

Summary

UK Public Health Register

Meeting of the Board held on 14 September 2010 at the Chartered Institute of Environmental Health, Chadwick Court, 15 Hatfields, London SE1 8DJ

Present:	Peter Farley (Chair)	Lillian Somerville (Vice Chair)
	Paul Robinson	Jonathan Sexton
	Fiona Sim	Brendan Yates
	Antony Townsend	Fiona Harris
	George Morris	Gabe Docherty
	David Williams	Sara Roberts
	Amanda Little	Paul Scourfield
	Hilde Rapp	Steve George
	David Pattison (observer)	Naresh Chada (observer)
	Neil Roberts (observer)	David Pattison (observer)
	Zoë Clarke (observer)	Rodrigo Voss (observer)
	Sarah North (secretary)	

Christine Braithwaite (for part of meeting)

Peter Farley welcomed everyone to the meeting and an additional welcome to Christine Braithwaite from the CHRE (Council for Healthcare Regulatory Excellence) who will be presenting to the Board. There were no declarations of interest.

The Board noted that there was no DH England representation and it was envisaged that there may be some news from the Regulatory Review. Representatives attended from N Ireland and Scotland and apologies were received from the Welsh Assembly Government.

Apologies were received from Chris Tudor-Smith, Judy Jones, Gail Douglas, Amy Nicholas, Anthony Kessel and Alison Wall.

Christine Braithwaite gave a presentation on behalf of CHRE. CHRE currently oversees only statutory regulators but may now be used to review voluntary regulators. This will be decided at the end of this year. Its guidance is applicable equally to voluntary regulators. It is an arms length body, independent of the Department of Health and oversees 9 health regulators (UK wide). It promotes the interest of the patients, healthcare professionals and the public.

One of its powers is in relation to fitness to practise cases which may be referred if the condition placed on the defendant is considered too lenient. Cases may be referred to the High Court to establish a fair condition. The Board were asked to note that the number of referrals to CHRE has dropped and this may be in part due to initial fitness to practise procedures being audited as well as final outcomes, which can strengthen initial procedures, thereby reducing the number of referrals.

CHRE conduct an annual review of each regulator against the standards; it has recently reviewed the General Teaching Council, the General Social Care Council and the Nursing and Midwifery Council at their request.

It is commissioned by the Government to carry out reviews UK wide to enhance good regulatory practise. A paper has recently been produced which is available on the CHRE website called Right Touch Regulation. CHRE report to government through the Privy Council. It is also looking at whether it can look at complaints made against the regulator itself. This is currently being considered.

The government is considering extending the remit to voluntary registers as this government prefers the voluntary approach to statutory. It is considered that this allows more local control and flexibility; CHRE will set the standards for the voluntary regulators and these will be similar to the HPC standards.

It was recommended that the UKPHR look at the CHRE standards and look at where it meets those standards, and CHRE will work with the register to guide in what changes it should make. Also CHRE would be interested to learn more about the risks associated with public health professionals.

Christine Braithwaite was thanked by Peter Farley and it was agreed that the UKPHR will meet with Christine again to discuss level of risk etc.

The minutes from the May 2010 Board were approved.

There has been no firm news on the regulatory review. It is rumoured that the review report will be tied in with the Public Health White Paper, due at the end of the year, but the UKPHR would hope to have sight of a report before then. N Ireland advised that it has received no news from the review and has had no active engagement since March at the steering group meeting held in Westminster City Hall. Scotland advised that it is in the same position. The Board noted that no formal minutes have been produced from the meeting in March. The Board were also asked to note that there are constitutional issues surrounding the White Paper as it only covers England.

The work on revalidation is progressing and the working group has been undertaking work with the FPH and will be broadening its membership. A survey has been sent to the UKPHR registrants to find out how they are currently placed in regard to meeting revalidation requirements eg cpd etc. This will help the register to ascertain the extent of the work it should undertake. The group will look at other revalidation models, apart from the GMC which is the current sample model most used.

Two draft documents have been produced by DH for an MOU and an SLA; the MOU is acceptable but there is further work required on the SLA before signing. With no attendance from DH England today this matter cannot be taken further today.

The new draft version of Good Public Health is currently out being piloted and any comments from the UKPHR will be incorporated in the final version.

The UKPHR and the FPH have met recently in two groups, one is the group where the roles of both organisations are being more clearly defined, and the second is the liaison group where common issues are raised. Both these groups are effective groups and will continue to meet on a regular basis.

Peter Farley reported that he has been in the Chair role for a year. When he came to the Chair the Regulatory Review was being talked about and this is still not completed. The register numbers have increased, activities and projects are continuing and the functions are progressing well. He paid thanks to Fiona Sim, Lillian Somerville and the UKPHR staff for their work and support.

He paid thanks to Hilde Rapp who has been an effective lay member of the UKPHR Board but unfortunately has resigned as she has commitments overseas.

Paul Scourfield has resigned as company secretary and Peter Farley thanked him for his work. Paul Scourfield will remain on the UKPHR Board as an observer from the FPH.

He advised that the UKPHR will be sending a response to the White Paper – Equity and Excellence: Liberating the NHS. It is important that the UKPHR respond as the climate will change particularly in regard to public health; it could impact on the public health capacity and functions. The Board also noted that if the other three countries produce any equivalent papers of relevance to the UKPHR these need to be sent responses.

The Board saw two papers from the Registration Panel. There is a report which summarises the figures for admission and those considered up to the August meeting. The total on the register is now 474.

The Board were asked to note that Robin Knill-Jones and Jackie Spiby have resigned as assessors and the Board thanked them for all the work that they have done over the last few years.

The Board ratified the decisions from the Panels for June, July, August and September.

The Board was asked to consider a paper outlining a process for moving from the defined arm of the register to the generalist arm. An enquiry has been received from an individual currently on the defined register.

Proposals have been made concerning process; it was decided that some require further discussion, the proposal needs amending, so this will be brought back to the Board in November for a decision. The principle has been agreed previously by the Board; it is the actual process which requires consideration.

The UKPHR has a successful Stakeholder Group which is run by Amy Nicholas, A UKPHR assessor, who has produced a short paper for today's meeting. This group is identifying the UKPHR stakeholders and assessing how it may improve and extend communication and also assesses the interest and influence that these stakeholders may have on the work of the UKPHR.

The terms of reference of the Education and Training Committee are under review as there is an overlap with the Registration Panel, and the Education and Training Committee are working with Brendan Yates the Vice Chair of the Panel to resolve this.

It was confirmed that the UKPHR needs to establish stronger links with trainees on the FPH training scheme. The GMC in part of its survey of training programmes does not survey trainees who are not medically qualified so this will have to be considered by the Board. The UKPHR needs to consider if it is the appropriate body who should quality assure the training programmes in the same way that the GMC does for medics, and how it will undertake this task.

The Education and Training Committee discussed whether the passing of the FPH Part A examination was considered sufficient to satisfy the knows how competencies for the portfolio assessment route of the UKPHR. A statement on this will be prepared to go on the website.

The decision is that it is not acceptable as evidence of the 'knows how', as the portfolio assessment route requires demonstration of the acquisition of learning through a structured approach/process.

This Committee will also look at the new curriculum for the RCS Dental Public Health Training programme and then make a recommendation to the Board.

A review has been recommended and agreed by the UKPHR Board for the defined and the generalist routes. It is yet to be decided who will carry out this review.

There has been a second training day for panellists for the Fitness to Practise Panels; none are members of the Board, they are independent, but experienced panellists with other regulators. These panellists are in addition to the others who are already trained on the established panels.

Lillian Somerville and Jenny Griffiths have been supporting a local assessment pilot for practitioners in Wales and also in NHS South Central, and have now had enquiries for another in Kent and Medway. Those going through the pilot in Wales should be finished by March.

Fiona Sim, the UKPHR Registrar, reported on a visit that she recently made to see Tony Jewell, the Welsh CMO at the UKPHR's request. It was a cordial meeting also attended by Chris Tudor Smith, The UKPHR Board representative and Clare Barley, who is working on the practitioner pilot in Wales. There is great support from Wales for both the specialist register and the practitioner work.

The dates for the UKPHR Board meetings for 2011 have been confirmed.

The risk register has been amended to reflect the recent Public Health Regulatory review and the Board approved the changes.

The next meeting will be on 9 November 2010 and will be held at CIEH.