

# Education and training annual report 2019

Education and Training Committee

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## Purpose

The purpose of UKPHR's education and training annual report is to provide UKPHR's Board, stakeholders and the public with information and statistics for use and to highlight issues that may be of interest to public health workforce planners and other audiences.

The Board tasks the Education and Training Committee to:

- Identify, having taken appropriate advice, the criteria which denote competence to practise as a registrant
- Propose, following consultation, any changes to the educational qualifications and training requirements which allow entry onto the register
- Keep under review, and to propose changes to, the methods and processes which will enable the competence of applicants for registration to be reliably and accurately assessed
- Identify what registrants will need to do in order to satisfy UKPHR that they remain competent when they apply for revalidation after the prescribed period, and to make recommendations to UKPHR on procedures to give effect to those requirements; and
- Decide on re-entry requirements for registrants who come off the register for a period.

## **The Committee's activities in 2019**

The Committee held three meetings during the year:

### **05 February 2019**

The Committee:

- Began a project to consider how to introduce elements of Approved Prior Learning in conjunction with portfolio assessment
- Initiated a review of UKPHR's arrangements for Quality Assurance across the organisation
- Decided to introduce publication of an annual education and training report.

### **11 June 2019**

The Committee:

- Received a report on progress made by the Trailblazer Group to introduce a Level 6 (degree level) Public Health Apprenticeship
- Considered future public health workforce developments, including advanced practice and careers advice; and
- Considered the implications of the decision taken by the Chartered Institute for Environmental Health to close its register of Environmental Health Practitioners in 2020.

### **02 December 2019**

The Committee:

- Made progress on Approved Prior Learning; and
- Agreed to prepare for publication a first education and training annual report.

In September 2019, the Chair of the Committee Sue Powell retired from the Committee (and retired from UKPHR's Board). The Committee thanked Sue for her guidance and commitment. UKPHR's Board appointed director Helen King to be the new Chair of the Committee.

## Core public health workforce

### Who is on the register?

At the end of the calendar year 2019, the number of registrants on the register was as follows (series from 2014 shown):

	31 March 2014	31 March 2015	31 March 2016	31 March 2017	31 March 2018	<b>31 Dec 2019</b>
Specialists	562	630	702	687	716	<b>761</b>
Specialty Registrar	n/a	n/a	2	2	7	<b>4</b>
Practitioners	78	149	206	276	344	<b>458</b>
<b>TOTALS</b>	<b>684</b>	<b>779</b>	<b>870</b>	<b>965</b>	<b>1067</b>	<b>1223</b>

Table 1: UKPHR registrants, showing data for each of the years from 2014 to 2019.

Note the landmark figure of our first 1,000 registrants was passed during 2018, and the number of registrants continues to grow.

### How does the make-up of the register differ by UK nation and by region?

At the end of the calendar year 2019 the location of registrants in the UK's four nations and within English regions based on where they were working was as follows:

<b>SPECIALISTS</b>			
	English regions	Sub-total	Cumulative total
<b>ENGLAND</b>	-	<b>653</b>	
East Midlands	<b>45</b>		
East of England	<b>47</b>		
London	<b>128</b>		
North East	<b>43</b>		
North West	<b>89</b>		
South East	<b>90</b>		
South West	<b>82</b>		
West Midlands	<b>65</b>		
Yorkshire & Humber	<b>64</b>		
Northern Ireland	-	<b>1</b>	
Scotland	-	<b>38</b>	
Wales	-	<b>55</b>	
Overseas	-	<b>14</b>	
<b>TOTAL</b>	<b>SPECIALISTS</b>		<b>761</b>

<b>SPECIALTY REGISTRARS</b>			
	English regions	Sub-total	Cumulative total
ENGLAND		<b>2</b>	
East Midlands			
East of England			
London			
North East			
North West	<b>1</b>		
South East			
South West			
West Midlands			
Yorkshire & Humber	<b>1</b>		
Northern Ireland	-	-	
Scotland	-	<b>1</b>	
Wales	-	<b>1</b>	
Overseas	-		
<b>TOTAL</b>	<b>SPECIALTY REGISTRARS</b>		<b>4</b>

<b>PRACTITIONERS</b>			
	English regions	Sub-total	Cumulative total
ENGLAND	-	<b>365</b>	
East Midlands	<b>7</b>		
East of England	<b>21</b>		
London	<b>56</b>		
North East	<b>20</b>		
North West	<b>0</b>		
South East	<b>168</b>		
South West	<b>37</b>		
West Midlands	<b>51</b>		
Yorkshire & Humber	<b>5</b>		
Northern Ireland	-	<b>1</b>	
Scotland	-	<b>52</b>	
Wales	-	<b>38</b>	
Overseas	-	<b>2</b>	
<b>TOTAL</b>	<b>PRACTITIONERS</b>		<b>458</b>
<b>TOTAL</b>	<b>ALL REGISTRANTS</b>		<b>1223</b>

*Table 2: Number of registrants by nation and region and by category Dec 2019*

The Committee recognised that Northern Ireland is not currently well-served by the register, despite several visits and initiatives undertaken in the past year. It is intended that engagement with Northern Ireland public health colleagues will be intensified in the year ahead.

## Who are the multidisciplinary public health professionals and what are their routes into registration?

For public health specialists, the table below records the routes by which new registrants have joined General Medical Council's and UKPHR's registers 2013-2018.

GMC CCT			GMC CESR			UKPHR CCT			UKPHR portfolio			TOTAL
<b>2018</b>												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	85
16	25	41	0	0	0	9	20	29	4	11	15	
<b>2017</b>												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	93
10	26	36			0	12	27	39	5	13	18	
<b>2016</b>												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	61
10	18	28			1	8	14	22	2	8	10	
<b>2015</b>												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	80
7	26	33			1	9	20	29	3	14	17	
<b>2014</b>												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	86
12	18	30			3	9	25	34	4	15	19	
<b>2013</b>												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	77
15	19	34			0	5	25	30	5	8	13	

*Table 3: New public health specialists 2013-2018 by regulator and by route*

UKPHR contributed to a project in 2018 by David Chappel and Anna Sasiak at PHE to determine the number of people joining specialist registers 2013-2017:

- General Medical Council (GMC);
- UK Public Health Register (UKPHR); and
- General Dental Council (GDC).

The project involved examining new entrants per year from different routes. It found that most new entrants joined the specialist public health workforce via the specialty training route as the following table shows:

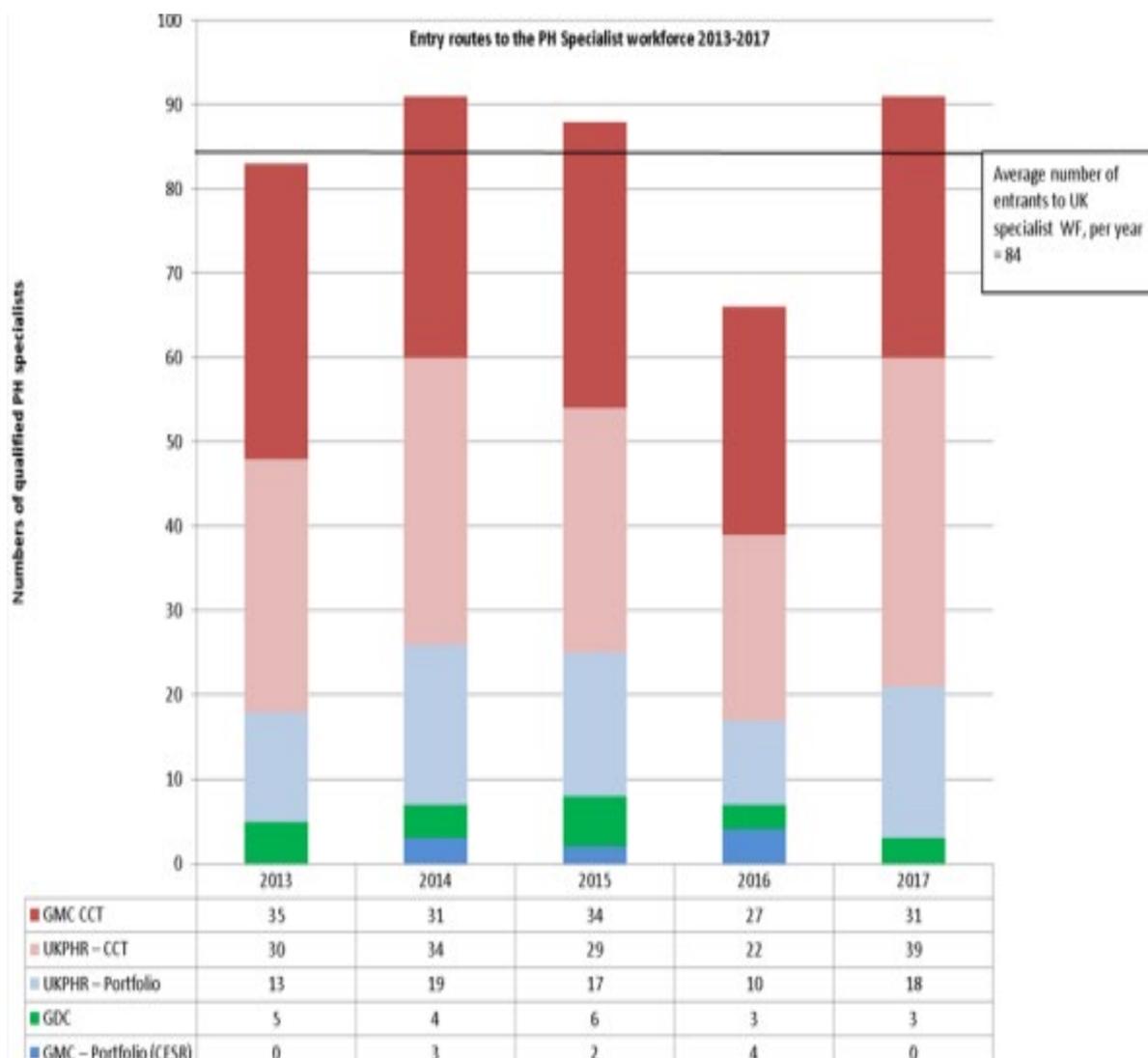


Table 4: New public health specialist entrants by route

The table shows the average number of entrants to the specialist workforce each year over a five-year period has been 84. In general, there are approximately 30 who complete training and join GMC’s register and 30 who complete training and join UKPHR’s register, with about 15 a year joining UKPHR’s register by a portfolio assessment route, smaller numbers joining GMC via the CESR route and another small number of General Dental Council (GDC) registrants. There are 103 dentists recorded on the GDC’s Public Health Specialty List.

### Leadership development

The 21st Century Leaders Programme for Consultants who are aspiring DsPH (the provider is University of Birmingham) is now well-established. It aims to improve the readiness of this group of potential leaders for DsPH appointment.

PHE is building an alumni network from among the participants in this Programme to connect system leaders and build the pipeline for DsPH. The Association of Directors of Public Health (ADPH) has developed a national coaching and mentoring network for DsPH. The mentoring scheme has become well-established and is expanding its reach.

PHE has commissioned a scoping exercise exploring the development of system leadership in consultants and speciality registrars to develop the pipeline in to DsPH.



The table below shows known dual registrant numbers and their second registration.

REGISTRANT NUMBERS	REGISTER
15	Nursing & Midwifery Council
7	Health & Care Professions Council
4	Association for Nutrition
2	CIEH/Environmental Health Registration Board
2	Standards Council Scotland
1	General Dental Council
<b>31</b>	<b>TOTAL</b>

Table 6: Practitioner registrants dually register showing second register

### Who are Specialty Training Registrars?

Those professionals who are on the formal Public Health Specialty Training Programme are called “*Specialty Training Registrars*”. Their learning is supervised and there are formal processes for recording learning outcomes and confirming the learning. The learning outcomes are defined in the Public Health Specialty Training Programme Curriculum, which is set by the UK Faculty of Public Health. The 2015 Curriculum is current although in 2019 the Faculty commenced a review of it. While on the Training Programme, Specialty Registrars are eligible for UKPHR registration in the Specialty Registrar category.

Data from Health Education England (HEE) and the Faculty of Public Health (FPH) confirm there is no problem with recruitment to public health speciality training: there is 100% fill rate for all posts in the UK with 9 applicants per place. Around 75 people are recruited each year: the average age of starting specialty training is 32 and of leaving training around 39. There are around 400 specialty registrars at any one time.

The Faculty provides some information about this – follow the link below for details – but there is no obvious source of official data.

<https://www.fph.org.uk/training-careers/recruitment/recruitment-information/number-of-posts-and-competition-ratios/>

### Public health education

National training surveys show that public health education through the Training Programmes is generally of high quality and compares well with other specialities.

<https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/national-training-surveys-reports>

As a regulator we want to ensure quality, fairness and high standards in all aspects of the education of public health professionals in training.

Our approaches to addressing this include working with the Faculty of Public Health who analyse data on recruitment, progression and examination results by protected characteristics as well as support quality processes in individual training programmes.

## Fitness to practise

The Registrar is responsible for UKPHR's registration processes, including those relevant to issues of registrants' fitness to practise. All issues that come to the attention of UKPHR that may have a bearing on the fitness to practise of individual registrants will be considered in the first instance by the Registrar.

Information may come to UKPHR's attention through a variety of channels including complaints received from third parties, failings detected in registrants' completion of UKPHR's requirements (including requirements for revalidation and re-registration), outcomes of annual professional appraisals (in the case of specialist registrants) and UKPHR's own surveillance.

UKPHR's Fitness to Practise Rules (July 2015) (FtP rules) require the Registrar to:

- provide the registrant with details of the complaint or information received by UKPHR which raises a question about fitness to practise and invite the registrant's response
- make such further investigations and obtain such further information, documents or reports as are in the Registrar's opinion appropriate to enable proper consideration of the matter
- if the Registrant is employed, inform his/her employer of the Complaint (unless the employer is the complainant)
- decide whether the complaint/concern raised is frivolous, vexatious or obviously lacking in merit (in which case the Registrar may dismiss it)
- where the complaint/concern is not dismissed under these rules, decide whether there is a realistic prospect that, if established, the facts would demonstrate that the registrant's fitness to practise is impaired to a degree justifying action on registration and if so refer it the Fitness to Practise Panel for determination.

Where the Registrar has dismissed a complaint/concern under the FtP rules, the Registrar may issue a letter of advice to the registrant (rule 3.6).

The Registrar may, where the Registrar considers it appropriate, suspend a referral to the Fitness to Practise Panel and invite the registrant to agree a Statement of remedial action (rule 3.3).

If the Fitness to Practise Panel finds the fitness to practise of a registrant is impaired, it may decide to:

- take no further action
- invite the registrant to agree a statement of remedial action
- issue a warning to the registrant regarding the behaviour complained of
- place conditions upon the registrant's practice
- suspend the registrant's registration for a period not exceeding 12 months; or
- erase the registrant's name from the Register (rule 5.6).

During 2019, the Registrar considered circumstances concerning six registrants where there was potentially a fitness to practise matter in respect of competence, conduct or health. The Registrar made determinations in all six cases and there were no referrals to a fitness to practise panel during 2019.

The Registrar made decisions also in relation to a wide range of matters including late renewals of registration, time extensions and registration fees.

## Workforce strategy

During 2019, UKPHR has made contributions to government consultations, advisory groups' deliberations and public health conferences and seminars on a variety of aspects of public health workforce planning.

In summary, there were four main elements to this: workforce supply, support to employers and the profession, strategic interventions to maintain standards, and an exploration of possible solutions.

### Supply

Shortages of resources, workforce included, have been reported to UKPHR. Reasons for supply problems include low NHS recruitment in England (after the 2012 reforms), funding restrictions (including in local authorities in England) and obstructions to movement around the system.

### Support

We have concerns about:

- those public health employers who are not supportive of registration
- funding restrictions placing obstacles in the way of registrants seeking continuing professional development opportunities and
- too few opportunities for public health professionals to have access to placements, secondments and other similar opportunities for gaining experiences of work in broader areas of public health practice.

### Strategic interventions to maintain standards

We work collaboratively with other public health organisations through bilateral and multilateral meetings to promote high standards in public health practice and effective interventions to improve the public's health and wellbeing and reduce inequalities.

### Solutions

At the four-nations advisory group People in UK Public Health we have made the case for clearer public health career paths, an "escalator" for skills and experience to help employees advance at work and recognition of a broader range of public health posts, getting beyond the specialist/practitioner dichotomy.

As a member of the Trailblazer Group, we have helped develop the new Level 6 (degree level) public health apprenticeship, which has requirements for knowledge, skills and behaviour which map to our practitioner registration standards.

## Diversity

In the calendar year 2019 the known characteristics of registrants were as shown in the Table below.

	Specialists	Specialty Registrar	Practitioner	Total
Male	205	0	67	272
Female	556	2	391	949
Not known	1	0	0	1

	Specialists	Specialty Registrar	Practitioner	Total
White - British	619	2	372	993
White - Irish	13	0	6	19
White - Other	28	0	14	42
Mixed – White and Black Caribbean	1	0	3	4
Mixed – White and Black African	3	0	1	4
Mixed – White and Asian	3	0	2	5
Mixed – Other	5	0	2	7
Asian or Asian British - Indian	20	0	10	30
Asian or Asian British - Pakistani	10	0	4	14
Asian or Asian British - Bangladeshi	0	0	1	1
Asian or Asian British - Other	2	0	2	4
Black or Black British - Caribbean	6	0	4	10
Black or Black British - African	12	0	18	30
Black or Black British - Other	1	0	0	1
Chinese	1	0	2	3
Other ethnic background	2	0	1	3
Not known	34	0	16	50

*Table 7: Gender and ethnicity of UKPHR registrants (current and lapsed) 2019*

The Committee recognised that numbers of BAME registrants were low and will work in the year ahead with partner organisations across the public health system to understand the causes and address any obstacles that are identified.

## Age profile of workforce

Further data on career time lines for specialists comes from:

- FPH on recruitment as regards completion of training ('CCTs' issued) and Consultant advisory appointment committees ('AACs')
- HEE (on trainees)
- GMC, UKPHR and GDC as per the table above.

On average, *Speciality Training Registrars* spend 6 years in training and start to enter the PH specialist workforce from their mid to late 30s.

Directors of Public Health (DsPH) tend to get their first appointment in their 40's or 50's after around seven years in post as a public health specialist. The age pattern is as we might expect for a senior workforce:

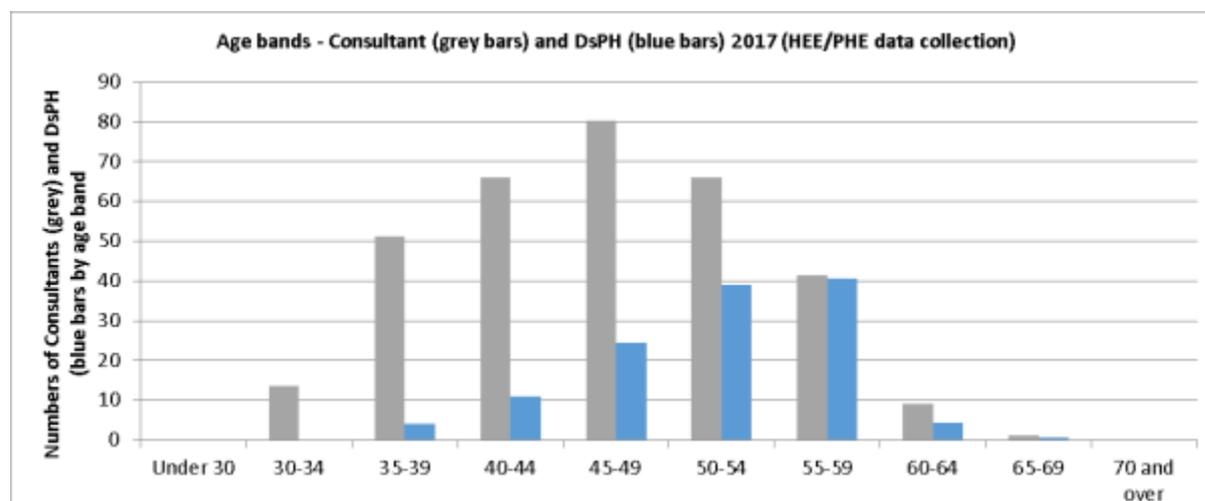


Table 8: Public Health Consultants' ages in age bands (England only)

Although the national picture for DsPH appointments is relatively stable, at local level this can and does play out differently. At any one time there will be some regions with a relatively stable DsPH workforce and others supporting recruitment for several interim and substantive DsPH vacancies.

It would be helpful to have evidence to enable system leaders and others to look at patterns to distinguish national trends from local issues, so that support can be targeted, and succession can be planned effectively.

## Registrants leaving the register

In 2019, the number of specialists leaving the register was 21.

We sent each registrant an exit questionnaire. We have information on reasons for relinquishing registration in 4 cases. Reasons for relinquishing given included dually registered and retirement.

Since 2011, when practitioner registration began, a total of 488 practitioners have registered. Of these, three practitioners have since retired from practice and stopped being registered.

A further 33 practitioners have relinquished registration. We sent each of these registrants an exit questionnaire. We have information on reasons for relinquishing registration in 5 cases. Reasons for relinquishing given included joining the Training Programme, maternity leave and leaving public health.

## Brexit

The mutual recognition of professional qualifications within the European Union is principally set out in Directive 2005/36/EC. It enables the free movement of professionals such as doctors within the EU. There is only one relevant professional qualification in public health covered by this Directive. It is the UK's Public Health Specialty Training Programme. It is not known at this stage whether recognition of this qualification in remaining EU states will continue to apply after the UK's exit from the EU.

The health consequences of Brexit could be significant. The UK Faculty of Public Health has an excellent section [on its website](#) on this subject.

## Data Collection

There is continued work by the Department of Health and Social Care, PHE and HEE to develop a minimum data set for collection of information about local authority public health staff.

In the interim, work was carried out in 2019 to repeat [the 2017 survey of DPH and PH Specialist posts](#).

## Conclusion

This is the first annual report of the Education and Training Committee and the overview presented shows the steady growth in registration for public health specialists and practitioners as well as the opportunity to develop public health registration with other partners.

The report highlights several areas in which data would be helpful, including for Specialty Training Registrars and local authority public health staff.

Further work is also required to produce a thorough and all-encompassing record of the front-line core public health workforce, to understand overall contributions to the public's health and provide opportunities to improve standards and career progression via registration.

The Education and Training Committee recommends these areas to the UKPHR Board for further exploration.