

## Record of proceedings

of the third meeting of UK Public Health Register's Consultative Forum held on Wednesday 22<sup>nd</sup> October 2014 at the Temple of Health and Peace, Kind Edward VII Avenue, Cathays Park, Cardiff, CF10 3NW

---

### PRESENT:

Linda Bailey (PHW), Claire Barley (PHW), Claire Cotter (PHE), Mark Dexter (GMC), Helen Donovan (RCN), Jenny Douglas (Open University), Elaine Gardner (British Dietetic Assoc), Gareth Holyfield (RPSGB), Linda Jones (UKPHR), David Kidney (UKPHR) Tony Lewis (CIEH), Kelly McFadyen (UKPHR), Klim McPherson (UK Health Forum), Brendan Mason (PHW & FPH), Patrick Saunders (UKPHR), Bryan Stoten (UKPHR), Pavenpreet Sull (UKPHR). Jane Thomas (Swansea University) and Nairn Wilson (UKPHR Registrar)

### APOLOGIES:

David Allen (FPH), Brian Auld (REHIS), Jonathan Bardill (PHORCaST), Jane Beach (Unite the Union), Joanne Bosanquet (PHE Nursing Directorate), Naresh Chada (DHSSPSNI), Nicola Close (ADPH), Andrew Corbett-Nolan (UKPHR), Alison Cox (Cancer Research UK), Pauline Craig (NHS Health Scotland), Fiona Ellwood (NOHPG), Amanda Fletcher (UKPHR), Andrew Fraser (Deputy CMO, Scotland), Phil Garrigan (CFOA), Ashley Goodfellow (AfN), Margaret Gough (Coventry University), Selena Gray (UKPHR), Michael Guthrie (HCPC), Carolyn Harper (PHA, NI) Fiona Harris (UKPHR), Jeremy Hawker (UKPHR), Anne Hinchliffe (PHW), Ruth Hussey (CMO, Wales), Sally James (UKPHR), Charlotte Jeavons (Greenwich University), Graham Jukes (CIEH), David Lozano (South Wales Fire & Rescue), Martin Murchie (SoSHA), Vicky Osgood (GMC), Richard Parish (UKPHR), Martha Pawluczyk (GPhC), Jonathan Roberts (SoSHA), Ruth Robertson (Health Protection Scotland), Di Roffe (PHORCaST), Alison Ross (DoH), Kathryn Rowles (PHE), Anna Sasiak (PHE), Sharon Sawyers (TSI), Edward Tynan (HCPC), David Walker (CMO England) and Mirembe Wells (BMA)

UKPHR's Vice Chair Professor Linda Jones welcomed everyone and introductions were made. Linda Jones provided an update on the growing numbers of practitioners registering. She said UKPHR is conscious of the inequity that practitioner registration is not available everywhere in the UK and UKPHR sees UK-wide roll-out of practitioner registration as a key priority for the organisation. There are plans to launch a new East of England scheme and to make the existing London North-Central & East scheme a pan London scheme.

Brendan Mason, Public Health Wales, welcomed members to Wales and the Temple of Peace and Health, situated across from the Welsh Government buildings. He described the demography of the 3 million population in Wales, including a greater proportion over 65 than under 18, partly due to migration. He highlighted that health spending was lower in Wales than its comparator, North East England. With the aid of hand-outs, Brendan welcomed opinions on Public Health Wales's public health strategy: *A healthier, happier and fairer Wales*.

As the Faculty's representative Brendan continued his presentation in sharing possible outcomes of the Section 60 consultation in relation to the varying priorities of the Government, UKPHR, the Faculty and the public. This led UKPHR Registrar, Nairn Wilson to state his view that public protection should guide the decision on what form of regulation there should be. The question of 'What is best for public protection?' provoked further discussion.

Helen Donovan pointed out that nurses already have to register twice for public health nursing practice: NMC and UKPHR. The RCN would prefer a single regulatory framework for nurse specialists.

Linda Bailey emphasised that public protection is primary and revalidation is an essential element. Mark Dexter counselled against a loss of the checks and balances that CPD and revalidation represent and asked if an accredited voluntary register could be a fair compromise. Patrick Saunders asked if the Government may be equivocating in its choice of regulator or form of regulation. Bryan Stoten emphasised the need for equivalence between public health specialists. On a separate subject, and arising out of Brendan's presentation, Nairn Wilson asked about "health tourism" between England and Wales. Brendan responded to the discussion and questions.

David Kidney led a discussion about *assessing the risks to achieving our public health outcomes and prioritising what we need to do to address them*. Points made in the subsequent discussion included: Klim McPherson said some Government initiatives are misguided when they do not respect the evidence, whereas public health should be informed by evidence. Patrick Saunders delved into tensions between being evidence-based and evidence-obsessed, expressing the view that some public health interventions are clearly right without having to wait for a body of evidence to be built up. Bryan Stoten stated that one important aspect of good practice is not going outside one's area of competence. Mark Dexter accepted that not practising outside one's area of competence is safety-critical in some areas of practice but moving away from over-specialising would require education and training to be more broadly based. Nairn Wilson made a plea for statutory regulation, whichever body might be the regulator, to be modern "right touch", in line with the principles behind the Law Commission's Bill on health regulation reform.

A concern raised by Linda Bailey, who fought for equivalence for nurse specialists, was around the grandfathering period and in particular how people who fail the training programme exams can still register with UKPHR by the portfolio route. She also asked if any applications other than from those with medical backgrounds have been accepted for the training programme in N. Ireland.

Nairn Wilson, UKPHR's Registrar, reported on registration activities since the Forum met in April. Registration policies and procedures had been brought up to date in accordance with the standards required by the Professional Standards Authority for UKPHR's accredited voluntary register. He confirmed that the AVR process leading to accreditation of the register had been very rigorous and the AVR status has to be renewed every year. UKPHR has reviewed its rules relating to appeals and fitness to practise this year. UKPHR would wish to retain Good Public Health Practice to inform UKPHR's Code of Conduct and form part of UKPHR's approach to revalidation. The Registrar is keen to address the inequity of non-availability of practitioner registration in some areas of the UK.

In answer to questions, the Registrar said that AVR is not compulsory but UKPHR chose to pursue this status because it believed that achieving the AVR standards would enhance the effectiveness of the Register and the public's confidence in it. He confirmed that there are groups who currently are excluded from registration but he was considering how to make registration available – for example, a form of provisional registration for Registrars (specialty trainees). Helen Donovan drew the Registrar's attention to the Higher Education Academy.

Break for lunch.

Claire Barley, Public Health Wales & UKPHR Director, gave a presentation on Advanced Practitioners and a proposed Wales pilot of standards of advanced practice. The aim is to fit Advanced Practitioner into a developmental progression between Practitioners, who operate autonomously and Specialists, who operate strategically. It is suggested that Advanced Practitioners will be required to demonstrate that they operate **influentially**. The definition of Advanced Practice is largely from the NHS Framework except that it is proposed to recognise experience and knowledge equivalent to the MPH that the NHS requires. As regards process, it is not intended that another portfolio should be required but initially application will be limited to registered practitioners. There will be an application form, a self-assessment form (asking for evidence in support), a requirement to produce evidence of annual appraisal, a reference from a line manager and a testimonial from a recipient of services. Current thinking is that applications will be considered by the existing verification panel which considers applications from practitioners. It is intended that the Wales pilot will commence in April 2015. Claire will be giving two presentations about Advanced Practitioners at the National Practitioner Event in Glasgow on 03 November.

Claire organised her audience into three workshops and obtained feedback from members of the audience regarding these standards, in particular relating to the proposed competency framework.

Kelly McFadyen, the coordinator of the Wales practitioner registration scheme gave an update on the scheme's progress. UKPHR's first registered practitioner was the product of the Wales scheme. Since 2011 the scheme has supported four cohorts of practitioners in the preparation of their portfolios for assessment and their applications for registration. This has to date resulted in 13 practitioners achieving registration with the remaining members of the four cohorts mostly still in the system. Cohort 4 has been established with a programme of support and it has attracted local authority as well as NHS practitioners. There remains demand for practitioner registration going forward but it has become a challenge that many practitioners have commenced the scheme but have still not achieved registration. The reasons for this are many and varied. The scheme has plans to address this challenge through raising the profile of practitioner registration, publicising the Advanced Practitioner pilot, engaging more with employers and developing more of a continuum of support for practitioners, for example help with CPD work-based learning.

There followed a round-up of news from around the UK:

#### **WALES**

Claire Barley confirmed that 3 or 4 practitioners in Northern Ireland were being supported by the Wales scheme. The new Chief Executive of Public Health Wales, Dr Tracey Cooper, is reviewing every aspect of PHW's operations. She is supportive of workforce development.

#### **NORTHERN IRELAND**

David Kidney presented a written report from Naresh Chada. Regionally, there has been the appointment of a new Health Minister following a party reshuffle so Jim Wells replaces Edwin Poots. The Department has appointed a new DCMO (Public Health), Dr Anne Kilgallon. NI has published a new regional public health strategy (July 2014): *Making life better*. It can be accessed through the following link: <http://www.dhsspsni.gov.uk/making-life-better>

There is continued interest in the practitioner programme and Public Health Wales continues to provide support to PHA with that.

#### **SCOTLAND**

David Kidney presented a verbal report from Pauline Craig. A number of key decisions, for example appointment of Harry Burns' successor as CMO, were on hold during the Independence Referendum campaign and will now fall to be made. NHS Scotland generously offered to host UKPHR's Annual Practitioner Event in Glasgow on 03 November partly in order to seek to inject momentum into the development of practitioner registration in Scotland. The event will celebrate successes and look to future achievements. Speakers include Shirley Cramer, RSPH, and Gill McVicar, NHS Highland.

#### **ENGLAND**

Claire Cotter, Public Health England, reported on PHE's leadership of a project to prove the concept of a Skills Passport for use by members of the public health workforce. This is currently an England-only development but it may become of interest to all parts of the UK. Issues being addressed include functionality, privacy, verification of information by employers and how to persuade users and employers of its added value. Claire emphasised that the Skills Passport would enable users to check the level of their practice by reference to the Public Health Skills and Knowledge Framework (PHSKF) and that therefore this product would be dependent on the PHSKF. PHE is also leading a review of the PHSKF and this is of relevance in all parts of the UK. The Framework is enormous and unwieldy such that individuals and their employers have difficulty mapping skills and knowledge of individuals against its levels. There is a considerable degree of mis-alignment and even variations of language. Linda Bailey made a plea for a revised PHSKF to steer away from using level numbers because of the confusion it creates with Agenda for Change bands. Claire also reported that PHE is required to make 20 per cent savings in its budget next year.

Linda Jones summed up the day as one of valuable discussion and exchange of views. She was impressed that so much ground had been covered and grateful for the help given by everyone in the workshops for the Advanced Practitioner project. She urged everyone to respond to the consultation on statutory regulation of public health specialists (closing date 14 November) and thanked everyone for their attendance. There being no other business, Linda closed the meeting at 15.20 hrs.