

**INTRODUCTION TO THE
UK PUBLIC HEALTH REGISTER
ROUTE TO REGISTRATION
FOR
PUBLIC HEALTH PRACTITIONERS**

This introduction consists of:

- 1. Introduction to the UK Public Health Register*
- 2. Process and Structures for Registration*
- 3. The standards for public health practitioner assessment*
- 4. Overview of process for registration for practitioners*

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UK Public Health Register
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1. INTRODUCTION TO THE UK PUBLIC HEALTH REGISTER

Underpinning principles for the UK Public Health Register:

Public protection
Fairness
Transparency
Simplicity
Robustness
Inclusivity
Collaboration

1.1 The purpose of voluntary registration

The UKPHR was established by the Multidisciplinary Public Health Forum (MDPHF), the Faculty of Public Health (FPH) and the Royal Institute of Public Health (RIPH) in 2003. Its objective is to promote public confidence in professional public health practice in all four UK countries through independent regulation, by:

- publishing a register of competent public health professionals
- ensuring through periodic revalidation that public health professionals keep up to date and maintain competence
- dealing with registered public health professionals who fail to meet the necessary standards
- promoting high standards in professional public health practice

Registration is designed to assure the public and employers that multidisciplinary public health professionals are appropriately qualified and competent. It sets standards that will be recognised throughout the United Kingdom and provide significant public protection from unprofessional or unethical behaviour. It seeks to enhance professional recognition of professional public health practice in employers, other professionals and the public. The UKPHR operates within a developing regulatory context for multidisciplinary public health, recognising that public health specialists and practitioners will come from, and may wish to continue practising within, many different professional groups.

The Register is explicit in its commitment to professional values. The general professional expectations of all UKPHR registrants are set out in the document '**Good Public Health Practice**'. Every applicant for registration must state that they understand 'Good Public Health Practice' and will abide by it. Against it will be judged any information that calls into question a professional's fitness to stay on the Register.

1.2 Who the UK Public Health Register is for

The Register is for public health specialists and practitioners from any professional background who may work in the NHS, in local government, in further or higher education, in voluntary organisations or private companies.

The Register is particularly for those public health specialists and practitioners who have no other regulatory body.

2. PROCESSES AND STRUCTURES FOR REGISTRATION

2.1 The process of registration for public health practitioners

Retrospective portfolio assessment for Specialist registration (either Defined or General through the RSS route) is carried out by UKPHR Assessors and centrally co-ordinated through the UKPHR office. This has worked well. However, because of the potential numbers of public health practitioners who may be eligible for registration, this centralised approach would be unwieldy.

Therefore the assessment of competence against standards for practitioner registration is different and has been developed around a **devolved process** where assessment and verification is carried out, and co-ordinated, through local assessment schemes. This has the advantage of moving assessment of competence nearer to the workplace and allowing for a more supported approach.

Unfortunately it also means that **the UKPHR cannot accept direct applications from individual practitioners outside of local schemes.**

Full guidance and supporting documentation will be provided to all local assessment schemes and their participants, tailored specifically for the local context.

Assessment of competence is done against standards developed by the UKPHR through an extensive series of nationally based consultations (enclosed in this pack for information). This framework of standards should become an integral part of the career development pathway and skills escalator for practitioners, developing the public health workforce and supporting the most effective delivery of the health protection and health improvement agenda.

Framework of standards

The principles used in developing the framework of standards for assessment were:

- Robustness
- Simplicity
- Capable of cost-effective implementation
- Clear focus on public health practice linked to the assessment of risk
- Feedback from practitioners and employers as to what is needed to ensure safe practice.

The standards have been developed using the Public Health Skills and Career Framework¹ as the source document. They have also drawn from both the NHS Knowledge and Skills Framework and the National Occupational Standards for Public Health and for Health Protection. The standards have been subject to two rounds of extensive consultation, and have been developed with help from public health experts from a broad range of backgrounds. They have been fully supported by the Faculty of Public Health.

Areas of Public Health Practice

The required skills and knowledge have been framed around four key areas of practice on which a public health practitioner at Public Health Skills and Career Framework Level 5 needs to provide evidence. The 12 standards within the 4 key areas concern adherence to an ethical framework and a general understanding of public health with a focus on public protection: they do not cover all the competences public health practitioners may require to do their jobs.

1. **Professional and ethical practice** – this should be at the heart of everything a public health practitioner does
2. **Technical competencies in public health** – covers the essential knowledge and skills that anyone working in public health needs to have
3. **Application of public health competencies to public health work** – this relates to the specific functions that public health practitioners undertake
4. **Underpinning skills and knowledge** – needed by all public health practitioners to act effectively and achieve improvements in population health and wellbeing.

Each standard is then further described by a total of 42 indicators of effective practice.

¹ Public Health Skills and Career Framework, 2008, <http://www.sph.nhs.uk/what-we-do/public-health-workforce/outcomes/public-health-skills-and-career-framework>

Assessment and verification processes

An applicant is responsible for providing evidence against the standards using the guidance and examples provided by the UKPHR. This evidence will be assessed by Assessors who have a sound knowledge of the area of public health practice that the practitioner is engaged in. Once the Assessor is confident that all the standards have been met the application will be passed to a local Verifier.

Practitioners will be assessed as meeting the standards by the recommendation of a local Verification Panel (VP). Assessors and Verifiers recognised by the UKPHR can be appointed **only** following the successful completion of training provided by the UKPHR. A schematic outline of the process of assessment and verification is provided at the end of this document.

Assessors and Verifiers are the custodians of the standards of practice and their roles are of the utmost importance. The UKPHR provides training and support for Assessors and Verifiers, together with quality assurance of the process including moderation. The process by which individuals are assessed must be both robust and consistent in maintaining standards, and proportionate to the risks posed to the public by the workforce. It must provide a system in which professionals, employers and the public can have confidence.

The assessment process should be supportive and the applicant is not expected to submit all the evidence and commentaries at one time. The process should be embedded as far as possible in existing infrastructures for continuing professional development (CPD), providing a supportable system and one that is sustainable into the future.

The assessment process should be transparent: to help to ensure this the applicant and Assessor will share the **assessment log** as an open document between them. The assessment log is the record of the progress and outcome of the assessment, and provides an audit trail.

Once an application has been verified, the completed assessment log will be returned to the applicant. Unless the portfolio is selected for moderation by the UKPHR, the Verification Panel will send a record of all successful practitioners to the UKPHR Registration Panel. The practitioners may then proceed to apply for registration with the UKPHR.

There is a 3 month time limit between the date of the certification of assessment and the date by which application may be made to the UKPHR for registration. Late applications will not be considered but will be referred back to the local Verification Panel.

Successful applicants will be awarded a UKPHR Registration Certificate valid for 5 years (this will be kept under review as revalidation processes are developed), provided

the annual fee is paid. Registrants will be reminded annually about the importance of maintaining their Continuing Professional Development.

As part of the process of registration, Certificates of Good Standing will be required from other regulatory bodies where appropriate.

Registration Procedure

- a. The UKPHR Registration panel will consider applications consisting of:
 - a completed application form (available through the local assessment scheme), including a declaration concerning willingness to adhere to 'Good Public Health Practice'
 - a CV detailing relevant qualifications, training and experience, and a current job description if appropriate
 - a testimonial in support of the portfolio
 - a reference from someone familiar with the applicant's current work
 - a description of arrangements for Continuing Professional Development, which will be an annual requirement.
- b. Recommendations from the Verification Panel will be reviewed by the Registration Panel which meets regularly for this purpose. This will include:
 - the relevant Certificate of Assessment
 - minutes of the relevant VP meeting
 - a summary of the Assessor and Verifier comments relevant to the individual applicant
- c. Applicants will receive the decision on admission to the register once ratified by the UKPHR Board

Registration Fees

Current fees: £20 administration fee, first year subscription fee of £75, annual retention fee £75.

Moderation

The applicant is responsible for keeping a copy of the complete portfolio of evidence. This evidence will not routinely be submitted to the UKPHR, although a sample of applications will be called in for moderation or audit. The UKPHR has the right to moderate up to 100% of applications if it is felt appropriate.

Ideally the moderator role would include liaison with both Assessors and Verifiers to provide support and to ensure early identification of any problem areas or issues of interpretation. However given current constraints, moderation may be limited to attendance at and participation in the Verification Panel meetings.

Retrospective audit of both the application process and the assessment will also be an important part of quality control.

Appeal process

Applicants may appeal against a decision that they have not met the practitioner standards following assessment and verification.

The purpose of the appeal procedure is to allow an applicant to challenge any perceived flaw in the handling of their application, on the grounds either that the decision was not warranted on the basis of the information provided, or because the procedure was faulty. The onus will be on the practitioner to establish that the decision should be reviewed.

2.2 Pilot Practitioner Assessment Schemes

The assessment and verification processes are currently being piloted across 4 public health communities:

- Public Health Wales
- NHS South Central
- NHS Kent and Medway
- NHS West Midlands

Over 200 public health practitioners are involved in these pilot schemes.

An independent evaluation of the Welsh pilot has been carried out by Public Health Wales and copies are available on request.

Work is already underway to see how these pilot schemes might continue, although there are challenges in England with major infrastructural transition.

UKPHR will do all that it can to support both the continuation of pilot schemes into the future and to support the development of assessment and verification schemes in other areas. A UK wide group has already been established and interested parties from areas outside the pilot schemes are already linking into this network to see how to develop local schemes in their areas.

2.3 Administration of the UK Public Health Register

The Register is administered by a not-for-profit company. This arrangement protects the independence of the Register.

The Register is kept secure and protected against falsification and procedures comply with the Data Protection Act.

2.4 Governance

The UKPHR Board has a Chair and Vice Chair elected by the Company Directors. The Board is accountable for the registration of multidisciplinary specialists and practitioners in public health, regulating and monitoring their education and training leading to eligibility for registration, and will cancel registration in cases of unprofessional or inappropriate conduct. In 2009 the constitution of the Board was reviewed and a new Board established. In 2011 the number of Company Directors was expanded.

Advisory Group: The UKPHR Board is required to take advice from an Advisory Group, in order to ensure that a wide range of interests not directly represented on the Board itself have a direct role in shaping the policies of the UKPHR, and that it is well placed within the public health development process. The Advisory Group reaches out to all sectors (NHS, local government, voluntary sector, higher education) and the main professional groups with an interest in public health.

Education and Training Committee: The Education and Training Committee advises the UKPHR Board on the ratification of educational qualifications and training requirements, and on standards of appraisal and Continuing Professional Development to maintain registration.

Membership is drawn from the Board and other members are co-opted to provide specialist advice. There is close collaboration with the education functions of a number of professional, standard setting and regulatory bodies in public health.

Fitness to Practise Committee: see section 4.

Registration Panel: The Registration Panel meets regularly to review and approve the recommendations of Assessors for general and defined specialist registration. The specialist assessors have regular input to these meetings. The Registration Panel has undertaken a central role in considering and agreeing Assessors' recommendations. For practitioner registration, however, the assessment and verification processes are being devolved to local level. Therefore the UKPHR Registration Panel will have a different role.

The UKPHR Registration Panel will ensure that standards are consistent across the different local schemes as they develop, by considering the outcome of moderation and

issues arising from feedback from local scheme Verification Panels. Everything possible will be done to ensure the integrity of the assessment process and the fair and impartial consideration of applications.

The UKPHR Board also has a quality assurance role and will exercise it from the outset, given the importance of the decisions the assessors are making.

3. MAINTAINING STANDARDS

Revalidation procedures: Initially registration is for five years. Before the end of the five year period of registration, the UKPHR Board requires to be satisfied that the practitioner remains fit to practice. For this purpose, the Board will follow revalidation procedures recommended by its Education and Training Committee. They will be built around a programme of Continuing Professional Development (CPD) based on 'Good Public Health Practice'.

The UKPHR is already working with the Royal Society for Public Health, the Faculty of Public Health and the Chartered Institute of Environmental Health to ensure professionally based accredited CPD programmes, accessible to practitioners, are rapidly developed.

Re-entry requirements for registrants who come off the Register for a few years, e.g. parents raising children, practitioners undertaking non-public health jobs, will be based on appraisal and CPD as above. The Education and Training Committee will advise the Board in due course on the minimum period of return to practice that will be required before a practitioner can apply to be re-admitted to the Register. The Board may wish to consider maintaining a branch of the Register for those practitioners who are not currently active.

4. TAKING ACTION TO MAINTAIN STANDARDS

Regulation is about defining, sustaining and raising standards. The UKPHR Board will occasionally receive information suggesting that a practitioner is not meeting the general professional expectations set out in 'Good Public Health Practice' because of:

- their professional conduct
- their performance
- their state of health

The UKPHR Board will deal firmly and fairly with these cases. It will consider every complaint thoroughly and take action when justified. This could lead to advice, counselling or retraining, a reprimand or, if necessary, suspension from the Register or being struck off it.

The UKPHR Board has a ***Fitness to Practice Committee*** which deals with all fitness to practice issues, whether related to professional conduct, health or performance. The

Board will approve the disciplinary procedures and any changes to them. It will also approve the code of conduct (currently 'Good Public Health Practice') against which any complaints will be judged. The outcomes of cases handled by a disciplinary group will be reported to the UKPHR Board. If it feels that adjustment to the procedures or the code of conduct is required in the light of developing case law, the Board can approve changes.

Whilst working within these policies and procedures set by the Board, in order to comply with the European Convention on Human Rights, the Fitness to Practice Committee must be independent of the Board in its handling of individual cases. The Chairman and individual members of the Investigation Committee, Disciplinary Tribunal and Appeal Panel will be selected for the hearing from a pool of lay and professional members maintained by the UKPHR for that purpose. Its members will play no part in the other business of the UK Public Health Register. The Register Manager will act as secretary to the Committee but play no part in its decisions.

STANDARDS FOR PUBLIC HEALTH PRACTITIONER ASSESSMENT

Area 1: Professional and ethical practice

1. Recognise and address ethical dilemmas and issues – demonstrating:
 - a. knowledge of existing and emerging legal and ethical issues in own area of practice
 - b. the proactive addressing of issues in an appropriate way (eg challenging others' unethical practice).
2. Recognise and act within the limits of own competence seeking advice when needed
3. Act in ways that:
 - a. acknowledge and recognise people's expressed beliefs and preferences
 - b. promote the ability of others to make informed decisions
 - c. promote equality and value diversity
 - d. value people as individuals
 - e. acknowledge the importance of data confidentiality and disclosure, and the use of data sharing protocols
 - f. are consistent with legislation, policies, governance frameworks and systems.
4. Continually develop and improve own and others' practice in public health by:
 - a. reflecting on own behaviour and practice and identifying where improvements should be made
 - b. recognising the need for, and making use of, opportunities for personal and others' development
 - c. awareness of different approaches and preferences to learning
 - d. the application of evidence in improving own area of work
 - e. objectively and constructively contributing to reviewing the effectiveness of own area of work.

Area 2: Technical competencies in public health practice

5. Promote the value of health and wellbeing and the reduction of health inequalities – demonstrating:
 - a. how individual and population health and wellbeing differ and the possible tensions between promoting the health and wellbeing of individuals and the health and wellbeing of groups
 - b. knowledge of the determinants of health and their effect on populations, communities, groups and individuals
 - c. knowledge of the main terms and concepts used in promoting health and wellbeing,
 - d. knowledge of the nature of health inequalities and how they might be monitored
 - e. awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing.
6. Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group – demonstrating:
 - a. knowledge of the importance of accurate and reliable data / information and the anomalies that might occur
 - b. knowledge of the main terms and concepts used in epidemiology and the routinely used methods for analysing quantitative and qualitative data
 - c. ability to make valid interpretations of the data and/or information and communicate these clearly to a variety of audiences
7. Assess the evidence of effective interventions and services to improve health and wellbeing – demonstrating:
 - a. knowledge of the different types, sources and levels of evidence in own area of practice and how to access and use them
 - b. the appraisal of published evidence and the identification of implications for own area of work

8. Identify risks to health and wellbeing, providing advice on how to prevent, ameliorate or control them – demonstrating:
 - a. knowledge of the risks to health and wellbeing relevant to own area of work and of the varying scale of risk
 - b. knowledge of the different approaches to preventing risks and how to communicate risk to different audiences.

Area 3: Application of technical competencies to public health work

9. Work collaboratively to plan and / or deliver programmes to improve health and wellbeing outcomes for populations / communities / groups / families / individuals – demonstrating:
 - a. how the programme has been influenced by:
 - i. the health and wellbeing of a population
 - ii. the determinants of health and wellbeing
 - iii. inequalities in health and wellbeing
 - iv. the availability of resources
 - v. the use of an ethical framework in decision making/ priority setting.
 - b. how evidence has been applied in the programme and influenced own work
 - c. the priorities within, and the target population for, the programme
 - d. how the public / populations / communities / groups / families / individuals have been supported to make informed decisions about improving their health and wellbeing
 - e. awareness of the effect the media has on public perception
 - f. how the health concerns and interests of individuals groups and communities have been communicated
 - g. how quality and risk management principles and policies are applied.
 - h. how the prevention, amelioration or control of risks has been communicated

Area 4: Underpinning skills and knowledge

10. Support the implementation of policies and strategies to improve health and wellbeing outcomes – demonstrating:

- a. knowledge of the main public health policies and strategies relevant to own area of work and the organisations that are responsible for them
- b. how different policies, strategies or priorities affect own specific work and how to influence their development or implementation in own area of work
- c. critical reflection and constructive suggestions for how policies, strategies or priorities could be improved in terms of improving health and wellbeing and reducing health inequalities in own area of work
- d. the ability to prioritise and manage projects and/or services in own area of work.

11. Work collaboratively with people from teams and agencies other than one's own to improve health and wellbeing outcomes – demonstrating:

- a. awareness of personal impact on others
- b. constructive relationships with a range of people who contribute to population health and wellbeing
- c. awareness of:
 - i. principles of effective partnership working
 - ii. the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes
 - iii. the different forms that teams might take

12. Communicate effectively with a range of different people using different methods.

OVERVIEW OF THE PROCESS FOR REGISTRATION FOR PRACTITIONERS

