

Summary of the UK Public Health Register  
meeting of the Board held on 10 November 2009 at the Chartered Institute of  
Environmental Health, Chadwick Court, 15 Hatfields, London SE1 8DJ

PRESENT: Peter Farley (Chair)	Lillian Somervaille (Vice Chair)
Brendan Yates	Paul Scourfield
Paul Robinson	Jeremy Hawker
Fiona Harris	Gabe Docherty (by phone to 4pm)
Jonathan Sexton	Hilde Rapp
Sara Roberts	Suzanne Odams
Alison Wall (observer)	Amanda Little (observer)
David Pattison (observer)	Neil Roberts (observer)
Judy Jones (observer)	Sarah North (secretary)
Zoe Clarke (observer)	Rodrigo Voss (observer)

Peter Farley welcomed everyone to the meeting and Gabe Docherty who joined by telephone. He particularly welcomed two new members: Sara Roberts, the new representative from the standard route to registration; and to Amy Nicholas who is representing the UKPHR assessors.

Apologies were received from Fiona Sim, Chris Tudor-Smith, Naresh Chada, Steve George, David Williams, Gail Topping and Antony Townsend.

A declaration of interest was made by Amy Nicholas as she works within DH England, but not in the same directorate as the DH observer, Judy Jones.

He advised that today's meeting would be in a slightly different format, with the Board meeting followed by a closed meeting for the members and directors, excluding observers.

The minutes from the September 2009 Board meeting were approved subject to amendments (for information the points have now been addressed).

The Board saw a summary of the Executive Committee teleconference held last week. Peter Farley reported at the Executive Committee that he had invited the representatives from the four health departments to have a 'slot' at the Board meeting to give an update on public health developments, with an emphasis on policies/structure etc, from their own country. He advised that the HPA does something similar at its meetings and it has proved useful.

The Board acknowledged the need for work of revalidation to be maintained although the bid for the work that was submitted to DH has yet to be considered. Other organisations, particularly those concerned with medical revalidation, have received funding and are working collaboratively, through the AMRC. It is important that the revalidation for those who are not medically qualified mirrors that of those who are medically qualified, in its processes. The UKPHR needs to make decisions on its revalidation work as registrants are anxious to know what they will have to do.

The Communication Strategy Group will meet on 27 November at CIEH, and a number of topics have been identified for discussion. One issue is that the UKPHR must raise its profile at conferences, and this will be taken forward through the group. A suggestion was made that it could work collaboratively with the FPH on this but it was noted that the UKPHR must be clearly seen as a separate entity from the FPH. Specific groups and partners within the workforce will be identified where representation and/or collaborative working may be beneficial. The Board also noted that a stronger strategy may be required in Scotland where as its presence is not so prominent. Progress will be reported to the next Board.

The observers were asked to comment on the risk register that was presented to the Board with a list of proposed changes. The risk register will be discussed by other Board members in the later closed meeting. The document will be rechecked to ensure that the risk levels awarded are reflected in the levels of risk.

The UKPHR Advisory Group will be meeting early in the New Year to discuss the recommendations of the regulatory review. The members are being updated and any suggestions for new members are welcomed. The meeting may be convened for the same day as a Board meeting and Board members will also be invited to attend. It is important that the Advisory Group reflects a diverse membership, for example, in academia.

Peter Farley reported that since the last Board meeting he has had meetings with a number of individuals and organisations. He had a very useful meeting with Paul Scourfield and Alan Maryon Davies at the FPH; he visited the RSPH with whom the UKPHR collaborate on 'Shaping the Future of Health Promotion'.

He has had individual meetings with Judy Jones and DH colleagues to discuss the MOU/SLA. This is a four countrywide agreement, but it was confirmed it will not inhibit individual business with any of the four countries. The MOU sets out the principles, and the SLA provides the mutually agreed monitoring progress, with the expectations from the four UK health departments as to what issues they would like the UKPHR to pursue; it does have synergy with the UKPHR annual business plan.

He has also attended three Registration Panels and also attended the training sessions for the new assessors. With reference to the Registration Panel he paid thanks to George Morris and to Brendan Yates for all the time and work they give for this Panel. The assessor training was a useful insight and he is very impressed by the work that is done by everyone involved in the process.

Brendan Yates reported on the Registration Panel held this morning, and advised the Board that six new assessors are now actively assessing and further training for additional new assessors will take place in February. CVs are still being received from interested parties who have a broad range of experience, NHS experience, international from current registrants and external applicants. He reported that the Registration Panel are very pleased that Amy Nicholas has been appointed to represent the assessors on the UKPHR Board.

The Board saw a report paper on the practitioner project together with a draft of the final standards for practitioner regulation. There was a short period of consultation for these and responses received were very positive of its relevance, its simplicity and clear guidance. Lillian Somerville who has been leading the project paid thanks to the Public Health service in Wales, and to Nicky Willis from the NCSCT (National Centre for Smoking Cessation Training) and the Health Protection Agency in particular for their responses. The Board were asked to note that the HPA have suggested a collaborative approach to taking this forward.

The Board agreed the draft standards and that they will be reviewed in three years, and agreed with the HPA suggested collaborative approach. The final standards will now be sent to the FPH Standards Committee for information and comment.

Jeremy Hawker, the representative for health protection and also as an NHS employer is changing his role and will no longer be the representative on the Board. He was thanked for his invaluable contribution that he has given the Board.

The FPH/UKPHR liaison committee met in October. Amongst the items discussed were the PMETB/GMC merger, FPH membership issues or defined specialists and the workshop held by DH on 1 October.

Judy Jones reported on the regulatory review. The terms of reference have been to the four CMOs and have been agreed. The UKPHR will have sight of these and may comment as they can still be modified.

The scoping for the review is mainly around professional regulation for public health specialists but the UKPHR work around practitioner regulation will be considered within the review. In the first instance the review will be in the form of a desk top analysis and this will then produce a report of the findings and these will then be optional recommendations for consideration. This is expected initially in January 2010 with a final report for publication in February 2010. This will then be put out for consultation. Thanks were given to Judy Jones for her presentation. The Board asked Judy Jones to note that there is a need for a clear sensible communication strategy surrounding the review to all stakeholders. The Board will look forward to hearing of further progress on the review.

The meeting then closed to observers. The DH representatives and the regulator representatives left the meeting.

The next two UKPHR Board meetings will be on 19 January 2010 and 9 March 2010.