

CONFIDENTIAL

Minutes of meeting of UKPHR's Education and Standards Committee
held on Tuesday 25 July 2023 by Microsoft Teams

At 14.30hrs

Present:

NAME	FOR MINUTES	ORGANISATION
Ranjit Khutan	Chair	UKPHR's Board
Jessica Lichtenstein	JL	CEO, UKPHR
David Evans	DE	UKPHR's Board
Marianne Coward	MC	UKPHR's Board
Ben Humphrey	BH	UKPHR's Board
Carol Stewart	CS	UKPHR SRbPA Moderator
Irfan Ghani	IG	UKPHR Practitioner Moderator
Ellis Friedman	EF	Faculty of Public Health
Zaira Ejaz (secretariat)	ZE	UKPHR (secretariat)

Apologies:

NAME	ORGANISATION
Helen King	UKPHR Board
Gill Jones	UKPHR Registrar
Vicki Taylor	Vice Chair, UKPHR's Registration Panel
Fiona MacDonald	Public Health Scotland
Jenny Douglas	UKPHR Board
Joanna Dowd	UKPHR Board
William Roberts	Royal Society for Public Health (RSPH)

1. Welcome, apologies and declaration of interest

The Chair welcomed everyone to the meeting and was deputising for Helen King in her absence. 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 31 January 2023 were agreed as a true record.

3. Action Points and matters arising

The Chair noted the action points as follows:

23/01 – JL reported on the difficulty of anonymising applications due to the administrative burden this would place on the team as well as there being a small workforce in public health. Other ways of handling data would be discussed later in the agenda.

23/02 – ZE confirmed all materials, meeting invites and the website was updated following the Committee’s name change.

23/03 – UKPHR moderators were invited to join the Committee and they have been added to the distribution list for future meetings.

23/04 – The new Committee member was sent the meeting invites for the Committee meetings and added to the distribution list.

4. Education & Standards Terms of Reference

JL reported that following discussions regarding membership of the Committee and the recent name change, the Committee did not have a Terms of Reference in place. The draft version of the Terms of Reference was presented to the Committee for their thoughts and comments. There was a question about the moderators’ contributions towards the Committee and it was agreed that the moderators would be supporting the Committee and presenting the moderators annual report for the Committees approval; a further regular update was not required. A suggestion about the Committee ensuring equivalence of standards between the different regulators was put forward to be included under the purpose section of the Terms of Reference and the Committee supported this addition. A date of review was also suggested to be included in the document. Overall, the Committee felt the document was well written, clear and had sufficient detail. The Committee were happy to recommend the draft terms of Reference for Board approval in September subject to including the suggested amendments.

	WHO	WHAT	BY WHEN
ACTION 23/05	JL	Include a statement on equivalence of standards between regulators in the Terms of Reference as well as a date of review	ASAP

5. UKPHR EDI update

JL presented the updated EDI action plan and introduced its purpose to the new Committee members. One of the actions on the plan was to review the assessment process for the Specialist Registration by Portfolio Assessment route to UKPHR registration in terms of fairness of assessment and the possibility of anonymising applications. UKPHR discussed with the GMC its approach to the CESR route and their challenges anonymising applications, which we share. It was agreed that the anonymising process would be very difficult for UKPHR due to the additional administration required, and the complexity of the applications. GMC confirmed that they’ve not identified significant issues when dealing with small medical specialties. Our focus will now be on undertaking a light touch review of the application form and process and removing elements that may inadvertently address bias. There is also a program of EDI training for all specialist assessors for the portfolio route which will be provided by UKPHR’s training provider, ready in the autumn for rollout. The training will focus on decision making and can also be rolled out to the wider workforce and Board.

Another key area UKPHR is reviewing as part of the action plan is data. Following the implementation of the new IT system, this has made it easier to produce reports. UKPHR will collect data on all protected characteristics from new registrants who have joined the register since February 2023. For existing registrants, it is envisioned that this information will be requested at the time of annual renewal. UKPHR’s annual report will also be expanded to include more information on data. The Committee were also notified of the new EDI standard

implemented by the Professional Standards Authority (PSA) and this work on EDI would sufficiently demonstrate this standard for the return submission.

Following discussion, the Committee were happy with the agreed actions listed on the action plan and supported its implementation. CS also mentioned that she would be happy to undertake an Equality Impact Assessment on the current portfolio route and JL agreed this would set a good context for the discussion on the review of the process.

ACTION	WHO	WHAT	BY WHEN
23/06	JL and CS	Arrange for Carol Stewart to complete an Equality Impact Assessment on the current portfolio route	ASAP

6. UKPHR revalidation review

JL introduced the purpose of the revalidation review and reported that the task and finish group was very useful and included representation from the main public health employers as well as the Faculty of Public Health and Association of Directors for Public Health. The group identified two workstreams for this review, the first being the revalidation requirements themselves and the second on what support the system could offer registrants i.e. exploring the Responsible Officer function as is established for GMC registrants.

For workstream one, the group undertook a review of the process and requirements. It was identified that a lot of the evidence UKPHR required from registrants at revalidation was also included in the professional appraisal. To avoid duplication of evidence, UKPHR will only require registrants to submit their latest professional appraisal completed within 12 months preceding their revalidation due date and complete a series of self-declarations confirming engagement with the other requirements. The group also recommended the following operational changes:

- UKPHR will require registrants to produce evidence of Quality Improvement Activity at the time of professional appraisal, similar to GMC registrants.
- The previously named 'Quality Improvement Activity' requirement is to be changed to 'Colleague Feedback'.
- The minimum number of raters for feedback will be based on the minimum number required by each tool provider to ensure validity.
- UKPHR will require registrants to submit a completed reference form from their referee along with their revalidation application, instead of UKPHR contacting referees directly- eliminating the need for UKPHR to contact referee after submission of all other documents, which could delay revalidation.

For workstream two, JL outlined the Responsible Officer function already in place for GMC registrants in terms of having an oversight of an individual's practice and being legally responsible for making a revalidation recommendation to the GMC. As UKPHR does not have statutory standing, the group identified the difficulty in implementing a similar process for UKPHR registrants. However, it was noted that as the Responsible Officer ensures all GMC registered individuals who their organisation is employing are meeting the standards, this should apply to all employees including UKPHR registrants. UKPHR is currently working with employers on how best to establish this assurance To address this in the short term, UKPHR will expand the referee criteria to include a line manager and request the referee to confirm the registrant has fulfilled all the requirements for revalidation.

The draft revalidation policy was presented to the Committee for their thoughts and comments. It was noted that the policy did not refer to how UKPHR would process any fitness to practice concerns that may deem a revalidation unsatisfactory. This was acknowledged as an oversight and would be included in the draft policy. There was also a question on when practitioner revalidation would be implemented, and it was agreed that the current focus was on ensuring specialist revalidation was robust before expanding this to practitioners. The website would also need to be updated accordingly. A few other amendments were suggested such as ensuring the guidance on personal development planning was produced as mentioned in point 19 of the policy, providing a link to the approved list of multi-source feedback tools and also clarifying the referee criteria in point 34 of the policy.

JL confirmed that the wording of the reference needed to be confirmed as it was tricky to identify a suitable referee who is able to confirm an individual's fitness to practice throughout the entire revalidation period. It is hoped that a final draft of the policy will be ready for Board approval in September and the guidance and reference form documents will be developed in line with the policy shortly after. UKPHR registrants will be notified of the changes in the registrant newsletter in November and there will be a transition period before the changes are implemented. The Committee was happy to recommend the new revalidation policy for Board approval subject to the agreed changes being made.

ACTION	WHO	WHAT	BY WHEN
23/07	JL and ZE	Amend the policy based on the suggested changes by the Committee.	ASAP

ACTION	WHO	WHAT	BY WHEN
23/08	ZE	Review the website and amend the section on practitioner revalidation	ASAP

7. Recognition of Public Health trainers on the UKPHR Register

JL presented the paper on recognition of public health trainers on the UKPHR register to the Committee following discussions with the Faculty of Public Health, Heads of Schools and Deanery. The GMC currently recognises on their medical register the status of a trainer. In the interest of maintaining equivalence between both regulators, the question was raised as to whether UKPHR would consider formally recognising public health trainers on its public register. Following discussion, the Committee were supportive of this initiative and agreed that as it would not cause a significant administrative burden. It was recognised that as the list of trainers is managed manually on an annual basis by the Heads of Schools, who submit the information to the postgraduate deaneries, who submit to the GMC. It was noted that there could be some gaps in terms of inaccurate information as it was difficult to confirm if an individual is no longer a trainer. It was also agreed that the Heads of School would manage communications with trainers relating to the formal recognition and UKPHR would then follow up.

The Committee supported UKPHR's pursuance of the recognition of trainers on the register. The next step would be to develop a policy which will then be brought to a Board meeting in the near future for its implementation.

WHO	WHAT	BY WHEN
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ACTION 23/09	JL	Start to develop a policy on the recognition of public health trainers on the UKPHR register.	ASAP
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8. Any other business

None.

9. Next meeting

Tuesday 3rd October 2023 at 14.30hrs was proposed and agreed.