

# UKPHR Newsletter

## Spring/Summer 2017

Professional Standards Authority has approved the renewal of its accreditation of UKPHR's register. This is a terrific endorsement of the consistency UKPHR has brought to its policies and procedures in recent years.



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# UKPHR

## Public Health Register

Protecting the public – improving practice



## Revalidation – what's next?

*David Kidney*  
Chief Executive, UKPHR

UKPHR is planning to replace its existing 5-yearly re-registration process with revalidation. The purpose of both re-registration and revalidation is to conduct a more rigorous check on registrants than at each annual renewal so as to monitor fitness to practise and promote improvement in the quality of public health practice.

When the General Medical Council introduced statutory revalidation for doctors on its register, UKPHR decided to investigate how it would also introduce revalidation for its registrants. First a working party and later a task & finish group assisted UKPHR in deciding what the required elements of a revalidation scheme should be. UKPHR has also been assisted by many responses it received to two consultations that were part of this investigation. We intend that revalidation will be operated over a 5-year cycle in the same way that re-registration has operated until now.

As conducted under its statutory duties, the GMC operates revalidation of all its registrants. GMC describes revalidation as the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care.

A key difference for UKPHR is that there is no statutory underpinning for its revalidation scheme. UKPHR has settled proposed terms of revalidation for its registrants, with suitable differentiation of requirements between specialist and practitioner registrants (another difference from the GMC's scheme).

A possible timetable from where we are today to when revalidation will have completely replaced re-registration looks like this:

<b>01 March 2017– 31 Aug 2017</b>	UKPHR raises awareness of revalidation
<b>01 Sep 2017 – 28 Feb 2018</b>	Some registrants due for re-registration volunteer to pilot revalidation instead
<b>01 March 2018 or soon afterwards</b>	UKPHR evaluates the revalidation scheme's implementation
<b>Autumn 2018</b>	UKPHR commences introduction of revalidation, possibly phased in.

UKPHR operates a long-standing and effective registration process incorporating assured competence before initial registration is achieved. After registration, CPD requirements focus registrants on maintaining their competence post-registration. Then 5-yearly, revalidation will in future assure the public and employers of the system's rigour on maintaining that competence longer-term.

We published our revalidation scheme on our website in March and we published guidance on the scheme on our website in April. Please do read these documents if you may be affected by UKPHR's revalidation requirements and you have not already read them.

I hope that readers find this information helpful. You are welcome to contact me if you have any comments or questions about my explanation of revalidation.

Suite 18c, McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR  
0121 296 4370  
register@ukphr.org  
[www.ukphr.org](http://www.ukphr.org)



## A warm welcome to our new Registrar!

UKPHR's new Registrar is Professor Zafar Iqbal, currently Deputy Director of Public Health at the City of Stoke on Trent. Zafar originally trained as a GP in Calderdale and has worked as a consultant in Public Health and a Director of Public Health in the West Midlands since 1994. His interests are prevention of cardiovascular diseases, primary care, infant mortality, health service resource utilisation, prioritisation of health services, community development and links between spatial planning and health. He has led a Randomised Control Trial examining impact of lifestyle services on Framingham risk. Zafar has spoken at many national events on topics that include primary care and public health, obesity, lifestyle services and National Health Service Health Checks. Currently he is a clinical lead in the local NHS Sustainable Transformation Plan to reduce dependency on the urgent care system and upscale prevention in the NHS.

Zafar was until recently a Board member of the Faculty of Public Health as Assistant Registrar. He led on developing a Faculty Public Health Workforce Strategy and also chaired the Faculty's Pakistan SIG. He sits on the PHE Expert Scientific and Clinical Advisory Panel for National Health Service Health Checks. He is a member of an External Advisory Board for a Minorities Health Disparities Research Unit at The University of Alabama Birmingham USA. Zafar is a Visiting Professor at Staffordshire University and a founding Board member of CHAD, an academic centre specialising in applied research to reduce health inequalities.

We welcome Zafar, who succeeds our previous and excellent Registrar, Professor Anne McMillan, most warmly. We wish Zafar every success in his new post with UKPHR.

## Practitioner registration task & finish group

UKPHR's task & finish group, which is reviewing practitioner registration, has received the "deep dive" study report obtained by Health Education England and also a report the group itself commissioned from Allison Thorpe. The group has considered HEE's developing position regarding a "minimum offer" for the support of practitioner registration in all parts of England.

The group has decided to form three sub-groups responsible for three work streams:

- Review of practitioner registration standards
- Review of procedures and processes
- Role and profile of UKPHR

For the first of these three workstreams, review of standards, the group wishes to engage a contractor to work with this sub-group on developing UKPHR's registration standards. The intention is to learn the lessons from UKPHR's first 5 years' operation of registration and also to take the opportunity of the publication of the revised Public Health Skills & Knowledge Framework to update language and terminology. There is no wish to make radical changes to the original standards for registration.

In similar vein, the second workstream is intended to facilitate improvements in procedures and processes that will reflect lessons learned from 5 years' experience of operating the existing procedures and processes. The intention is to make the system of practitioner registration more efficient and straightforward without losing any of its rigour.

The third workstream is designed to help UKPHR promote the benefit of practitioner registration to wider audiences, including public health employers and commissioners of public health services.

If you would like to have any further information about any matters relating to the review of practitioner registration, please contact Pav Sull.



## Fiona McDonald's progress

*Fiona McDonald*  
*Organisational Lead Public Health Workforce, NHS Health Scotland*



I found myself in late 2016 being supported to take up the opportunity to join NHS Health Scotland in the role of Organisational Lead - Public Health Workforce. My substantive post for the last 11 years has been as Health Improvement Development Officer working in East Renfrewshire Health and Social Care Partnership. We collaborated with a wide range of key stakeholders across health and social care including colleagues in the NHS, local government including education, housing and environment, community planning partners, community and voluntary sector. In this way, we maximized the local efforts around reducing health and social inequalities, along with improving health and wellbeing. I led and managed a number of public health programmes and services, worked with a wide range of people and provided leadership across a number of partnerships.

I am often asked "How did you get into your role and public health?" My story begins 26 years ago when I trained as an allied health professional and began work in Liverpool as a State Registered Dietitian. I moved into a variety of different roles within food, health and nutrition including the food industry, NHS /primary care, higher education and health promotion. I became increasingly aware of health and wellbeing, the social determinants of health, ensuring good practice and ensuring I protected the public from harm. I also recognised the value and contribution made by others to the health of the populations I was working with. A significant part of many of these roles was working with others around infant, child and family health, with a focus on lifestyles. In 2003, I took an opportunity to join one of the NHS Boards in Scotland as part of a national coronary heart disease prevention programme, before becoming Senior Health Promotion Officer (food and health) and then a Senior Programme Manager (Public Health). This included a remit for food and health along with many other public health programme areas, as the policy landscape made a further shift upstream towards more of a focus on inequalities. My employer at the time gave me the opportunity to complete my Masters in Educational Studies, which allowed time to study leadership, research methods, early years and social policy, quality improvement and integrated health and wellbeing in relation to the early years and education setting.

I have worked and learned alongside colleagues who have either been working towards Faculty of Public Health training, have been fully committed to building their UKPHR retrospective generalist / defined specialist portfolio for registration and others committed to ongoing CPD around health and wellbeing into practice. In 2014 four NHS Boards in Scotland committed to piloting the UKPHR Practitioner Scheme and working within NHS Greater Glasgow and Clyde (NHSGGC) I became a trained assessor which I have maintained to date. I have:

- Taken an active role as a member of the NHSGGC Workforce Development group and supported the development of a local programme of work;
- Engaged with health improvement staff and managers and supported reflective practice, including developing a group of workforce champions; and
- Offered peer support to others as part of support and mentoring programme.

I have committed to completing my own registration as a UKPHR Practitioner which is underway as you read this. This could not have happened without the encouragement and support of colleagues, peers, my assessor and family support, and has been invaluable in allowing me to consolidate my practice, and articulate my role and contribution.

Fast forward to 2015 with the publication of the Review of Public Health in Scotland, which articulated a vision for public health in Scotland. One aspect of this review recognises the value and contribution of a multidisciplinary public health workforce with a set of conclusions and recommendations. Implementation is underway in Scotland, overseen by the Scottish Public Health Workforce Development Group. In 2016, I took up the post of Organisational Lead (Public Health Workforce) to support a number of these areas, including engaging stakeholders around the refreshed Public Health Skills and Knowledge Framework, supporting a group of public health colleagues aspiring to complete their UKPHR specialist registration and building further momentum around routes to practitioner registration with a range of stakeholders in Scotland.

So when asked how I got into my role and public health, I would not be writing this had I not had insights and experiences through my diverse roles, had I not met and been encouraged along the way by others, had I not pushed myself out of my comfort zone, had I not been approachable, grounded in values and reflective practice and had I not been visible, honest and willing to go the extra mile on many occasions.

I am delighted to be working with national and local colleagues to help build further momentum around the value of highly skilled multidisciplinary public health workforce to enable us collectively to meet the public health challenges which lie ahead.



## SAVE THE DATE

### UKPHR Annual Meeting

Thursday 28<sup>th</sup> September 2017

4pm till 6pm

at Birmingham Conference and Events Centre, Hill Street, Birmingham B5 4EW

To register your attendance or to receive further information about the event, please contact us at [register@ukphr.org](mailto:register@ukphr.org)



Are you a UKPHR registrant?

If yes, login to [www.ukphr.org](http://www.ukphr.org) and update your contact details at any time!  
Contact us at [register@ukphr.org](mailto:register@ukphr.org) if you are unable to access this area

The 8th meeting of UKPHR's Consultative Forum was held in Birmingham on 27<sup>th</sup> April. Previous meetings of the Forum had been held at various locations around the UK. Revalidation had been chosen as the main theme for this Forum meeting because of how important this would be to UKPHR's future development.

Chief Executive, David Kidney gave a presentation on UKPHR's achievements and work in progress in 8 areas: (1) Consultation on a proposed

new route to register for public health specialists; (2) Revalidation scheme for UKPHR's registrants; (3) Joint FPH/UKPHR working party considering PHE's Fit for the future Recommendation 5.1; (4) The new Public Health Skills & Knowledge Framework; (5) UKPHR's new register for health promotion practitioners; (6) Practitioner registration schemes; (7) Accreditation by Professional Standards Authority; and (8) UKPHR news.



David responded to questions and comments from David Chappel, Ian Gray and Sally James.

Pav Sull gave a presentation on the revalidation requirements which UKPHR was intending to operate for specialist registrants and practitioner registrants. There were numerous questions and comments from David Chappel, Gary Gould, Heather Davison, Ian Gray, Imogen Stephens, Jane Beach and John Middleton.

UKPHR's new Registrar Zafar Iqbal introduced himself to the audience and said that he looked forward to working with UKPHR's partners and stakeholders.

Civil servant Mark Bennett sent his apologies because purdah had commenced following the announcement of a General Election to be held on 08 June. As a result, David Kidney gave a presentation about a Department of Health proposal to consult on legislative reform of the UK's system of statutory regulation of health and social care professionals. David responded to questions and comments from Jane Beach, John Middleton and Pauline Craig.

There followed a round-up of public health news from around the UK with presentations relating to England, Northern Ireland, Scotland and Wales. As ever, UKPHR found the event really useful in obtaining views, comments and suggestions from its many and varied stakeholders. The next meeting of the Forum will be arranged in Autumn 2017.



## 8<sup>th</sup> Consultative Forum

## Update on our consultations

In recent months UKPHR has launched three separate consultations.

At one level, this demonstrates how much UKPHR has come on in recent years. At another, it shows that a growing register is also a busy register!

### CPD requirement for practitioner registrants

We are pleased that the Faculty has opened a new category of membership for practitioners. It demonstrates once again the centrality of the practitioner workforce to effective public health practice in the UK. We are happy to acknowledge the inter-relationship of a professional body to represent practitioners and ourselves as the register and regulator of practitioners. The Faculty has introduced CPD standards for the new practitioner category of membership and practitioner members will have access to the Faculty's excellent CPD recording system. We therefore consulted on modest changes to our own CPD requirement for practitioners in order to align it more closely with the Faculty's standard. In particular, this ensures that we will be able to accept the Faculty's certificates of CPD compliance as evidence of compliance with our own requirement (on just the same way as we do for specialist registrants). Our Board approved these changes at its July meeting, having taken account of responses received.

### Lapsed registration and restoration to the register

We have consulted on a single change to our published policy on lapse and restoration, namely we propose that in future a lapse of registration lasting more than 15 working days will be reported to a registrant's employer (if there is a known employer). This is to highlight the seriousness of lapse from the register for registrants whose employment or commissioned services may be subject to a requirement to be registered. It is also a source of significant workload for our staff dealing with numerous instances of lapsed registration where a little more care and attention from the registrants concerned could avert lapse in the first place.

We occasionally receive enquiries from registrants whose circumstances may compel them to take a break from public health practice (for example, while undertaking a full-time caring responsibility). We do not have a facility for taking a limited break from registration in such circumstances, but our Registrar has a wide discretion to assist registrants in such circumstances including by delaying or remitting registration fees. If you would like to know more about any matters relating to this, please contact Pav Sull.

### Routes to register for specialists

Our consultation on significant proposals to change routes to registration for public health specialists closed on 7th July. We received over 100 responses. We consulted on retaining the Standard Route (for those successfully completing the Public Health Specialty Training Programme), a proposed ending of the two current retrospective portfolio assessment routes (Recognition of Specialist Status and Defined Specialist) and the creation of a single retrospective portfolio assessment route based more closely on the 2015 Public Health Specialty Training Curriculum. As befits such a significant proposal for change, the consultation ran for 13 weeks. We shall publish soon a report of the consultation responses received and our Board will consider the responses before making final decisions on this subject in September.



Dear readers,

Thank you for reading the spring/summer edition of our newsletter.

We are happy to answer any queries you may have.

Please do not hesitate to contact our office at [register@ukphr.org](mailto:register@ukphr.org) and our team will be more than help to help!

Professor Patrick Saunders