

March 2022

4th Edition

Revalidation scheme

UKPHR's policy for the revalidation of Specialist Registrants

1. Introduction

Registration with UKPHR is an assurance of competence in public health practice at the time of registration. Revalidation is a means of ensuring that registrants focus on *maintaining* and *enhancing* the quality of service they provide and *improving* their public health practice while registered.

Revalidation is not the only means UKPHR applies for these purposes:

- All registrants must renew their registration annually, making a new **declaration** about a range of matters relevant to competence.
- All registrants must comply with mandatory standards of **Continuing Professional Development (CPD)**.

Revalidation is not a completely new process for UKPHR's registrants – there has always been a system of 5-yearly re-registration involving checks that will also form part of the revalidation process.

Revalidation complements these measures so that they work together in protecting the public and improving practice.

Revalidation also complements existing systems for identifying any potential issues relating to 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 all UKPHR's registrants maintain and build on the competence they demonstrated when they first achieved their registration.

EXCLUSIONS

Specialty Registrars will not usually be required to undertake UKPHR's revalidation.

Dual registrants also registered with the General Medical Council (GMC) will not usually be required to undertake UKPHR's revalidation.

Section 1: Standards on revalidation

2. In making an assessment that specialist registrants have maintained competence and are engaged in continuous improvement of practice, UKPHR, appraisers and registrants will have regard to the following **standards**.
3. **UKPHR's Code of Conduct 2nd Edition March 2014**
This guidance is published by UKPHR and is the source document used by UKPHR when questions relating to conduct and fitness to practise are under consideration. For revalidation purposes, registrants and appraisers should refer to it when seeking to assure themselves that competence is being maintained and enhanced.
4. 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 2nd Edition 2016** will be consulted. *Good Public Health Practice* 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.
5. **Good Medical Practice 2013** remains a source document in that the standards set out in it are directly applicable to registrants whose public health discipline is medicine, and may generally be of assistance for other registrants. In the latter case, the text will need to be interpreted to meet the differences between clinical practice and public health practice (for example, in relation to population based interventions versus patient-centred clinical practice) where appropriate.

Section 2:

One revalidation scheme but differentiated requirements

6. UKPHR is introducing a revalidation requirement which will apply to all registrants except Specialty Registrants and Dual Registrants registered with the GMC.
7. **Specialist registrants** will have to undertake UKPHR's revalidation once every 5 years. This process replaces the existing 5-yearly re-registration process which UKPHR has operated until now. The requirements of revalidation for Specialist registrants are aligned as closely as possible to those of medical practitioners on the General Medical Council's (GMC) Public Health Specialist Register.
8. Practitioners will also have to undertake UKPHR's revalidation once every 5 years. This process will replace UKPHR's current 5-yearly re-registration process. This is a new requirement for public health practitioners and there is no precise precedent for UKPHR's design of revalidation for this group of registrants. UKPHR has had regard to the revalidation scheme introduced by the Nursing and Midwifery Council (NMC) but in the main the requirements set by UKPHR are those which UKPHR judges most appropriate to be applied in the context of public health practice.
9. The requirements of revalidation for Specialist registrants will be more demanding than for Practitioner registrants reflecting the higher level of risk associated with the Specialist role compared with the Practitioner role identified in UKPHR's 2011 risk assessment. This is a proportionate approach to managing risk.
10. **Dual registrants** who have, within 5 years, been revalidated by the GMC will not be required to undertake UKPHR's revalidation because it would be disproportionate (and quite possibly counter-productive) to require two revalidation processes to be undertaken.
11. **Specialty Registrars** will not be required to undertake UKPHR's revalidation because their training meets all the requirements of UKPHR's revalidation scheme through the supervision and quality assurance in place during their training programme. When a Specialty Registrar successfully completes the Training Programme and registers with UKPHR as a public health specialist, the revalidation requirements for Specialist registrants will apply.

Section 3: Requirements of the revalidation scheme

12. The mandatory elements of UKPHR's revalidation scheme are as follows:

UKPHR's revalidation process comprises:

1. 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.

Scheme rules and scheme guidance will explain these 7 elements.

APPRAISAL

13. In this revalidation scheme we will refer to work-based appraisal and to professional appraisal. When we refer to **work-based appraisal** we mean the process by which a manager examines and evaluates an employee's current and past work performance by reference to pre-set job-related objectives, documents the results, and uses the results to provide feedback to the appraisee. It is used to determine work-related issues such as training needs, promotion and capability. When we refer to **professional appraisal**, we mean a structured, objective assessment of a registrant's continuing professional competence by reference to the standards relevant to the registrant's professional status.
14. It is good practice for all members of the public health workforce to be involved in annual **work-based appraisal**. For those in employment this will usually be arranged by the employer. In this revalidation scheme UKPHR makes no requirement in respect of work-based appraisal but there are cross-overs between work-based and professional appraisal, for example in relation to personal development planning. For this reason, UKPHR may ask questions relating to work-based appraisal in the revalidation process but an absence of work-based appraisal will not be a bar to completing the revalidation process.
15. For Specialist registrants, UKPHR will require at the time of revalidation evidence of completion of **annual professional appraisal**. They will be required to undertake 5 professional appraisals in a five yearly registration cycle, no more than 1 in each financial year. This professional appraisal should be conducted by an appraiser who has undergone training for an approved system such as SARD, SOAR and the Welsh equivalent. Specialists who are in employment may be able to look to their employer to organise and/or pay for their professional appraisal. Specialists working independently will be required to arrange their own annual professional appraisal.
16. In any event, responsibility for ensuring that annual professional appraisal is completed rests with the individual Specialist registrant.

17. At each professional appraisal it is expected that the subjects to be discussed will reflect the 7 elements of UKPHR's revalidation scheme including compliance with CPD requirements and quality of service and improvement of service. Professional appraisers will need to see supporting information that includes feedback from colleagues, service users (if appropriate to role) and managers and, where appropriate, complaints, comments and compliments. The use of multi-source feedback tools has become common and UKPHR encourages their use for professional appraisal purposes provided they are valid tools for such purposes. Where multi-source feedback tools are used in professional appraisal settings, UKPHR will also accept their use for providing UKPHR with the Supporting Information required on revalidation. This is explained in more detail in the **SUPPORTING INFORMATION** section of this policy document.
18. UKPHR will publish **guidance** on appraisal including guidance specifically relating to templates and tools which can be used in connection with professional appraisal. UKPHR will also address in this guidance the needs of Specialist registrants who are self-employed or otherwise whose employer does not facilitate annual professional appraisal.
19. Evidence of compliance with the requirement for annual professional appraisal will be by way of **self-declaration** together with the production of the most recent record of professional appraisal, which will have been carried out within 12 months preceding the registrant's due revalidation date and the registrant's reflective note on the most recent professional appraisal. See **SUPPORTING INFORMATION** below.

PERSONAL DEVELOPMENT PLANNING

20. It is good practice for all members of the public health workforce to be involved in personal development planning in relation to their work. For those in employment this will usually be arranged, facilitated or supported by the employer. UKPHR will publish guidance on personal development planning for registrants who are self-employed or otherwise do not have an employer who operates personal development planning.
21. To achieve revalidation, Specialist registrants must demonstrate that they have been **engaged in personal development planning during their time as a registrant**.
22. UKPHR will publish **guidance** on UKPHR's requirements relating to personal development planning.
23. Compliance is demonstrated by **self-declaration** in the form required by UKPHR.

HEALTH AND CONDUCT DECLARATIONS

24. UKPHR has a standard **declaration form for health and conduct** issues already in use on application for registration and annual renewal. This form must also be completed and submitted as part of the revalidation process.
25. Compliance is demonstrated by **self-declaration** in the form required by UKPHR.

PROFESSIONAL INDEMNITY – PROOF THAT ARRANGEMENT IS IN PLACE

26. UKPHR requires all registrants to have in place indemnity arrangements so that members of the public are protected from (or compensated in respect of) any service failure.
27. Compliance is demonstrated by **self-declaration** in the form required by UKPHR.

CPD – PROOF OF COMPLIANCE WITH MANDATORY CPD REQUIREMENT

28. UKPHR has set mandatory CPD requirements for Specialist registrants as follows:

Specialists 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.
29. For the purpose of revalidation, Specialist registrants must demonstrate compliance with the mandatory CPD requirement.
30. Specialist registrants who undertake the Faculty's CPD scheme, including the Faculty's auditing, may produce the **Faculty's certificates** of compliance as sufficient evidence.
31. Other Specialist registrants 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 the reflective notes.
32. 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).
33. See **SUPPORTING INFORMATION** and **CONFIRMATION** below for evidence of CPD compliance to be submitted for the purpose of revalidation.

SUPPORTING INFORMATION ON QUALITY IMPROVEMENT ACTIVITY

34. All Specialist registrants must engage in professional appraisal and collect the required **Supporting Information**. The purpose of revalidation is to ensure that:
 - Professional competence is being maintained;
 - Quality of service is maintained and enhanced; and thereby

- Practice is improved.

Specialist registrants demonstrating that they have reflected on their competence, quality improvement activity and practice is key to the revalidation process. This is why UKPHR requires the writing of reflective notes. It is also why UKPHR requires **Supporting Information of quality improvement activity**.

35. 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**.
36. It is in the nature of professional appraisal that registrants will produce some illustrative and confirmatory information at their professional appraisal, for the purpose of showing how they are meeting the professional values set out in *Good Medical Practice* and/or *Good Public Health Practice*. This information may well include multi-source feedback and may be framed within a recognised multi-source feedback tool. Appraisers will focus on what registrants think this information says about their practice and how they plan to develop or modify their practice as a result.
37. In addition, UKPHR will require **Supporting Information** to be submitted in support of the 5-yearly revalidation process.
38. Where the professional appraisal submitted to UKPHR in support of revalidation includes feedback contained in a **multi-source feedback tool** UKPHR will accept the rating evidence it contains as sufficient **Supporting Information** for the revalidation provided that:
 - (a) The tool is one from a list of such products which UKPHR has accepted for this purpose and published its acceptance on UKPHR's website; and
 - (b) The completed tool submitted to UKPHR incorporates responses from 10 to 15 raters.

UKPHR will maintain a list of tools that, if used by registrants, will be accepted by UKPHR as the means of presenting on revalidation the requisite **Supporting Information**.

If no multi-source feedback tool is used

39. Where a Specialist registrant has not used, or does not submit, in connection with the professional appraisal submitted to UKPHR in support of revalidation, a listed multi-source feedback tool, UKPHR requires Specialist registrants to gather and present on revalidation objective **evidence of quality improvement activity** in the following categories:
 - Feedback from two professional colleagues of the registrant
 - Feedback from two other professionals who have experience of the registrant's public health practice
 - Feedback from one manager or one commissioner of the registrant's services
 - Feedback from one recipient of a service delivered by the registrant

- The registrant's review of complaints, comments and compliments received within the preceding 5 years relevant to the registrant's public health practice
- Reflective accounts by the registrant reflecting on the evidence from the above categories

In order for UKPHR to have confidence in the objectivity of the feedback, UKPHR will prescribe the form and content of templates to be used for collecting this Supporting Information.

Whilst some of these will be discussed with appraisers during professional appraisal, **all must be accounted for to UKPHR at revalidation** in the manner prescribed below.

40. UKPHR will require all Specialist registrants to produce for revalidation **Supporting Information** as to quality of service as follows:
 - 40.1 Confirmation that UKPHR's requirements in relation to **annual professional appraisal** have been met;
 - 40.2 Confirmation that UKPHR's requirements in relation to **personal development planning, indemnity insurance and health and conduct** continue to have been met;
 - 40.3 Confirmation of ongoing **fitness to practise**;
 - 40.4 Confirmation of compliance with UKPHR's **CPD requirements**;
 - 40.5 Confirmation of participation in **quality improvement activity**;
41. UKPHR may from time to time approve other forms of Supporting Information and other sources of Supporting Information for this purpose in the future.
42. UKPHR will publish **guidance** on the meaning of the terms used for these types of Supporting Information, the persons who should be approached for feedback, the format for such feedback and avoidance of conflicts of interest. UKPHR's guidance will describe the quantity and quality of information required and give general direction on the range of evidence that will be accepted.

CONFIRMATION OF COMPLIANCE

43. As UKPHR's revalidation scheme has no base in legislation, there is no system of Responsible Officers to support the confirmation role, unlike for example in the GMC's revalidation scheme. For this reason, UKPHR will require Specialist registrants seeking revalidation to provide UKPHR with the name and contact details of **one referee**.
44. Documents must be certified by a specialist registrant on either the GMCs Public Health Specialty Register (regardless of licence to practise) and the GDC specialist list for dental public health and UKPHR 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.

45. 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. UKPHR will contact the referee to seek confirmation that the registrant has complied with the revalidation requirements in the following respects:

- The registrant has actively taken steps to maintain and enhance skills and knowledge during the preceding 5 years
- The registrant has positively engaged in assessing and taking part in opportunities for CPD
- The registrant has a positive attitude towards quality of service issues.

UKPHR will approach the referee directly with a request to complete and return to UKPHR a reference in the form prescribed by UKPHR.

46. UKPHR's procedure for carrying out revalidation will be as streamlined, standardised and non-bureaucratic as possible, commensurate with:

- Protecting the public from risk;
- Limiting the burden on registrants of form-filling and production of evidence; and
- UKPHR's modest resources available for operating the revalidation system.

ELEMENT	REQUIREMENT	SATISFIED BY
Professional appraisal	Annual professional appraisal	Self-declaration PLUS 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	Self-declaration
Health and Conduct	Annual declaration of health and conduct	Self-declaration by answering in full the relevant questions in UKPHR's declaration form
Indemnity arrangements	Indemnity arrangements in place covering practice	Self-declaration
CPD	Meet Faculty of Public Health standard or another professional organisation's relevant alternative	Faculty of Public Health annual certificates covering past 5 years OR 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) OR confirmation of CPD from an alternative professional equivalent CPD scheme accepted by the Faculty of Public Health
Quality Improvement Activity	<p>Confirmation of participation in quality improvement activity;</p> <p>Multi-source feedback using an approved tool and containing at least 10 raters OR (with UKPHR's prior agreement) feedback from:</p> <ul style="list-style-type: none"> ▪ Feedback from two professional colleagues of the registrant ▪ Feedback from two other professionals who have experience of the registrant's public health practice ▪ Feedback from one manager or one commissioner of the registrant's services ▪ Feedback from one recipient of a service delivered by the registrant ▪ The registrant's review of complaints, comments and compliments received within the preceding 5 years relevant to the registrant's public health practice ▪ Reflective accounts by the registrant reflecting on the evidence from the 	<p>Self-declaration PLUS</p> <p>A multi-source feedback tool approved by UKPHR for the purpose</p> <p>OR the feedback listed in the policy above in the form prescribed by UKPHR for the purpose</p>

	above categories and on the previous 5 yearly appraisals	
Compliance	Reference to confirm attitude towards skills and knowledge, CPD and quality of service.	One referee put forward by registrant and contacted by UKPHR.

47. Where UKPHR requires confirmation by way of self-declaration by the registrant it is crucial to the integrity of UKPHR's revalidation scheme that declarations are full and honest. Any false declaration will put at risk a registrant's registration.

SUMMARY

Confirmation requirements: SPECIALIST REGISTRANTS

MEANS	REQUIREMENT TO BE MET	COMMENTARY
Self-declaration	<p>4 years' professional appraisal</p> <p>5 years' annual personal development planning</p> <p>Health & conduct questions answered</p> <p>Indemnity arrangements in place</p> <p>Participation in quality of service discussion</p>	<p>Professional appraisal equivalent to that undergone by medically qualified colleagues regulated by GMC.</p> <p>Self-declaration will be relied upon by UKPHR and false declaration may lead to loss of registration.</p>
Confirmation by documentary evidence	<p>One original professional appraisal dated within 1 year of revalidation</p> <p>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)</p>	<p>Latest professional appraisal, shared with UKPHR electronically in most cases.</p> <p>Maintaining continuing personal development is an essential component of revalidation as a process not a point-in-time test.</p>
Confirmation by third party	<p>Multi-source feedback accompanying the revalidation application using a tool approved by UKPHR and with at least 10 raters OR when and as agreed with UKPHR feedback in form prescribed by UKPHR:</p> <p>2 x work colleagues' feedback</p> <p>2 x two other public health professionals</p> <p>1 x manager or commissioner</p> <p>1 x service user</p> <p>Review of complaints, comments and compliments</p> <p>Reflective notes covering all feedback and all professional appraisal</p> <p>One referee</p>	<p>UKPHR will maintain a list of approved multi-source feedback tools for the purpose.</p> <p>The alternative is intended as a residual means of providing Supporting Information and confirmation in cases where completion of a multi-source feedback tool is impracticable for a registrant in her or his personal circumstances</p> <p>A referee to be relied on by UKPHR because it has no access to a system of Responsible Officers.</p>

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