

Public Health Register  
Meeting of the Board held on 20 January 2009 at the Chartered Institute of Environmental  
Health, Chadwick Court, 15 Hatfields, London SE1 8DJ

PRESENT: Jim McEwen  
Lillian Somervaille  
George Morris  
Fiona Sim  
Paul Robinson  
Judy Jones  
Alison Thorpe  
Jeremy Hawker  
Naresh Chada  
David Pattison  
Gabe Docherty  
Neil Roberts  
Steve George  
Jonathan Sexton  
Sarah North (secretary)

Jim McEwen welcomed everyone to the meeting with a special welcome to the new representative attending for the first time today: Gabe Docherty, representing health promotion, and a welcome back to David Pattison who has returned to sit on the Board as the Scottish Government representative. He also welcomed Alison Thorpe, from the Department of Health, England who is accompanying Judy Jones today.

Apologies were received from Ben Anderson, Suzanne Odam, Peter Farley, Alison Wall, Phil Mackie, David Pruce, Fiona Harris, David Williams, Hilde Rapp, Amanda Little and Bernadine O'Sullivan.

No declarations of interest were given. The minutes were approved from the UKPHR Board meeting in November 2008.

It is proposed that a project is set up to look at a suitable process for revalidation will be undertaken during 2009. The UKPHR will work in collaboration with the FPH and other regulatory/membership bodies.

A full review of the defined arm of the register will be carried out later this year. It was originally agreed to do this when this arm of the register had been operating for three years. A similar review was carried out for the generalist arm after the initial three year period.

Jenny Griffiths currently holds the roles of second Vice Chair of the Registration Panel and moderator for the assessment process. The Board agreed that it is inappropriate for her to hold both these roles, as a moderator must be completely independent. She will stand down from the second vice chair role. The Board agreed that the moderator will report directly to the Registrar who will then report to the Board.

Concern has been raised about individuals who are possibly on the UKPHR who have either left the FPH training scheme or who have failed part 1/A of the FPH examination. It should be noted that these processes are entirely different, that is, the FPH training programme, FPH exam and the retrospective portfolio process.

Applicants should not be penalised for failing an examination, in the past, or leaving the training programme as this could be due to a number of reasons. It was noted that the numbers involved were very small. From the earlier days of the register it has been agreed that there needs to be more than one route to registration, as is common with other registers.

It was noted that PMETB do not ask individuals if they have failed any Royal College examinations or left training programmes on its application form through the article 14 route. Doctors may apply for this route if they have an appropriate specialist qualification or the relevant training experience in the specialty (currently 6 months). The question of the FPH offering fellowship to those who have failed part1/A who have gained admission to the register is a matter for the FPH to answer, not the UKPHR.

It was felt that the assessment processes remain consistent and that that the standards of the register are being upheld.

In 2006 the NMC proposed that UKPHR registrants may apply for automatic acceptance on to part 3 of the NMC register. A letter has now been received from the NMC advising that individuals, even though they have been through an assessment process with this register, will have to be assessed again for that area by an HEI. It is envisaged though, that this will only involve a very small number of applicants. A new representative is required to sit on the UKPHR Board as Marianne Cowpe has now left and the Board requested that this be an officer from the NMC.

Limited registration was discussed at the last Board as a proposal for registration for practitioners before they go through formal competency assessment to obtain full registration. This would require them to sign up to a code of practice and ethical behaviour and would offer public protection. It may not be relevant for all, and not all practitioners may wish to register but reasons for this may emerge after the practitioner consultation is complete. Such issues can then be addressed at that time. The Board agreed that a preferred term for this registration is 'provisional' rather than 'limited'. The registration however, should be time limited as those registering must show commitment to gaining full registration. Further work is required on the proposal, taking into account the practitioner consultation. It will be brought back to the Board once the results from the consultation have been compiled.

An update was given on the practitioner project. The consultation events are part way through with others due to take place over the next couple of months. Those that have taken place have been with smoking cessation, sexual health, and oral health promotion. At the events they were taken through the standards and implementation proposals and the results from the events were encouraging, as they were pleased by the robustness of the process and the quality assurance aspect. The Board were advised of the future dates of events which fully engage all four UK countries. Engagement with employers is essential as it is not known how employers will react to regulation of practitioners and the implications it may have for all.

The compilation of results from the consultation will be done during April 2009, and a paper will be brought to the Board in May.

The combined route as it has been called was first proposed in 2007 when the document 'Routes to the Register' was published. A proposal has been put forward from CIEH that was introduced at the last Board meeting in November 2008. This has been looked at by the Executive Committee and suggestions from that have been incorporated in the document to the Board today.

Fiona Sim in her role as Registrar, and Jonathan Sexton, as a member of the Education and Training Committee have also seen the document and have been asked to bring their comments to the meeting today.

This route was designed initially to support CIEH members who have not had access to formal defined specialist training or who are unable as yet to meet all the competencies. The route has now been expanded to other defined specialties, for example, as Jeremy Hawker representing health protection and Jackie Landman, from nutrition expressed interest in the development of this route, and have been working with CIEH. The outline proposal is for a portfolio submission to be received in stages over a three year period.

This will be a process managed by CIEH, and it will be CIEH who make a recommendation to the Registration Panel that an individual be admitted on to the UKPHR once they have satisfied all the competencies, and then for ratification by the Board, the same as the FPH standard route process. This is currently proposed for defined specialists. It was noted that there are no prospective training programmes available for defined specialists currently, and this is an ideal proposal for those who wish to progress and develop to registration as a specialist. Clarification of the name was discussed and the Board proposed that this route be renamed as the 'developmental' route. The Board supported the proposal for this route. Minor amendments are required on the proposal further to discussions today, and this will be brought back to the March 2009 Board for final approval.

Standing orders and the new constitution are nearing completion. The final drafts will go to the Executive Committee in February and then come to the Board in March.

The Board received a report from the Registration Panels from December 2008 and January 2009. There are now 363 registrants: 320 through the retrospective portfolio route, 37 through the FPH standard training route, and 6 who hold dual registration.

The next Board meeting will be on 10 March 2009.

January 2009