Education and training annual report 2020

Education and Training Committee

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 2020

The Committee held five meetings during the year which included consideration of the options for recognising the eligibility of Level 6 (degree level) public health apprentices for registration as public health practitioners; a project for mapping Universities' BSc public health courses to the amended practitioner registration standards; and the emergency steps taken by the register to address the challenges to registrants' practice raised by the COVID-19 pandemic emergency.

In addition, the committee received the first evaluation of UKPHR's implementation of a revalidation requirement for specialist registrants and reviewed the reports of a working party to consider UKPHR's rules and procedures from an equality, diversity and inclusion (EDI) perspective. Details of this work along with statistical analysis of registration, is presented below, together with some case studies of the valuable work being undertaken by registrants in support of health protection for the Public Health Covid-19 response.

Core public health workforce

Who is on the register?

At the end of the calendar year 2020, 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	31 March 2019	**31 December 2020**
Specialists	562	630	702	687	716	761	**792**
Specialty Registrar	n/a	n/a	2	2	7	4	**7**
Practitioners	78	149	206	276	344	458	**524**
Temporary Specialists	n/a	n/a	n/a	n/a	n/a	n/a	**19**
Temporary Practitioners	n/a	n/a	n/a	n/a	n/a	n/a	**4**
TOTALS	684	779	870	965	1067	1223	**1346**

Table 1: UKPHR registrants, showing data for each of the years from 2014 to 2020.

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 2020 the location of registrants in the UK's four nations and within English regions based on where they were working was as follows:

SPECIALISTS			
	English regions	Sub-total	Cumulative total
ENGLAND	-	**681**	
East Midlands	**46**		
East of England	**44**		
London	**143**		
North East	**45**		
North West	**92**		
South East	**91**		
South West	**86**		
West Midlands	**65**		
Yorkshire & Humber	**69**		
Northern Ireland	-	**2**	
Scotland	-	**39**	
Wales	-	**57**	
Overseas	-	**13**	
TOTAL	**SPECIALISTS**		**792**

SPECIALTY REGISTRARS			
	English regions	Sub-total	Cumulative total
ENGLAND		**4**	
East Midlands			
East of England			
London			
North East			
North West	**2**		
South East			
South West			
West Midlands	**1**		
Yorkshire & Humber	**1**		
Northern Ireland	-	-	
Scotland	-	**2**	
Wales	-	**1**	
Overseas	-		
TOTAL	**SPECIALTY REGISTRARS**		**7**

PRACTITIONERS			
	English regions	Sub-total	Cumulative total
ENGLAND	-	**418**	
East Midlands	**19**		
East of England	**28**		
London	**59**		
North East	**24**		
North West	**6**		
South East	**175**		
South West	**46**		
West Midlands	**51**		
Yorkshire & Humber	**10**		
Northern Ireland	-	**1**	
Scotland	-	**61**	
Wales	-	**42**	
Overseas	-	**2**	
TOTAL	**PRACTITIONERS**		**524**

TEMPORARY SPECIALISTS			
	English regions	Sub-total	Cumulative total
ENGLAND	-	**13**	
East Midlands	**1**		
East of England	**2**		
London	**3**		
North East	**1**		
North West	**1**		
South East	**2**		
South West	**-**		
West Midlands	**1**		

Yorkshire & Humber	**2**		
Northern Ireland	-	**-**	
Scotland	-	**4**	
Wales	-	**2**	
Overseas	-	**-**	
TOTAL	**TEMPORARY SPECIALISTS**		**19**

TEMPORARY PRACTITIONERS			
	English regions	Sub-total	Cumulative total
ENGLAND	-	**3**	
East Midlands	**-**		
East of England	**1**		
London	**-**		
North East	**-**		
North West	**-**		
South East	**2**		
South West	**-**		
West Midlands	**-**		
Yorkshire & Humber	**-**		
Northern Ireland	-	**-**	
Scotland	-	**-**	
Wales	-	**1**	
Overseas	-	**-**	
TOTAL	**TEMPORARY PRACTITIONERS**		**4**
TOTAL	**ALL REGISTRANTS**		**1346**

Table 2: Number of registrants by nation and region and by category Dec 2020

The Committee recognised that Northern Ireland is not currently well-served on the register. Engagement has begun with Northern Ireland public health colleagues and this 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 2013-2020.

GMC CCT			GMC CESR			UKPHR CCT			UKPHR portfolio			TOTAL
2020												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	86
9	25	**34**		1	**1**	8	28	**36**	3	12	**15**	
2019												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	80
10	16	**26**	1	1	**2**	15	24	**39**	4	9	**13**	
2018												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	85
17	25	**42**	0	0	**0**	9	20	**29**	4	11	**15**	
2017												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	93
10	26	**36**			**0**	12	27	**39**	5	13	**18**	
2016												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	61
10	18	**28**			**1**	8	14	**22**	2	8	**10**	
2015												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	80
7	26	**33**			**1**	9	20	**29**	3	14	**17**	
2014												
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	86
12	18	**30**			**3**	9	25	**34**	4	15	**19**	
2013												
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 2013-2020 by regulator and by route

Age profile of workforce

Further data on career timelines for specialists comes from:

- Faculty of Public Health (FPH) on recruitment as regards completion of training ('CCTs' issued) and Consultant advisory appointment committees ('AACs')
- Health Education England (HEE) (on trainees)
- General Medical Council (GMC), UKPHR and a General Dental Council (GDC) as per the table below.

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

Directors of Public Health (DsPH) tend to get their first appointment in their 40's and 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:

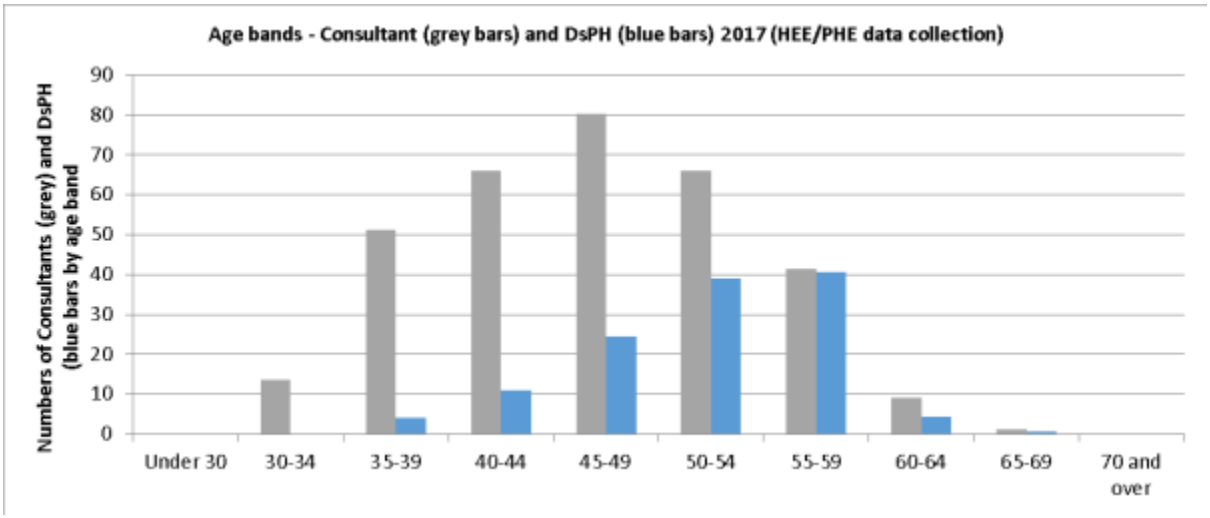

Table 4: Public Health Consultants' ages in age bands (England only)

Although the picture in England 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 trends from local issues, so that support can be targeted, and succession can be planned effectively.

Diversity

In the calendar year 2020 the known characteristics of registrants were as shown in the table and charts below.

		White	Black or Black British	Mixed	Asian or Asian British	Chinese or other ethnic group	No ethnic background provided	Total
Male	Specialist registrants	180 (84.5%)	3 (1.4%)	4 (1.9%)	12 (5.6%)	1 (0.5%)	13 (6.1%)	**213**
	Specialty Registrars	1 (100%)	0	0	0	0	0	**1**
	Temporary Specialists	2 (66.7%)	0	0	0	0	1 (33.3%)	**3**
	Practitioners	67 (85.9%)	0	0	7 (9%)	1 (1.3%)	3 (3.8%)	**78**
	Temporary Practitioners	2 (100%)	0	0	0	0	0	**2**
Female	Specialist registrants	501 (86.8%)	14 (2.4%)	8 (1.4%)	22 (3.8%)	2 (0.4%)	30 (5.2%)	**577**
	Specialty Registrars	6 (100%)	0	0	0	0	0	**6**
	Temporary Specialists	8 (50%)	0	0	0	0	8 (50%)	**16**
	Practitioners	380 (85.2%)	25 (5.6%)	8 (1.8%)	13 (2.9%)	2 (0.4%)	18 (4.1%)	**446**
	Temporary Practitioners	1 (50%)	1 (50%)	0	0	0	0	**2**

Table 5: Gender and ethnicity of UKPHR registrants (current and lapsed) 2020

The Committee recognised that in line with Equality and Diversity, there will be an additional gender identity alongside male and female on the register.

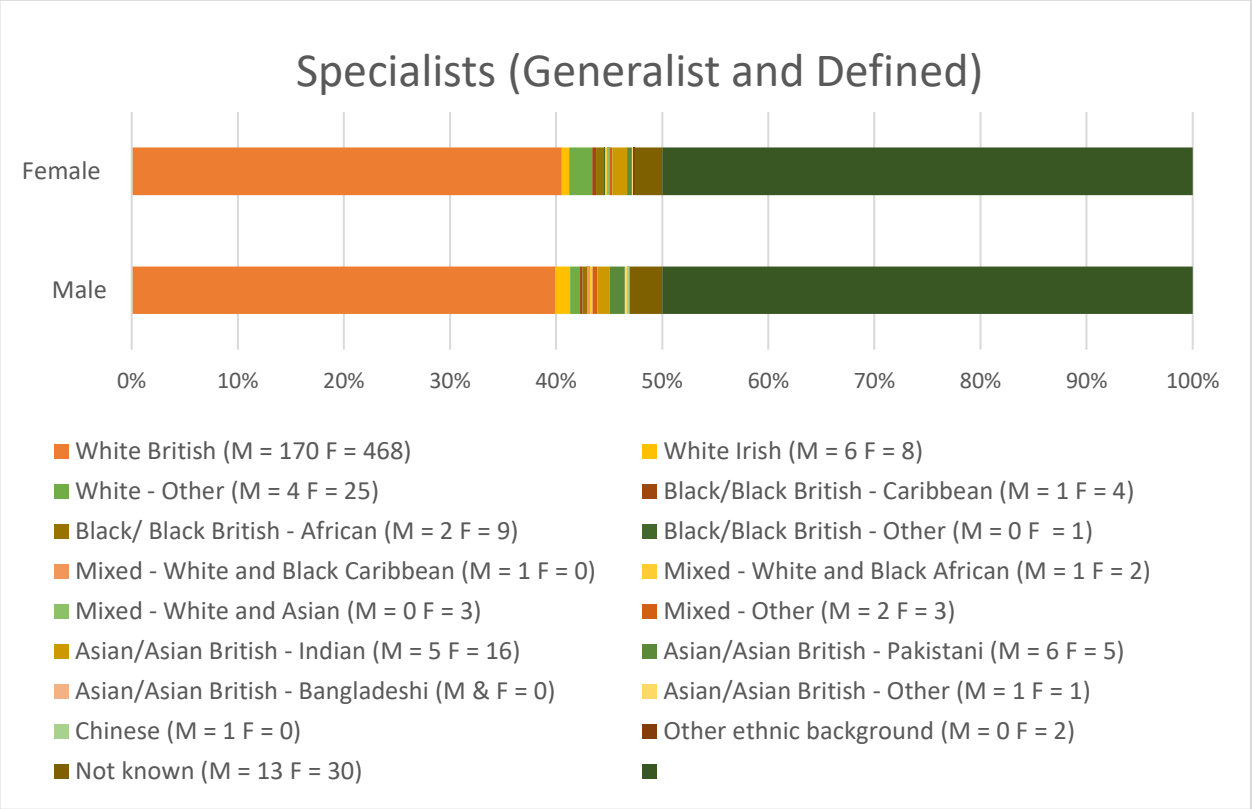

Chart 1: Gender and ethnicity of UKPHR specialists (current and lapsed) 2020

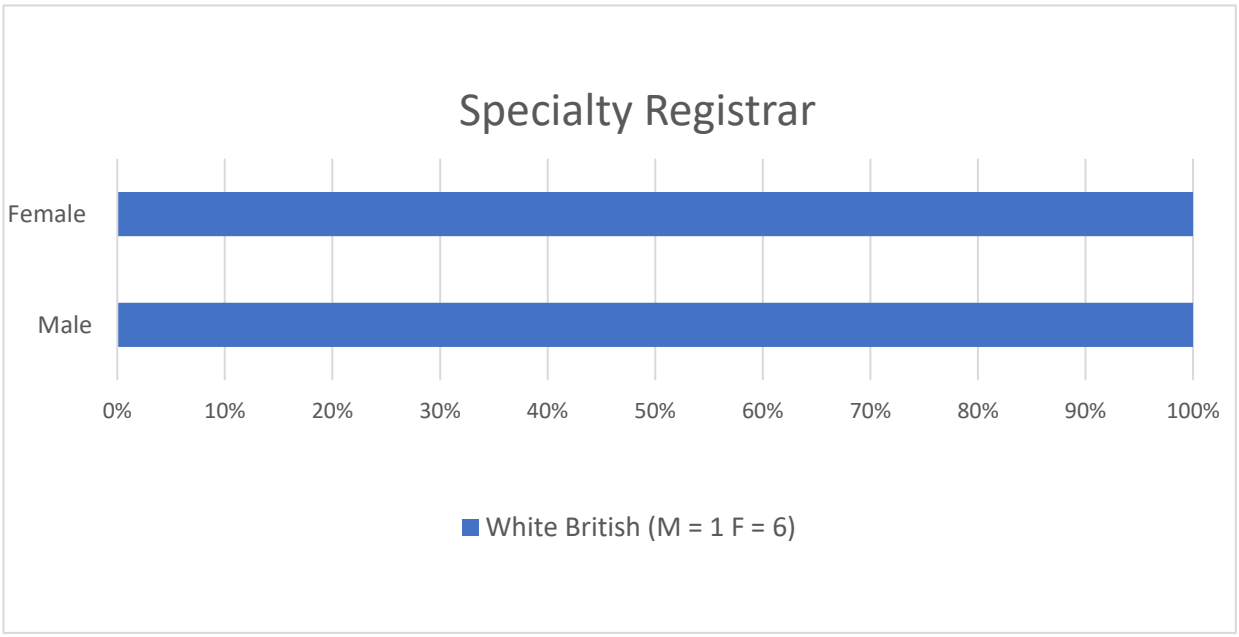

Chart 2: Gender and ethnicity of UKPHR Specialty Registrars (current and lapsed) 2020

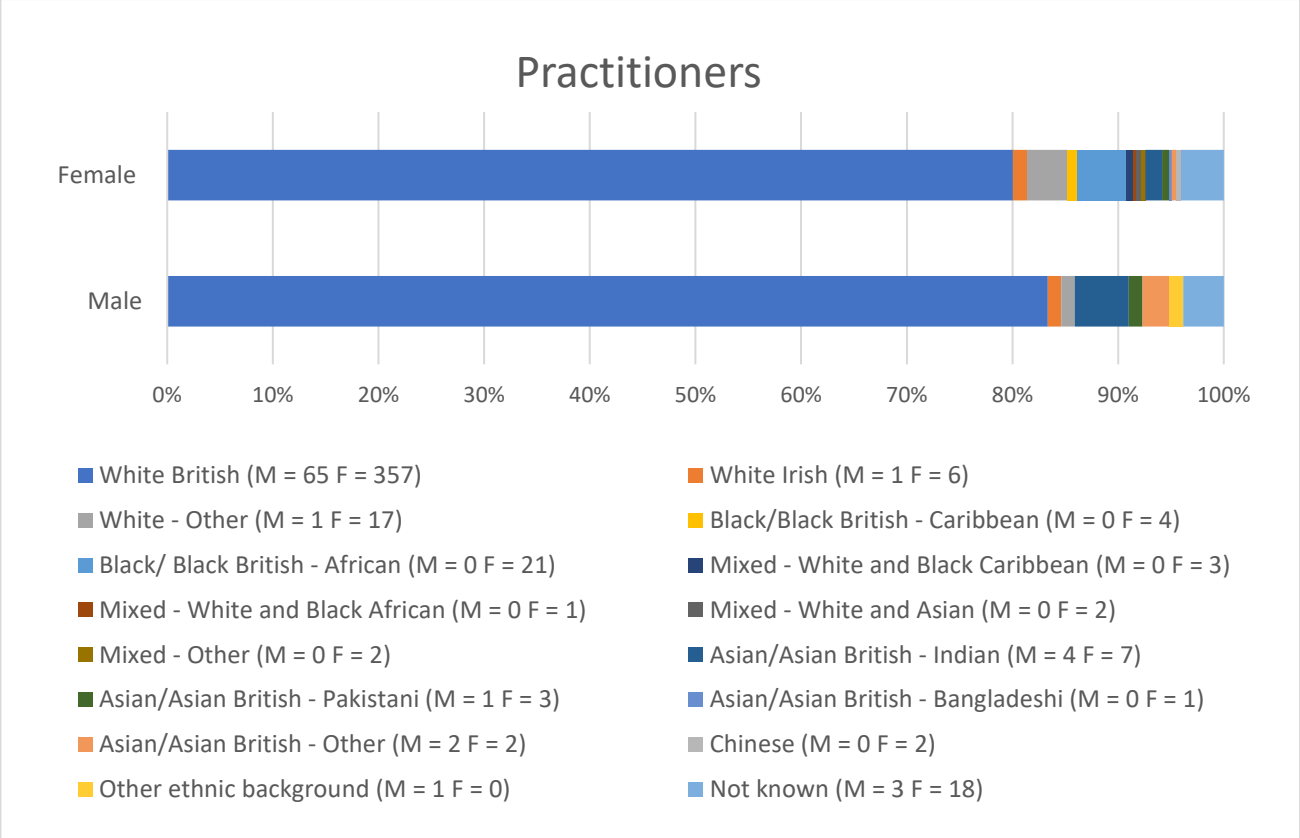

Chart 3: Gender and ethnicity of UKPHR Practitioners (current and lapsed) 2020

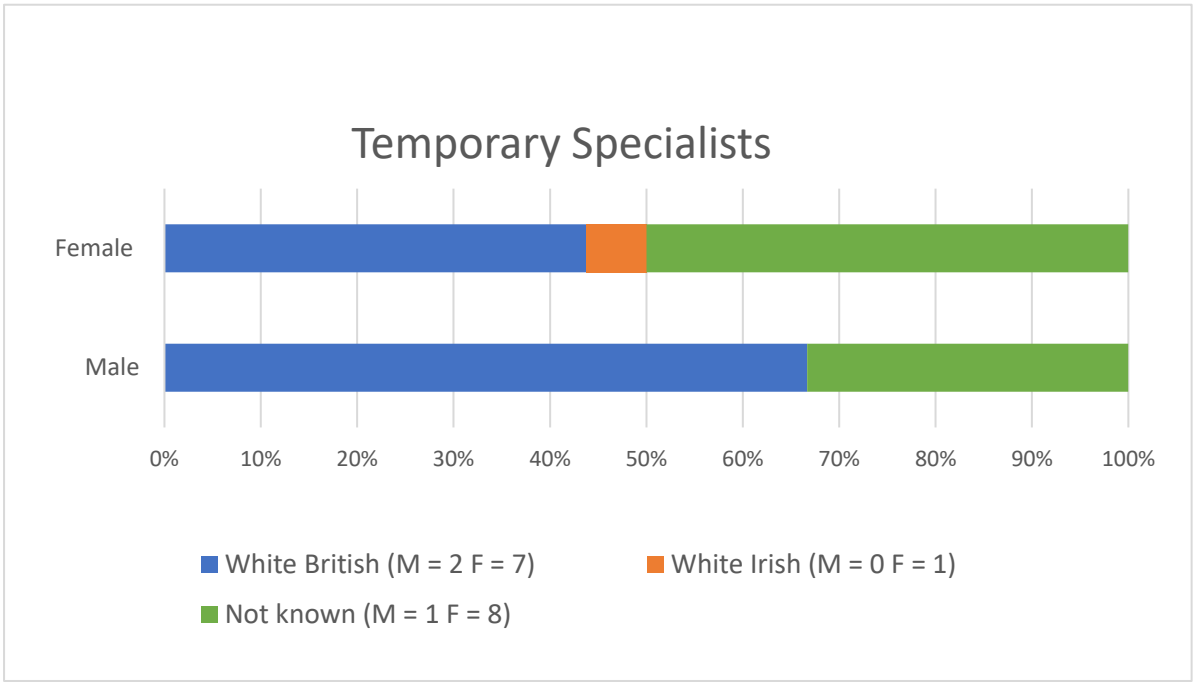

Chart 4: Gender and ethnicity of UKPHR temporary specialists (current and lapsed) 2020

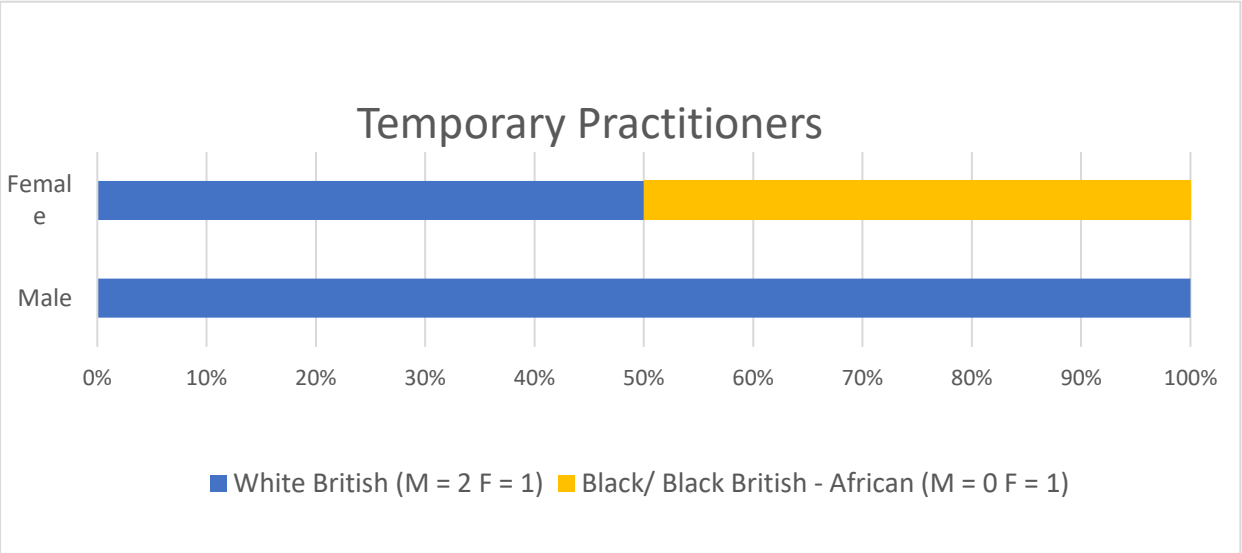

Chart 5: Gender and ethnicity of UKPHR temporary practitioners (current and lapsed) 2020

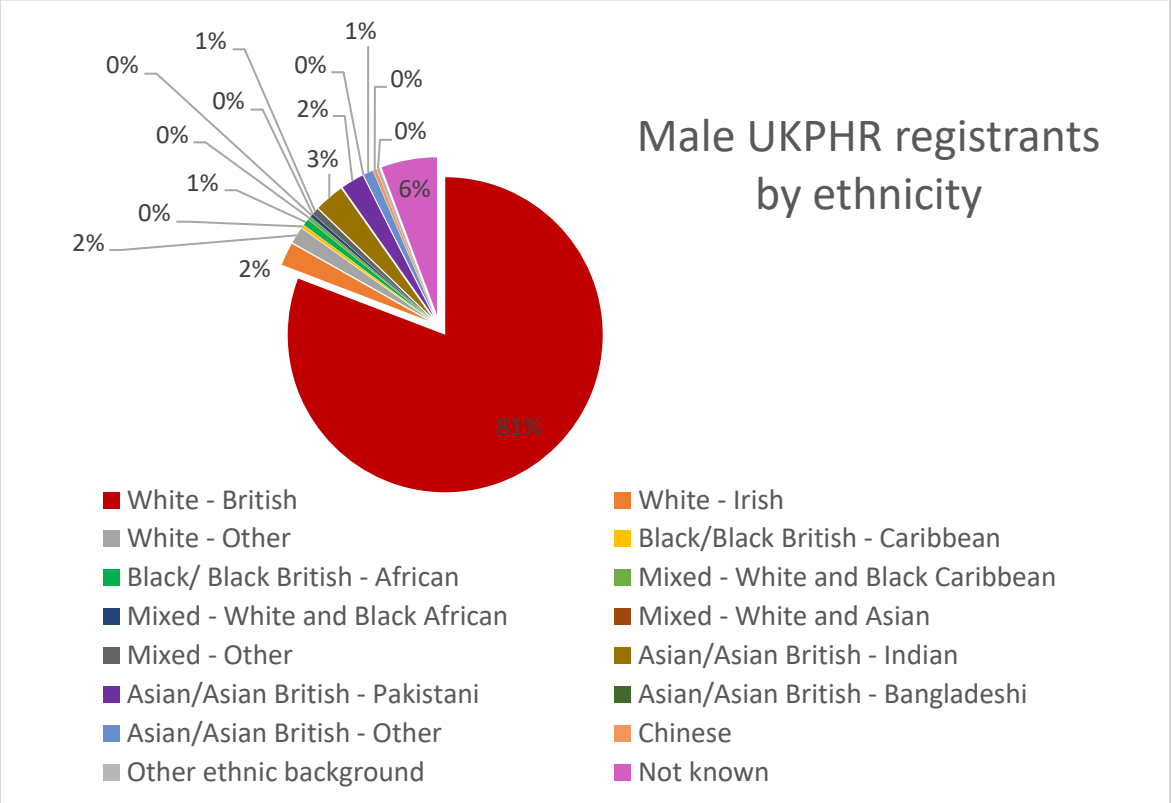

Chart 6: Ethnicity of male UKPHR total registrants (current and lapsed 2020)

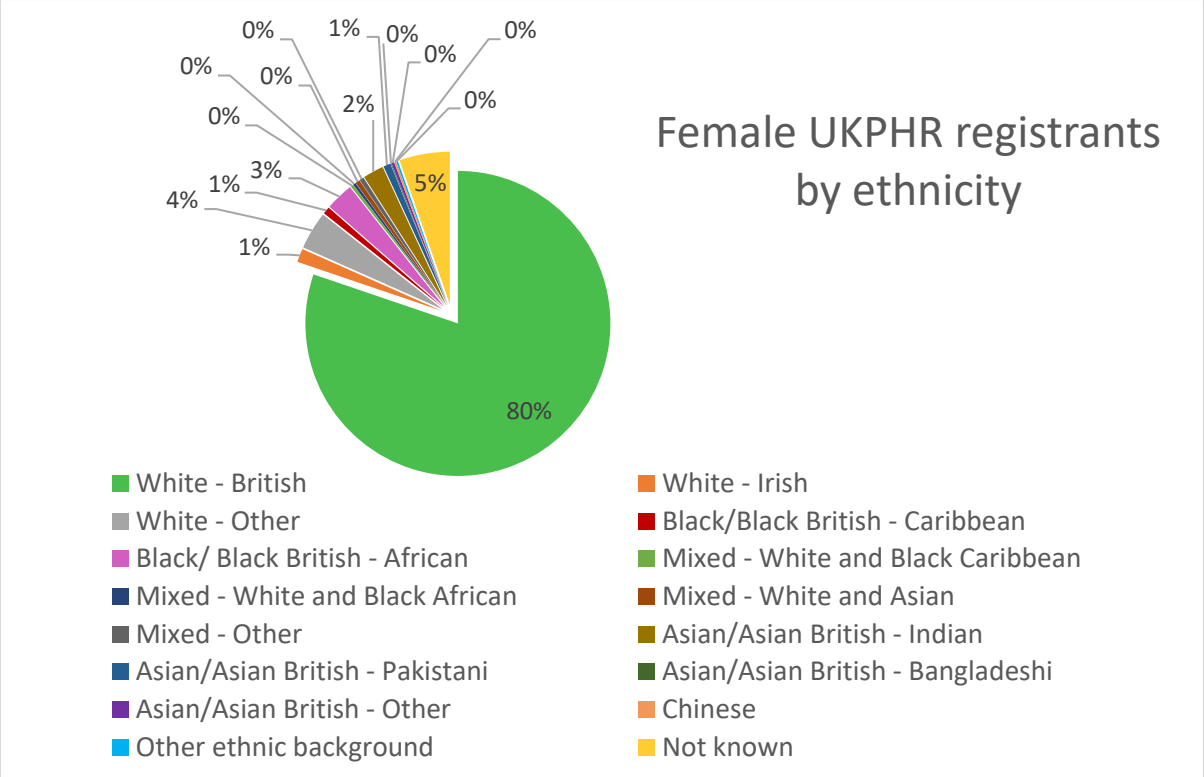

Chart 7: Ethnicity of female UKPHR total registrants (current and lapsed 2020)

The Committee recognised that numbers of Black and Minority Ethnic (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. The Committee will work to ensure there is a good representation of BAME registrants on the UKPHR register as a regulatory body following the data collected on diversity.

Registrants leaving the register

In 2020, the number of specialists leaving the register was 27.

We sent each registrant an exit questionnaire. Reasons for relinquishing given included dually registered and retirement.

Since 2011, when practitioner registration began, a total of 566 practitioners have registered. Of these, five practitioners have since retired from practice and stopped being registered.

A further 38 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 not benefitting from their registration and leaving public health.

COVID-19

Since March 2020 the impact of Covid-19 has been unprecedented with lockdowns and a change to the way we function in society. The work of public health colleagues has been key to controlling the impact of the pandemic and UKPHR registrants have been under significant pressure working in a continually changing environment. As leaders and experts in public health, registrants have been providing appropriate advice and direction, supporting and guiding in all areas of health including monitoring, surveillance, planning, modelling, research, safeguarding the vulnerable and crisis management. In offering specialised guidance to the public and health professionals, supporting test and trace and vaccination programmes, registrants have been committed to every aspect of preventing ill health, protecting health and promoting wellbeing and have never been more valued and recognised for their contributions. UKPHR would like to take this opportunity to thank its registrants for their involvement and commitment through these unprecedented times.

UKPHR have worked closely with other registers such as the General Medical Council and the Nursing and Midwifery Council to provide assistance to registrants and many interim changes have been made to renewals and revalidation requirements including appraisals and CPD to help reduce the pressure on individuals whilst still providing support.

Temporary register

On 25 March 2020, in response to the COVID-19 pandemic emergency, the Committee oversaw the introduction of a temporary register (in line with statutory regulators such as the General Medical Council and the Nursing and Midwifery Council). The purpose of this temporary register is to enable former registrants to return to public health practice and work in jobs that help in overcoming the coronavirus. The temporary register is separate from the accredited register and is time limited – the temporary register will be closed when the COVID-19 pandemic emergency is over. At present there are 22 specialists and 4 practitioner registrants on UKPHR's temporary register.

UKPHR have proposed that the temporary register should continue in its present form until the UK Government declares the Covid-19 emergency is over, but temporary registrants who have been working in public health for at least one year will be encouraged to apply to transfer back onto the main register, particularly as some employers of the registrants on the temporary register will want to retain their skills.

Practitioner case studies on frontline work for the pandemic

UKPHR practitioners have played a vital role across the UK response to Covid-19. Case studies demonstrating the breadth, depth and good practice of this response is shared below and reflect the enormous contribution made by health practitioners in the last 18 months.

Case Study 1: GP Referral Resource Packs project at Reading Borough Council

Aim: To contact individuals unable to attend physical activity sessions during COVID-19, and those deemed at risk of falling.
Objectives: To give telecare advice and support to individuals promoting physical activity and falls prevention resources.

"Prior to COVID-19 Reading Leisure centres offered specific classes that supported wellbeing in the over 50's such as tai chi, seated Pilates and seated exercise classes. During the COVID-19 pandemic the leisure centres closed, reducing the option for those with health

needs to access the centres and trained staff. The GP referral programme offers a programme of specialised activities for those with Long Term Health Conditions to access physical activity. In order to reach individuals without access to internet and web-based materials, I worked with a team to create GP referral resource packs for participants including distributing the PHE Active at home booklet.

The project involved contacting GP referral participants to discuss how they were feeling during this time during COVID-19 and if they would like to receive a resource pack in the post. General resources included the PHE Stay active at home resources or further support through the Falls Proof cards from Get Berkshire Active.

This project gave me the opportunity to value and support vulnerable individuals. I telephoned individuals to discuss their individual needs and was able to send out and give some tailored advice depending on their situation. I was able to offer the fall proof resource cards and discuss some activities that could be safely done at home. This project gave me an opportunity to directly contact and speak to individuals with health needs during the COVID-19 lockdown. On the whole individuals were happy to be contacted and very happy to receive information to support them to become active and receive falls prevention information. Many of the individuals expressed how much they missed not only the physical activity sessions but the social element. This proving that Physical Activity is truly beneficial for whole health and wellbeing."

Joanne Tombs
Activity and Health Development Officer, Reading Borough Council

Case Study 2: Maintaining health improvement through the pandemic, leadership for Public Health, North East and Yorkshire Region

"As the immunisation and health protection lead for the council's very small public health team I was involved in the local response almost immediately. My role started in the 3rd week of January 2020 where I was asked by our service lead to provide a short presentation on the 'Novel' virus to councillors and service leads across the council. I was also responsible for ensuring our pandemic flu plan was sent to all partners and across Adult Social Care. (This was the initial plan that we were told to utilise). I was then the nominated public health representative on the weekly Frimley ICS outbreak board providing feedback and receiving key information from NHS England and PHE.

My next role was creating a "Health at Home" platform for the public health website which would be a 'one stop shop' for all our key public health prevention services throughout the pandemic. This included creating a series of downloadable resources for people to use to stay active at home, through to ensuring our integrated sexual health service was providing uncapped online testing.

I was also responsible for leading on community engagement throughout the pandemic (one strand of our five-strand project to protect residents that had been disproportionately hit by the first wave). This element of the role involved creating a bespoke COVID-19 page on the public health website, running social media platforms and creating a "Community Champions" programme to empower local residents to help with the pandemic response and to increase vaccine uptake. This particular programme launched in August 2020 and by Christmas 2020 had over 500 residents taking part.

In August 2020, working alongside colleagues in our leisure and 'get active' team, we launched a new campaign called "#Fit2FightCOVID", this campaign was based on the

importance of physical activity and moving more to help be protected from coronavirus. My role was running a literature search on the links between physical activity and the immune system, co-designing the campaign with local residents and writing the communication plan to engage with the local community.

In December 2020 I set up the Slough COVID vaccine uptake group. I chaired this group and it was a mix of local health providers, NHS, CCG, ICS, PHE and voluntary sector, aimed at reducing inequalities in vaccine uptake. Through this piece of work I led on a tailored social media campaign, set up specific resources to empower schools to be part of the programme, and provided tailored information and training to our community champions so they could become 'vaccine champions'.

Finally, I was also involved in mass community testing from January to March 2021. This was part of our Lateral Flow Testing programme, to mass test asymptomatic residents. There were 2 parts to this role. The first was community engagement and promotion, and using community champions to help inform and promote the programme. The second was creating a dedicated resource in 5 different languages that would be provided to people when they got tested. This information included things like staying active, weight management, vitamin D, further support signposting.

Although it was an incredibly challenging year and at times absolutely relentless (working most evenings and weekends throughout the first wave) it was rewarding and has helped grow my skills and knowledge of public health no end. I believe I have grown substantially as a UKPHR practitioner, and I hope that I have made a positive difference to local communities!"

Timothy Howells
Health and Wellbeing Support Manager, Public Health England North East and Yorkshire Region

Case Study 3: Health protection, a 'day' in the year of a health practitioner

In February 2020 Public Health Wales asked for volunteers from non-health protection role to attend training in contact tracing and in dealing with general queries from the public due to the imminent threat of COVID-19. I had previously recognised a gap in my CPD in health protection therefore I was quick and keen to volunteer. I supported shifts dealing with queries and logging calls, but things quickly escalated as cases increased and my role changed to a 'call advisor' which entailed dealing with a range of queries (e.g., GPs, the public, businesses, schools) and referring people for COVID-19 testing. I was involved with the contact tracing from the 2nd confirmed case in Wales, in terms of the initial contact tracing and 14 day follow up calls, as well as calls giving people their negative results. From March 2020 after the initial contact tracing phase ended, I was moved to the 'enclosed setting team' supporting and monitoring incidents predominantly within care home settings.

In June 2020, this role morphed into a regional response, whereby I provided national specialist level support in the Hywel Dda Health Board area supporting them with complex cases, incidents and outbreak in complex settings such as care homes, supporting living settings and high-risk workplaces. I was a representative on PHW 'Policy and Guidance COVID-19' subgroup providing peer support and editorial review of key documents. During my time I was able to support other new colleagues in their training through the 'shadowing' process.

I have found the experience both hugely rewarding and at times hugely exhausting (especially with home schooling in the mix!). I have increased my knowledge and skills in a whole new range of public health competencies outside my usual day job in health

improvement, for example producing epidemiological curves or chains of transmission diagrams. I am proud of my achievements and contribution during the COVID-19 pandemic. I have learnt how to be calm under pressure and difficult circumstances in order to provide professional advice, guidance and support to the public of Wales.

Cerys Preece
Senior Public Health Practitioner, Public Health Wales

UKPHR compliance with the law on equality, diversity and inclusion

UKPHR aspires to become an exemplar of fairness and transparency to those with protected characteristics and those without. However, although UKPHR has well established policies and practices to ensure fairness and objectivity in the actions of those involved in the discharge of its functions, it was felt there was a need to capture UKPHR's commitment to not only actively oppose all forms of discrimination and promote equality and diversity but to also ensure an environment which provides equality of opportunity and freedom from unlawful discrimination. In order to do this, a Task and Finish Group was established in 2020 to review how the UKPHR's rules and processes may be impacting on registrants and prospective registrants and UKPHR's workforce (including employees, contractors and volunteers).

In view of this legislation, UKPHR recognised the need to consider the wider implications of ethnicity and race and how to avoid disrespect and understand the disproportionate inequalities that some groups encounter most effectively. The Task and Finish Group have discussed equality, diversity and inclusion issues with a number or organisations and individuals to establish values and attitudes towards equality and diversity.

Recommendations for improvement and development to ensure there are no forms of unlawful discrimination within UKPHR will be provided in the report at the end of 2021, but the main conclusions include:

- UKPHR's commitment to equality of opportunity cannot be just about staff and employment: it affects every aspect of UKPHR activity and the way in which it runs its business.
- UKPHR will be committed to promoting equal opportunities in all aspects of its employment and business
- UKPHR will aim to ensure that no job applicants, employees, applicants for registration, Board and committee members, assessors, moderators, advisors or visitors receive less favourable treatment or are disadvantaged by conditions or requirements which cannot be shown to be justifiable.
- UKPHR will ensure that information required from applicants for initial registration on any UKPHR register, for renewal of registration or for other regulatory purposes, does not disadvantage anyone, whilst safeguarding the integrity of the registers.
- UKPHR will commit to a programme of action to ensure that the approach to equality and diversity is implemented and monitored at an organisational and individual level.

Practitioner development and the Level 6 Public Health Apprenticeship

UKPHR has worked closely with other stakeholders to develop the new Level 6 Public Health Practitioner Apprenticeship which had been approved by the Institute for Apprenticeships and Technical Education in late 2019. The standard for the apprenticeship has been devised to match UKPHR's standard for registering public health practitioners and

in February 2020 the UKPHR Board took the historic decision to develop a second route to registration for public health practitioners based on successful completion of the apprenticeship. The Board asked the Education & Training Committee to lead for UKPHR on the design of the new route, the process and guidance for applicants. Draft rules and guidance were drafted, and preparations made for a formal consultation in mid-2021 with stakeholders before a final decision is made by the Board, it is hoped before the end of the calendar year 2021.

At the same time a procurement exercise was held by Salisbury Managed Procurement Services on behalf of employers to identify appropriate providers for the apprenticeship in England, and eight universities were successful in being approved as potential providers. Regional discussions then followed between employers and university providers, with programmes aiming to start from autumn 2021 or in some cases in 2022. The apprenticeships will usually last three years so it is unlikely many successful apprentices will be ready to apply for UKPHR Practitioner registration before 2024 or 2025. It is, however, an exciting new development contributing to expanding capacity and capability in the public health practitioner workforce.

First UKPHR research strategy

In 2020 UKPHR developed its first ever research strategy. UKPHR is not a research funder nor does it have capacity to undertake significant research itself, but the Board took the view that as a public health organisation UKPHR's policy decisions should be evidence-based and where there is a gap in evidence relevant to its responsibilities, it should seek to ensure that such evidence is produced. As a first step toward identifying UKPHR research priorities, members of the UKPHR family were invited to propose relevant research ideas or questions. For 2020-2021 these were then synthesised and prioritised by the Board:

1. To what extent does registration work in reality to protect the public from unsafe practice?
2. What is the perceived value of registration and maintaining CPD by public health employers? E.g., how do they value it (or not) when comparing registration with experience in making practitioner appointments?
3. How diverse are UKPHR registrants (in terms of ethnicity and other protected characteristics)? How does the diversity of UKPHR registrants compare with the overall UK population?
4. What is the value of a registered public health workforce in the UK public health system in the current context, e.g., COVID and the abolition of Public Health England?
5. What are the opportunities and challenges in scaling up/encouraging more of the public health workforce to take up registration?
6. To what extent does registration works in reality as career-enhancing for the practitioner?
7. Is registration positioned at the right level to reflect public health practice, e.g., do some advanced practitioners not pursue registration as they perceive it to be at too low a level of competency?
8. What are the emotional reactions and the effect of COVID-19 on people in public health, training and registration? What can employers do to mitigate and manage the risks?

The first question was submitted to the National Institute for Health Research (NIHR) for consideration to be included in one of its research programmes. The second question is being addressed by research funded by Health Education England in London and the Southwest. The final six questions have been circulated to directors of master's in public health programmes in the UK as possible dissertation topics for students.

Mapping of the BSc courses in Public Health

Following discussions that took place in a task & finish group which reviewed practitioner registration, the Education and Training Committee recommended that the UKPHR consider whether it would be possible to accredit courses and training providers so that qualifications obtained by practitioners seeking registration could be accepted as Approved Prior Learning.

Members of the committee developed a mapping tool. Universities who offer undergraduate degrees, as well as foundation, diploma and top up degrees in England and Wales were invited to take part to map their courses against UKPHR's amended practitioner registration standards, along with universities who offer Masters in Public Health in Northern Ireland and Scotland. (The rationale for Masters in Northern Ireland and Scotland is that there are no undergraduate programmes in public health in these jurisdictions).

UKPHR agreed to publicise the mapping from universities on the website. The website makes it clear that the UKPHR have not been involved in the universities' mapping of their own courses, and publication is not to be taken as any kind of accreditation by UKPHR, neither of the Universities nor their courses. UKPHR does not accept any liability for any errors or inaccuracies in the mapping.

The mapping was first piloted by the University of Wolverhampton and is published on the UKPHR website. As a result of their experience, the recommendation was made that Universities might want to bring together relevant staff members in a cross-department workshop to keep the time commitment manageable. Two hours was deemed reasonable to complete the mapping.

Following direct emails to course leaders and all MPH programme directors, interest was received from half a dozen universities. Universities were offered an individual discussion with colleagues from the University of Wolverhampton. Due to the COVID 19 pandemic, there has been a low uptake so far.

The committee will be taking further action to increase uptake, this will include promoting the mapping exercise to the university sector through newsletters and bulletins, and through the MPH directors' mailing list, and providing webinars for university colleagues to understand how to complete the mapping tool.

The setting up of the National Institute for Health Protection (NIHP) and what happens next

In 2020 the UK government decided to abolish Public Health England and to create a new Health Protection Institute. Since then, more detailed proposals have been published to create a UK Health Security Agency for health protection functions of PHE, with other responsibilities moving to the Department of Health and Social Care and other health bodies.

Debate has taken place on where PHE's role in validating UKPHR-registered specialists will go. It has been agreed that this will move to UKHSA until the end of March 2022. More detailed discussions are taking place about how functions will be performed subsequently, with it likely that Regional Directors of Public Health will take on Responsible Officer functions for those working outside the NHS, including around 500 specialists registered by UKPHR. We are fully participating in the decision-making with regular reports to the Board through the Chief Executive's report and other channels.

UKPHR Registrar appointment

In October 2020 UKPHR welcomed its new honorary registrar Gill Jones. Gill has a distinguished career in dental surgery and dental public health including as Director of Dental Public Health in Wales. Gill has more recently focused on academia and education at the Cardiff Dental School and also as Director of Undergraduate Dental Studies in the Peninsula Schools of Medicine and Dentistry, to help colleagues to plan and deliver the new BDS course in the first new UK dental school for 40 years.

Gill brings a great deal of experience to the role of Registrar for UKPHR having had responsibility for upholding quality and quality assurance, including working closely with regulatory bodies.

Gill will be working with the UKPHR team to continue the legacy of the previous Registrar, and she is mindful of "the importance of equality, diversity and inclusion, providing fair arbitration in supporting new applications, re-registrations and revalidations, as well as contributing to the enhancement of UKPHR as a very important home for public health colleagues in the future."

To this end the Registrar is leading work for UKPHR to enhance the organisation's equality, diversity and inclusiveness (EDI). A working party has been established with the aim to review all of UKPHR's rules and processes and how these impact on registrants, prospective registrants and the workforce and ensuring UKPHR maintains the standards against the legal requirements. The report from this work will be completed later this year.

Implementation of the revalidation scheme for specialist registrants

In 2017, UKPHR's Board first decided to mirror the requirements of the General Medical Council by introducing revalidation for both its specialist and practitioner registrants. A task and finish group were formed to help design and map out the specific requirements for the scheme. Following the Board's approval of the revalidation scheme and requirements, this was then piloted the following year and volunteer specialist registrants took part in testing out the arrangements and providing us with their feedback to improve the revalidation scheme.

UKPHR agreed to set a date of 1st April 2019 for the implementation of the scheme for specialists following the Board's approval. The first six months' notices were sent to specialists in October 2018 to those who were due revalidation in April 2019. At the same time, the Board decided to delay the introduction of revalidation for practitioner registrants and a working party was formed to consider how to deliver the requirement of a professional appraisal. This requirement has now been replaced by a peer discussion and was due to be piloted before its implementation. However, this has been delayed due to the COVID-19 pandemic and the Board has not yet decided on a start date for revalidation for practitioners. The current arrangements of re-registration are still in effect.

At the heart of the revalidation scheme is the requirement for specialist registrants to undertake an annual professional appraisal as well as providing evidence of Personal Development Planning, Health & Conduct, Indemnity Arrangements, CPD and Quality Improvement Activity. There is also no system of Responsible Officer and in place of this, we require registrants to provide us with details of a referee as an equivalent of a recommendation. UKPHR has worked closely with public health agencies in all four nations

to ensure specialists are registered on their systems to receive annual professional appraisal.

To date, UKPHR has successfully revalidated 140 specialists via its newly launched online revalidation module. An evaluation of the revalidation scheme was also undertaken following the scheme being in operation for one year in 2020. UKPHR obtained valuable feedback from specialists who had successfully revalidated from April 2019 to March 2020. UKPHR also commissioned an evaluation of the 360-degree multi-source feedback (MSF) tools that have been approved for use by UKPHR. Several recommendations were highlighted in the evaluation and taken forward to the Board for its approval.

As a result of the COVID-19 outbreak, UKPHR made the swift decision in line with the GMC to defer revalidation for specialists who were due to revalidate between April 2020 and September 2020 – subsequently extended to March 2021 - inclusive. Specialists whose revalidation date falls within this period have had their revalidation deferred by one year. For the same period, the requirement for annual professional appraisals has also been postponed, with appraisals being marked as approved missed appraisals. UKPHR's Board also decided to offer an optional four-month extension to specialists due for revalidation between April 2021 and July 2021 inclusive in line with the GMC's decision.

UKPHR continues to successfully revalidate its specialists and once the COVID-19 pandemic has subsided, it will resume the arrangements made towards implementing revalidation for practitioners.

Conclusion

This is the second 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 Committee would like to thank the UKPHR team for all their support through a year of challenging times. The move to virtual meetings was seamless and business continued throughout.

The report highlights key 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.