

UKPHR's summary of responses and Registrar's Reply CPD scheme for practitioners consultation

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INTRODUCTION

The draft CPD scheme consultation was sent to in excess of 600 UKPHR registrants, over 50 UKPHR assessors and other group members and 90 members of UKPHR's Consultative Forum.

UKPHR received a total of 23 responses, of which 7 were from organisations.

SUMMARY OF RESPONSES

All respondents welcome the introduction of a CPD scheme for practitioners and welcome also UKPHR's consultation on the proposed scheme before it is introduced.

Many respondents make constructive suggestions for clarification, explanation and/or improvement of the scheme; there are some suggestions for additional/separate guidance to be produced.

Most respondents agreed that the quantum of CPD is reasonable although three respondents thought it is low and ask for the rationale for this level.

A number of practical issues are raised around recording, practitioners outside traditional PH employment (for example, self-employed, third sector and small businesses), career breaks (for example, redundancy or pregnancy) and auditing.

For practitioners in more traditional employment environments, making links between CPD and appraisal and personal development planning is seen as valuable.

All respondents agreed on the significance of reflective learning but UKPHR is asked to explain what it is expecting and support practitioners in reporting their reflective thinking (for example, by publishing a standard template).

Whilst not posed in these terms, a number of responses give rise to design issues that could, if got right, strengthen the "future proofing" of the scheme (for example, recognition of innovative working methods, use of IT and moving away from assessing the effectiveness of CPD activity by reference to hours or points).

RESPONSES TO SPECIFIC POINTS

SECTION 1

1.1 A 5-yearly requirement to complete 75 hours CPD.

On the whole, there is strong support for the proposed quantum of required CPD activity. For example:

The hours of CPD required should be achievable over a 5 year period and on the whole can be achieved “on the job”.

I welcome the requirement to prove CPD and feel that 75 hours over 5 years is a reasonable amount to expect.

The hours per se seem reasonable

Many respondents welcomed the flexibility that the 5-year formula provides but one respondent asked why no individual year target is specified. Another respondent asked if a three-year cycle would be more appropriate.

Three respondents had questions about whether it would be possible for registrants to complete all their 5 yearly CPD activity in a shorter period and if a maximum is to be imposed on hours allowed to count towards the requirement from a single event/activity:

It is unclear whether the 75 hours needs to be spread evenly over the 5 year cycle of whether this can be undertaken all at the start, middle or end of the cycle.

Should there be a limit on the number of hours/points claimed for a single activity or single reflective note? For example, 5 for a full day conference or workshop?

One respondent asks if the 5-year cycle itself is set or is a rolling cycle:

What happens after the five year cycle? Does a new one begin or is it a rolling five year cycle?

Some respondents pointed out that a CPD requirement does not have to be set by reference to a number of hours.

Some respondents found the examples of what would count as acceptable CPD activity helpful, but others called for more guidance.

REGISTRAR'S REPLY

I am pleased that this provision is broadly welcomed. In answer to the calls for guidance, I have decided to remove the illustrative text from the CPD policy and publish separately fuller guidance on the CPD policy. The expanded guidance will address the points raised by respondents. I am grateful for the drafting suggestions, which I have accepted.

1.2 One third (25 hours) in the core four areas of practice

Fewer respondents addressed this issue and their views were mixed.

There was support for the proposal:

I also feel that the ratio of self accredited/PH core competencies and personal development is correct

The [respondent] welcomes the division of public health practice into four key areas although welcomes the fact that this need only be applied to 1/3 of the required 75 hours.

There was also some reservation:

We did view 25 hours as quite low for covering the core requirements of public health practice as this allows 50 hours of free study.

Why so little?

Some asked for more information about the four core areas and how they came to be the standards to be relied on.

REGISTRAR'S REPLY

I welcome the support given for this proposal.

There is evidently a need to explain a little about how and why the four areas of practice were identified and are now relied on by UKPHR. I will address this in the guidance.

1.3 Link to appraisal and PDP

Respondents clearly have in mind that practitioners in employment will use CPD towards satisfying employers' requirements in respect of appraisal and personal development planning. For example:

Might the annual declaration carry more weight if the declarant is required to have their declaration countersigned by a manager in their organization, who confirms they have seen the log?

Concern is expressed for those practitioners who may not have access to appraisal and PDP. For example:

Clearly formal appraisal and PDP's would be the main driver for CPD but as the number of independent PH practitioners grows (as I suspect it will) could peer review also be considered?

REGISTRAR'S REPLY

In the light of the comment about line manager involvement, I stress that there is no suggestion at all that UKPHR is asking or expecting registrants to share personal information with employers. Registrants are entitled to keep the personal information they share with me private and confidential as between them and their employers.

However, I encourage making links because there is obvious overlap between CPD and appraisal such that linking them may help reduce record-keeping burdens and streamline work-related learning and development.

I fully accept that 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 I would encourage innovative ways of matching CPD to work-focussed objective setting and certainly peer support is one such method. I have amended the CPD scheme slightly to make this clear.

1.4 Evidence and self-accredited CPD

Three respondents support a requirement to record reflective thinking and one asks UKPHR to ensure that practitioners are supported in doing what is required of them:

I am interested to learn more about the self-reflective notes and what is expected here. I think that if this proposal is accepted then this element will need to be carefully explained to registrants. This could be included in current portfolio development training schemes quite easily. However, for those who have already completed their portfolio's some degree of flexibility may need to be exercised if they are required to submit their CPD proof for audit in the future.

Two respondents ask UKPHR to devise a template for use by practitioners.

One respondent questioned whether the requirements might be over-burdensome:

This will make the scheme very robust ... However, this is considerably more than other statutory registerable occupations need to do. For Dental Care Professionals the General Dental Council does not require reflective notes to be kept on un-verified CPD and take the registrant's log of hours on trust. This may cause some people to object and say that the scheme is burdensome, particularly if they are dual registrants that are used to what may appear a more trusting system elsewhere. I also have reservations about how this element will be monitored.

REGISTRAR'S REPLY

I believe that the requirement to make and record reflective comments supports an important element of what distinguishes all members of a professional public health workforce. I require it in the CPD policy as part and parcel of encouraging the professional exercise of judgement and responsibility by public health practitioners.

I am mindful of UKPHR's commitment to right-touch regulation, a standard to which I am also personally very much committed. Right-touch regulation describes the approach we adopt in the work we do. 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 PSA:

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.

1.5 No UKPHR approved list

As one respondent pointed out, UKPHR cannot completely wash its hands of matters of standards and/or quality:

It could be perceived that by agreeing to register practitioners you are implicitly giving some kind of approval of the CPD activities they choose to undertake. UKPHR will need to be very clear about what the inclusion of a practitioner's name on the register really tells (and doesn't tell) people who consult that register.

Another respondent argued that UKPHR should set standards anyway:

I would strongly suggest that the involvement of UKPHR in the process of approving or accrediting would bring 'added value' to the practitioners' education and experience.

Another suggested it might be better to think in terms of verifiable, rather than accredited, CPD, and give clarity to providers of CPD as well as practitioners:

Consideration should be given to how a broad range of CPD activities can be appropriately verifiable – for example shadowing, working with a mentor or coach, reviewing articles. It should be clear for CPD providers how activities will be recognised as verifiable.

Some helpful advice is provided in the following extract from a response received:

There are three issues to address: 1) that when listing the types of activities some limits are put on what proportion of approaches are acceptable (you would not wish to see learning as part of your job being 100%); and 2) further thought be given to the necessity for evidence of activity being recorded; and 3) remove the word accredited, self or otherwise, altogether as this could set many hares running.

REGISTRAR'S REPLY

UKPHR is not a provider of CPD activity and has no plans to start providing CPD activity. Equally, UKPHR will not publish a list of approved CPD activities nor of approved providers of CPD activities. This is in part for the reasons given already, namely that registrants will be expected to exercise their professional judgement both as to their personal needs and the activities available that will help them meet those needs and that the needs of registrants are individual and it is not likely that a list produced by UKPHR will cover all such needs.

The calls for guidance, and the helpful advice set out in the extract from a response (above) have helped me to decide what information to include in the guidance that I intend to publish.

SECTION 2

Read and sign an annual declaration statement

Several respondents expressly supported the requirement of an annual declaration of compliance.

As the following response makes clear, however, there is a need to define the flexibility that a 5-year cycle for completion brings and account for this in the wording of the declaration itself:

You are asking for an annual statement, but the required total is 75 hours over five years (which seems reasonable for practitioners). It might be clearer to state an expectation of at least 15 hours/year, or a lower minimum annual requirement, with the explanation that over five years this should total at least 75.

One respondent suggested a slightly different declaration as follows:

“I declare that I am aware of the CPD requirements, I am undertaking learning activity relevant to my practice and am maintaining a CPD log with evidence to support this as required by the UKPHR”

REGISTRAR’S REPLY

In the guidance I intend to publish I will set out UKPHR’s expectations in respect of professional judgement and responsibility, continuous improvement and accountability.

I will give further thought as to whether there is any more that UKPHR should do to help registrants keep on track with their CPD each year.

I have accepted the slight re-drafting by one respondent of the annual declaration.

SECTION 3

Keep records of CPD undertaken

Several respondents called for consideration of aids to practitioners in respect of templates for guidance and electronic tools for keeping records and producing them for audit purposes. For example:

What about some forms/pro forma or processing function e.g. online cpd tracking?

There is a widespread expectation that UKPHR will take its responsibility for ensuring compliance seriously, including through auditing. For example:

The register will gain credibility if the UKPHR is actively seen to conduct audits and publishes the outcomes

Some respondents sought greater detail of UKPHR's intentions. For example:

I presume that the UKPHR will request a random sample to submit records. it would be helpful to state when the eligible period will start.

Is it envisaged that audits will happen from the scheme's first year of operation? Practitioners will need to be told.

I expected a new section with the sub-heading "AUDIT" which is about the approach to the standards of the profession at any one time not the individual, and that would be about the size of sample in the audit

REGISTRAR'S REPLY

I would not want to be prescriptive about how registrants must keep their records including their log. Doubtless new practices and products will appear later and the best way to "future proof" the CPD policy is not to restrict innovation.

UKPHR is committed to continuous improvement in its own practice and procedures and in public health practice. In line with this commitment we will want to help ensure that good practice in CPD record-keeping is shared widely just as we will help practitioners share good practice in all other areas of public health practice.

I am not inclined to state a pre-set proportion of audit activity that I will be undertaking in any given year. My starting point is that all registrants must comply with the CPD policy and audit activity will support achieving 100% compliance.

I shall be guided in my audit activity by intelligence I gather through registrant's and others' comments received and through surveillance. I shall also 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 quantum will be determined by the application of these factors.

SECTION 4Failure to meet the requirements of the CPD policy

Two respondents commented that the consequences of non-compliance need to be expressed more clearly, for example, what exactly is meant by “serious and persistent failure” and “registration at risk”?

Other respondents spoke of the range of reasons for non-compliance and pointed out that some of the reasons should not reflect badly on the registrant nor attract sanction, for example if illness or disability is the cause.

The need for a sanction is accepted but there is also a need to accommodate these other possibilities.

Hence one respondent states:

This is fair but would need spelling out as to the number of attempts and there would need to be an appeals process

REGISTRAR’S REPLY

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 the registrant’s 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 Practice Rules.

The rules provide appeal procedures and remedies.

ADDITIONAL INFORMATIONReview and ongoing relevance of the CPD policy

One respondent commented on this text, stating that its meaning was unclear.

CPD providers

The responses to this point are already set out in Section 1.5.

CPD certified by other professional bodies

There is widespread support for avoiding duplication and imposing burdens unnecessarily.

There were words of caution in one response as follows:

It will be important for UKPHR to streamline its scheme with the requirements of the relevant statutory bodies, or there are likely to be concern from registrants due to time constraints.

Funding/costs

One response suggests that there would be resistance if UKPHR sought to charge an additional cost for administering the CPD scheme:

I would not be keen to pay to prove my CPD given the occasional costs incurred in attending courses

REGISTRAR'S REPLY

In keeping with UKPHR's commitment to continuous improvement, I 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. I have amended the wording of this commitment in order to make this clearer.

It would be harmful to the CPD policy's effectiveness and reputation if registrants were required to meet a target that it unachievable because the CPD activity they need is unavailable (either because of the nature of the need or lack of provision for them because of their personal circumstances, for example disability). Hence UKPHR is committed to ascertaining as best it can that there is adequate provision of CPD activity relevant to meeting the needs of all registrants.

I am pleased that there is widespread support for regulators working together to reduce the burden for those registrants who are dually registered. I have agreed MoUs with some regulators and I intend to seek further MoUs with others in order to address the call for streamlining (among other issues to be covered).

UKPHR will bear the costs of audit. UKPHR does not provide CPD activity. I hope that my requirements in respect of CPD will enable registrants to secure the CPD activity they need at no cost or low cost in most cases. I will stress to employers the importance of CPD for public health practitioners.

OTHER COMMENTS

A respondent called for the final CPD scheme to be clearer in its format and content:

The structure and overall format of presenting the information could be simplified and portrayed more logically. Many of the registrants reported feeling somewhat confused as to what they actually needed to do and format best to provide it in

From one response received, UKPHR should consider whether its registration policies and procedures are quite as all-encompassing as UKPHR believes:

This scheme has not been good at capturing those public health practitioners involved in the field of public health teaching and development at further education/higher education institutions.

The following respondent looks forward to UKPHR engaging with employers in order to stress to employers what a valuable and well-regulated workforce they have and how it is important that employers should support their practitioners:

What I and my peers would benefit from is a clear agreement between UKPHR and Directors of Public Health, and a clear steer to potential registrants, of the support expected from the employer.

The following comment re-emphasises that not all practitioners are working for central and local government and NHS employers and the scheme needs to be workable for them, too:

Upon reading the consultation paper, there appears to be an overarching assumption that members are in employment, with associated emphasis on the registrant's appraisal or Personal Development Plan. For the self-employed, such mechanisms will not be available and this should be acknowledged within the scheme guidance, with reference to maintaining CPD in these circumstances.

a topical question about Public Health England's project to develop a Skills Passport:

How does the practitioner CPD requirement fit in with the skills passport? Would you be able to use your entries (in the skills passport) rather than duplicate somewhere else?

REGISTRAR'S REPLY

It is heartening that the proposed CPD policy has attracted wide support. I have read all the comments made and found many of them very helpful. I have changed the CPD policy and developed guidance with the aid of the comments made.

I welcome this respondent's ringing endorsement of the proposed CPD policy:

[The respondent] found the scheme's approach to be in line with the PSA's recommendations of 'right-touch' regulation ensuring a scheme does not become a burden on either the individual professional or the regulator yet maintains the requirements for patient safety.