

July 2014

## UKPHR guidance on CPD scheme for practitioners

### **PURPOSE OF THIS GUIDANCE**

UKPHR has published the CPD policy which all practitioner registrants must adhere to.

As the CPD policy states, registrants are expected to keep their learning and development up to date and to exercise their professional judgement and responsibility in deciding how best to do so.

The CPD policy supports practitioner registrants by setting a framework within which they may decide how to keep their learning and development up to date. It sets the framework by reference to four key principles. Registrants are required to familiarise themselves with these key principles.

UKPHR requires practitioner registrants to make an annual declaration to the Registrar to confirm that they are indeed keeping their learning and development up to date and hence remain fit to practise. The statement they must declare makes explicit reference to the CPD requirement and seeks confirmation that learning activity is being undertaken and a record of it is being kept.

The Registrar will audit those records so that UKPHR can be satisfied of practitioner registrants' compliance.

### **THE CPD REQUIREMENT**

UKPHR stresses that it is the individual registrant's responsibility to keep learning and development up to date and to identify individual learning needs and decide upon the manner of meeting those needs.

The Registrar is not mandating a set way of identifying learning and development needs nor how best to meet those needs. How could he? They are individual needs and how to meet them depends on what they are and how the individual is placed to be able to meet them.

The Registrar is however clear that the professional obligation to undertake learning and development applies continuously. This is apparent in the name "*Continuing Professional Development*".

The Registrar recognises that guidance can usefully be given to assist practitioner registrants to plan their learning and development activity. In addition, some minimum requirement has to be stated so that those who wilfully fail to discharge their professional responsibility can be held to account.

It is in this context that the CPD policy sets out a minimum requirement for completing 75 hours learning activity over a period of five years. It applies equally whether the registrant is employed full-time or part-time, is self-employed or out of work including retired. It is being on the register that attracts the obligation, not work status.

The requirement equates to 15 hours of activity annually but is expressed as a five-yearly minimum requirement for the following reasons:

1. The five year cycle will match the registration cycle, which requires re-registration every five years. At re-registration every registrant must produce evidence of compliance with the CPD policy as well as up to date appraisal. In due course, it is anticipated that re-registration will be superseded by revalidation and CPD will be an important element of revalidation also.
2. An annual target to complete a minimum of 15 hours learning activity may be overly inflexible for registrants in respect of their personal circumstances. Factors affecting CPD performance in any given year may include: peaks and troughs of work, periods out of work, long leave for a variety of reasons and career changes.

The 75 hours total is a minimum. The quantum was selected by reference to research carried out for UKPHR prior to designing the CPD policy. This research included a survey of practitioners and a review of CPD requirements in comparative professional settings.

## **CORE AREAS OF PRACTICE**

Practitioner registrants will be familiar with the four core areas of practice from when they prepared a portfolio for assessment. The practitioner registration scheme was designed by UKPHR with input from the public health community. It took as its starting point what was then the Public Health Skills and Careers Framework (it is today called the Public Health Skills and Knowledge Framework but remains unchanged in respect of Levels 5 – 9).

The designers also took account of the National Occupational Standards for health and the NHS Key Skills Framework.

As a result of this work, the standards set for the practitioner registration scheme enable UKPHR, through registering practitioners, to assure their professional competence to work autonomously (in other words, without the need for direct supervision) at Levels 5 and above.

This explains why the CPD policy refers to the four core areas of practice. Setting a requirement that a minimum of one-third (25 hours) of the minimum 75 hours of CPD activity must be undertaken in respect of these four core areas is a means of ensuring that that professional competence established at the time of first registration is maintained.

The quantum of one-third is based on the research which underpins the policy.

## **SELECTION OF CPD ACTIVITY**

UKPHR is not a provider of CPD learning and has no plans to become a provider. UKPHR has no plans to produce a list of approved providers, nor a list of approved CPD activities. The reasons for this have already been explained: the individual needs of registrants, exercise of professional judgement and responsibility and the diversity of learning needs and how to meet them.

However, UKPHR has a legitimate interest in at least two aspects of CPD provision, namely (1) the quality of CPD learning undertaken by its registrants and (2) the availability of sufficient, appropriate CPD learning activities for all registrants.

The Registrar will monitor the quality of CPD undertaken by registrants through auditing. If the Registrar has concern that evidence produced suggests that a learning activity was poor quality further information will be requested. It may result in the Registrar giving guidance to the individual registrant for the future, challenging the provider and/or issuing supplemental guidance for all registrants.

UKPHR is not going to bestow its approval on specific activities or particular providers.

The Registrar would, however, expect registrants to ask themselves: Are the aims and objectives of the activity clear? Will attendance be verified? Will there be a CPD certificate at the end? Are there opportunities to ask questions? Is it possible to give and receive feedback? Are the activities subject to quality assurance? This is not an exhaustive list of the matters individual registrants will weigh up in deciding what CPD learning activity to undertake but the answers to these questions should help with assessing quality.

Similarly, the following is not an exhaustive list of types of CPD activity but describes a range of activities which may feature in registrants' logs:

The types of CPD activity that UKPHR might expect registrants to undertake include:

1. *Learning as part of your job*
2. *Group work, seminars and journal clubs*
3. *Conferences, workshops and educational meetings*
4. *Formal courses*
5. *Private study and reading*
6. *Public health audit, appraisal and reflective practice*
7. *Training, teaching, examining and preparation time*
8. *Research*
9. *Organisational development activities*
10. *Inspection and review activities*

The Registrar will communicate with known CPD providers and monitor their and other providers' learning activities with a view to satisfying himself that there is sufficient availability and diversity of CPD learning activities to enable all registrants to meet their CPD requirement.

UKPHR will also take every opportunity to communicate the CPD policy to registrants' employers and urge them to support their employees in meeting their CPD requirement.

## **CPD AND APPRAISAL AND PERSONAL DEVELOPMENT PLANNING**

It is recommended that CPD activities should be linked to registrants' appraisal and personal development plan (PDP). A practical reason for this recommendation concerns UKPHR's re-registration process. Appraisal and personal development planning are features of that process.

This is, however, a recommendation not a requirement and it is for each registrant to decide how best to link CPD activity with work-focussed objective-setting.

The Registrar stresses that there is no suggestion at all that UKPHR is asking or expecting registrants to share their personal information regarding their CPD records with employers. Registrants are entitled to keep such personal information they share with the Registrar private and confidential, as between them and their employers.

However, making links may reduce record-keeping burdens and streamline work-related learning and development.

Some registrants do not have an employer to help link CPD and appraisal (they may be self-employed, temporarily unemployed, on a career break, including maternity, paternity and adoption leave or retired from full-time work) or their employers may be very small organisations with no infrastructure for appraisal and personal development planning. In these cases UKPHR encourages innovative ways of matching CPD to work-focussed objective-setting and certainly peer support is one such method.

## **COMPLIANCE WITH THE CPD POLICY AND REFLECTIVE NOTES**

As professionals, registrants are expected to be responsible and manage their learning and development so as to comply with the CPD policy.

Registrants are required to keep a log of CPD learning activity undertaken together with evidence of the activities and the registrant's own reflective comments on the learning and development achieved.

These requirements apply in respect of all the minimum 75 hours of CPD learning (with the exception that a practitioner registrant may self-certify attendance/participation in cases where there is no separate evidence that can be produced, albeit for a limited amount of the total CPD requirement). The CPD policy itself gives practitioner registrants notice that self-certification in place of separate evidence in excess of 15 hours of CPD learning will attract the Registrar's scrutiny.

For CPD learning beyond the minimum 75 hours required, these requirements are all good practice and so registrants are recommended to continue to keep a log, together with evidence and reflective comments.

The concept of reflective practice centers on the idea of lifelong learning in which a practitioner analyses experiences in order to learn from them. It is therefore important that registrants take time systematically to reflect on the learning gained through their CPD activities as this is more likely to embed the learning within their subsequent practice. Because of this the reflective notes written by the registrant about their learning is fundamentally the most discriminating form of evidence of effective CPD.

The UKPHR wishes to remain non-prescriptive regarding the format in which reflection can take place, indeed recognising that numerous models of reflection exist, therefore individual preferences will determine their chosen methods. However to support practitioners seeking some guidance on reflective notes, some key questions registrants may want to consider when making their reflective comments are given below:

1. Why did I choose this activity for my CPD?
2. What did I learn from this activity, experience or event?
3. How am I going to apply this learning in my future practice?
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?

## AUDITING

UKPHR is committed to right-touch regulation. Right-touch regulation describes the approach UKPHR adopts in all the work it does. It is the approach that the Professional Standards Authority encourages health professional regulators to work towards (and UKPHR's voluntary register is accredited by PSA).

According to the Professional Standards Authority:

*Right-touch regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high quality healthcare. It is the minimum regulatory force required to achieve the desired result.*

The CPD policy's requirement to collect, retain and produce if and when requested evidence has been framed with this approach in mind.

The Registrar will audit practitioner registrants' records. Registrants should expect a request to produce records for examination and in the event they must produce their CPD log within 4 weeks from the date of the request.

The requirement for registrants to keep CPD records will be from the inception of the CPD policy (July 2014)). Therefore, there is no expectation that registrants with registration dates preceding the CPD policy will produce retrospective CPD records.

The Registrar shall be guided in carrying out audit activity by intelligence gathered through registrants' annual declarations, registrants' and others' comments received by UKPHR and through surveillance. The Registrar will have regard to any patterns of slips below acceptable standards of public health practice and the effect of carrying out some element of random checking.

Audit activity will, therefore be continuous but the amount of audit activity in any given year will be determined by the application of these factors.

### **UKPHR ACTION IN THE EVENT OF POTENTIAL AND ACTUAL NON-COMPLIANCE**

The phrase "serious and persistent failure" is in widespread use by regulators. A regulator will intervene where there is evidence of potential non-compliance that is more than minor. Factors taken into account in determining whether the non-compliance is more than minor include the serious nature of the conduct highlighted and whether the same or similar non-compliance has happened before.

The intervention encompasses investigation, obtaining evidence and considering that evidence. It includes obtaining registrants' comments and considering those comments. The matter may be resolved at this stage by taking no further action, taking corrective action short of a referral to a Fitness to Practise Panel (for example, a direction to put right the non-compliance) or, in appropriate cases, referral to a Fitness to Practise Panel.

The actions of the Registrar and the Fitness to Practise Panel are governed by UKPHR's rules, including the Fitness to Practise Rules.

The rules provide appeal procedures and remedies.

Fitness to Practise Rules: <http://tinyurl.com/ovyfw4h>

## **ADDITIONAL INFORMATION**

In keeping with UKPHR's commitment to continuous improvement, the Registrar will have in place a process for regularly reviewing the CPD policy for its effectiveness and to ensure that it remains relevant to the best of public health practice and thereby ensuring public protection.

Many registrants are also registered with other health and social care regulators, including dentists, doctors, environmental health practitioners, nurses and pharmacists. These dual registrants may be burdened by two CPD schemes (not to mention two registration fees).

UKPHR is conscious of the desirability of reducing duplication and overlap – not just for the benefit of registrants in keeping regulatory burdens manageable but also for maintaining effective public protection by avoiding uncertainty, misunderstanding and the potential to “fall between the gaps” amidst two differing regulatory bodies.

UKPHR has previously negotiated Memoranda of Understanding (MoU) with the General Dental Council and the General Medical Council. These MoUs will need to be refreshed in order to reflect the new CPD policy. UKPHR will also discuss with other regulators whether similar MoUs can be agreed with them.