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# Guidance

## Revalidation of UKPHR's Specialist registrants

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## Introduction

UKPHR is scrupulous in ascertaining the public health practice competence of all those it accepts for registration. But what about after initial registration?

How can the public, peers, employers and those whom registrants work with (including commissioners of services) be assured that registrants maintain their competence once they have achieved registration?

UKPHR has always sought to address the question of ongoing competence through the application of a range of safeguards.

All registrants must renew their registration annually, making a new declaration about a range of matters relevant to competence.

UKPHR also sets mandatory standards of Continuing Professional Development (CPD) which all registrants must meet.

If there are complaints or other evidence which raise an issue of competence concerning registrants, UKPHR will investigate and, if necessary, take action to remedy any established lack of competence and to prevent malpractice.

Until now, registrants have had to re-register every five years at which point UKPHR has required additional evidence relevant to the issue of competence.

UKPHR has witnessed the introduction of revalidation by other regulators, for example the General Medical Council for registered medical practitioners and the Nursing and Midwifery Council for registered nurses and midwives, and has decided to formalise its existing post-registration procedure as an explicit revalidation scheme.

Revalidation will give the public and others confidence that UKPHR and its registrants are committed to maintaining the competence of the core public health workforce, enhancing quality of service and improving public health practice.

## Who is this Guidance for?

1. UKPHR is introducing a revalidation scheme.
2. The revalidation scheme will apply to **Specialist registrants**, although **exemptions** from some or all its requirements are granted in relation to:

- Specialty Registrars who are registrants of UKPHR as dual registrants (also registered with the GMC)

An explanation of these exemptions is set out in the scheme and in this guidance.

3. The revalidation requirements for Practitioner and Specialist registrants differ to reflect the respective levels of risk associated with practice and are set out in the guidance for each registration category.
4. Primarily, this guidance is for the use of **Specialist registrants** to assist them in deciding whether revalidation is required and, if so, with which requirements they must comply.
5. The guidance may also be useful to **employers** of staff registered with UKPHR and required to comply with requirements of the revalidation scheme. Such registrants will look to their employers to assist them in complying with UKPHR's revalidation requirements.
6. The guidance may also be useful for **Specialty registrars** who may be asked by Specialist registrants to help them bring together the Supporting Information they will need to complete their revalidation process, for example those providing feedback on quality of service and those providing references.
7. Finally, this guidance may be helpful to **members of the public** and to UKPHR's public health stakeholders as an aid to their understanding of UKPHR's revalidation requirements as part of a system of Accredited Register regulation.

## What is covered in this Guidance?

8. For Specialist registrants, UKPHR's revalidation scheme sets out how to renew registration with UKPHR through revalidation every 5 years. The requirements for revalidation are standards set by UKPHR for revalidation and readmission.

9. Revalidation:

- > Is the process that allows you to maintain your registration with UKPHR;
- > Builds on existing renewal requirements;
- > Demonstrates your continued ability to practise safely and effectively, and
- > Is a continuous process that you will engage with throughout your career.

Revalidation complements existing systems for identifying potential issues relating to Specialist registrants' fitness to practise.

Revalidation is intended to be a process, not merely a test at a single point in time, by which UKPHR, the public and others can be assured that UKPHR's registrants maintain and build on the competence you demonstrated in order to achieve registration.

10. References in this guidance to paragraph numbers refer to the paragraphs of UKPHR's revalidation scheme as published unless a contrary reference is stated.

## Section 1 - Standards on revalidation

11. As UKPHR's revalidation scheme states (paragraph 2), there are certain sources which provide the standards of practice which will be applied in the revalidation process.

Hence, when you make a declaration, supply information or ask third parties for evidence in support of your revalidation (for example, professional appraisal, quality of service feedback or references), UKPHR expects the standards set out in these sources to be applied to the declarations, information, appraisal, feedback and references.

This means that in making an assessment that you have maintained competence and are engaged in continuous improvement of practice, UKPHR and professional appraisers and your peers who provide information – and you - will be expected to have regard to these sources.

### **UKPHR's Code of Conduct 2<sup>nd</sup> Edition March 2014**

UKPHR expects all its registrants to practice public health in accordance with UKPHR's Code of Conduct.

If we receive information or a complaint which raises questions relating to a Specialist registrant's conduct and fitness to practise, we will refer to the Code of Conduct in determining whether or not there is any issue we need to consider.

One of the strengths of revalidation is that it reinforces the Code by asking you to use it as the reference point for all the requirements, including your written reflective accounts.

This highlights the Code's central role in the core public health workforce's practice and encourages registrants to consider how it applies in your everyday practice.

### **Good Public Health Practice 2<sup>nd</sup> Edition 2016**

This updated publication by UK Faculty of Public Health and UKPHR sets out the standards which apply to the public health practice of all UKPHR's registrants.

Whenever a question arises about any aspect of the meaning or interpretation of something contained in UKPHR's Code of Conduct it is expected that *Good Public Health Practice 2<sup>nd</sup> Edition 2016* will be consulted. It was developed in order to provide guidance for multidisciplinary public health practice where *Good Medical Practice* cannot reasonably be interpreted to suit such practice - for example, where there is a need for population based interventions rather than patient focus.

The current edition reflects the same professional standards as *Good Medical Practice* but provides guidance on public health practice specifically.

When you undergo UKPHR's revalidation, *Good Public Health Practice* provides the underpinning principles as well as amplification of the standards contained in our Code of Conduct.

## Good Medical Practice 2013

The publication by the General Medical Council (GMC) of *Good Medical Practice* guides the practice of all registered medical practitioners in the UK. Some of these registrants are also on the GMC's Public Health Specialist Register and may currently be practising in public health as specialists.

Whether or not these medically qualified specialists are dually registered with UKPHR, they will be expected to practise in accordance with *Good Medical Practice*. When they are revalidated by the GMC under its statutory revalidation scheme, *Good Medical Practice* sets the standards by which revalidation will be determined.

For those UKPHR dual registrants who are also registered by the GMC, you are expected to carry out your public health practice in accordance with *Good Public Health Practice* (see above) as well as *Good Medical Practice*. It is unlikely that the standards set out in the two publications will conflict, because the former has been designed to be complementary with the latter. However, in the unlikely event of conflict, *Good Medical Practice* has primacy.

It is expected that specialists who are registered by the GMC will undergo the GMC's revalidation process, in which case *Good Medical Practice* sets the standards which will apply to the revalidation process.

Dual registrants registered with UKPHR are also registered with the Public Health Specialty register on the GDC and GMC.

A dual registrant who has, within 5 years, been revalidated by the GMC will not be required by UKPHR to undertake UKPHR's revalidation as well.

However, UKPHR registrants registered with the General Dental Council on their Public Health Specialty Register will be required to complete UKPHR revalidation as the General Dental Council does not currently have a revalidation scheme in place.

UKPHR's dual registration category does not include individuals otherwise regulated with other regulatory bodies such as the Nursing and Midwifery Council (NMC).

## Section 2 – Practical arrangements

12. For some of the required elements of UKPHR’s revalidation scheme, compliance by Specialist registrants will be more demanding than it is for Practitioner registrants.

The reason for this is that our **risk assessment** in 2011 showed that the risk of harm to the public from public health interventions carried out or directed by Specialist registrants was likely to be greater than for interventions carried out by Practitioner registrants.

13. Accordingly, on the basis that a regulator’s requirements should be **proportionate**<sup>1</sup> we have sought to match our regulatory requirements appropriately – in some respects differentially between Specialist and Practitioner registrants – to the respective level of risk.
14. Revalidation will replace UKPHR’s current system of 5-yearly re-registration. Some elements of our revalidation scheme will be familiar to Specialist registrants who have experienced our 5-yearly re-registration. Other elements will be new. We shall take time to test out the revalidation scheme and its practical arrangements and phase in the replacement of re-registration by revalidation over 3 years.

It is intended that **revalidation will operate 5-yearly** just as re-registration has.

### Requirements of the revalidation scheme

15. As our revalidation policy sets out, the mandatory elements of UKPHR’s revalidation scheme will be as follows:

1. **Professional appraisal**
2. **Personal Development Planning**
3. **Health and Conduct Declaration**
4. **Professional Indemnity**
5. **Continuing Professional Development**
6. **Supporting Information of Quality Improvement Activity**
7. **Confirmation of Compliance**

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<sup>1</sup> proportionate in terms of the level of risk that is being addressed and the regulatory burden imposed

## PROFESSIONAL APPRAISAL

16. To achieve revalidation, **specialist registrants** must demonstrate that you have been engaged in annual professional appraisal during your time as a registrant.
17. If you are **in employment**, you may also be engaged in work-based appraisal but we are clear that this work-based appraisal is a matter first and foremost between you and your employer. Work-based appraisal will very likely relate to assessment of performance by reference to meeting objectives set by management for the achievement of the organisation's goals. We therefore make no requirement about work-based appraisal.
18. If you are a specialist registrant who is employed by UK Health Security Agency, a local authority or hold an honorary contract in an academic setting, UK Health Security Agency (UKHSA) have agreed to provide an annual professional appraisal for specialist registrants in support of their UKPHR revalidation.
19. If you are a specialist registrant who is based in Scotland, it has been agreed by Public Health Scotland that all specialist registrants in Scotland can access the same professional appraisal administered by SOAR through their employer. Any individual without mainstream public health or NHS employment seeking to access SOAR would need to discuss their situation with the SOAR Director in Public Health Scotland.
20. If you are a specialist registrant who is based in Wales, you will undertake the same professional appraisal that your medical colleagues undertake. This is the professional appraisal system administered by Health Education and Improvement Wales through its MARS system. This system is open to all Specialists in Public Health irrespective of your employer.
21. If you are a specialist registrant based in Northern Ireland, it is understood that you will undertake the same professional appraisal that your medical colleagues undertake in line with the GMC's requirements.
22. If you are making alternative arrangements to undertake your appraisal, we have accepted the use of the MAG form as a suitable template to record your appraisal discussion. At the time of revalidation, you can provide the completed and locked down version of the MAG form to the professional appraisal section of the revalidation module. If you have used an alternative template for your professional appraisal which is equivalent to the MAG form, this is also acceptable.
23. It is your personal responsibility to ensure that you meet the requirement for **annual professional appraisal**. If you are in employment, your employer ought to ensure that annual professional appraisal is made available to you. If your employer does not arrange for you to undergo professional appraisal annually, you must make alternative arrangements. Please refer to the next paragraph of this guidance which is also relevant to any of UKPHR's Specialist registrants who are not in employment (for example, if you are self-employed).
24. If you are **self-employed or otherwise do not have an employer or organisation** to arrange for you to undergo professional appraisal annually, **you will need to make alternative arrangements for your annual professional appraisal**. This may involve financial cost but professional appraisal is necessary as part of UKPHR's revalidation process to satisfy UKPHR that you have maintained your competence



since your first registration and that quality of service and practice have been maintained and where possible improved.

25. If you have been **away from work** for a considerable period during the 5-year revalidation period, you may not be able to meet the requirement for annual professional appraisal. For example, you may have been out of work, on maternity leave, outside the UK or away from work carrying out caring responsibilities or similar activity. In any such cases, please alert UKPHR as soon as possible and confirm the extent to which you are unable to comply with this requirement. UKPHR's Registrar is able to amend the requirement so as to require fewer than 5 professional appraisals in cases where it is not possible to achieve them.
26. In all cases, professional appraisal must be carried out by **an appraiser who has been trained** by an approved appraisal provider to conduct professional appraisal of public health professionals. A number of organisations provide training to would-be appraisers and UKPHR will maintain a list of approved appraisal training providers. UKPHR will also maintain a list of generic categories of persons from which we will accept a professional appraisal.
27. It is the professional and ethical responsibility of you and your appraiser to ensure that there are **no conflicts of interest** in the conduct of the professional appraisal. If however your professional appraisal is conducted by an appraiser who is also your line manager, this is not an automatic bar and this would need to be declared when submitting your application for revalidation.
28. The latest annual professional appraisal must have been conducted **within 1 year of the date for your revalidation** and it must be submitted to UKPHR with a **reflective note** of your experience of the most recent professional appraisal, as well as all the other evidence required for your revalidation. We have provided a reflective note template which you are welcome to use. This will be located within the professional appraisal section of your revalidation online module.
29. You will be required to undertake 5 professional appraisals in a five yearly registration cycle, no more than 1 in each financial year.
30. The requirement for professional appraisal will be effective from the start of our revalidation scheme and will not apply retrospectively. This means that you will only need to satisfy our requirements in relation to professional appraisal from the start date.

## PERSONAL DEVELOPMENT PLANNING

31. It is good practice for all members of the public health workforce to be involved in personal development planning in relation to their work. UKPHR will require Specialist registrants to plan your personal development annually.
32. For Specialist registrants **in employment** your employer will usually arrange, facilitate or support a process of personal development planning involving you and line managers and others. Others may include colleagues, representatives of public health partner organisations and service users.
33. For Specialist registrants who are **self-employed** there will be other opportunities to plan your personal development, for example through discussions with commissioners of your services, co-providers of services and service users.

34. To achieve revalidation, **Specialist registrants must make a declaration** that you have been engaged in personal development planning during your time as a registrant.

#### **PROFESSIONAL INDEMNITY – PROOF THAT ARRANGEMENT IS IN PLACE**

35. UKPHR requires Specialist registrants to have in place **indemnity arrangements** so that members of the public are protected from (or compensated in respect of) any service failure.
36. For Specialist registrants **in employment** it is likely that the employer will have relevant professional indemnity insurance or will self-insure itself and its employees in this respect.
37. For Specialist registrants who are **self-employed** there are a number of commercially-available insurance products that would be acceptable to us in satisfaction of this requirement. It is your professional and ethical responsibility to assess and keep under review the monetary value of the insurance cover to make sure that it is sufficient to provide adequate recompense for any and all persons affected by service failure.
38. To demonstrate compliance, **Specialist registrants must make a declaration** that you confirm that indemnity arrangements are in place. We will require this declaration to be made annually, including in your revalidation application.

#### **HEALTH AND CONDUCT DECLARATIONS**

39. UKPHR has a standard **declaration** form for health and conduct issues already in use on application for registration and annual renewal. We will require this declaration to be made annually, including in your revalidation application.
40. This health declaration form is being reviewed by us as part of our preparations for the introduction of revalidation. You will be required to answer satisfactorily the answers in the form relating to health and conduct.

#### **CPD – PROOF OF COMPLIANCE WITH MANDATORY CPD REQUIREMENT**

41. UKPHR has mandatory CPD requirements with which registrants must comply.
42. **Specialist registrants** must meet UKPHR's standard which is the standard published by the Faculty of Public Health (or an alternative professional equivalent) namely:

*All participants must submit a minimum of three, and a maximum of six reflective notes each financial year. Each reflective note submitted will need to be linked to one or more PDP objective(s). There is no longer any requirement to record CPD points.*

43. You must demonstrate compliance with the mandatory CPD requirement. If you undertake the Faculty's CPD scheme, including the Faculty's auditing, we will accept as evidence of compliance with our CPD requirement the **Faculty's certificates of**

**compliance** as sufficient evidence. It is your responsibility to obtain the certificates from the Faculty, to keep them safe and to produce the 5 annual certificates you will need to produce to us in support of your revalidation. A new registrant by the standard route in the first 5 years might only have 4 certificates, in which case you will be required to provide the 4 annual CPD certificates.

44. If you completed your Certificate of Completion of Training (CCT) with the Faculty of Public Health part way through a financial year, the Faculty may have advised you to start collating your CPD from the following financial year. In such a case, at the time of completing your revalidation application, you will only need to submit evidence of your CPD return from when the Faculty advised you to start collating your CPD. We will accept the Faculty's decision in allowing you to collate your CPD from the following financial year onwards.
45. If you do not undertake the Faculty's CPD scheme or equivalent, you must produce a **minimum of three, and a maximum of six reflective notes per financial year** as evidence of compliance. In addition, supporting evidence may be requested by UKPHR in relation to some of all of your reflective notes and you must comply with this requirement.
46. If you have been **away from work** for a considerable period during the 5-year registration period preceding revalidation, you may not be able to meet the CPD requirement in full. For example, you may have been out of work, on maternity leave, outside the UK or away from work carrying out caring responsibilities or similar activity. In any such cases, please alert UKPHR as soon as possible and confirm the extent to which you are unable to comply with this requirement. UKPHR's Registrar is able to amend the requirement so as to allow extra time for compliance.
47. For those Specialist registrants who use the Faculty's CPD scheme, the Faculty can grant an exemption of the annual requirement and we will accept the Faculty's exemption. Suitable evidence in demonstrating this exemption can be an email confirmation from the Faculty of Public Health confirming the exemption was approved.
48. UKPHR's Registrar is able to amend the requirement so as to require fewer CPD credits in cases where it is genuinely not possible to achieve the full CPD requirement.
49. UKPHR adopts the Faculty's CPD standard or an alternative professional equivalent for all specialists. If you are participating in a CPD scheme operated for specialists which is an alternative to the Faculty's CPD scheme, the Faculty itself accepts alternative professional equivalents for CPD to exempt members from completing their own CPD return and therefore, UKPHR would adopt the same professional equivalent CPD schemes. Some of the accepted schemes include those administered by the Chartered Institute of Environmental Health (CIEH) and the General Pharmaceutical Council (GPhC).

## SUPPORTING INFORMATION OF QUALITY IMPROVEMENT ACTIVITY

50. It is important to note that the purpose of revalidation is to ensure that professional competence is being maintained and, therefore, quality improvement activity should be maintained or improved at all times.
51. In order to establish this principle in the revalidation process (and guard against what might otherwise be a risk of the process becoming a box-ticking exercise) UKPHR will require Supporting Information **of quality improvement activity**. In the main, UKPHR would expect the source of such evidence to be peers operating in public health.
52. We will require you to provide us, with your revalidation application, **Supporting Information** covering these four areas of our revalidation scheme:
  - Your compliance with our CPD requirement (refer back to paragraph 42)
  - Feedback from others relating to your quality improvement activity such as a Multi-Source Feedback tool.
  - Your review of complaints, comments and compliments
  - Your reflective accounts on complaints, comments and compliments
53. We ask **employers** (in the case of registrants in employment) to have systems and other types of support in place to help you provide us with information you will need to produce to us for your revalidation.
54. It is your responsibility to submit to us Supporting Information of your quality of service on the subjects and in the format we require. Templates such as the reflective account for previous appraisals and the complaints, comments and compliments form will be readily available in your revalidation module to access when completing your application for revalidation.
55. You must be able to **sign a declaration** stating that you have engaged in annual professional appraisal. See the **Appraisal** section above for guidance if you are unable to make the declaration for any of the reasons there specified.
56. You are required to produce to UKPHR **the original professional appraisal for the year immediately preceding your revalidation**.
57. You will need to answer the questions contained in, and sign, **the declaration form** prescribed by UKPHR. In it, you will be asked to confirm that you are in compliance with UKPHR's requirements with regard to:
  - Annual personal development planning;
  - Indemnity insurance; and
  - Health and conduct.
58. You will be required to produce evidence that you are in compliance with UKPHR's mandatory CPD requirement as it relates to you by the means described in the CPD section above – submission to UKPHR of **the Faculty's certificates of compliance** or your **full log of your CPD activity** for the past 5 years. If you provide your log with the accompanying reflective notes, it is possible that UKPHR will additionally request

sight of some or all of your evidence substantiating the log entries. You must respond to such a request otherwise you will not be able to proceed with your revalidation.

59. You must be able to **sign a declaration** stating that you have participated in **activity relating to quality improvement**.

In addition, you will be required to produce **Supporting Information** to demonstrate your participation in activity relating to quality improvement (paragraphs 53).

If you use a **multi-source feedback tool** in connection with your professional appraisal you may produce the resultant rating as your Supporting Information.

The multi-source feedback tool must be completed **once in every 5 year registration cycle**.

The tool must be one that we have approved for this purpose and the rating must be the result of ratings from **10 to 15 raters**. You must not include yourself as a rater when collating feedback.

We strongly encourage you to complete your multi-source feedback report in a timely manner ahead of your revalidation. The process of collating feedback does take a few weeks to be completed in full.

Registrants are strongly encouraged to obtain service user and colleague feedback early in their revalidation cycle, and before their second-last appraisal at the latest. Appraisers are encouraged to guide their appraisees to do this.

If you are not able to provide a multi-source feedback report using a tool approved by UKPHR, you can alternatively provide the following on revalidation:

- Feedback from two professional colleagues
- Feedback from two other professionals who have experience of your public health practice
- Feedback from one manager or one commissioner of your services
- Feedback from one recipient of a service you have been responsible for delivering
- Your review of complaints, comments and compliments received within the preceding 5 years relevant to your public health practice
- Your reflective accounts reflecting on the evidence from the above categories and on the previous 5 yearly appraisals.

*Please email [register@ukphr.org](mailto:register@ukphr.org) to seek the Registrar's permission to be provided with the requested templates for feedback at your earliest convenience.*

60. The templates we publish from time to time will detail what we wish those providing feedback to comment upon and what we expect you to cover in a review of complaints, comments and compliments and what we want you to cover in your reflective accounts.

61. Work colleagues who agree to provide feedback for you in support of your revalidation should be colleagues who know your work and can comment on the quality of the service you provide.
62. To avoid conflict of interest arising in your choice of work colleague, do not ask relatives or close friends to provide feedback and do not offer to provide feedback for another registrant in return for them providing you with feedback.
63. Anyone in a management position in relation to you, or who has commissioned delivery of a service by you, can provide you with feedback.
64. Public health professionals who agree to provide feedback for you in support of your revalidation should be registrants of GMC, GDC and/or UKPHR and should have personal knowledge of your work and quality of service. They should not be relatives or close friends and you should not offer to provide feedback for another registrant in return for their providing you with feedback.
65. The template for the provision of feedback must be completed by the third parties whom you ask to provide the required feedback.
66. You should use the template UKPHR publishes for providing your reflective accounts, which you must complete personally.
67. UKPHR may from time to time approve other sources of evidence and other templates for the purpose of ensuring relevant Supporting Information is sought and provided in future. You are asked to be alert to announcements of changes we may make.
68. We will give you advance notice when your revalidation date is approaching and we will at that point advise you of the up to date requirements and up to date templates in use.

## **CONFIRMATION OF COMPLIANCE**

69. Unlike statutory revalidation schemes, such as that operated by the General Medical Council, we have no legal resort to a “Responsible Officer”. Whereas GMC can rely on a system of Responsible Officers with statutory authority to check and sign-off compliance, UKPHR will receive and check Supporting Information itself and we will additionally **require you to provide us with the name and contact details for one referee**.
70. Your referee will be asked by UKPHR to certify his or her knowledge of your work professionally.
71. Your referee must be a specialist registrant on either the GMCs Public Health Specialty Register health (regardless of licence to practice), the GDCs specialist list for dental public or UKPHR’s register (quoting his/her registration number) or a Chief Executive of a Local Authority, NHS Trust or equivalent. They can also be certified by a line manager or a Dean of a University. Your referee can be your most recent professional appraiser who has conducted your professional appraisal.
72. We will contact your referee and, by reference to a template we will publish, we will seek your referee’s confirmation that the information we have received provides an

accurate reflection of your work to maintain and enhance your professional competence during the past 5 years of your registration.

73. Your referee cannot be closely linked to you to maintain objectivity i.e., someone who you have a personal relationship with such as family and friends.
74. Once we have received both your revalidation application in full and completed reference from your referee, your application will then be processed to the next available Registration Approvals committee. Your referee will be contacted by UKPHR to certify his or her knowledge of your work professionally. We strongly recommend that you submit your revalidation application to us prior to your revalidation due date so that this can be processed in good time.
75. For your convenience, the tables from the scheme are reproduced below.
76. We reproduce here the same table that we published in the revalidation policy for summarising the elements of our revalidation scheme and what the requirements are for you to meet.

### Revalidation requirements: **SPECIALIST REGISTRANTS**

<b>ELEMENT</b>	<b>REQUIREMENT</b>	<b>SATISFIED BY</b>
Professional appraisal	Annual professional appraisal	<b>Self-declaration PLUS</b> original of the professional appraisal conducted within 1 year immediately preceding revalidation and a reflective note
Personal Development Planning	Must be participating annually in personal development planning	<b>Self-declaration</b>
Health & Conduct	Annual declaration of health and conduct	<b>Self-declaration</b> by answering in full the relevant questions in UKPHR's declaration form
Indemnity arrangements	Indemnity arrangements in place covering practice	<b>Self-declaration</b>
CPD	Meet Faculty of Public Health standard or another professional organisation's relevant alternative	Faculty of Public Health annual certificates covering past 5 years <b>OR</b> production of registrant's reflective notes, a minimum of 3 and maximum of 6 (and supporting evidence as and when called for by UKPHR such as certificates) <b>OR</b> confirmation of CPD from an alternative professional equivalent CPD scheme accepted by the Faculty of Public Health
Quality Improvement Activity	Confirmation of participation in quality improvement activity;  <b>Multi-source feedback</b> using an approved tool and containing <b>at least 10 raters</b> <b>OR</b> (with UKPHR's prior agreement) feedback from:	<b>Self-declaration PLUS</b>  A <b>multi-source feedback tool</b> approved by UKPHR for the purpose  <b>OR</b> the feedback listed in the policy

	<ul style="list-style-type: none"> <li>▪ Feedback from two professional colleagues of the registrant</li> <li>▪ Feedback from two other professionals who have experience of the registrant's public health practice</li> <li>▪ Feedback from one manager or one commissioner of the registrant's services</li> <li>▪ Feedback from one recipient of a service delivered by the registrant</li> <li>▪ The registrant's review of complaints, comments and compliments received within the preceding 5 years relevant to the registrant's public health practice</li> <li>▪ Reflective accounts by the registrant reflecting on the evidence from the above categories and on the previous 5 yearly appraisals</li> </ul>	above in the form prescribed by UKPHR for the purpose
Compliance	Reference to confirm attitude towards skills and knowledge, CPD and quality of service.	<b>One referee</b> put forward by registrant and contacted by UKPHR.

77. We reproduce here the same table that we published in the revalidation policy for summarising the means by which you will be required to satisfy the requirements of our revalidation scheme.



## Compliance requirements: **SPECIALIST REGISTRANTS**

<b>MEANS</b>	<b>REQUIREMENT TO BE MET</b>	<b>COMMENTARY</b>
<b>Self-declaration</b>	4 years' professional appraisal 5 years' annual personal development planning Health & conduct questions answered Indemnity arrangements in place Participation in quality of service discussion	Alternative to work-based appraisal for self-employed registrants
<b>Confirmation by documentary evidence</b>	One original professional appraisal dated within 1 year of revalidation CPD certificates for 5 years (FPH) or 3-6 reflective notes per financial year be prepared to produce documentary evidence of reflective notes if requested by UKPHR)	
<b>Confirmation by third party</b>	Multi-source feedback accompanying the revalidation application using a tool approved by UKPHR and with at least 10 raters <b>OR</b> when and as agreed with UKPHR feedback in form prescribed by UKPHR: 2 x work colleagues' feedback 2 x two other public health professionals 1 x manager or commissioner 1 x service user Review of complaints, comments and compliments Reflective notes covering all feedback and all professional appraisal Reference x 1	

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