

Record of proceedings

of the second meeting of UK Public Health Register's Consultative Forum held on Friday 25th April 2014 at the Birmingham & Midlands Institute, Margaret St, Birmingham B3 3BS

PRESENT:

Jonathan Bardill (PHORCaST), Claire Barley (PHW), Colleen Campbell (AfN), Claire Cotter (UKPHR), Pauline Craig (NHS Scotland & CMO Scotland), Mark Dexter (GMC), Fiona Elwood (NOHPG), Elaine Gardner (British Dietetic Assoc), Margaret Gough (Coventry University), Linda Hindle (British Dietetic Assoc), Charlotte Jeavons (Greenwich University), Tony Lewis (CIEH), Brendan Mason (FPH), Sheila Merrill (RoSPA), John Middleton (FPH), Martin Murchie (Soc of Sexual Health Advisors), Dr. Adrian Phillips (DPH, Birmingham), Alison Ross (Department of Health), Anna Sasiak (PHE), Patrick Saunders (UKPHR), Lisa Shendge (UKPHR), Fiona Sim (RSPH), Bryan Stoten (UKPHR), Nairn Wilson (UKPHR Registrar), Carrie Wood (UKPHR) and UKPHR paid staff Andrew and David.

APOLOGIES:

Clare Black (NHS Ayrshire & Arran), Catriona Carson (NHS Greater Glasgow & Clyde), Naresh Chada (DHSSPSNI), Joanne Bosanquet (PHE Nursing Directorate), Nicola Close (ADPH), Helen Donovan (RCN), Jenny Douglas (Open University), Amanda Fletcher (UKPHR), Phil Garrigan (CFOA), Ashley Goodfellow (AfN), Selena Gray (UKPHR), Jane Groves (NHS Highland), Michael Guthrie (HCPC), Fiona Harris (UKPHR), Jeremy Hawker (UKPHR), Anne Hinchcliffe (PHW), Louise Holden (UKPHR), Gareth Holyfield (RPSGB), Ruth Hussey (CMO, Wales), Sally James (UKPHR), Linda Jones (UKPHR), Lorraine Lighton (PHE), Sue Lloyd (UKPHR), Karen McGuigan (NHS Lanarkshire), Klim McPherson (UK Health Forum), Amy Nicholas (UKPHR), Sara Osborne (CRUK), Richard Parish (UKPHR), Martha Pawluczyk (GPhC), Ingrid Perry (NOHPG & 543 Dental Care Centre), Krishna Regmi (University of Bedfordshire), Jonathan Roberts (Soc of Sexual Health Advisors), Ruth Robertson (Health Protection Scotland), Di Roffe (PHORCaST), Jane Royale, Ben Scanlon (NMC), Sharon Sawyers (TSI), John Sleith (APHA & EH Chief Officers), Jane Thomas (Swansea University), Edward Tynan (HCPC), David Walker (CMO England)

UKPHR's Chair Professor Bryan Stoten welcomed everyone. He emphasised the multi-disciplinary nature of public health practice, acknowledged the challenges of delivering good quality public health services due to, for example, budget cuts and referred to UKPHR's own challenge as it awaits an outcome of the Government's decision on statutory regulation of specialists by HCPC. He referred to the growing number of practitioners registering and spoke of a prize of building up a competent, regulated public health workforce. He referred to last year's changes to the public health system in England, especially the new roles of local authorities and CCGs, but reminded everyone that registration is UK-wide and there is good practice to learn from in all parts of the UK.

Dr Adrian Phillips, Director of Public Health for Birmingham, welcomed members to Birmingham and spoke to a presentation entitled "Birmingham's Public Health Challenges and how to tackle them". [Dr. Phillips' presentation is on UKPHR's website¹]. Dr. Phillips answered questions on his presentation and emphasised that he and his team are focussed on the priorities identified in the City's health and wellbeing strategy.

John Middleton and Sheila Merrill opened a debate on "*What is the proper role of a public health regulator in helping the public health workforce achieve its public health outcomes?*".

¹ <http://www.ukphr.org/node/228>

John Middleton, FPH Vice President, made three points: (1) Public health is not a single specialty's problem, it has multiple sources and needs multiple disciplines to address them working together, an approach he has seen encouraged in the West Midlands local practitioner registration scheme; (2) Registration and regulation and greater recognition of practitioners is an important role for UKPHR to carry out; (3) Whilst the Faculty supports statutory regulation of specialists it has said that a statutory regulator has to demonstrate that regulation can be achieved in a reasonable timescale, that it has knowledge of public health and that it is committed to revalidation. He said that HCPC appears to be deficient in the second and third of these and he has been part of discussions on a continuing role for UKPHR in the future.

Sheila Merrill, Public Health Advisor to RoSPA, spoke to a presentation which linked public health outcomes and accident prevention. [Sheila Merrill's presentation is on UKPHR's website²]. She took a broad view of a regulator's role in helping the workforce to meet the public health outcomes. She drew attention to a number of indicators in the Government's Public Health Outcomes Framework (PHOF) which are accident focussed. There are 14,000 deaths a year due to accidents, most occurring in home or leisure. By "preventable years of life lost" accident prevention is the top priority. RoSPA's publication "*The Big Book of Accident Prevention*", funded by the Department of Health and supported by PHE, is available for downloading and since published last June there have been 26,000 downloads. Accident prevention should be a public health priority and will have a positive impact on public health outcomes. She referred to a recent Gas Safe campaign which was proven to have saved 3 families' lives through the use of CO monitors.

The Following points were made in the debate which followed: Dual registration is common; There are areas of PH activity with no regulation; Accredited voluntary register status adds value; Registration of practitioners brings recognition of front-line public health work; The changing face of regulation, for example, NMC's review and its Part 3 register; Regulators should ensure standards allow for innovation and promote professional development (GMC a good example); A regulator can be a voice for public health; There should be accountability for the PHOF indicators and there should be teeth to ensure they are met; Regulators should regulate their registrants inclusively; Many workers in dentistry are not eligible for GDC regulation yet they work in dental public health; Keep in mind the justification for regulation, namely public protection, and in terms of risk of harm, front-line workers have direct public contact; There is strength in specialists and practitioners being in the same regulatory system; There is a relationship between regulation and career pathways; There has to be a focus on skills and knowledge and continuous development of them; Recognition of Advanced Practice would be useful.

In summing up, John Middleton said that people working in public health are in positions of trust which justifies regulation. Increasingly employers require public health employees to be appropriately regulated. The Faculty's review of the curriculum is addressing skills gaps which have been identified. Sheila Merrill said that a wide range of workers deliver health and wellbeing advice and services and many of them should be seen as members of the public health workforce.

UKPHR's Registrar Professor Nairn Wilson reported. He pointed out that registration has value to employers and commissioners of services as well as registrants individually. UKPHR wants to promote the value of getting onto its register. Once on the register, it is important to keep up skills and knowledge and UKPHR has approved a CPD policy for practitioners. In due course a form of revalidation will also be devised.

UKPHR wants all in the public health workforce to be regulated. UKPHR is developing provisional registration. On Specialists, UKPHR is working to increase the number of volunteer assessors and mentors. If specialists are transferred to HCPC, UKPHR will help facilitate a safe transition. UKPHR is committed to revalidation. UKPHR promotes reflective thinking by registrants, is committed to modern, right-touch regulation and welcomes all Forum members' contributions.

He answered questions about dual registration, co-operation between regulators registration fees.

² Ibid

After lunch, Patrick Saunders, UKPHR Board member and a training provider, gave a presentation about the operation of the West Midlands local practitioner registration scheme. He spoke to a presentation. [The presentation is on UKPHR's website³]. He answered questions and there was interest in the programme of master classes he had shown and the funding of the local scheme.

UKPHR's Chief Executive, David Kidney, fed back on developments since the Forum met in November. Membership invitations were sent out as suggested by Forum members. UKPHR has collaborated with colleagues in Lithuania and offered to pilot accreditation of providers of CompPH training. There are now nine practitioner registration schemes⁴. There are plans to add schemes this year in East of England, the rest of London and South-West England. Each local scheme is locally funded and organised with support variously from Health Boards in Scotland, HEE, local authorities, individual DsPH and groups of DsPH, PHE and PHW. An application to PHE to fund UK-wide practitioner registration was turned down with feedback on four issues (need for evidence of employers' demand, doubt as to capacity of volunteer assessors to meet demand, need for assurance of financial sustainability of practitioner registration and need for any financial contribution to be non-recurrent). UKPHR will continue to grow practitioner registration incrementally, scheme-by-scheme until all the UK is covered. UKPHR has achieved accreditation of its register under the scheme run by the Professional Standards Authority called AVR (Accredited Voluntary Registers). He thanked Forum members for taking part in the consultation on a new CPD policy for practitioners and said the constructive responses received had helped improve the policy. It was a vindication of the stated aim of the Forum to operate "virtually" between meetings. He also mentioned UKPHR's plans for Advanced Practitioner status and planned improvements to UKPHR's website. In answer to a question he said UKPHR has invited would-be applicants for specialist registration to notify UKPHR of their intention to apply and will formalise this when the Government's plans for statutory regulation are announced publicly.

The Forum concluded with a round-up from around the UK:

NORTHERN IRELAND - Unfortunately, Naresh Chada was ill and unable to attend the Forum and has been asked to provide a written report.

WALES – Claire Barley of Public Health Wales described plans to introduce revalidation for multi-disciplinary specialists working in Wales from September. She described the design of an intended pilot to recognise Advanced Practitioner status Benefits include recognition of level of working, valuing contributions and providing a goal additional/alternative to specialist. A design for the requisite competences at Levels 7 and 8a of the Public Health Skills and Knowledge Framework (PHSKF) has been completed with a core element and optional modules for specialising.

A cohort of Health visitors has expressed interest in applying for practitioner registration. New registrants are asked to commit to carrying out two assessments of portfolios for the scheme in the year following registration. The scheme has a full learning programme, including work-based learning. A scoping study is being undertaken to assess the learning needs of those working at Levels 3 & 4 who might wish to progress to Level 5 and achieve practitioner registration. Wales' version of the NHS Leadership Framework has reflective comment and CPD as significant elements. Thought is being given to revalidation for practitioners. In answer to questions, Claire (1) Thanked Tony Lewis for an offer of CIEH support for learning programmes; (2) Confirmed that the thinking around Levels 3 & 4 learning included accreditation and qualifications and would be intended to be transferrable beyond Wales; (3) Confirmed that RSPH courses and qualifications are being considered; (4) Wales would be willing to contribute to a review of PHSKF.

³ Ibid

⁴ "Kent, Surrey & Sussex", London North-Central & East, North-East England, Oxford, Wales, Wessex, West Midlands, West of England and West of Scotland

ENGLAND – Alison Ross of the Department of Health said Kathryn Rowles of PHE with a reference group is designing a skills passport tool. PHE will also lead a review of PHSKF Levels 5-9. PHE, FPH and LGA are working on a guide on desirable skills mix for local authorities' public health teams. The Public Health Workforce Advisory Group held a workshop on 6th March was well attended from around the UK which considered progress implementing the Department's Workforce Strategy. 5 key themes were identified (Data & Intelligence on workforce; Workforce sector-specific plans, for example scientists; Regulation & registration; Education & training; Ownership of the public health system). Recommendations arising out of the workshop included: A narrative would be helpful; Practitioner development needs more attention; Communication across the public health system needs strengthening; Inter-dependencies need attention.

HEE is working on the migration of PHORCaST's careers website to its "Health Careers" website. It has also established a PH Advisory Group. The Faculty is reviewing the training curriculum. AR is on a group working to develop a minimum data set for the public health workforce (define roles and functions, develop National Occupational codes and persuade employers to use the codes). DH is funding the PH Leadership Programme and Aspirant DsPG programme. PHE is working on a Talent Management programme. The Centre for Workforce Intelligence (CfWI) has surveyed public health specialists and the report is due out soon. Anna Sasiak of PHE said CfWI is also carrying out: (1) A stock-take of scientific workforce; (2) Mapping of the Knowledge & Intelligence workforce; (3) Review of public health nursing.

The Government intends to proceed with statutory regulation of public health specialists by HCPC in this Parliament either through a Bill or a Section 60 Order. DH is working on a consultation paper to accompany the latter option. HCPC would need some time to plan and implement the scheme.

In answer to questions Alison said that the CfWI survey reveals some dissatisfaction among specialists working for local authorities but it is not a major problem and she is not aware of any change in public policy as a result of UKPHR achieving AVR status.

SCOTLAND - Pauline Craig, Head of Equality at NHS Health Scotland, said the CMO, Sir Harry Burns, has retired and there is an Acting CMO in place until after September's Referendum. Scotland has the same problem of poor data on the PH workforce with many senior PH workers classed as managers. There are in fact specialist registrants in PH Consultant posts and senior management posts. To date most practitioner registrants tend to be working in health improvement. Unlike England the structures have not changed. PH work tends to be diffused which makes career pathways unclear. However, a focus now on integration through health and social care partnerships should bring PH skills and knowledge closer to communities. There is also a noticeable re-focussing on health inequalities in Scotland through core mainstream services and health improvement services. There is a need to develop more "softer" skills in the PH workforce.

Wilma Reid, Ruth Robertson and Jane Cantrill are PH workforce contacts. There is standstill in promoting specialist registration. Some Consultant posts still require health protection skills.

The West of Scotland practitioner registration scheme is supported by the four Health Boards in that area. There has been a narrow health improvement focus which needs to be broadened out. The scheme is reliant on volunteers and insecure funding but the co-ordinators are trying to get traction for practitioner registration nationally. NHS Health Scotland could perhaps consider the involvement of its own workforce in practitioner registration. Perhaps once the Referendum has been held and a new CMO appointed Scotland can bring fresh impetus to this agenda.

At 15.30 the Chair Bryan Stoten thanked members for attending. He said a note of proceedings would be distributed and the presentations would be on UKPHR's website. He stressed the importance of maintaining a UK-wide focus. Statutory regulation of specialist registrants by HCPC would require UKPHR to take action to ensure its financial sustainability including cost savings across all headings and achieve efficiencies. He closed the meeting.