

Summary

UK Public Health Register

Meeting of the Board held on 11 November 2008 at the Chartered Institute of Environmental Health, Chadwick Court, 15 Hatfields, London SE1 8DJ

PRESENT: Jim McEwen
Lillian Somerville
George Morris
Fiona Sim
Peter Farley
Paul Robinson
Marianne Cowpe
Alison Wall
Judy Jones
Suzanne Odams
Hilde Rapp
Amanda Little
Bernadine O'Sullivan
Sarah North (secretary)
Zoe Clark (observer)
Moragh Loose (for part of the meeting)

Jim McEwen welcomed everyone to the meeting with a special welcome to the new representatives attending for the first time today: Judy Jones, representing DH England, Suzanne Odams the new specialist trainee member, Alison Little from the GDC, and Alison Wall from the NMC. Also welcomed was Moragh Loose from the GDC who will be speaking to the Board about the GDC consultation about its proposals for revalidation. Jim McEwen also advised that Peter Farley was returning to the Board today as the DH representative for Wales, having been the representative on the Board prior to Chris Tudor Smith.

Apologies were received from Phil Mackie, Jeremy Hawker, Neil Roberts, Naresh Chada, David Pruce, Gabe Docherty, Jonathan Sexton, Fiona Harris, Malcolm McWhirter, Paul Scourfield, David Williams, and Steve George.

No declarations of interest were received. The minutes were approved from the UKPHR Board meeting in September.

Moragh Loose spoke about the GDC's approach to revalidation which is out for consultation. They are approaching this in a differing way to the GMC who are opting for relicensing and revalidation whereas the GDC will have just the one register and those on it must revalidate to remain on the register. There are four domains within the proposals to cover professional, clinical, communication management and leadership in their practise.

Registrants will be given a three stage opportunity to revalidate: purely evidence based at stage one; if not stage two is by peer assessment also; and then stage three there may be a requirement for training, a mentoring process, or examination.

All will be revalidated according to their job and will have to make a declaration describing their role. The process of revalidation will be handled solely by the GDC whereas the GMC are requesting that the relevant Royal Colleges for the relevant specialty be involved in the process.

Those who are retired will not be required to revalidate and will be voluntarily erased; those who do not meet the requirements will be administratively erased on the records.

The UKPHR registrants come from a variety of backgrounds and the Board were asked to note this. A formal project will be undertaken shortly for the registers proposals for revalidation.

CIEH have prepared a paper for a 'combined route'. This route was approved in principle at a previous Board meeting. They are the first professional body to put forward a paper with a proposal for this route. Applicants will submit a series of portfolio submission through the defined specialist framework and will bank competencies at each stage; they will be allowed a total of 5 submissions to gain admission to the UKPHR. This route is designed for those at 'middle' level who did not have access to top up training previously and who are too experienced to be accepted on to a training scheme.

The Board were asked to comment on the paper and a formal proposal to develop this route will be brought back to the UKPHR Board in January 2009.

The Board previously approved the proposal of practitioner regulation 'in principle' and it is now moving forward with a view to implementation in 2009. A consultation document has been prepared and will be sent out to individuals as well as organisations for comment. It will also be available on the new UKPHR website which will be launched shortly. The UKPHR have engaged all four countries with this project and will continue to hold consultation events and will seek to involve employers also, as they are an important part of the process.

CHRE (Council for Healthcare Regulatory Excellence) are leading on the work on the generic description of an advanced practitioner and there is due to be report produced in December. In its review of regulators CHRE recommends that all regulators have a similar approach to regulation, but it is recognised that this presents challenges as not only do regulators cover diverse professions but some regulators are covered by legislation.

Recommendations from the White Paper have been taken into account for this consultation as well as information from the Department of Health Group working on the project 'Modernising Professional Regulation'. The Board saw a report on this project from DH.

The UKPHR Board saw a report produced for the practitioner project after meetings with regulators regarding the differing approaches towards regulation, CPD, revalidation etc, as well as diversity in fees. A regulator's forum was held in September where issues surrounding these differences were highlighted. Jean Brown, who undertook the scoping work and produced the report was thanked by the Board.

The Registration Panel saw eleven applications this month and recommended six for admission to the register. The Board ratified the decisions of the Panel.

The next Board meeting will be on 20 January 2009.