対する強い信念、戦略的な思考能力、様々な状況への適応力、チームワークなど)、経験 (業務改善、プロジェクト管理、3 年以上の公衆衛生業務、人事管理、学術雑誌への投稿、学会やセミナーでの研究発表など)、技術 (コミュニケーション、対人関係、プレゼンテーション、交渉、情報処理、予算管理など)、知識 (疫学、統計学、公衆衛生活動、ヘルスプロモーション、保健経済学、ヘルスケアの評価、質の保証・改善、evidence-based の保健活動、社会・政治情勢、NHS や福祉サービスの仕組みなど) が要求される。



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## *SPECIMEN JOB DESCRIPTION*

### **DIRECTOR OF PUBLIC HEALTH ... PRIMARY CARE TRUST**

- Title:** Director of Public Health  
(Full Time/Part Time/Job Share)
- Accountable to:** Professionally to the Primary Care Trust (and Local Authority in the case of joint appointments)  
Managerially to the employing organisation through specified line management arrangements (usually to the Chief Executive of the PCT) and to Chief Executive of the Local Authority in the case of joint appointments
- Grade:** Director of Public Health (band D)/NHS Senior Manager/NHS Senior Manager (dependent on experience and qualifications)
- Salary Scale:** £ ... to £ ... (date)
- Responsible for:** All staff within the directorate/department
- Appointment:**  
a) This is a full time/part time/job share post for a Director of Public Health to the ..... Primary Care Trust based at .....(and as Director of Public Health to the ..... Local Authority in the case of joint appointments)

#### **1. Job Summary**

The Director of Public Health (DPH) will be a board level appointment working at the heart of the primary care organisation. They will have a key role in working with local neighbourhoods and communities, leading and driving programmes to improve health and well-being and reduce inequalities. They will play a powerful role in forging partnerships with, and influencing, all local agencies to ensure the widest possible participation in the health and health care agenda.

S/he will be an executive director of the Primary Care Trust and PCT Board member and the chief source of public health leadership and advice to the Primary Care Trust (and local authority in the case of joint appointments).

S/he will lead the Directorate of Public Health, and the contribution of the Department to public health networks as appropriate.

## 2. The Primary Care Trust

General information about the PCT and relevant local authorities should be inserted here or in an annexe. Details should be given about the NHS services within the PCT, the Strategic Health Authority, and other PCTs with whom networks exist.

## 3. Department/Directorate of Public Health

### 3.1 Current staffing

This is a progressive, multi-disciplinary Public Health Directorate. The present establishment is considered a minimum and consists of one Director of Public Health, 2 WTE Specialists in Public Health (from medical and non-medical backgrounds), three Health Promotion Specialists, and a public health intelligence officer. A copy of the current structure of the Public Health Directorate is attached.

### 3.2 IT, secretarial support and other internal resources

List facilities supporting research, administrative and secretarial posts, IT library facilities etc.

### 3.3 Training and CPD arrangements

The department is/will be applying for approval for the training of public health specialists (SHO and Specialist Registrars in Public Health Medicine, and Public Health Specialist Trainees) from the ..... Regional Training Scheme in Public Health Medicine.

## 4. Management Arrangements

The Director of Public Health is professionally accountable to the Primary Care Trust and managerially accountable to the employing organisation through specified line management arrangements (usually the Chief Executive of the PCT), and to the Local Authority in the case of joint appointments.

S/he will:

- manage the Directorate of Public Health and hold its budget.
- be the on the Board of the Primary Care Trust and an Executive Director of the PCT.
- be expected to make a full contribution to public health networks in their area as appropriate, devoting approximately 1 day per week to effective collaboration within the network on agreed areas of work.

## 5. Key Tasks

*Surveillance, assessment of population health (analysing, interpreting information, knowledge and statistics)*

- 5.1 To lead and co-ordinate the assessment of health needs and inequalities informing identification of areas for action within the local population, establishing systems for routine health surveillance as required.
- 5.2 To produce an annual public report for the PCT (and Local Strategic Partnership if appropriate) on the health of the population of .....

*Promoting and protecting population's health and well-being*

- 5.3 To be responsible for securing the provision of screening programmes for the local population by working collaboratively with the StHA and other PCTs to ensure that coverage and maintenance of population registers and targets for screening programmes are achieved.

- 5.4 To lead the contribution of the PCT to effective local arrangements to support the surveillance and control of communicable disease (including immunisation), environmental hazards to health and emergency planning. This will be detailed in health protection agreements between the PCT and the new National Infection Control and Protection Agency made via the Regional Director of Public Health.

*Developing quality and risk within an evaluative culture*

- 5.5 To support and encourage activities to implement clinical governance systems within the PCT
- 5.6 To contribute to the development of a PCT wide approach to improving the quality of services, including the development of evidence-based practice within multiprofessional teams, the evaluation of the effectiveness of healthcare provision and programmes and the development of appropriate health outcome measures.

*Collaborative working for health*

- 5.7 To lead the PCT and local health community in playing a full part in the Local Strategic Partnership to improve health and reduce inequalities e.g. providing co-ordination of planning and community engagement, promoting integration of health and social services and input into the wider government agenda including Area Committees, Modernising Social Services, Sure Start, Community Safety, Quality Protects, Youth Offending Teams and Regeneration Initiatives, HAZ and SRB or other regeneration initiatives.
- 5.8 To work collaboratively with other public health professionals in the region to ensure an integrated and co-operative approach to achieve key public health goals.

*Developing health programmes and services and reducing inequalities*

- 5.9 To establish local targets for the improvement of health and the reduction of inequalities, and timely access to high quality health services, and to develop and implement the necessary programmes to achieve these, ensuring that the public health role of primary care workforce is fully realised.
- 5.10 To contribute public health leadership to the commissioning process across a full range of primary, secondary and tertiary services, participating in specialist commissioning arrangements as appropriate.

*Policy and strategy development and implementation*

- 5.11 To work with Board and the Executive to determine and implement a strategy for health improvement that tackles the prevention of ill health and the reduction in health inequalities and is informed by needs assessment and national and local priorities such as National Service Frameworks, the modernisation agenda, the NHS Plan, Our Healthier Nation and the local Community Plan.

*Strategic leadership for health*

- 5.12 To lead the Primary Care Trust's contribution to building of partnerships with other public authorities and voluntary bodies, including local NHS Trusts and local professional representative bodies (Local Medical Committee etc) to ensure the widest possible participation in the health and health care agenda.

### *Working with and for communities*

- 5.13 To take a leadership role with local communities in helping them to take action to tackle longstanding and widening health inequality issues, using community development approaches as appropriate.
- 5.14 To ensure that effective community involvement takes place with regard to all the work of the PCT.

### *Research and Development*

- 5.15 To work with information managers in the PCT and local authority to develop the information base required to support the work of the PCT in relation to health improvement.
- 5.16 To develop links with, and incorporate within public health networks, academic centres as appropriate including ..... School of Public Health in ....., the Public Health Observatory and the Cancer Intelligence Unit to ensure the work of the Primary Care Trust PCTs is based on a sound research and evidence base.

### *Ethically managing self, people and resources (including education and CPD)*

- 5.17 To provide effective leadership of the Directorate of Public Health, including the management and development of staff, participation in the Primary Care Trust's staff appraisal scheme and a departmental audit programme.
- 5.18 To develop leadership in public health, to contribute to the training programme for SHOs/Specialist Registrars in Public Health Medicine and Public Health Specialist Trainees, and to the wider training of public health practitioners and primary care professionals within the locality.
- 5.19 To pursue a programme of CPD/CME, in accordance with Faculty of Public Health requirements, or other recognised body, and to undertake revalidation, audit or other measures required to remain on the GMC Specialist Register or other specialist register as appropriate.

The following areas may be included in the job description depending on local arrangements:

- To lead on child protection arrangements within the PCT
- To lead on clinical governance and/or performance issues within the PCT
- To lead on the implementation of NSF(s) within the PCT

This job description will be subject to review in consultation with the post holder and in the light of the needs of the Primary Care Trust and the development of the speciality of public health medicine and any wider developments in the field of public health.

## GENERAL CONDITIONS

### *Terms and Conditions of Service*

The post is subject to general Whitley Council Conditions of Service and Primary Care Trust employment policies. Those candidates who meet the requirements in the person specification for appointment as a Consultant in Public Health Medicine will be eligible for NHS Terms and Conditions for Hospital Medical and Dental Staff and the Community Health Services (DPH Band D salary scale £..... to £.....) and subject to Community Health Services (England and Wales) and relevant Department of Health circulars.

Those candidates appointed as Specialists in Public Health will be eligible for Senior Manager NHS national arrangements (salary scale £..... to £.....).

The postholder will be expected to be available for on call for health protection and to participate in the communicable disease and environmental hazards control and emergency planning arrangements for ... (specified locality). Suitable training will be provided for those who need it.

### *Flexibility*

The postholder may, with their agreement - which should not reasonably be withheld - be required to undertake other duties which fall within the grading of the post to meet the needs of this new and developing service. The Primary Care Trust is currently working in a climate of great change within the NHS. It is therefore expected that all staff will develop flexible working practices both within the PCT on a cross-directorate basis, and across PCTs, both within the public health network and at other organisational levels as appropriate, to be able to meet the challenges and opportunities of working within the new NHS.

### *Investors in People*

The PCT has made a public commitment to work towards the National Investors in People standards. All Directors and staff will demonstrate their ownership of and their support to these goals through management and corporate action.

### *Mobility*

The postholder will be expected to work at any establishment at any time throughout the duration of his/her contract, normally within the location of the ... Primary Care Trust.

### *Aspects of Confidentiality*

The postholder must at all times maintain the complete confidentiality of the material and information that they handle.

### *Data Protection*

If required to do so, obtain, process and/or use information held on a computer or word processor in a fair and lawful way. To hold data only for the specified registered purpose and to use or disclose data only to authorised persons or organisations as instructed.

### *Health & Safety*

Employees must be aware of the responsibilities placed on them by the Health & Safety at Work Act (1974) also Food Hygiene Legislation to ensure that the agreed safety procedures are carried out to maintain a safe condition for employees, patients and visitors.

### *Equal Opportunities Policy*

It is the aim of the Primary Care Trust to ensure that no job applicant or employee receives less favourable treatment on grounds of gender, religion, race, colour, sexual orientation, nationality, ethnic or national origins or is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end, the Primary Care Trust has an Equal Opportunities Policy and it is for each employee to contribute to its success.

**SPECIMEN PERSON SPECIFICATION  
DIRECTOR OF PUBLIC HEALTH  
... PRIMARY CARE TRUST**

Those candidates wishing to be appointed as Consultants in Public Health Medicine under NHS Terms and Conditions for Hospital Medical and Dental Staff and the Community Health Services (DPH Band D) must meet the essential requirements in Part A of the education and qualifications section of the person specification. Those candidates wishing to be appointed on NHS Senior Manager Scales as Specialists in Public Health must meet those in Part B of the education and qualifications section. All candidates will be expected to meet the requirements outlined in Part C.

	Essential	Desirable
<b>Education/Qualifications</b>		
<i><b>PART A For appointment under NHS Terms and Conditions for Doctors in Public Health Medicine</b></i>		
Inclusion in the GMC Specialist Register :	X	
in public health medicine		X
if not in public health medicine, candidates must have equivalent training and/or appropriate experience of public health medicine practice	X	
MFPH by examination, by exemption or by assessment		X
Applicants who are Specialist Registrars in public health medicine not yet on the GMC Specialist Register must have fully passed Part II MFPH and must provide signed documentary evidence (see note below) that they are within 3 months - i.e. 3 months beforehand - of inclusion in the Specialist Register at the date of interview	X	
<i><b>PART B For appointment under NHS Terms and Conditions for Senior Managers as Specialists in Public Health</b></i>		
Higher degree or postgraduate qualification relevant to public health (e.g. Masters degree in a public health related subject such as MPH) or evidence of equivalent qualifications	X	
Evidence of learning and experience comparable with higher specialist training in public health medicine	X	
Inclusion in the Voluntary Register of Specialists in Public Health or evidence of actively working towards inclusion		X
Substantial experience in health related posts (not necessarily in the NHS) including public health posts	X	
Honorary Membership of the Faculty of Public Health (HonMFPH) or equivalent qualification		X
MFPH by examination, by exemption or by assessment		X

<i>Part C For all candidates</i>	Essential	Desirable
<b>Personal qualities</b>		
Strong commitment to public health principles	X	
Strategic thinker	X	
Able to prioritise work, and work well against a background of change and uncertainty	X	
Adaptable to situations, can handle people of all capabilities and attitudes	X	
Commitment to team-working, and respect and consideration for the skills of others	X	
Self-motivated, pro-active, and innovative	X	
<b>Experience</b>		
Practical experience in facilitating change in clinical practice	X	
Project management	X	
Three or more years' experience of public health practice at senior level	X	
Staff management		X
Scientific publications, presentation of papers at conferences, seminars etc.		X
<b>Skills</b>		
Excellent oral and written communication skills	X	
Effective interpersonal and influencing skills	X	
Good presentational skills	X	
Sensible negotiator with practical expectation of what can be achieved	X	
Highly developed analytical skills	X	
Substantially numerate	X	
Computer literate	X	
Budget management skills		X
<b>Knowledge</b>		
Detailed knowledge of NHS	X	
Understanding of epidemiology and statistics, public health practice, health promotion, health economics and health care evaluation	X	
Knowledge of methods of developing clinical quality assurance and evidence based clinical practice	X	
Understanding of social and political environment	X	
Understanding of local authorities and social services	X	

**Note**

The Faculty of Public Health advises that applicants who are Specialist Registrars in public health medicine not yet on the GMC Specialist Register must have fully passed the Part II MFPH examination in order to be shortlistable for a consultant grade post. It also advises that suitable signed documentary evidence must be provided by such applicants to confirm that they are within three months (i.e. three months beforehand) of being included on the GMC Specialist Register at the date of interview. The documentary evidence should be:

1. *Either* a RITA Form G (Final Record of Satisfactory Progress) *or* a letter from the postgraduate dean (or Faculty Adviser) specifying the date for completion of training

**AND**

2. A letter from the Faculty confirming that the applicant has fully passed the Part II MFPH examination.



## (2) 専門家継続教育 (Continuing Professional Development : CPD)

公衆衛生専門医の CPD は、他の専門医と同様に、資格取得後の専門医としての技術や能力を継続的に保証するための教育研修である。イギリス医学会はこれを全ての専門医に義務づけており、公衆衛生専門医及び FPH の会員は FPH が設定した CPD の教育課程を受講しなければならない。なお医師でない公衆衛生専門家については、義務づけられてはいないが、公衆衛生専門医の CPD を受けることが推奨されている。

CPD は 5 年間の教育課程で実施され、課程修了後 FPH から修了証書が交付され、公衆衛生専門医の資格と FPH の会員資格が更新 (revalidation) される。

CPD は単位方式 (credit)、つまり特定の単位数が定められた研修活動を実施して必要単位数を満たすという方式で進められる。必要単位数は、1 年間で最低 50 単位 (できれば 100 単位が推奨されている)、5 年間の CPD で 250 単位である。

受講生は、毎年、単位取得計画を策定し、それにしたがって教育課程を進める。そして 1 年間の取得単位数とその証拠書類を CPD 年間実績報告書 (CPD Annual Return) として、毎年 FPH の CPD 部門に提出しなければならない。CPD 部門は教育課程の進捗状況を確認し、もし進捗状況が十分でない場合は、個別指導や重点的な教育プログラムなどを実施する。

CPD に要する費用は所属する組織が負担する場合が多い。これは、例えば、PCT の公衆衛生部門の責任者が CPD に参加し、彼の技術や資質が向上することは、組織としての PCT にもメリットがあるからである。

以下に、CPD の概要を示した。研修活動としては、学会・ワークショップ・セミナーへの参加、研修の受講 (遠隔教育など)、OJT、自己学習、同僚との共同学習、FPH の試験、調査研究、教育活動などがあり、それぞれについて取得可能な単位数が設定されている。

# LIFELONG LEARNING

## THE SECOND CYCLE OF CPD FOR PUBLIC HEALTH

FACULTY OF PUBLIC HEALTH MEDICINE  
JANUARY 2002

### THE NEW CYCLE – KEY BENEFITS

- It aims to help you record evidence of good practice in public health
- It gives credit for attempts to learn and improve performance at work.
- It is designed to be flexible for you to meet CPD requirements.
- It will enable doctors to provide evidence for revalidation
- The new system is a further opportunity for professional development, inclusive of the wider public health workforce.

### THE NEW SYSTEM – THE FACTS

- This system requires participants to think prospectively about their learning needs. Learning is an active process which requires a learning plan and regular reflection on practice.
- The learning plan can be part of a personal development plan for your appraisal
- CPD is a requirement for all Members and Fellows with responsibilities in the Faculty.
- CPD is an essential component of revalidation for all doctors practising as specialists in public health medicine.
- CPD is open to public health professionals from other disciplines. This system is based on multi-professional public health practice.
- The new system allows CPD to be recorded through credits that encompass a broad range of activities in public health practice.
- Achievement of a minimum of 50 credits every year is obligatory. Participants should aspire to 100 credits per year which should be drawn from a variety of professional development.
- The portfolio (see the adjacent document) allows you to keep a permanent record of activities related to CPD and revalidation.
- The new cycle in 2002 will last five years.
- All aspects of the previous cycle are incorporated into the proposed new system.

# GUIDANCE AND PRINCIPLES FOR THE NEW CPD SYSTEM

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## SUMMARY AND QUICK REFERENCE

This documentation comprises:

1. A guidance section
2. A portfolio for your records of CPD

*1.1 The guidance makes the links between:*

- The 10 key areas of public health practice and CPD
- Revalidation in medicine for public health physicians
- The personal development plan in appraisal and learning plans in CPD.
- Crediting learning and where and how learning can occur

*1.2 As regards the portfolio please note that:*

- You are strongly encouraged to devise your personal development (learning) plan annually.
- It is mandatory to make an annual return to the Faculty of Public Health Medicine.
- It is advisable to keep the record of CPD undertaken and a copy of your return in the portfolio. **You may be asked for this as evidence in future.**
- Use of the audit form is voluntary, however please note that the GMC is placing emphasis on audit as part of revalidation. **You may be asked for evidence of participating in audit in future.**

**The new cycle will last for five years:**

- **We require a minimum of 50 credits every year, but we would wish participants to aspire to 100 per year, and many do so already. Over five years there is a mandatory minimum of 250 credits.**
- **To enable you, we allow blocks of credits for certain activities. One credit is broadly equivalent to one hour of educational time, but it is not necessary to slavishly “count hours” in every case. The list of credits will guide you. For the purposes of comparison with other Colleges and Faculties, 50 credits per year are broadly equivalent to 50 hours.**
- **CPD planning should where possible relate to annual appraisal and be included in your personal development plan.**
- **The new, more flexible system will enable the CPD requirements to be met.**
- **For those with special needs, on sabbatical or prolonged maternity leave during any year, a pro-rata arrangement may be agreed, as now, with the regional CPD co-ordinator.**
- **Participants in CPD do need a record of what they have done, and this will continue to be accredited by the CPD Unit.**

## QUICK REFERENCE ON THE PRINCIPLES.

1. The process should start with a personal development (learning) plan. Ideally this is undertaken with a peer, or discussed in an educational meeting/forum with colleagues/peers. It should be linked to your annual appraisal.
2. Those working in more isolated posts may particularly need to consider how they set time aside for planning their CPD needs and locate peers – who could be trusted colleagues inside or outside of the immediate work location.
3. For those working in posts such as international public health, Registries, acute Trusts or the independent sector within the UK, you should use this system to (a) devise a learning plan for your particular work and development needs; (b) pursue CPD relevant to these areas, which can (c) then be credited using the sample credit list *as an approximate guide*. We understand that the actual CPD will not, *and should not* be identical to that pursued by those in the NHS or UK academia. You are included in this system, which is flexible, and you should submit annual returns.
4. Planned and unplanned CPD are creditable. For planned CPD, the activities will relate closely to your personal development (learning) plan.
5. CPD – that is the actual learning or development - should be undertaken in designated or discrete educational time. You will also need some time to reflect on the acquired knowledge.
6. Creditable activities may be time based, activity based, or both. One credit is broadly equivalent to one hour of educational time.
7. The UK GMC will require audit -an evaluation of your practice. It contributes to learning and professional development and is creditable as such.
8. Normally, meetings, committee activity, routine operational work and academic activities with no significant new learning are not creditable as CPD.
9. In the UK, your regional CPD co-ordinator can talk you through what is appropriate.

## 1. THE CONTENT OF CPD

### 1.1. Purpose of CPD

Continuing professional development (CPD) is that component of learning and development that occurs *after* the formal completion of postgraduate training. It comprises:

*Purposeful, systematic activity by individuals and their organisations to maintain and develop the knowledge, skills and attributes, which are needed for effective professional practice. CPD is a professional obligation for all doctors in the UK.*

In public health, the overall aim of continuing professional development is *to ensure that those who work in the field develop and maintain the necessary knowledge, skills and attitudes to practise effectively and work towards improving the health of the population.*

#### ***Start the year with your personal development (learning) plan:***

**This is fundamental to the development of your CPD cycle and is relevant to revalidation.** It should also be linked to appraisal. It is a proactive attempt by you to define your ongoing learning needs. It is best done with a peer who can challenge you on your gaps in skills and knowledge. You will need to move beyond your “comfort zone” to break new ground and improve practice.

The learning plan for practical purposes can be part of your *personal development plan*. In devising it, you should highlight the key areas required for your current job. In this it links with your appraisal at work..

It is also acknowledged that not all learning is planned – some of the best is incidental.

Remember:

***Plan      Engage in development activity      .Reflect and Learn      .Audit      ..Plan***

## 1.2 Key areas for demonstration of effective public health work.

- *The effective public health practitioner is one who can perform to a high quality in areas that are appropriate to the post that the person holds. Different key areas as currently defined in public health may be relevant at different posts and stages of the person's career.*
- *The Faculty has defined 10 key areas of public health practice. After completing training the practitioner will need to define the key areas most relevant to their own post.*
- *One of the key areas distinctly mentions CPD, which is therefore seen as integral to core public health practice.*

### Summary of the key areas defined by the Standards Committee of the Faculty of Public Health Medicine

<b>10 Key Areas for Public Health Practice</b>
Surveillance and assessment of the population's health and well-being including managing, analysing and interpreting of information, knowledge and statistics
Promoting and protecting the population's health and well-being
Developing quality and risk management within an evaluative culture.
Collaborative working for health
Developing health programmes and services and addressing inequalities
Policy and strategy development and implementation
Working with and for communities
Strategic leadership for health
Research and development
Ethically managing self, people and resources including education and continuing professional development

### 1.3 Good Public Health Practice. Revalidation onto the GMC register.

**Doctors in public health will be revalidated on the basis of satisfactorily meeting the standards laid out in “Good Public Health Practice”.**

**This is a document produced by the Faculty of Public Health Medicine, adapted for all practitioners from the GMC document: “Good Medical Practice”. You should make yourself familiar with this guidance if you are a public health doctor.**

Every public health doctor has been sent a copy of this document, which is available from the Faculty.

The following standards are adapted from the General Medical Council’s guidance on “Good Medical Practice”. The activities associated with good public health practice are:

- **Good public health in practice (based on the 10 key areas),**
- **Maintaining good public health practice**
- **Relationship with individuals/communities**
- **Working with colleagues**
- **Teaching and training**
- **Honesty and integrity**
- **Health**

Specifically relating to CPD the GMC has stated that doctors will be expected to show what they have done and to document CPD and audit. Towards this purpose, your CPD records should be retained in your Faculty folder.

### 1.4. Poor performance and CPD

It is possible to do harm in public health through misjudgement of risk or outright negligent practice.

“Good Public Health Practice” gives guidance on poor performance and risk management.

Poor individual performance may be identified via the following mechanisms:

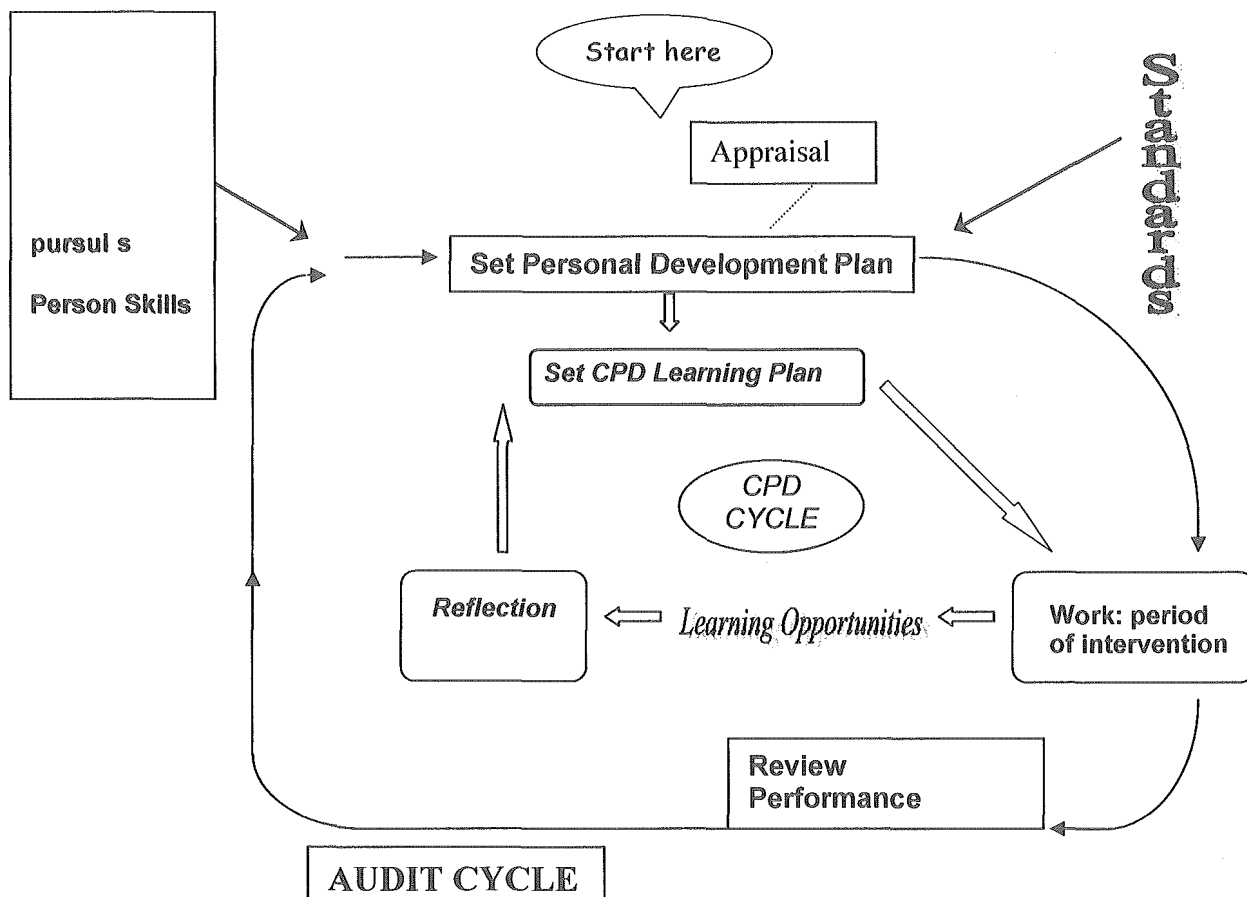
- Peer review, including external review of performance. The latter may identify organisational dysfunction in addition to poor standards in individual practice.
- Formal audit of performance against standards
- Consumer and client feedback, complaints and critical incident reporting
- Appraisal including IPR and local profiling
- Governance in public health

Remedial action includes targeted education, reflection and mentoring alongside more formal intervention depending on the level of risk and the circumstances. **It is important that the individual identifies and reflects on the learning opportunities from the experience.** Together with peers/a mentor, the individual will then review their learning needs and devise a realistic learning plan to address their performance. In this way, **CPD can support goals for improved practice and better risk management.**



## 1.5 The place of audit in the new CPD cycle

The audit and CPD cycles are very similar, and support each other. A diagrammatic representation of the two is shown below.



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 personal development plan. **The GMC will place emphasis on demonstrable audit, which has provided the opportunity to improve or change practice.**

## 2. HOW TO APPROACH THE NEW SYSTEM OF CPD IN PUBLIC HEALTH

### 2.1 The learning (and personal development) plan.

All doctors, and in public health, all practitioners, have an annual appraisal. It makes sense not to duplicate what is essentially a closely related process: the derivation of a learning plan, and a personal development plan. We suggest that both plans are closely related and could be amalgamated.

The plan is undertaken at the beginning of a period, usually a year, *but not necessarily 1<sup>st</sup> January*. The plan should build on lessons of the previous learning period, ensuring that CPD is undertaken at least occasionally beyond the comfort zone of knowledge and skills.

However incidental learning can also be valuable. It occurs on reflection of what has been gained from the learning opportunity. The CPD Unit endorses the idea of harnessing moments of learning for CPD on or close to the job.

### 2.2 Recording a new system of CPD

#### 2.2.1 The previous CPD cycle allowed credit for the following activities

##### *A. Accredited meetings*

Meetings, conferences, workshops, seminars accredited at local, regional, national and international levels. Meetings, which are not formally accredited, may be accepted as valid CPD activity (such cases should be discussed with your Regional Co-ordinator or the Director of CPD).

##### *B. Supervised learning*

Courses under external supervision, including local or in-house short courses relevant to the practice of public health and skills development, more formal academic courses and modules, and distance learning schemes.

##### *C. Self-directed learning*

Activity at local or departmental level, which is not externally, supervised including audit, journal clubs private reading or study. The preparation of lectures and talks and individual projects, which involve substantial new learning, may also be eligible for recording.

##### *D. Publications*

Publication of articles in peer review journals, chapters in books and reports, which are published as official documents *and* for which the author has had to undertake new learning as well as making a substantial contribution to the writing.

**All of these categories are included in the new cycle.**

### 2.2.2 A new CPD plan

The new cycle will *build on the previous cycle*.

In this cycle, *the job you are doing is the starting point for CPD*, which will underpin your work in any location where public health is practised. It will also tie CPD in with supportive appraisal.

Your work may be UK service based or academic, or both. However public health skills nowadays are used in *many other locations* such as international agencies, the independent sector, UK regulatory bodies, the workforce and education sectors, and UK Registries. *If you devise a learning plan and pursue relevant CPD, this is creditable and you should make an annual return to the Faculty.*

Irrespective of your location of work, every public health professional will need to pursue *career development* at some stage. This, as well as *professional activities* is also creditable.

As a major part of public health work is advocating a public health agenda we have included *person skills* as a component of CPD that should be creditable in the new system.

## 3. CREDITS FOR CPD

### 3.1 Crediting CPD

With the advent of clinical governance, a new and more realistic emphasis has been given by the Department of Health and the Royal Colleges to the value of learning on or close to the job<sup>1</sup>.

**You are required to undertake activities leading to a minimum of 50 credits per year, but there is no maximum. You should aspire to 100 credits per year.**

**We offer a broad range of areas that can be credited for CPD. For ease, most activities are awarded a small block of credits, and we take the block of credits as broadly equivalent to the amount of time spent on the activity. So one credit is broadly equivalent to one hour of educational time.** However it is not necessary to slavishly “count hours” in every case, and we accept the use of a block of credits to avoid the need to do so. There are limits on the amount that can be claimed for any one activity, *because we would wish you to undertake a range of CPD activities.*

### 3.2 Credits for CPD: valuation of activities

A list of examples of where credits can be gained for CPD is given below. This is not intended to be exhaustive, nor can it account for every educational activity participants could undertake in the breadth of modern public health.

**Activities that approximate to those in the following table will receive a similar number of credits. If in doubt, use the currency of time to gauge the number of credits, being guided by the maximum in the table that you can credit yourself. You can seek advice from your regional CPD co-ordinator if you work in the UK; otherwise the CPD Director and CPD office at the Faculty will help if you have problems.**

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<sup>1</sup> Continuing Professional Development: Quality in the new NHS. London: Department of Health, 1999.

## EXAMPLES OF ACTIVITIES WHICH ARE CREDITABLE

Example of activity	Credits
<p><b>Educational meetings/lectures</b></p> <ul style="list-style-type: none"> <li>• Accredited meetings with particular emphasis on the 10 key areas of public health work</li> <li>• Conferences</li> <li>• Formal lectures</li> <li>• Workshops, teach-ins and seminars</li> </ul>	<p><b>1 credit per hour</b> . Meetings which are not formally accredited may be accepted as valid CPD activity. Your regional CPD co-ordinator can advise.</p>
<p><b>Supervised learning</b></p> <ul style="list-style-type: none"> <li>• Courses under external supervision relevant to the 10 key areas of public health work</li> <li>• Modules of distance learning, using traditional or electronic media</li> <li>• Short courses relevant to the ten key areas</li> </ul>	<p><b>1 credit per hour</b> of learning. You may wish to keep records of supervised courses.</p>
<p><b>Learning on the job – research, practice, <u>or</u> other location</b></p> <ul style="list-style-type: none"> <li>• Development or implementation of an evidence based approach for public health practice</li> <li>• Development of new methods, for example in the key areas relevant to your work</li> <li>• Learning associated with evaluative studies or evaluation of a major project</li> <li>• Writing reports for example results of a survey or a programme development, which involve substantial new learning</li> </ul>	<p><b>5 credits</b> for each learning event. You may wish to highlight in your general section, the aspects which led to new learning.</p> <p>(One credit is <i>broadly</i> equivalent to one hour of real educational time).</p>
<p><b>Preparation for and participation in quality improvement – research, practice, <u>or</u> other location</b></p> <ul style="list-style-type: none"> <li>• Investors in people</li> <li>• Organisational audit – within or outside of UK</li> <li>• Participation in the formal development of your workplace as a learning organisation – within or outside of UK</li> <li>• Research Assessment Exercise</li> <li>• Teaching Assessment Exercise</li> </ul>	<p><b>10 credits</b> for the entire activity. You should endeavour to build in a departmental audit of what was learned and what changed as a result. You may wish to keep a record of this. (One credit is <i>broadly</i> equivalent to one hour of real educational time).</p>
<p><b>Public health audit:</b></p> <ul style="list-style-type: none"> <li>• Against national and /or local standards</li> <li>• Relating to standards in your work, <i>wherever</i> that location is.</li> </ul>	<p><b>3 credits per session, taking preparation and presentation.</b> There are sample audit record forms in the portfolio. You may wish to keep some records.</p> <p>(One credit is <i>broadly</i> equivalent to one hour of real educational time).</p>