

# UKPHR Newsletter Spring 2015

Professional Standards Authority has approved the renewal of its accreditation of UKPHR's register. This is a terrific endorsement of the consistency UKPHR has brought to its policies and procedures in recent years.



# UKPHR

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## Public Health Register

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Protecting the public – improving practice



## Professor Anne McMillan

*'It is a privilege to follow in the footsteps of Professor Nairn Wilson as Registrar'*

I come from an academic background as a clinician scientist trained in Britain and Canada. I have spent my career in hospital, academic and professional settings nationally and internationally culminating in key positions in the senior management team at the University of Hong Kong and the Hong Kong Dental Council. These diverse experiences have given me a global perspective on professional roles, activities and regulation.

I consider that the evidence in support of the multidisciplinary nature of contemporary public health practice is very clear. I lived in Hong Kong during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 and witnessed first-hand the pivotal role of multidisciplinary public health interventions during and after the crisis.

The UK Public Health Register (UKPHR) plays a key role in the maintenance of standards and the regulation of multidisciplinary public health. There are undeniably challenges for UKPHR, as for other accredited regulators, but UKPHR is an organization which is progressive, forwarding looking and proactive. We are well equipped and willing to adapt and diversify when needed.

Whilst still finding my feet as the new Registrar, I am also looking to the future and new initiatives.

An important future activity will be the development of revalidation for registrants. The General Medical Council has already introduced revalidation and the Nursing and Midwifery Council will do so later this year. In keeping with UKPHR's proactive approach, development of a revalidation pathway is essential. Whilst revalidation will be voluntary, it will permit registrants to demonstrate their ongoing commitment to the highest standards of multidisciplinary public health practice.

Another proposal for the future takes advantage of the fact that UKPHR's registrants are highly computer literate and used to managing both personal and professional activities online. Therefore, we will be working on the development of a registrant-centred portfolio system which will offer registrants online access to an individual "e-passport" so that they may, in the future, log details online of CPD activities and revalidation requirements.

Recently, the potential change in the regulatory home of UKPHR's specialist registrants has prompted reflection and positive action within UKPHR. The aphorism "*May you live in interesting times*" comes to mind. I believe that the UKPHR has revealed its skill, fortitude and prescience in dealing with the proposed changes. I look forward to serving the UKPHR as its Registrar.

### What's New...

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**Applications to register as a defined specialist via the portfolio submission route is still open. Email the register to express intent to apply.**



## Professor Bryan Stoten



As the General Election approached, the political parties made rival bids to be most supportive of the NHS. But there was far too little reference to the actual determinants of health and how they might be addressed by an incoming government. I know there is little that stirs the electoral juices about our agenda of Smoke Free, Responsible Drinking or Spatial Planning to improve exercise, remove fast food outlets from the vicinity of our schools or introduce traffic calming measures. Indeed these issues are often seen as toxic to political advantage but they are the issues that really matter.

As Michael Martin said in Ireland when introducing Smokefree public places legislation “there comes a time in a democracy when a politician knows he must choose what’s right before what’s popular”

Indeed it can come as a bit of a shock to some local authorities when it’s pointed out that everything they do is about health and wellbeing. Maybe familiarity breeds – at least – indifference. But the time has come, with Simon Steven’s Five Year Forward View, to put prevention and health improvement at the heart of our political agenda. The opportunity to demand attention may, cynically, derive from meeting the “Nicholson Challenge” but we can all raise the issue when we meet those calling for more Nurses and Doctors and money for the NHS with our rather more radical perspective when they accost us with 38 degree clipboards and Party favours.

Elsewhere you will read that Anne McMillan has already got a grip on some of our long standing issues and, building on Nairn Wilson’s urging, she took to the last Board a proposal to open registration to Multi-Disciplinary Registrars thus strengthening equivalence with their GMC/GDC regulated colleagues. The Board enthusiastically adopted her proposal.

We are now turning our attention to the task of assessing the huge upsurge in applications and enquiries for registration we see from potential Specialists. David and Pav are looking at how that can be taken forward – whether or not the Section 60 proposal to transfer Specialist Regulation to HCPC is resurrected after the new government is formed. In any event we expect to be pretty busy with both Specialist and Practitioner assessment for years to come.

Now we can turn our minds to ensuring that whatever government we get adopts a commitment to enhancing the public health workforce and develops an appreciation of the role all our registrants will play in our collective wellbeing.

**Professor Bryan Stoten**  
**Chair, UKPHR**

## An Assessor’s Experience

You might wonder why anyone would want to voluntarily spend quite a lot of time, on top of their day job, assessing portfolios. I decided to become a portfolio assessor last year mostly because, in the rapidly changing landscape of Public Health, I felt it was more than ever important to ensure that we keep up the high standards in Public Health whilst at the same time giving opportunities to people who have had a career pathway that is not directly Public Health. I knew it would be hard work and doing my first assessment brought back memories of all that pain and anguish of doing my own portfolio. What I hadn’t bargained for was how interesting it would be and how much I would learn. People in the defined specialist route have many varied backgrounds and have often been working at a senior level and have often done exciting and interesting pieces of work; I learnt lots about the complexities of doing a pharmaceutical needs assessment in a prison, developing a port health service, doing detailed nutritional work with very vulnerable communities and many other things. And I have gained new perspectives on old problems when people have presented innovative and effective ways of dealing with issues in their area. The quality of portfolios

is generally quite high and although some can be frustratingly hard to negotiate and/or need more work it is gratifying to see how applicants respond constructively to the comments we assessors make. I worried at first that I might be too hard, or too soft, on applicants, but because there are always two assessors, often with different strengths and interests themselves, and the Registration Panel, then differences of opinion can get thrashed out. Some of my most interesting discussions about Public Health have been in discussions about portfolios.

People often want to know how long an assessment takes – the answer is it depends on the portfolio and the assessor, and of course it gets easier and quicker with experience, but it is not something you can complete in an afternoon and people vary between taking 10 to 30 hours. You may get frustrated and annoyed when the folder falls apart; or you have to wade through pages of hand written notes as evidence (send it back!) but in my experience it is always worth it, not least because you know you can feel confident in the quality of emerging Public Health professionals; and of course it is good for your CPD.

**Frances Haste**  
**UKPHR specialist portfolio assessor**

## FEATURED REGISTRANT

### Clare Black, Health Promotion Manager and Local Scheme Co-ordinator for the West of Scotland pilot Practitioner Registration Scheme (BA HONS, PGCert, MPH)

I am extremely proud I gained professional registration with the UKPHR in May 2014 as a public health practitioner. Professional registration is important to me and my motivation to become registered, and also encourage roll-out of public health practitioner registration within Scotland, largely stemmed from my initial experiences training and registering as a nurse.

I qualified as a nurse in 2000, and part of the requirement to practice was being professionally registered with the NMC (Nursing & Midwifery Council). I needed to demonstrate that I was 'fit to practice' which meant I had to show I met professional standards to ensure safety of the patients I nursed. Another key element of me remaining registered was that I evidenced maintenance of my knowledge and skills. Therefore I was aware of the importance of registration, and maintenance of it, at a very early stage in my career. Because of this I understood and accepted the need to ensure I was fit to practice and believed it was the right thing. I never once questioned 'why?' as to me it seemed so obvious!

I chose a 'health promotion' module (which was elective and not compulsory?!) during my nursing degree which gave me a much better understanding of the importance of prevention, and the factors which influenced health and wellbeing. This learning, plus my experiences from clinical practice, made me question where I felt my interests lay and where I wanted my career to go. I soon began to realise I was nursing people whose conditions were often symptoms of wider issues which confirmed for me my aspiration was to work in a public health role meaning my career in nursing was relatively short lived.

I studied for and completed a Postgraduate Certificate in Health Promotion part-time and was appointed to my first public health role in 2002 as a Health Improvement Officer. Since then I have worked in various remits and have been fortunate to progress to a management position. These years of experience have brought observations and reflections. For example, the majority of partners we work with and rely on to support the public health effort are professionally registered. Specifically within our own field, Consultants and Specialists are registered, however registration was not available for those working in other public health roles. In all honesty I found this odd.

A number of years ago, I became aware of 'schemes' being set up in Wales and England where staff working as public health practitioners could work towards professional registration and was very disappointed to find it could not be accessed north of the border! The timing of this however was fortunate. I had not long moved into my current post as Health Promotion Manager in the Department of Public Health, NHS Ayrshire & Arran where I had a specific remit for workforce development and felt I could really explore this further – not only for me, but for the practitioner workforce. I had some conversations with colleagues in other NHS Boards areas in Scotland about the possibility of us setting

up a 'scheme' in Scotland. The phrase "mighty oaks from little acorns grow" springs to mind when I think back to those initial conversations as following on from those discussions the West of Scotland Pilot Practitioner Registration Scheme was developed and launched in February 2012.

To support implementation of the scheme I (plus other key colleagues) took on the role as 'local scheme co-ordinator' and I was also trained as an assessor. Over and above this, I wanted to gain registration for myself - I saw the value in it, wanted to understand the process as I felt this would be useful in my role as co-ordinator and I wanted to lead by example. I enrolled in the scheme in the summer of 2013, addressed some gaps in my competencies through development opportunities and prepared my portfolio of evidence for assessment. Following sign off by my assessor the portfolio was verified before being recommended to the UKPHR Registration Panel. In May 2014 I was granted registration as a public health practitioner.

The simplicity of the way this is written risks undermining the process of gaining registration – it is not an easy task and everyone who is registered has worked extremely hard to present a portfolio of evidence that is subject to rigorous processes supported by assessors, verifiers and moderators. Being a scheme co-ordinator I see these processes at play and am confident they offer an assurance in those practitioners being admitted to the register.

Since gaining registration, I have been actively maintaining a portfolio of evidence of Continuing Professional Development (CPD). Registration is not and should not be seen as an end point – it is a minimum standard that confirms you are fit to practice and you need to ensure you remain at that standard. I am also watching the space closely regarding Advanced Practice as this is something I would like to work towards, and possibly some day in the future, Specialist level.

I see the benefits of registration from a number of perspectives – as a manager, as a lead for workforce development and also as an individual practitioner. Registration brings with it an assurance

that individuals are meeting minimum standards and are fit to practice. It also establishes a framework for CPD. Public health practitioners make a vital contribution to the public health effort – registration offers an assurance of their practice and recognition of the important role they play.



## BOARD ANNOUNCEMENTS

*The Board last met on the 21<sup>st</sup> April 2015 at UKPHR offices in Birmingham.*

### FEE

Please see our statement on fee levels for 2015-16 [on our website](#). Registrants' fees are held at last year's levels (£295 for specialist registration, £95 for practitioner registration) but the fee for assessing a defined specialist portfolio goes up to £500. We have also introduced a new category of registration – Specialty Registrar – and the new fee for this registration is £90.

### NEW CATEGORY

The Board has opened a new category of registration which will be available for multidisciplinary professionals who are undertaking their training within the Specialty Training Programme. Obviously this affects quite a small number of people but this has been identified as a gap in regulation until now. Registration is voluntary but we will seek to encourage Specialty Registrars to register with UKPHR from now on.

### RULES

The Board has agreed to adopt new, updated rules for dealing with [appeals](#) and complaints relating to a registrant's [fitness to practise](#). The former clarify the procedure to be followed by UKPHR and the decisions which can be appealed. The latter make clear that a complaint can still be investigated and adjudicated upon even if a registrant retires from the register and streamlines the investigative process. The new rules will come into effect on **1<sup>st</sup> July 2015**. Please familiarise yourself with the new rules which we have now published on our website

### RSS ROUTE

The Board has agreed to publish the procedure it intends that UKPHR will follow whenever a would-be applicant for registration as a generalist specialist by retrospective portfolio assessment requests permission to register via the RSS route (Recognition of Specialist Status). The new procedure can be read [on our website](#). The form which may be used for requesting permission is also available [online](#).

Consultative  
Forum

24 April  
2015

A big Thank You to all those who participated in our first entirely online "meeting" of our Consultative Forum. We were pleased that so many of our stakeholders took part and there was a great exchange of information and suggestions. We will seek feedback on our use of this online-only means of engaging with our stakeholders and evaluate whether this may be an option for other engagement activities in the future. The online approach will not stop us holding physical get-togethers of our Consultative Forum – our Northern Ireland colleagues have offered to host the next meeting of the Forum in Belfast in November.