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A report for UKPHR's Board of an evaluation of the first year of operation of the revalidation scheme for public health specialists

July 2020

Introduction

UKPHR's Board agreed to implement its new revalidation scheme for public health specialists in April 2019. It also agreed that an evaluation of the first year of the scheme would take place to develop the scheme further and make any necessary improvements.

This report is a summary of the evaluation and the key recommendations.

Method

Since the implementation of the revalidation scheme in April 2019, a total of 107 specialists have completed their application using the newly launched revalidation module.

After the revalidation scheme was implemented and had been operating for one year, and in order to ensure the scheme was running efficiently, Zaira contacted specialists who completed their revalidation to request feedback on how they felt the process was for them and if there were any improvements or changes that were needed. This information was collated to help UKPHR better understand how services are experienced by users and to help develop them further.

The evaluation questionnaire was sent to specialists who had completed revalidation from April 2019 up until the end of March 2020. A total of 44 responses were received and they were collated and considered by both David and Zaira at the office.

The key points of feedback related to clarity needed on the requirements for Professional Appraisal, CPD and the suitability of multi-source feedback tools for the Quality Improvement Activity requirement of revalidation. Further clarity and information were required in the policy and guidance regarding timescales for when UKPHR needed to receive the completed application and completed reference by the referee. Overall, most specialists who responded appreciated the guidance and support provided by UKPHR when completing their revalidation application and in answering any queries they had during the process.

The feedback received by specialists from the evaluation resulted in changes made to key documents such as the revalidation policy and guidance, frequently asked questions for registrants and employers as well as the revalidation user guide for specialists. Templates such as the reference form which is sent to referees was also updated.

Changes were also made to the online revalidation module to ensure it was made clear on what kind of evidence was required from specialists in each of the sections of the module.

Evaluation

Element 1 - Professional Appraisal

Majority of specialists who responded to this section of the survey said that they did not experience any difficulty in locating their professional appraisal document for their revalidation. Specifically, 32 out of 43 responses confirmed this was the case. This group of specialists mentioned that it was an easy and straightforward process in locating the required documents. One applicant who is registered on the SOAR system operated in Scotland for their appraisals stated the following:

“yes, this was very straight forward, as I participate in SOAR appraisal. This is also good as it is the same mechanism for GMC-registered colleagues, and I think it's important for demonstration of equity to have as integrated approach as possible between UKPHR- and GMC-registered specialists.”

One specialist who is registered on the SARD system for their professional appraisal stated that:

“I downloaded my appraisal as a pdf from the SARD website. It saved as an e-pdf so when I uploaded it the UKPHR Revalidation administrator couldn't access it but I sent it under separate cover and they confirmed receipt quickly and advised me this was fine.”

Other specialists commented that:

“The revised SARD documentation was more or less fine. Only problem I had when completing the documentation is that it was not clear that a new box would appear for ‘reflections’ on many parts of the form. Initially I had thought that I should put most of the reflection in the ‘evidence’ box. However, I soon got the hang of it. This may have been made clear during training, but since there was quite a gap between doing the training and completing the forms, and I had forgotten details such as this. My appraisal document was work-based, not through UKPHR.”

“I have undertaken and recorded an annual professional appraisal since my first appointment to a consultant in public health post since 2003. I included my most recent electronic appraisal report form and also examples of previous appraisals (to support by self-assessment declaration of having undertaken annual appraisal over the previous 5 years). I used the appraisal that was carried out by my line manager, the Director of Public Health, in the previous year.”

One specialist who was not able to sign up to the new MARS professional appraisals system operated by Public Health Wales instead provided a management appraisal to fulfil this requirement. This was easy to locate, however it was mentioned that the explanatory text that is provided in the professional appraisal section of the online module required further clarity and needed amending to be clear to all specialists completing revalidation. This specialist stated that:

“As not able to sign up to the new MAG/MARS system yet, I located management appraisal plus completed reflective note. Did have few format issues with uploaded documents (that could not read your side), so sent them via email for uploading. It was easy to locate the document, however, the wording of the requirements was not always in clear English. The accompanying explanatory text is written in a punitive rather than a supportive way. The information is factually correct but does not suggest that UKPHR are supportive in the revalidation process in any way. This may not be an issue for individuals who are supported

in other ways e.g. by PHE but this will not be the case for all specialists requiring revalidation. No issues with this – I have been undergoing professional appraisal for a number of years and was already familiar with the process and documents.”

However, few specialists who completed this section of their revalidation application did experience problems in locating their professional appraisal to fulfil this requirement. This was mainly due to not having completed a professional appraisal in time for their revalidation as the requirement came into effect from 1st April 2019. Specialists who were due revalidation shortly after this was implemented were not able to provide a completed professional appraisal and instead provided a work-based appraisal to fulfil this requirement.

Specialists stated that:

“See previous comment. I hadn't yet had a professional appraisal and so this was all very challenging.”

“I had to do one especially for the revalidation process. I normally have a workplace appraisal only.”

Furthermore, one specialist commented on the difficulty in accessing a professional appraisal as UKPHR does not maintain a list of appraisers. Specialists who were not eligible to access the professional appraisal systems operated by Public Health England, Public Health Wales and Public Health Scotland were advised to seek alternative arrangements for their professional appraisal such as contacting a colleague or someone they know who is able to conduct their appraisal independently and is trained as an appraiser by an appraisal training body approved by UKPHR. This specialist stated that:

“Since the professional appraisal requirement was only starting in April, it didn't apply to me. This took numerous emails to clarify. Also there wasn't any advice on how you go about getting a professional appraisal done was rather impractical as there is no list of appraisers and one is expected to go looking for them.”

Majority of specialists said yes to the UKPHR policy and guidance being a helpful source when fulfilling this element of their revalidation application. Specialists who completed the evaluation commented that the policy and guidance was clear and informative. Specialists also appreciated the guidance and support given by Zaira when they had any queries in completing this element.

Specialists also appreciated that this was the first year of the revalidation scheme being implemented and any issues would be resolved when the scheme was working efficiently.

Specialists stated the following:

“It was clear. Because it's the first year it is always harder but will be straightforward next time. But, as I said there was so much information coming out about the process as a whole, portal, SARD, differences this year compared to next year etc, a simple flow diagram might have been helpful. I ended up having to phone Zaira quite a few times, she was always super helpful.”

“Hyperlinks to specific supporting information for each section would enhance the revalidation process.”

It was suggested that UKPHR include hyperlinks to specific supporting information for each section of the revalidation module. This would make it easier for specialists to see what evidence is required from them for each element of the revalidation application.

Regarding access to an appraiser, some specialists said that they did not experience any problems in accessing an appraiser for their appraisal. Specialists who completed the evaluation stated the following:

“While I have received an exemption for formal appraisal this time, it was easy to find an appraiser.”

“My appraiser was allocated to me”

“No issues, my professional appraiser is allocated by colleagues in the PHE South of England regional team.”

“I have managed to identify an approved appraiser each year. Supportive arrangements are being put in place within Public Health Wales to support specialist registrants.”

One specialist commented that the professional appraisal platform in Scotland did not have appraisers trained specifically in public health which was understood to be a criterium for UKPHR specialists. However, this was not an issue for GMC registrants. It was suggested that it would be easier if the UKPHR criteria was closely aligned with the GMC’s criteria for appraisers. This would ensure an equitable and integrated approach across public health, regardless of whether they are registered with UKPHR or GMC.

Recommendation 1

Amend the policy and guidance to state that specialists will be required to undertake 5 professional appraisals in a five yearly registration cycle, no more than 1 in each financial year.

Recommendation 2

Ensure explanatory text in each section of the revalidation module is clear and includes hyperlinks to supporting information on what evidence is required to fulfil the elements of revalidation.

As a result of the feedback given following the evaluation, the revalidation policy and guidance was amended to state how many professional appraisals were required in a five yearly registration cycle. The explanatory text in the professional appraisal page of the revalidation online module was also amended and hyperlinks were included on the relevant supporting information from the policy and guidance.

Element 2 – Personal Development Planning

All specialists who responded to this section of the survey said that they did not experience any difficulty in demonstrating their engagement in personal development planning during their time as a registrant. Specialists stated the following:

“No issues as this is part of managerial appraisal in PHE and also professional appraisal which a noted I have been engaged with for a number of years.”

“I have undertaken Personal Development Planning on a regular/annual basis.”

“The appraisal templates used by my place of employment includes a section on personal development planning, so it does not get overlooked.”

Similarly, all specialists felt that the UKPHR policy and guidance was a helpful source in fulfilling this element of revalidation. No further comments were provided for this particular element of the revalidation scheme.

Element 3 – Health and Conduct

For the Health & Conduct section of the evaluation, all specialists answered no to the question regarding any concerns they had about completing the self-declaration of health & conduct form. All specialists felt it was a clear and straightforward process completing this section. Specialists stated the following:

“I don’t have any health issues, so had no problems here, but I can imagine that some people could have health issues, on either physical or mental health that could lead to a quandary as to whether required to declare.”

“No concerns.”

“We already complete this type of self-assessment as part of re-registration. Health and Conduct discussion form an integral part of annual professional appraisal.”

Majority of specialists also felt that the UKPHR policy and guidance was a helpful source in fulfilling this element of revalidation. No further comments were provided, and all specialists had no problems completing this section of the revalidation application.

Element 4 – Indemnity Arrangements

Majority of specialists who completed this section of the evaluation said that they had no concerns when completing the self-declaration of indemnity arrangements at the time of completing their application. Specialists provided the following comments:

“I had no concerns, as it is clear to me that I have NHS Scotland indemnity to work to my job description, and beyond this have further protection from my union (Unison) too. However, I find that the issue of indemnity has been widely misunderstood by some GMC-registered colleagues over the years, citing lack of membership defence union etc to be a reason for lack of indemnity if not GMC registered, when this is absolutely not the case.”

“Reasonable indemnity for my post as a consultant in public health is provided by my employer. I don’t carry our professional functions, outside of my employment.”

A few specialists commented that they did have some concerns regarding completing the self-declaration of the indemnity arrangement section on the revalidation application. Their concerns related to clarity on what was required to demonstrate this requirement. Specialists stated the following:

“This requirement highlighted that I did not have clarity of the indemnity arrangements in place and it was this that caused my concern. I was able to sign it as I tracked down the relevant documents and clarified the cover provided. It took a number of conversations and I was surprised at the number of people more senior than I am, who did not know what the arrangements were.”

“I had to seek advice in this respect I wasn’t sure about cover other colleagues clarified.”

“Very confusing and I don’t know anything about this.”

“I didn’t understand what it meant. I did need to query this further both with UKPHR and with my employer. It took some to get resolved.”

Majority of specialists felt that the UKPHR policy and guidance was helpful in fulfilling this element of revalidation. Some specialists commented on the information in the guidance being limited and could be expanded upon to refer to specific indemnity arrangements provided by local authorities. Specialists stated the following:

“Not relevant – guidance was limited”

“It could be expanded upon to include what is provided by local authorities as a general rule”

Recommendation 3

Amend the policy and guidance to refer to specific indemnity arrangements provided by local authorities and other employers

Majority of specialists also felt that the UKPHR policy and guidance was a helpful source in fulfilling this element of revalidation. No further comments were provided and specialists had no problems completing this section of the revalidation application.

Element 5 – CPD

Responses from majority of specialists indicated that they did not experience any difficulty in locating their evidence for CPD required for this element of revalidation. A total of 43 responses were received of which 34 confirmed that they were able to locate this information easily and submit this for their application. Many UKPHR specialists record their CPD using the Faculty of Public Health’s CPD electronic diary and were able to easily provide their CPD certificates of return for their revalidation. Specialists stated the following:

“FPH CPD diary is a useful tool.”

“Yes, no problem as complete via FPH.”

“I couldn’t locate one year as I had been asked to participate in audit that year. However, I contacted FPH (who I do my CPD with) and they were able to quickly send me the certificate.”

“I have participated in the Faculty of Public Health audited CPD scheme since the year 2000. I use the electronic diary and maintain records of certificates and reflective notes.”

Some specialists commented on demonstrating CPD if they were registered part way through a financial year and mentioned that the policy and guidance needed further clarity on what was required to demonstrate this. Specialists stated the following:

“Although see earlier comment about people revalidating for the first time and not needing FPH CPD certificate for the first year if CCT’d within that year. This might need an option as it will happen a lot.”

“One aspect was regarding the CPD evidence required for the year when I completed training and started in post as a consultant. The UKPHR office was very helpful though and clarified what I needed to provide - it might be useful to include this in guidance documents though.”

Recommendation 4

Amend the policy and guidance to include information on when specialists are required to submit evidence of CPD if they have completed a Certificate of Completion of Training (CCT) with the Faculty of Public Health and have registered part way through a financial year.

Following the feedback given in the evaluation, the revalidation policy and guidance was amended to state that specialists would be required to submit evidence of their CPD return from the following financial year as advised by the Faculty. UKPHR will accept the Faculty’s decision in allowing specialists to collate their CPD from the following financial year onwards. This additional information was also included in the Frequently Asked Questions document for registrants to refer to if they have any queries on revalidation.

Some specialists who had completed the evaluation also commented on the difficulty in locating their evidence for CPD as they are registered to use an alternative professional equivalent CPD scheme to the Faculty of Public Health. They were therefore not able to submit a CPD return certificate produced by the Faculty but instead provided other forms of evidence such as PDF and screenshots of documents as required as well as a bespoke letter confirming they had complied with their CPD requirements. Specialists stated the following:

“As I have reciprocal arrangements for CPD with General Pharmaceutical Council, I was able to submit pdfs plus relevant screenshots of documents required.”

“I had to confirm with UKPHR what was required as evidence of CPD as I am not registered with FPH and all guidance relates to their process. As a registrant of GPhC we have reciprocal arrangements which is not reflected in the guidance. The GPhC scheme changed during the last 5-year window and the online system to access previous CPD was closed so access was not possible. GPhC have not issued completion of CPD certificates and was therefore contacted to provide a bespoke letter indicating that I had complied with their CPD requirements.”

“I use an CPD scheme that has been approved as an equivalent but the FPH and accepted by the UKPHR. The scheme does not provide annual certificates of CPD submission therefore I needed to request a letter of confirmation and submit a variety of evidence to demonstrate my compliance.”

Recommendation 5

Amend the policy and guidance to include information on UKPHR accepting relevant CPD evidence from a CPD scheme that is an alternative professional to the Faculty of Public Health.

The comments above suggested that further clarity was needed in the policy and guidance in terms of what evidence is acceptable if a specialist is registered with a CPD scheme that is an alternative professional equivalent to the Faculty of Public Health. The revalidation policy and guidance were amended to state that UKPHR would accept relevant CPD evidence from an alternative scheme which is accepted by the Faculty of Public Health. Some of the accepted schemes include those administered by the Chartered Institute of Environmental Health (CIEH) and the General Pharmaceutical Council (GPhC). This was also included in the Frequently Asked Questions document for registrants.

Majority of specialists also felt that the UKPHR policy and guidance was helpful in fulfilling this element of revalidation. Specialists stated the following:

“The ability to submit certificates as evidence is helpful. NB Certificates also evidence when the annual CPD return has been subjected to FPH audit. The UKPHR guidance on what to provide if you do not participate in the FPH or equivalent CPD scheme, is also clear and appropriately robust in its request for documented evidence.”

“Advice from the UKPHR office was also very helpful.”

Some specialists commented that the policy and guidance was helpful to an extent as some areas required further clarification. This related to the kind of evidence required if not registered with the Faculty of Public Health CPD scheme as well as specialists who were required to submit evidence of CPD if they have completed a Certificate of Completion of Training (CCT) with the Faculty of Public Health and have registered part way through a financial year. However, specialists did appreciate the support and advice provided by the office in answering their queries.

Element 6 – Quality Improvement Activity

From the responses received for this section of the evaluation, most specialists confirmed that they did not experience any difficulty in accessing a Multi-source feedback tool to demonstrate the requirement of Quality Improvement Activity. Specialists who were registered on SARD for their professional appraisals in England were able to access the Multi-source feedback tools that is provided as part of their access to SARD. As these tools are approved by UKPHR for revalidation, specialists were able to complete these tools and provide them as evidence for this particular requirement of their application.

Others were able to successfully provide a completed multi-source feedback report that was generated via a tool that has been approved by UKPHR. Some specialists who did not provide a multi-source feedback tool were given an exemption as the requirement for completing a multi-source feedback tool came into effect from 1st April 2019. Specialists who were completing revalidation during this time were not able to provide a completed multi-source feedback report and they were given an exemption. They were advised however to ensure they complete a multi-source feedback ahead of their next revalidation cycle.

However, a handful of specialists did comment to say they did experience difficulties in fulfilling this requirement of revalidation. Specifically, they were not able to locate a suitable tool that was approved by UKPHR and they experienced challenges in completing the Multi-source feedback as a result. Some specialists who are employed outside of Public Health England, Public Health Wales and Public Health Scotland also found it difficult to access a Multi-source feedback tool as they were advised to seek alternative arrangements.

Specialists commented the following:

“As previously mentioned, it would be better if there was just one standard MSF tool to use for revalidation. It took a long time to go through the various tools that are just approved by UKPHR to find one that might be suitable to use. Besides, some of the tools appeared more geared toward clinical practice, rather than for non-medical public health specialists.”

“Took a bit of locating as to who to contact for the MSF information and felt that the questions were not as relevant to non-medical registrants so those who completed them and returned them I would think would find many of the questions difficult to apply to a non-medic. I was also sent all the information for my 'patients' to complete despite saying I was a non-medic so felt this was a waste of paper and postage.”

“Since my revalidation was due before July 2019, I didn't have to complete one. I did ask about tools but was informed that all available tools were restricted to people working within the public health system of England, Wales and Scotland. This is not very helpful for people working outside these systems.”

Similarly, specialists who completed the evaluation said that they did not experience any challenges in obtaining feedback if they did not complete a multi-source feedback report as they were provided an exemption for their first revalidation. Therefore, they did not provide alternative evidence for this requirement and were advised to complete feedback for their next revalidation cycle.

Most specialists said that there was no further guidance required on the application form relating to feedback and timespan. However, some specialists who did provide comments mentioned that it would be helpful if the UKPHR guidance was clear on the timescales when completing a multi-source feedback and also ensuring this is completed in a timely manner ahead of their revalidation. Some specialists were unaware of the time taken to complete a multi-source feedback report and suggested this should be made clear in the policy and guidance to support those completing their revalidation.

Specialists commented the following:

“Might be helpful to emphasise doing the MSF early, as the companies recommend around 6-8 weeks to complete, which caught me a bit off-guard.”

“I think it would be good to be clearer about time scales, and also to ensure the web dashboard was clear. When contacting Zaira though at the office, I always found her to be very helpful and reassuring.”

“Greater clarity around appraisal and revalidation timetables would be useful. As would better linkage of non-GMC revalidation in consultant appraisal platforms.”

Recommendation 6

Amend the policy and guidance to mention the importance of completing a multi-source feedback report in a timely manner and to make clear the length of time taken to complete this process.

On the question of whether specialists were able to easily collate and review any complaints, comments and compliments received, most if not all specialists who responded commented that they did not experience any issues with collating this evidence. This was easily recorded via the professional appraisal. Therefore, this information was readily available and there was no difficulty in accessing this for their revalidation.

Element 7 – Confirmation of Compliance

For the Confirmation of Compliance section, majority of specialists confirmed that they were able to locate a referee to certify their documents for this element of revalidation. They did not have any problems seeking a referee and this was easily achievable.

A specialist stated the following:

“Referee was initially a little unclear what was required – but it was well explained on seeking advice.”

Some specialists commented on the eligibility criteria of the referee and felt this needed to be expanded to include people working in public health rather than registered public health specialists. The criteria needed to be considered further so that there was a level of objectivity and not someone who was a close colleague or an appraiser. Specialists stated the following:

“Though this was a little tricky - in that the restrictions meant there were only 1 or 2 people I could ask, who I know think favourably of me, so it didn't seem particularly objective! It's very easy to get someone who will say something supportive. Is this step necessary?”

“yes, in the end. It took many emails on my part to clarify who can be a referee. and then I was told I couldn't have a senior person as a referee as they were not on GMC or UKPHR. this is very short sighted as public health specialists work with a range of professions across the globe.”

“This was not easy given that I work in an academic setting that is full of people working in public health rather than with other registered public health professionals. My line manager is not a public health professional.”

“yes, but I found the referee lacking in understanding of some aspects, as is often the case when people are trying to navigate anything around UKPHR specialists. This introduced unnecessary delay. As far as possible it would be good for all processes to be as similar as possible to GMC arrangements, as this helps facilitate, and also increase perceptions of equity.”

“I do think that we need to consider this aspect further. I chose a senior colleagues / line manager registered with GMC (actually the organisations Responsible Officer). I appreciate that not everyone will be able to do this - but my sense was to ensure I fulfilled some key criteria including a level of independence: Registered with UKPHR/ GMC Able to comment with good knowledge / oversight of my working practice Senior to my level of practice ... not just a close colleague with whom I may work ... not my professional appraiser.”

Recommendation 7

Amend the policy and guidance to consider expanding on the key criteria of the referee to include people working in public health rather than just registered public health professionals. Ensure the policy and guidance contains information about the referee being someone who is not closely linked to the specialist in order to maintain objectivity.

Majority of specialists selected yes to the question of whether the UKPHR policy and guidance was a helpful source in fulfilling this element of revalidation. Specialists stated the following:

“Although some points for clarification were submitted by the referee.”

A few specialists who answered no to this question felt that the policy and guidance wasn't very helpful and could be improved by expanding on the information and key criteria for referees to help them when contacting a referee for their reference.

Revalidation Communication

When completing this aspect of the evaluation, majority of specialists felt they were given sufficient time to complete their revalidation application. As the notice inviting specialists to complete revalidation was sent 6 months in advance, specialists appreciated the advance notice and commented that the monthly reminders were helpful. Specialist stated the following:

“Good to have the prompts.”

“Good notice period to get everything ready, as it took quite a time.”

Few specialists felt that they were not given enough time to complete their application and sought clarity on the process after their application was submitted to UKPHR. They commented that it would be helpful if the dates for the meetings of the Registration Panel and Registration Approvals Committee were provided on the UKPHR website in order to help registrants plan a timeframe for submitting their revalidation applications. Furthermore, specialists did not anticipate the time taken to prepare their documentation for their application and felt the time they were given was not sufficient.

Specialists commented the following:

“The UKPHR encourages registrants to submit their applications for revalidation "in good time". There was no definition of what this means. After submission I was informed that the application would be subject to two committee approvals and the dates of the next round of the meetings given. It would be helpful if the dates of these committee meeting were provided on the UKPHR website to help registrants plan a timeframe for submitting their revalidation applications "in good time" and/or provide a definition of what this means.”

“What with work on coronavirus, etc. it was quite difficult to get the paperwork together and get comments from colleagues / appraisers, etc. The lead time for the MSF tool, and referee were unexpected and took longer than anticipated. Also, given the timing, it also meant I had to input a lot of my CPD in the FPH system earlier than I would do normally.”

“This was not the fault Of UKPHR but I had a very close window to complete appraisal and revaluation and the later was much more time consuming than I had anticipated (largely because of the issues accessing files from 5 years ago previously described).”

“It was difficult to ascertain what the deadline meant. I am still unclear what needed to be completed by the deadline. the whole new requirements made it extremely confusing.”

Most specialists who had completed the survey found the monthly reminders to be a useful prompt in helping them to complete their application and submit this to UKPHR in a timely manner. Some specialists did feel that the reminders were quite frequent and that it would be helpful if they were disabled when an application was being processed for the next available registration panel and registration approvals committee. Additionally, as some specialists were in correspondence with the office, they felt they did not need the reminders as they were on track to completing their application. Overall, this function was very useful as it ensured that specialists were receiving them and were engaging with the process accordingly.

Specialists commented the following:

"They came a little thick and fast, even though I had communicated with staff about my reference coming in during the week leading up to my deadline. I understand that these are likely to be automated though."

"Yes, to a point. The reminders were helpful but at one point, I couldn't do any more until after my appraisal, which was brought forward by 2 months as it was. During the period leading up to this, when the date was booked, the reminders were annoying. It would be good to be able to temporarily turn them off until a certain date."

"Yes – reminders, as always, were most helpful and welcome!"

"Reminders were far too frequent and unnecessary."

"I was already in dialogue with UKPHR, so didn't need them really."

On the topic of communication, almost all specialists felt that they were given good quality communication from UKPHR. They found the support and guidance from the office to be very helpful, especially as revalidation is a newly launched scheme with its own set of requirements. Specialists appreciated the prompt and timely advice from the office and commented that Zaira was excellent in providing clarity and reassurance on the process and on what was required from them. Specialists did not have any concerns with the communication given by the office in assisting them with their applications. Specialists commented the following:

"Help and advice was always available promptly from the team."

"UKPHR were very helpful."

"Zaira was excellent in providing clarity and reassurance."

Zaira was fantastic. The volume of emails and info was a bit confusing."

As well as this, specialists felt UKPHR was helpful in providing clarification on various aspects of revalidation they were unsure of. They found the advice and guidance given by the team useful in clarifying their queries and ensuring they were clear on the process. The UKPHR office was easily approachable if specialists had any further queries and were available to provide support as and when this was requested. They did take into consideration any teething problems due to the new online system and were understanding of this. Specialists provided the following comments when completing this question of the evaluation:

"UKPHR were very helpful."

"Zaira was extremely helpful!"

"About CPD in year 1 after CCT."

"Very prompt. Glad I gave myself some time as I didn't realise the time required."

"Zaira was super responsive. Thank you."

"I appreciated the communication I had with UKPHR."

“There were some initial teething problems with process. I was in regular ongoing dialogue to put these right ‘live’ where able.”

Revalidation final comments

Overall, responses from majority of specialists indicated clearly that the process for completing revalidation was quite straightforward and clear than anticipated. As this is a new system, there were a few teething issues that were experienced by specialists when completing their applications. However, after being given appropriate guidance and support by the office, they felt more confident in providing the relevant evidence for their applications.

It was suggested that UKPHR consider amending some of the language that is used in the process, specifically the revalidation module. An example of this is when a clarification is requested but the system marks the section as “unsatisfactory”. As well as this, providing a timeframe of when the registration panel and registration approvals committee meet was requested so specialists are aware of when they will need to submit their applications by.

With the right preparation and access to relevant evidence, specialists did find the process reasonably smooth and straightforward. They were also appreciative of the time given to prepare for their applications as they did not anticipate how much time would be needed to gather the relevant evidence for submission.

Specialists provided the following final comments:

“Overall, I felt that the process was reasonably straightforward. With the right previous preparation and access to required evidence submitting information against the headings was simple. There are some areas of the guidance that need further clarity/ avoid duplication etc. The process would benefit from electronic submission template. In the absence of this, a simple process of summary and individual emails containing content by each section required was simple enough to set up and administer. In the absence of an electronic system, this seemed to also provide the information in an easy to understand format which was well received by UKPHR staff required to prepare information for assessment. We may wish to give guidance on doing this in the absence of an electronic system to embed documents.”

“It was a significant piece of work to do so I was grateful for the lead time provided and the support along the way to get it all in on time.”

“Mostly OK. I would suggest that the UKPHR reconsiders some of the language used in the process. For example, when a clarification is requested on an aspect of the revalidation submission the UKPHR marks the section as “unsatisfactory”. This suggests that the submission for that section is not fit for purpose when the clarification is asking for confirmation of having had a professional appraisal, even though there is an exemption for 2019/20 and the timeframe for this had not been changed from 31 March 2020.”

“Overall straightforward. It is always most challenging the first time and will be easier in subsequent years with experience of the process. I am also an NMC registrant and have revalidated with them; their processes and guidance do seem more straightforward (they do not have an RO role either).”

“The revalidation process itself is fine if professional appraisal and CPD are up to date. It took a while to get to grips with what was needed but will be much simpler next time.”

“It was quite a lot of work to get the documents ready, although this is to be expected. It might be helpful to know when the revalidation committee / board meet, as this could help plan timing of submission of documents. For example, I just missed the committee date for approving my revalidation, so have to wait 4-6 weeks. It might be helpful to have UKPHR give initial assessment of documents being satisfactory as each section is submitted as complete rather than wait until the end. For example, some sections were submitted as complete several weeks before others, but they are only assessed when all parts are done.”

“Relatively painless with first class advice and support when needed.”

“Although it was a bit of a laborious process I do understand why it is necessary and therefore must be maintained.”

“Very good on line support and in general all went well thank you.”

“Not as bad as I thought it might be!”

“Support from Zaira was really good and thanks for patience.”

List of recommendations

Recommendation 1

Amend the policy and guidance to state that specialists will be required to undertake 5 professional appraisals in a five yearly registration cycle, no more than 1 in each financial year.

Recommendation 2

Ensure explanatory text in each of the revalidation module is clear and includes hyperlinks to supporting information on what evidence is required to fulfil the elements of revalidation

Recommendation 3

Amend the policy and guidance to refer to specific indemnity arrangements provided by local authorities

Recommendation 4

Amend the policy and guidance to include information on when specialists are required to submit evidence of CPD if they have completed a Certificate of Completion of Training (CCT) with the Faculty of Public Health and have registered part way through a financial year.

Recommendation 5

Amend the policy and guidance to include information on UKPHR accepting relevant CPD evidence from a CPD scheme that is an alternative professional to the Faculty of Public Health.

Recommendation 6

Amend the policy and guidance to mention the importance of completing a multi-source feedback report in a timely manner and to make clear the length of time taken to complete this process.

Recommendation 7

Amend the policy and guidance to consider expanding on the key criteria of the referee to include people working in public health rather than just registered public health professionals. Ensure the policy and guidance contains information about the referee being someone who is not closely linked to the specialist in order to maintain objectivity.