

Summary

Public Health Register

Meeting of the Board held on 12 May 2009 at the Chartered Institute of Environmental Health,  
Chadwick Court, 15 Hatfields, London SE1 8DJ

PRESENT: Lillian Somervaille  
Fiona Sim  
Paul Robinson  
Paul Scourfield  
Neil Roberts  
Fiona Harris  
Alison Wall  
Gabe Docherty  
David Williams (by telephone)  
Allison Thorpe (on behalf of Judy Jones)  
Sarah North (secretary)  
Rodrigo Voss (observer)  
Zoe Clark (observer)  
Lindsay Mitchell (for part of meeting)  
Jenny Griffiths (for part of meeting)

Lillian Somervaille welcomed everyone to the meeting and explained that due to unforeseen circumstances, Jim McEwen could not attend the meeting today. The Board were advised that Bernadine O'Sullivan the representative from the registrants who has completed the FPH training programme has resigned, due to pressure of work, and Jim McEwen has formally written to her.

Apologies were received from Jim McEwen, Neil Roberts, Steve George, Judy Jones, Hilde Rapp, Phil Mackie, Suzanne Odam, David Puce, Jeremy Hawker, Jonathan Sexton, David Pattison, Chris Tudor-Smith, George Morris, Brendan Yates, Naresh Chada, and Amanda Little.

No declarations of interest were given. The minutes were approved from the UKPHR Board meeting in March 2009.

The Board were advised that the developmental route has been publicised by CIEH in its CIEH website. A link will be made from the UKPHR website to the CIEH, and also a piece will be put in PH.com, the FPH publication advising of the new route to registration.

The UKPHR Executive Committee met with the Department of Health (four countries) on 8 April. This was a useful meeting where many questions were clarified. The review that was previously mentioned at the March Board meeting will be a review of the public health regulatory function, rather than of the UKPHR itself. It will cover public health as a whole and will be conducted by an independent person. There will be a further meeting of the four countries DH representatives and the UKPHR Executive Committee on 24 June.

David Williams the Academic Registrar at FPH, has written to Jim McEwen concerning the FPH doing assessments for the recognition of specialist status route to this register, as this is seen as a parallel route to article 14 for which they assess through PMETB. This will be considered at a later date when the volume of this type of application increases as it is currently sustainable for the UKPHR to use its own assessors. Using the FPH may have implications for the UKPHR quality assurance process and cost, and this will be investigated.

The FPH have been reviewing its examination processes since 2005 when a review was done by Dame Lesley Southgate. Last year the FPH Part A paper IIB was looked at and changes have been proposed. The proposal is to split this into two, covering 5 topics; the marks remain the same as before and the change is more to the overall component giving the opportunity for shorter bullet point answers rather than more extensive writing. Those trainees who have piloted the new examination have given positive feedback. It was agreed that as the papers were tabled to the Board today the Board will look at the papers after the meeting and email responses to the register office. A response will be sent to David Williams at the beginning of June.

The UKPHR role of moderator for the defined specialist portfolios is at the piloting stage for concurrent moderation. This is a developing role, and is conducted differently to that on the generalist portfolios. The moderator is seen more as iterative and the moderator can help/advise the assessment team if they have queries; this may identify case law as the moderation process progresses as has been the case with the generalist portfolios.

There will be a review of the defined specialist framework at the end of the year. It was originally scheduled to take place three years after the opening of the defined route but not enough applications had been received at that stage to conduct a thorough review. This will include a review of specific areas within the defined competencies, such as nutrition, health intelligence and academics to see if/how they fit with the current competencies.

The UKPHR is looking to expand its assessment team and after emailing current registrants and placing a notice in the FPH bulletin. Expressions of interest are still invited and if approved training will be in July and September.

The Board were given presentations of the progress of the Practitioner project by Lillian Somervaille, the project lead and Lindsay Mitchell and Jenny Griffiths who have been working on the project. Thanks were paid to all for their work on this project and to Zoe Clark for all her administrative support.

The Board is being asked to consider today the results of the consultation and was given a detailed report on the results together with background information as to how the project started and progressed to this stage.

Lillian Somervaille spoke about the consultation.

There was huge interest and support generated with this consultation. A quote from the Association of Directors of Public Health is “there are large numbers of public health workers who feel adrift in that they have no professional allegiance, no career structure, nothing to aim for professionally, but we expect them to do a very professional job”.

Regulation is favoured amongst the responses received in order to 'professionalise' the practitioners. "Registration would provide explicit assurance for the public and a sense of professionalisation for the practitioner".

Within the consultation it was questioned as to how much risk a practitioner poses to the public but this could be through incorrect advice, inappropriate behaviour, unethical practice, professional integrity etc. Minimising risks through regulation is important as "practitioners do not always work in a supervised context and may have considerable autonomy or may report to a line manager who has no public health expertise".

The consultation looked also at the appropriateness of the FPH Code of Practise that is currently used for the UKPHR specialists. It was considered generally to be broadly suitable for the practitioners to sign up to, but as it has now been reviewed this is timely for the consultation to input into the process to ensure that it is fit for purpose for all.

Lindsay Mitchell spoke on the work that she has undertaken on the development of the standards. There were two phases of the development of the standards. There was the initial development and then the piloting process. They were drawn directly from the PHSCF (Public Health Skills Career Framework) using level 5 and below for practitioners and level 7 and below for advanced practitioners. Two sets of standards were originally produced – one generic and the other was similar to the method currently used for the defined specialists. After the initial stage the Practitioner Committee reported to the Board on the development of the standards and the Board decided that the generic standards were the more appropriate; these were favoured as offering greater public protection and more practicable.

Although some practitioners felt that their area of work was too specific to fit the standards, most considered that they could use the generic standards. They are designed to be 'overall' and not too specific as a practitioner will not be registered in 'health intelligence' for example, but as a public health practitioner.

After the standards are mapped across to the PHSCF, to Health Protection standards and to the National Occupational standards they will be finalised.

Jenny Griffiths spoke about the proposed assessment process. It is unsustainable for the UKPHR to run its own assessment procedure and therefore this will be a devolved assessment process. A group was brought together to discuss how this may work and it was agreed that the process must be robust consistent and proportionate; sustainable, flexible, facilitative, and there must be engagement with employers.

The proposed process will involve an assessor and a verifier. The applicant will be given the option of two different types of assessors – one who is work based or one who does not directly work with the applicant. The assessors must have knowledge of public health and of the applicants' background. The verifiers must be independent and anonymous and registered with either this register or with the GMC/GDC. The Board agreed that there is no reason why an individual could not be both an assessor and a verifier (in a different geographical area). The Board noted that there will need to be strong support from employers to support this process.

Lindsay Mitchell and Jenny Griffiths left the meeting.

Lillian Somervaille spoke about the future work required to further practitioner regulation with a view to the opening of the register.

This is a complex process and a piloting process is vital to a proposed opening of the register in June 2010. Up to the end of September time will be used to finalise the standards, liaising with the pilot sites. The pilot will be planned in the last three months of this year identifying six people to pilot hopefully at the beginning of next year. Two pilot sites have been identified, and there are others who have offered at this stage.

It is envisaged that any issues raised during the piloting process will be resolved during that process. The UKPHR has good knowledge from its previous work of assessment processes and has well developed models. Quality assurance procedures will be put in place with assessors and verifiers and it is recognised that there may be a potential element of risk if the assessor is a supervisor or employer of the applicant. The register also recognises that being on the register may influence workforce planning and pay etc. Registration should be through competence and not linked to employment. A risk register will be prepared to reflect this.

The Board gave its full support for the continuation of the work.

Jim McEwen is stepping down as Chair of the UKPHR Board in September having completed two terms of three years. The Executive Committee nominated Peter Farley as the new Chair and the Board was emailed in April to give any further nominations. Peter Farley has sat on the Board as the Department of Health representative for the Welsh Assembly Government so is aware both of the business of the Board and the history of the register. He is enthusiastic about taking the register forward to a statutory basis and it has been confirmed with Tony Jewell the CMO for Wales that there is no conflict of interest with him taking this post. The Board fully supported this nomination so over the summer Peter Farley will work with Jim McEwen as Chair Elect.

Minutes for the Public Health Workforce Management Group were seen by the Board, and the new Code of Practise from the FPH was passed to the Board for information

The Board received a report from the Registration Panel held in April 2009. The May Registration Panel will be held on 19 May. There are now a total of 395 individuals on the register including 326 from the generalist portfolio route, 6 through the defined portfolio route, 57 through the standard FPH training route and 6 dual registrants.

May 2009