

Summary

UK Public Health Register

Meeting of the Board held on 9 March 2010 at the Chartered Institute of Environmental Health,
Chadwick Court, 15 Hatfields, London SE1 8DJ

Present:	Peter Farley (Chair)	Lillian Somerville (Vice Chair)
	Paul Scourfield	Paul Robinson
	Jonathan Sexton	Suzanne Odams
	Fiona Sim	Hilde Rapp
	Brendan Yates	Anthony Kessel
	Antony Townsend	Fiona Harris
	Russell Ampofo	Jenny Gallagher
	Alison Wall (observer)	Neil Roberts (observer)
	David Pattison (observer)	Naresh Chada (observer)
	Zoe Clarke (observer)	Rodrigo Voss (observer)
	Sarah North (secretary)	

In attendance:

Sarah Cowley (for part of meeting)
Mary-Jane Ritchie (for part of meeting)
Gabriel Scally (for part of meeting)
Ruth Robertson
Jenny Wright
Charlotte Jeavons
Jackie Landman
Jane Thomas (for part of meeting)

Peter Farley welcomed everyone to the meeting and to those who had stayed from the Advisory Group this morning: Charlotte Jeavons, Jenny Wright, Jackie Landman, Ruth Robertson and Jane Thomas. He particularly welcomed two first time attendees, and one who has returned to the Board: Jenny Gallagher who represents the SAC, RCS Dental Public Health Training Programme and attends when Gail Douglas is unable to; Anthony Kessel who is the new representative from the HPA; and to Antony Townsend who attended previously as the Chief Exec, of the GDC and is now attending as the Chief Exec of the Solicitors Regulation Authority. Antony Townsend is attending now as a lay member.

Apologies were received from George Morris, Chris Tudor-Smith, Steve George, David Williams, Judy Jones, Amanda Little, Sara Roberts and Gabe Docherty.

Peter Farley welcomed Professor Sarah Crowley, Professor of Community Practice Development at Kings College, London to talk to Health Visiting Matters a report that has been produced by the UKPHA partly funded by DH.

The number of health visitors has reduced dramatically over the past few years and this needs to be addressed; as the first few years are important in a child's development. The report was started in 2008 and incorporated face to face meetings as well as emails to stakeholders; an interim report, with recommendations went to a wider stakeholder group and a final report was submitted to the House of Commons in December last year. This included issues regarding best practise, funding required for

the service, employment issues/options, education, and regulation and recruitment. The UKPHR has been approached as a possible 'home' for health visitors as the specialist register for health visiting as a specialty closed in 2004. As most health visitors are nurses and midwives they do register with the NMC but not with health visiting as a separate specialty.

Peter Farley thanked Sarah Cowley for the presentation and advised that the Board will reflect on the information that she has provided and the proposals and see how this may be taken forward. Sarah Cowley left the meeting.

The minutes from the January 2010 Board were approved subject to two amendments: These have been done.

A statement approved by the Board on the current situation surrounding revalidation is on the UKPHR website and the UKPHR is working with the FPH and monitoring developments from other organisations. Funding has been approved by DH for the FPH and the UKPHR to take this work forward.

It has been confirmed that the UKPHR costs are exceeding the current assessment fee charged. Amongst costs taken into account are transport, and the Registration Panel expenses; it excluded staff costs. The Board proposed that the assessment fee should be increased to £250 to make it the same as the registration fee. This was agreed by the Board, and will be effective from 1 April 2010 for all applications received on or after that date. Notification will be posted on the website as soon as possible, and will be communicated through channels to a wider audience.

It was considered at the last Board meeting that the wording on the FPH website referring to acceptance on to the FPH training programme could be misunderstood so this has now been changed.

Peter Farley welcomed Mary-Jane Richie and Gabriel Scally to the UKPHR Board meeting. It should be noted that they did not attend the Board prior to this item. Gabriel Scally spoke about the Review and took questions and comments.

Gabriel Scally was asked by the CMO to conduct this review, and the review was started in January. Issues surrounding regulation need to be clarified as this is now a more complicated landscape than before and public health needs to be looked at in relation to this. The final report will be produced at the end of April, and the four CMOs agreed the terms of reference for the review. The review will look at case studies; there will be a full impact assessment and then recommendations will be made. The legal implications of possible recommendations will be checked prior to the report being produced. A meeting is being held on 23 March of the Regulatory Review Board and key organisations will attend as this is one of the final stage meetings.

The three questions that are being asked in the review are, at the simplest level: Who should be on a register for public health? Should there be a unified register for public health specialists? Who should administer this register? The terms of reference for this review are on the UKPHR website.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113866

Registration systems are being assessed, and case studies involving surgical assistants and pathologists, who are not a multidisciplinary discipline, are being done. There are anachronisms, such as the medically qualified pathologists who are registered with the GMC and the non- medically qualified who are registered with the

HPC; therefore there are differing proposals for revalidation. A strong regulatory is needed to ensure standards and identify posts where registration should be required.

The Board commented that as defined specialists neither practitioners were being considered as part of this review this could fracture the public health workforce and potentially undo the work done to unify this multidisciplinary workforce. Also the short, medium and long term objectives are not identified, nor the reason for the review, or the start point or finish point identified.

DH were asked to note that the AACs who interview for posts are not restricted to interview only generalist specialists for consultant posts, defined specialists are also eligible to apply. They are not registered with the UKPHR as a particular defined area they are registered as 'generalist' or 'defined'.

DH was advised that there is a wealth of knowledge on the UKPHR Board together with the Advisory Group, and it was suggested that it may be helpful to use these as a reference group. Gabriel Scally and Mary-Jane Ritchie left the meeting.

The Board saw a report from the Registration Panel. At the February Panel, eleven applications were considered and seven people were admitted bringing the total to 442. At the meeting this morning, eight were considered with six admissions, the total on the register is now 448.

More assessors have been trained bringing the number to 33. The Board agreed that only those assessors who have been trained on the defined applications would be able to assess those applications There are some assessors who have not been trained and who assess the generalist applications (under the recognition of specialist route and resubmissions).

On the practitioner project, NHS South Central has commissioned the UKPHR to help facilitate a local accreditation programme. Jenny Griffiths, Paul Robinson and Lillian Somerville will work over the next three months with them to facilitate a local system. Public health Wales have also requested a similar programme for practitioners and in June NHS South Central is holding a meeting to encourage other interested parties to pilot a local accreditation scheme. It is envisaged that the HPA will attend that meeting, as they previously expressed interest.

The terms of reference for the UKPHR Communication Strategy Group have been agreed. This group is functioning well with many communication initiatives being established.

There have been recent changes to the Faculty of Public Health training curriculum and the Education and Training Committee of the UKPHR will take this forward. This Committee will also look at the National Training Survey conducted by PMETB which only covered those undertaking training who are medically qualified. The UKPHR Board considered may not give a complete quality assurance picture. This survey is used to assess deaneries and the training programmes; it was suggested that it may be outside of PMETBS remit to survey non medical trainees as they (PMETB) are concerned with medical training only.

There is no change to the risk register.

The dates for the next meetings are 11 May 2010 and 14 September 2010 (to be held at CIEH unless otherwise advised).