Correspondence

Reflection as part of continuous professional development for public health professionals - further evidence

The article by Jayatilleke and Mackie1 on reflective practice in public health offers a useful and timely overview of a key topical challenge for public health professionals; particularly given its current prominence in appraisal and revalidation processes. The authors advise that evidence of reflective practice is growing in allied health professions but not in public health. It may be argued that with regard to ‘reflective continuing professional development (CPD)’ there has been however relatively little evaluation despite the opportunities and methods that were proposed from several interested public health colleagues in 1997.2

There was however notable absence of reference to the research report covering the Faculty of Public Health (FPH) pilot project of CPD diaries in 1996.3 That FPH report, while acknowledging mixed enthusiasm for CPD diary keeping and reflective notes, identified various styles of public health reflection. The diary entries were built around the first FPH ‘reflective cycle’, using the following steps: identification of needs and problems, discussion with colleagues/design of plan, CPD activities/diary keeping, evaluation of process and outcomes, feedback to colleagues and revision of framework/priorities for future CPD. The diary review showed interesting examples of reflective practice and that ‘some public health doctors are seeking more reflective and practice-based approaches to professional learning’.4 Jayatilleke’s and Mackie’s conclusions may be because of their restricted literature search criteria and methods. It would be incomplete to fail to recognize such historical evidence of how FPH public health specialists then filled in diaries and reflected on their CPD (S. Brigley, personal communication).

Diary keeping is a useful tool for reflective practice. For instance, there was a helpful analysis of unstructured daily work diaries kept by public health nurse practitioners in Finland, which illustrated work pressures and dilemmas, and scope for support and further skills.5 Analysis of ‘reflective journaling’ was used to help evaluate a programme for medical practitioners gaining global health competencies that are of relevance for public health.6 Localized analysis of public health CPD programmes may add to our understandings and gather feedback and reflections.7 Reflective inputs played a role in one local public health department conducting their practical model of risk analysis.8 While I agree that empirical evidence is still limited and that this echoes earlier comments made in 1996 on paucity of relevant research,9 it would nevertheless be prudent nowadays to take a wider view of public health practice and of our ‘wider workforce’, and also of the varied literature on public health CPD, before concluding that there is so little evidence on reflective practice in public health. Newer opportunities and tools for reflective self-awareness, including colleague feedback and self-assessment, could also be part of future research.10

References