

Summary

Minutes of the meeting of the UKPHR Board held on 8 March 2011 at the Chartered Institute of Environmental Health at 1.30pm

Present:	Peter Farley	Lillian Somervaille
	Brendan Yates	George Morris
	Anna Cichowska	Fiona Sim
	Paul Robinson	Alison Wall
	Chris Tudor Smith	Naresh Chada
	David Pattison	David Williams
	Paul Scourfield	Gabe Docherty
	Fiona Harris	Jonathan Sexton
	Sara Roberts	Duncan Rudkin
	Zoe Clark	Rodrigo Voss
	Sarah North (Secretariat)	

Attending: Alan Kershaw (part of meeting)

Peter Farley welcomed all to the meeting. In response to a question he advised that the role of members of the Board and the Company directors is quite distinct, The Board members are responsible for policy decisions, and the Company Directors, in addition to policy, financial and administrative responsibilities, are responsible for financial implications of decisions. The Board, after receiving financial details for the directors may, if requested, act in a collegiate capacity with the directors.

At a Company Directors meeting this morning, the UKPHR Solicitor who advises on constitutional matters, Tim Winn spoke to the directors to advise them of their duties.

Apologies were received from Antony Townsend, Steve George, Jenny Gallagher, Gail Douglas, Amy Nicholas, Amanda Little, Judy Jones and Tim Everett.

No conflicts of interest were declared.

The minutes were approved from the November meeting, subject to two specific amendments. The Board reaffirmed its commitment to the opening of the UKPHR to practitioner registration in April 2011. All eligible Board members took a vote and all voted for the opening, with one abstention.

The UKPHR Board agreed formally reaffirmed the decision to open the UKPHR to practitioner regulation in April 2011.

The minutes for the recent Executive Committee meeting were noted for information.

The Board had sight of a paper laying out the next steps to facilitate a formal response to the Public Health White Paper, and to the Regulatory Review subsequent to the initial response of December. The deadline for a response is the end of March 2011. This will be prepared with comments from the Board taken into account, the main issue being stressed was the role of the register in providing public protection, and its function being as that of a statutory regulator in all but statute.

The principles for the future direction of the UKPHR have been in place for eight years and the UKPHR is having continuing decision with other organisations to ensure an informed response.

The Board agreed that two responses are required: one to the Public Health White Paper, and the other should be a letter to the four Chief Medical Officers which includes comments/response to the Review of Public Health Regulation .

The Board noted that DH is to produce a consultation on the public health workforce towards the end of this year.

Sue Lloyd has been employed to look at enhanced risk assessment for the UKPHR; she was involved in the work around the risk assessment section of the Review of Public Health Regulation. The report is nearing completion, and will be sent along with the response to the Chief Medical Officers. The Council for Healthcare Regulatory Excellence document 'Right Touch Regulation' has been used as a reference.

The UKPHR Board has agreed that an individual may be on both arms of the register ie both as a defined generalist and as a generalist specialist, and can move either way, if of course they satisfy the competencies. It will be ensured that no hierarchical importance is given to either registration as this appears to be one of the misconceptions about the different arms. The Board agreed the process proposed for individuals to apply and guidance will be placed on the website.

The UKPHR must be involved in the quality assurance process of the public health training programmes it approves. This will be taken forward now for those who are not medically qualified in respect of the Faculty of Public Health Training programme; it will be taken forward through of the UKPHR Education and Training Committee. The Board agreed the principle and process.

Issues/equivalence around the routes and assessment will be looked at under the review of defined and generalist routes to registration and further discussion may be required about all routes to registration. This may entail making alterations to the requirements to make applications to the route. Prospective applicants are advised to refer to the website for up to date criteria.

As part of this review the competencies will be assessed to ensure that they meet the requirements of the route and are not ambiguous. This refers in particular to those that are required at the higher level for defined specialists and the Board agreed that there will be some generic changes to higher level requirements on the understanding that further amendments may be made after the review. This will be communicated through the website.

The Board also agreed to additional questions being added to application forms and all the proposed changes will take effect immediately.

The Board saw a report from the Registration Panel for February, and a verbal update from this morning was given. The total on the register is now xxx. The Registration panel also agrees re-registration applications for those who have completed five years registration with the UKPHR. The requirements for this are a new application form, satisfactory evidence of CPD, and a satisfactory peer/manager appraisal. This is reviewed by the a senior member of staff in the register office and then sent to the Panel for approval; any query on evidence received is directed to the Registrar or the Vice Chair of the Registration Panel. Additionally the Board was advised that the register is nearing 500 registrants and that a celebration event will be organised.

The Board were advised that two individuals have resigned from the Registration Panel; one being Edmund Waterhouse who has been an assessor since the registers inception. A letter of thanks will be sent from the Registration Panel and the UKPHR Board. The Board expressed its thanks for all the work the Edmund has done, and for his contribution to the Panel.

The second is Brendan Yates who is resigning as Vice Chair of the Panel and as an assessor. George Morris, the Chair of the Registration Panel, advised the Board that Brendan has been a great resource for the register and a great friend and support to George as the Chair. Brendan's knowledge of process and historical knowledge of the UKPHR has been invaluable and he will be sorely missed by the organisation and personally. He has completed around 60 full assessments and given support and second opinions on many more; the total being for full and partial assessments reaching over 100.

Brendan Yates told the Board it was with regret that he has resigned, as he has been involved since the beginning. His involvement has given him personal and professional satisfaction and has supported multidisciplinary public health. It has been an honour to work for the register and to be appointed as Vice Chair. He wishes the register continued success.

The Board saw the minutes from the last meeting of Communication Strategy Group and the Education and Training Committee for information.

There are no issues to report from the Fitness to Practise Committee.

A national group was recently hosted by the Public Health Wales regarding practitioner accreditation and was a great success. It was opened by Bob Hudson, and invited all the co-ordinators from the practitioner accreditation pilot projects to share experiences. Attendees also included representatives from Northern Ireland, north west England, south west England and representatives from the HPA. If all individuals who have shown interest apply to the schemes and subsequently apply for admission to the register, the projected numbers will double in the first year. Thanks were paid to Public Health Wales for the hosting of the event.

The UKPHR had a 40% response to the survey it conducted on the position of its registrants regarding revalidation, and the Board was asked to note that 15% of registrants have no participation in a CPD scheme. It is confirmed however that the FPH will accept non members to be part of its CPD scheme and also its revalidation process. It is recognised that the tools for revalidation may not be acceptable to all. The FPH have involved some of the UKPHR registrants in its revalidation pilots, and the UKPHR Board today formally accepted the standards for its revalidation pilots.

The Board noted that there are government elections in Scotland in May, and the results could affect the public health workforce; purdah will commence on 23 March. It also noted that Wales has an action plan for the Public Health workforce strategy and this will now go for consultation. For information, the Board was advised that the new CMO for the UK is Sally Davies who has been acting as interim after Sir Liam Donaldson resigned.

The Board agreed to update the risk register in light of changing funding priorities and the prospective outcome of the Public Health Regulatory Review.

The Board was asked to note that Alison Wall is will no longer be the representative for the NMC. The Board paid thanks to Alison for her contribution over the past few years..

The next meetings are on 10 May 2011 and 13 September 2011.