

**CONFIDENTIAL**

Minutes of meeting of UKPHR's Education and Training Committee  
held on Tuesday 04 October 2022 by Microsoft Teams

At 14.30hrs

Present:

NAME	FOR MINUTES	ORGANISATION
Helen King	Chair	UKPHR's Board
Jessica Lichtenstein	JL	CEO, UKPHR
David Evans	DE	UKPHR's Board
Ranjit Khutan	RK	UKPHR's Board
Joanna Dowd	JDowd	UKPHR's Board
Jenny Douglas	JDouglas	UKPHR's Board
Marianne Coward	MC	UKPHR's Board
Julie Parkes	JP	Faculty of Public Health
Carole Wood	CW	UKPHR Moderator
Zaira Ejaz (secretariat)	ZE	UKPHR (secretariat)

Apologies:

NAME	ORGANISATION
Fiona Macdonald	Public Health Scotland
Gill Jones	UKPHR Registrar
Vicki Taylor	Vice Chair, UKPHR's Registration Panel

**1. Welcome, apologies and declaration of interest**

The Chair welcomed everyone to the meeting. Attendance and apologies were all listed above. There were no new declarations of interest.

**2. Minutes of previous meeting**

The minutes of the meeting held on 26 July 2022 were agreed as a true record.

**3. Action Points and matters arising**

The Chair noted the action points as follows:

22/07 – The Chair reported that she met with JL to discuss the work on EDI and the action plan was updated as a result. The work on policy was highlighted as a priority in the action plan. There was some discussion on data which was an item to be discussed on the agenda. The Chair and JL also discussed communication regarding this work. This discussion was reported to the Board at its last meeting on 24<sup>th</sup> September 2022 and the Board was happy with the progress of this work as

well as this being a standing item on the agenda for the Education and Training Committee.

#### **4. Specialist Registration by Portfolio Assessment review against the Faculty of Public Health 2021 specialty training curriculum**

CW presented the report on the review of the Specialist Registration by Portfolio Assessment framework of competencies against the Faculty of Public Health review of their specialty training curriculum. She informed the group that this paper was first considered by the Registration Policy Group and was brought to this Committee for approval as there were some key decisions that needed to be made.

The Faculty of Public Health curriculum was reviewed in 2020 as a light touch analysis. This review considered the framework set by the General Medical Council (GMC) as well as looking at any areas of competencies that needed to be updated or amended and took a few years before this was published as a revised version. Judith Hooper (JH) who is a Faculty of Public Health board member was able to access the tracked changes copy of the curriculum to refer to when reviewing UKPHR's framework of competencies. The first step was reviewing the GMC framework of competencies and then look at UKPHR's framework of competencies specifically. The key areas of the Faculty of Public Health curriculum are like the 10 domains of public health under which UKPHR's framework of competencies are separated out into Know How's and Show How's. The key areas were reviewed, and CW and JH went back to the original mapping of the Faculty of Public Health competencies against UKPHR's competencies to see if they mapped across and to ensure nothing was missing regarding the professional capabilities. There was a gap in one area which needed to be addressed which was about safeguarding of children and adults. As the UKPHR competencies were based on the Faculty of Public Health competencies, the latter did not explicitly mention safeguarding hence why this was not included. Following the mapping of the GMC professional capabilities, the Faculty of Public Health identified the need to explicitly amend in the competencies about safeguarding in children and adults. This now also applies to the UKPHR competencies and the table in the report references where UKPHR at which stage of the portfolio assessment assesses those competencies. It is recommended that the wording of safeguarding of children and adults is explicitly mentioned in UKPHR's competencies and CW proposed that this is included in the wording of one of the Know How competencies which is KH7.8h and one of the Show How competencies which would apply this wording.

Another element of Duty of Candour was identified as something that needed to be more explicitly referenced in the Faculty curriculum review. CW felt that this was best placed to address in the reference which is required at the pre-application stage of the portfolio assessment. Currently, Duty of Candour is not explicitly mentioned, and CW suggested that this is included in the reference so that this can be actively addressed in the provision of the reference. In practice, this change has already been made and the reference form has been updated to reflect this wording. The Committee was to note that this work has taken place and there was not a need to change any of the other competencies which were derived from the Faculty of Public Health competencies in 2018. Because of this work, it is assumed that they are supported and the UKPHR competencies would now be updated and referred to as the UKPHR competencies 2022. CW asked the group the question about how these changes would be phased in with respect to applicants currently completing their portfolio and are about to submit this to UKPHR. At what point are they required to address the updated version? CW mentioned that following a discussion with JH, those who have been approved to submit a portfolio following the pre-application stage, it wouldn't be reasonable to expect them to address the updated competencies as they require additional training and practice if they do not have this. CW asked the Committee on how best to proceed with this work in terms of finalising the updated competencies to be published as this was ready to go.

The Chair thanked CW for her report and said this was very clear. JP endorsed CW's suggestion in not expecting applicants who are due to submit their portfolios to address the updated competencies as this has been done for the Specialty Registrars who are on the training programme via the previous curriculum. They have advised that until February 2023, applicants can join the training via the previous curriculum. JP added that where the report lists the Generic Professional Capabilities is similar to where the Faculty have listed them. She also mentioned that a few learning outcomes were omitted from the original competencies for UKPHR, namely 8.8 which is working with academic partners to submit an article for publication and 6.9 relating to the on-call capability. JP asked whether this was an opportunity to completely align the two curricula to the GMC's CESR route and this specialist portfolio route. CW responded that this wasn't specifically looked at but the 8.8 competency is not actually written in the competency but is included in the guidance as a requirement. For 6.9, CW said that this was not resolved. However, in order to achieve the competencies, many candidates are going on short term placements to obtain the experience following the COVID pandemic. However, this is ad hoc and the system isn't formally set up at the moment so more work needs to be done. JP said that the Faculty will look at this on their Curriculum Assessment Committee and will keep UKPHR informed. JL sought clarity from JP regarding the deadline of February as a deadline of August was previously mentioned. JP clarified that all registrars moved to the new curriculum in August 2022 but for those who are in their final year and were going to complete their training by February 2023, they would still be on the previous curriculum as they were right at the end of their training and not to disadvantage them. The new cohort that will begin in August 2023, all registrars will be on the new curriculum. After discussion with JH, JL suggested a transitional period of 18 months as this aligns with the timescale for completing a pre-application and portfolio assessment and not to disadvantage UKPHR portfolio applicants by submitting a new portfolio with the updated competencies. DE supported JL's suggestion of the transition period of 18 months as UKPHR's portfolio assessment is different to a registrar completing the training programme. He also mentioned regarding the competency 6.8 that in order to have the on-call experience as a requirement, the system and employers have to be ready to facilitate this. The COVID pandemic has changed this to make it easier for people to gain this experience, so it is in the right direction of travel. However, there needs to be caution about this being done too quickly until the system enables people to get the appropriate experience. JP agreed with DE's comments and said that the portfolio route like the CESR route offered by the GMC is a retrospective route so applicants should be working at consultant level. The 18 month period is for applicants to provide all the evidence required. JP also added that there are a lot more opportunities for on call experience, especially in local authorities. There was some discussion on what the competency 6.9 is asking applicants to demonstrate and the importance of on call experience in achieving the competency.

The Committee was happy to approve the changes proposed in the report about updating the competencies for the Specialist Registration by Portfolio Assessment route in line with the Faculty of Public Health's curriculum review. The Committee was also happy to approve a transition period of 18 months for the changes to the portfolio competencies to take effect. The proposed wording on safeguarding of children and adults and duty of candour as referring the new set of competencies as the 2022 competencies was approved and noted by the Committee. In terms of next steps, the Chair asked JL and ZE about how to proceed following the approval. JL said that this will be brought to the Board to note for completeness in the minutes and this will be discussed with CW, JH and Helen Jeffries regarding publishing this.

The Chair thanked CW for all her hard work in the specialist portfolio route and moderation as CW will be stepping down from her role as UKPHR moderator.

#### **5. UKPHR EDI data strategy**

JL presented the report on the UKPHR ED&I work and data strategy and informed the Committee on the importance of the data collected by UKPHR of its registrants. It will review the types of data collected considering the new IT upgrade that will be launching in early 2023. UKPHR will be undertaking some dedicated work on reporting data that it collects as it is a key aspect of the EDI work that has been discussed recently. An action plan has been produced as a result. As the Faculty of Public Health are undertaking a lot of work at the direction of the GMC on their data, it is something that UKPHR need to start look at as a part of its core business. The Board previously discussed the data it collects on employers as some of the other regulators do not do this. However, this data is collected in the absence of a Responsible Officer network, so this data is looked at by UKPHR directly. The data on employers does not give a full picture of UKPHR's registrants aside from where they work. JL said that she and the Chair discussed the action plan in detail. As this requires a lot of work with very limited resources, it will be challenging to achieve everything in the action plan, however this is a good starting point. JL proposed a short, focused data strategy that outlines UKPHR's commitment to collecting, publishing data and taking action where it is required. JL requested the endorsement from the Committee on this initiative and to seek volunteers who will be happy to contribute to this work as well as someone who is able to lead on this work.

The Chair thanked JL for her report and said that this was helpful in outlining where UKPHR is at with this work. The Chair invited the Committee to put themselves forward as volunteers to help with this work and also mentioned that JDowd was also keen to ensure that the data collected is applicable to the needs of all the nations within the United Kingdom and to refer to the framework by the Office of National Statistics. RK said he was happy to help and contribute to this work and suggested that if there was a group of people coming together to undertake this work, this will help with managing workloads for this work. RK suggested looking at what needs to be done in the short term and then how some things can be done partially and building on that would make it more manageable. JL thanked RK for putting himself forward and said she will pick this up as a separate conversation with him. DE highlighted an issue about maximising the use of all board members as he mentioned he was involved in a few initiatives such as the fees review and assessing the applications for the awards for the practitioner conference. DE said that it would be good to ensure all board members are invited and encouraged to contribute towards UKPHR's initiatives in order to ensure the work is spread across the Board. JDouglas also put herself forward to contributing to this work. MC also said she was happy to get involved and potentially happy to lead on this work but requested a discussion with JL and the Chair first as she was involved in the EDI working party. The Chair thanked those who put themselves forward to contribute and mentioned that this can be the start of a small task and finish group to undertake this work. The Chair said if others were happy to take part to email her or JL. JL also thanked those who had volunteered and mentioned to MC that she will be in touch to arrange a discussion about leading this work.

JL suggested setting up a mini task and finish group with the aim of making significant progress with the action plan. Once JL has spoken with ML, a meeting can then be set up to assign manageable tasks to complete this work. JL said that the online form for the new contact management system was modelled on the Office for National Statistics categories and what information some of the other four country regulators asked for and said she will double check this was covered. The

Chair extended the offer of contributing this work to JDowd and JDowd said she would be happy to contribute.

	<b>WHO</b>	<b>WHAT</b>	<b>BY WHEN</b>
<b>ACTION 22/08</b>	Jessica Lichtenstein	Speak with Ranjit Khutan about volunteering to contribute to the work on the data strategy	As soon as possible

	<b>WHO</b>	<b>WHAT</b>	<b>BY WHEN</b>
<b>ACTION 22/09</b>	Jessica Lichtenstein	Arrange a discussion with Marianne Coward and Helen King about leading on the data strategy work	As soon as possible

## 6. Any other business

JDowd asked RK about the mapping exercise with the universities for the undergraduate courses and creating a short animation. RK said he will pick this up again and reported that another mapping exercise was completed and received by Queen Margaret University in Edinburgh, and this was published on the UKPHR website. RK informed the Committee that the short animation would help explain the mapping process using free software online.

JP asked the question about whether there was a discussion on UKPHR being able to register Specialty Registrars who are aiming for UKPHR registration at the beginning of their training as currently medical registrars are able to register with the GMC. However, this is not the same for UKPHR specialty registrars. The Chair said that was something that may need to be looked at the Board rather than this Committee. ZE informed JP that UKPHR does have specialty registrar registration in place for those who want to be registered whilst completing their training and UKPHR would have a regulatory role with specialty registrars from the time they are registered. They are a small number of registrants on the UKPHR registrar. JP said that she would discuss this separately with ZE about this. DE added that the numbers of UKPHR specialty registrars are relatively small in comparison to medical specialty registrars registered with the GMC and this may be based on lack of awareness for this route to registration and failure to liaise with the heads of training on the availability of UKPHR registration for specialty registrars. DE mentioned that this should be encouraged and promoted widely in terms of liaising with the regional training programmes. JP agreed and said that for those who are UKPHR specialty registrars, it would be good for them to be registered with UKPHR so that it has a role in professional regulation for this group of people. DE suggested to the Chair that this would be something to discuss with Duncan Vernon as he was registered as a Specialty Registrar to identify what the attitude is amongst non-medical specialty registrars and what can be done to promote this registration. ZE informed the Committee that the UKPHR office has also changed the requirement of the type of evidence required with the Specialty Registrar registration application from a letter to a template prescribed by UKPHR. ZE offered to have a discussion with JP and provide a link to the specialty registrar registration information on the UKPHR website. The Chair thanked all those who contributed to this discussion and said to have an offline discussion with ZE about whether this should be taken to the next meeting of the Registration Policy Group. The Chair confirmed this would be mentioned at the next Board meeting.

The Chair asked the Committee to note that the apprenticeship guidance was now being published and thanked the Committee for their hard work on redrafting this.

ZE provided an update on the first meeting of the revalidation review task and finish group which took place on 28<sup>th</sup> September 2022. It was a positive first meeting with a lot of representation from the Faculty of Public Health, NHS England, OHID and the plan for the review was discussed. It was agreed that the review would be a light touch analysis and would focus on two workstreams, the first workstream looking at the requirements and the second looking at how UKPHR can support its registrants to achieve the requirements. There will be a further five meetings and the review will be taking place from September 2022 and July 2023. At the end of the review, there will be a set of recommendations to take to the Board for approval before any changes are made. ZE mentioned that this review will also be communicated to UKPHR registrants to keep them informed. The Chair thanked ZE for the update.

**7. Next meeting**

ZE informed the Committee that the dates for the Committee meetings in 2023 were not confirmed and ZE will be in touch with the Committee once those dates have been confirmed. ZE asked the Committee if they were happy to have the quarterly meetings for 2023 and all agreed that they were happy with this. The Chair added that if a need for a further meeting arises, this can be done remotely.

	<b>WHO</b>	<b>WHAT</b>	<b>BY WHEN</b>
<b>ACTION 22/10</b>	Zaira Ejaz	Circulate the confirmed meeting dates for 2023 to the Committee	As soon as possible