

Progress Report on Revalidation January 2010

The aim for the Register is to ensure a system of revalidation that is rigorous, timely, effective, affordable and appropriate to its multidisciplinary and multiprofessional membership, and that is equivalent to those in public health being revalidated by other, mainly statutory, regulators.

Our revalidation system will be based on the 5 principles of regulation – it should be transparent (clarity of standards / remediation process); equitable; consistent; proportionate; and targeted where action needed. In addition, the regulatory system needs to sustain the confidence of both public and professionals. It should contribute to ensuring and maintaining a high quality workforce.

The aim of revalidation will be the affirmation of good practice. Revalidation should involve affirmation of competence in the field in the registrant's current sphere of practice. It will complement other governance processes at local level. Revalidation will be based on the competence required for the job(s) the registrant is doing during the period of revalidation. It is proposed that this period is 5 years.

As this is a specialist Register, there will be a single system of revalidation which will not have separate components such as in medicine, where there will be relicensing and recertification (relating to the general and specialist registers). Thus retaining registration will be the sole mechanism of regulation – i.e. a registrant is deemed to be fit to practise as a public health specialist (unless the registration has been called into question as a result of complaints received relating to conduct, performance or health, which requires further exploration by the Register).

The programme should not create unnecessary burdens, but should be proportionate to the risks and benefits. Where a member is also seeking revalidation from another regulator for a separate professional area, the additional burden to the individual will be kept to the minimum through collaboration.

Annual professional appraisal (which has been described by DH as “enhanced appraisal”) will be the central vehicle in the revalidation system. This will include multi- source feedback [MSF]. This will be linked to satisfactory participation in CPD. Compliance with the CPD requirements for the registrant's professional body will be thus a requirement for revalidation. This is likely to be based on a portfolio of evidence collected over each year of the revalidation cycle. The smooth implementation of revalidation will be largely dependent on local systems being in place. Further work is required to clarify the nature of this process and how remediation, where needed, will take place.

UKPHR recognises that, at present, it is not mandatory for NHS public health specialists other than registered medical or dental practitioners to participate in annual professional appraisal. We shall therefore wish to recommend to the NHS that such appraisal becomes the norm for all public health specialists, which will require

reconciliation with existing NHS management appraisal systems. The ultimate aim is for the revalidation system is to be equivalent and meeting the same standards for all public health specialists, regardless of professional background or type/place of employment.

The position of trainees remains to be resolved. At present, there is no registration with UKPHR for people in specialist public health training and so no scope for revalidation for trainees. We intend to revisit these matters with representatives of trainees during 2010.

The Register will receive the proposals for Revalidation systems from relevant professional bodies and will approve all of those that are considered adequate and reach the standards required. The basis of the standards is anticipated to be *Good Public Health Practice*.

For any registrants not currently a member of an approved professional body, the registrant will be expected to arrange oversight for revalidation from one of the relevant approved bodies. Assuming that the registrant met the standards of that body, the professional body concerned would then issue "a positive statement of assurance" about the registrant.

At the present time it is impossible to say what impact, if any, the introduction of revalidation will have on registration fees. We are very conscious of the need to minimise the financial burden on registrants.

The timescale for implementation of revalidation nationally remains uncertain, but is likely to commence during 2011. It is our intention that revalidation for UKPHR registrants will be implemented alongside revalidation for public health doctors.

We note that the Faculty of Public Health has submitted proposals on *specialist standards* to the GMC and these have been approved in principle. The detailed approach to *assessment of standards* in the domains of public health practice has also been prepared along with an *Appraisal and Revalidation Checklist*. The Register will wish to consider these in the near future.

Further work: in 2009 UKPHR submitted proposals to the Department of Health to proceed with work to develop its revalidation infrastructure. We are pleased that DH has recently made a commitment to support work on developing the revalidation system to be conducted in partnership with the Faculty of Public Health and others during 2010 and 2011.