

Summary

Minutes of the meeting of the UKPHR Board held on 9 November 2010 at
The Chartered Institute of Environmental Health at 1.30pm

Present:	Peter Farley	Lillian Somerville
	Brendan Yates	Paul Robinson
	Duncan Rudkin	Charlotte Ashton
	Alison Wall	Fiona Harris
	Sara Roberts	Jenny Gallagher
	Amy Nicholas	David Pattison
	Paul Scourfield	Zoe Clark
	Rodrigo Voss	Sarah North (Secretary)

Peter Farley welcomed everyone to the meeting with a particular welcome to two new attendees at today's meeting: Charlotte Ashton representing the FPH Specialty Registrars Committee and Duncan Rudkin, Chief Executive of the General Pharmaceutical Council.

The Board was asked to note that there is no representation today from three of the UK health departments. Recognition was given, with thanks, to David Pattison, the representative from Scotland, who attends every meeting. Peter Farley will write to CMO England expressing the Board's disappointment and concern that DH England is not remaining in touch with the register developments and its role for the public health workforce.

The minutes were approved from the September meeting and the minutes from the Executive Committee were noted for information by the UKPHR Board.

There has been no information nor communication from DH England received about the Public Health Regulatory Review. The process has been destabilising for all; there is confusion out in the field, and with the professional bodies involved. DH England has been leading on this work and also on a paper on regulation in healthcare and the involvement of CHRE etc. The UKPHR have been in contact with CHRE and will be meeting again with the organisation soon. Christine Braithwaite from CHRE attended the UKPHR Board in September.

It has been suggested that the Public Health Regulatory Review will be linked into the Public Health White Paper (England based). Scotland is not undertaking a similar project, but a report has been done that covers specialist public health and how this contributes to health and wellbeing in Scotland. The UKPHR is valued in Scotland and is supportive of all the work it undertakes.

The UKPHR continue to meet with the Faculty of Public Health on developing a robust, simple revalidation system. A questionnaire has been sent recently to all UKPHR registrants to ask for their situation regarding revalidation etc. Registrants have been asked if they would like to take part in the FPH revalidation pilots starting shortly. A desk top review has been undertaken of revalidation proposals from other regulators.

The defined specialist route to registration opened in 2006 and it was stated at that time that a review of the route would be three years later. In 2009 there were not enough registrants to result in a balanced and comprehensive review but the Board in September agreed that an initial scoping exercise be undertaken for a review of both the defined and generalist specialists.

The Board saw a report from the Registration Panel, and a verbal update from this morning when 3 new registrants were admitted. The total on the register is now 466. The development day held on 12 October for the assessors was successful. This was the third to be held this year and they are proving invaluable in the assessor development. Attendance of one development day every eighteen months is a requirement of remaining a UKPHR assessor to ensure any queries can be dealt with in an appropriate forum. Assessors have found them useful.

The UKPHR established a stakeholder group which has identified more than a hundred organisations, groups and key individuals who have, or could have a stakeholder relationship with the register. The analysis generated, will provide useful partners for UKPHR activities and will be revisited from time to time; the UKPHR Communications Group will now take this work forward. The UKPHR Board thanked Amy Nicholas from DH (England) who has generously give her time, and thanks also to Zoe Clark and the UKPHR Communication Group for their input.

The last meeting of the Education and Training Committee was on 14 September. Various issues arose at that meeting and are being taken forward. Issues discussed were the UKPHR proposed changes to Good Public Health Practise and these will be implemented after the GPHP pilot.

A proposal was made that passing Part A of the FPH examination should be acceptable to satisfy the knowledge part of the UKPHR portfolio routes, It was agreed that it cannot be accepted as it is not directly equivalent. A statement will be issued about this by the Education and Training Committee

The Board have agreed that it needs to look at the quality assurance of the FPH training programme where there is a non-medically qualified individual in a particular placement. This will be taken further through discussion with the General Medical Council, trainees and FPH. The UKPHR will also look at trainee registration once again as this will help the UKPHR to engage with the trainees more readily. The FPH have confirmed that its trainees have to become members of FPH before they can be recommended to the appropriate regulator for registration. If the UKPHR opened for registration to those trainees, if registered with it as a trainee, they would still have to have membership of FPH before being recommended to the UKPHR for registration as a public health specialist. This is comparable with the current system with the GMC for who are medically qualified.

There are no issues to report from Fitness to Practise

The Board saw a short report on the progress of the local accreditation pilots for practitioners. The first pilot to be implemented was Wales and the UKPHR is working with NHS South Central, and Kent and Medway, to progress to accreditation. Wales has some 'fast trackers' who it is hoped will complete the process by next March. The next natural step after the accreditation is for the UKPHR to open to practitioner registration using the robust processes and standards already established. The Board was asked to support the carrying out of more detailed work to enable the practitioner register to be opened in April 2011. The Board agreed and a full proposal for process will be brought to the January UKPHR Board.

The FPH asked the Board to note that it is fully supportive of this proposal and even though the FPH made the strategic decision to focus on specialists it supports the importance of and need for practitioner regulation.

Cumberlege Connections has been commissioned by the UKPHR to conduct an options assessment. A report has been produced for the Board describing how Cumberlege will be conducting this assessment. Views on the future options of the register are being sought from registrants, stakeholders and assessors through questionnaires and conversation. An interim report will be produced in December with a final report to take into account the Public Health White Paper (England). This will be presented to the January 2011 UKPHR Board.

There is a review currently on the third arm of the NMC register which is for community health. This arm includes school nurses, health visitors, sexual health etc. A report will be produced for the NMC Council in January 2011.

The Board noted that there are no updates to the UKPHR risk register.

The next meetings are on 18 January 2011, and 8 March 2011. The Board was asked to note that the UKPHR Board Chair has the option to convene extraordinary meetings if necessary.

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