

October 2015

Report of results of Registration and Revalidation survey

Executive summary

UKPHR sought views from a range of sources to assist the organisation in settling policies relating to routes to registration (in relation to specialist registration) and revalidation (in relation to all registrants).

A response rate from registrants of 17 per cent was reasonable and provided UKPHR with a substantial amount of good-quality feedback and opinion.

There was solid support for the introduction of a revalidation scheme and for reviewing routes to registration in respect of specialist registration. There was also solid support for applying standards in relation to specialist registration that reflect the latest Specialty Training Programme Curriculum and, if and where appropriate, the revised Public Health Skills & Knowledge Framework.

The survey results and the individual comments provided will be taken into account in the work of the task & finish groups currently working on a revalidation scheme and a review of routes to registration for specialist registrants.

Introduction and methodology

The means of seeking views was by way of an online survey (Survey Monkey). The audiences were both invitees (registrants and a range of stakeholders including applicants for registration, members of UKPHR's Consultative Forum and partner organisations) and self-selecting respondents (the survey was published on UKPHR's website).

The survey was available for completion between 14 August 2015 and 25 September 2015.

We invited 800 registrants to participate and 136 completed the survey. This gives a completion rate of 17 per cent, which is a reasonable response rate for an online survey.

In addition, we invited around 100 individuals and organisations regarded as UKPHR's stakeholders to participate and we published the invitation on our website so that others might choose to participate. Through these routes 13 others completed the survey, 10 in a personal capacity, 3 on behalf of organisations.

The results of the survey will inform the work of two task & finish groups established by UKPHR in September 2015, one tasked with reviewing routes to registration and the other tasked with advising UKPHR on the design of a revalidation scheme for all registrants.

This report sets out the significant responses to each question in the survey, provides some illustrative statements from respondents and gives UKPHR's interpretive commentary.

Who completed the survey?

136 registrants completed the survey, 109 were specialists, 1 was a specialty registrar and 22 were practitioners.

13 stakeholders (other than registrants) completed the survey. 10 were individuals and 3 represented organisations.

Of the 136 registrants, 119 (85 per cent) were in employment with a wide range of employers. Registrants gave a very wide range of job titles and those not in employment described themselves as consultant, locum consultant, not working currently and retired. Geographical location of work included England, Scotland, Wales, UK and international.

Purpose of revalidation.

Asked to describe the purpose of revalidation, respondents overwhelmingly said that its purpose includes both to promote good practice and to assess fitness to practise. In the registrants' responses, this was the option selected by 94 registrants (69 per cent) and in the stakeholders' responses, this was the option selected by 10 stakeholders (77 per cent).

Illustration:

"It is important to demonstrate you are constantly staying up to date with your field of practice".

Commentary:

From a set of options of "promoting good practice", "assessing fitness to practise", "both", "revalidation is unnecessary" and "Don't know", only the middle one – a positive option - attracted significant support. Hence it is possible to conclude that within these audiences there was strong support for revalidation. The fact that most respondents rejected attributing a single purpose to revalidation shows that the benefits of revalidation are thought of as broad and beneficial both to registrants and wider audiences (for example, the public and employers).

A single standard for revalidation of all registrants?

A majority of respondents said that specialist registrants should undergo a higher standard of revalidation than practitioner registrants: 66 registrants (50 per cent) and 7 stakeholders.

Illustration:

"There is an argument for all registrants to undergo revalidation but to different standards appropriate for each group (not necessarily higher or lower)".

"I think the principles are the same therefore the standard should be the same although there may need to be practical adjustments/variations".

"Specialists' revalidation must be of the same standard as the GMC".

"The standards will be different for specialists – not necessarily higher".

"Revalidation should reflect the standards required for registration at each level".

"Specialty registrars should not undergo revalidation as they are on a programme of training and assessed by people".

Commentary:

There was support for a revalidation scheme which should be applied in respect of all registrants. However, there was a recognition that work undertaken and responsibilities borne would vary considerably – with the most obvious variation being that between the leadership group of specialists and all other practitioners. It appeared from reading the comments made by respondents that the revalidation scheme would need to be sensitive to that variation.

GMC revalidation

Asked their views on the GMC's current revalidation scheme, 63 registrants (46 per cent) said that they had no view or they did not know about it. 22 registrants described the GMC's scheme as "thorough, rigorous and appropriate for revalidating specialists" and 16 registrants said that it was "too bureaucratic for revalidating specialists". On the question whether UKPHR should adopt a revalidation scheme close to the GMC's model, 65 registrants (48 per cent) said yes (55 said yes in respect of specialists only and 10 said for all registrants).

Asked their views on the GMC's current revalidation scheme and whether it should be applied in some modified form to UKPHR's registrants, 5 out of 13 stakeholders described the GMC's scheme as "thorough, rigorous and appropriate for revalidating specialists" and 7 thought UKPHR could adopt a revalidation scheme close to the GMC model (5 said for specialist registrants only and two said for all registrants).

Illustration:

"It is a good opportunity to reflect on our practice".

"I think specialists from backgrounds other than medicine should be treated the same as medical registrants".

Commentary:

Amongst registrants it was clear that there was little knowledge of the GMC's revalidation scheme. Some said that the survey should have provided a description of it. This is a valid point although it is also useful to know that the GMC's scheme is not universally recognised outside clinical practice. Amongst those specialist registrants and stakeholders who said that the GMC model of revalidation is thorough, rigorous and appropriate, there was good support for a similar system of revalidation for specialist registrants. Where a reason was stated for this view, it was often stated to be in the interest of equivalence with clinicians. Equivalence is addressed in a later section of this report.

Standards for revalidation

These questions proposed a number of components of a revalidation scheme, namely UKPHR's Code of Conduct, Good Public Health Practice, Appraisal, CPD, Personal Development Planning, Reflection on practice, Confirmation that requirements have been met and Audit (UKPHR's verification checks). On all features except the last (audit) respondents endorsed the inclusion of these components overwhelmingly (all were over 90 per cent). On the matter of audit 86 registrants (63 per cent) and 10 out of 13 stakeholders agreed that there would be a need for this component.

Illustration:**Professional standards:**

"Many registrants are with other bodies e.g. GMC, NMC – it would help to standardise the process to avoid duplication".

"I need a process that works on peer review, as I have no formal organisation to appraise me".

Reflection on professional practice:

"FPH CPD log includes reflection on practice".

"Use the MAG form for this".

Confirmation:

"Clarity needed on who is a suitable person to give this critical perspective".

"Is this where the 360 feedback comes in?"

"Whilst I agree that confirmation is required, there is a practical difficulty for practitioners working outside the specifically public health domain".

"This could be fulfilled by the appraisal process if the appraiser is already on the register".

"If people are working as independent contractors this may be difficult to achieve".

"There has to be an independent way of delivering this – It is not clear who would undertake this role, how it will be resourced and how it can be ensured it is delivered consistently".

Audit:

"This depends on what they are and how burdensome they are".

Commentary:

It was reassuring that the suggested components of a revalidation scheme were all overwhelmingly endorsed. Audit was noticeably less well supported than the other components and the concern there appeared to be not to allow the scheme to become over-bureaucratic. The additional comments from respondents were genuinely helpful, for example in drawing attention to registrants in non-traditional roles and those who are self-employed or otherwise independent. The scheme as devised will need to be accessible for all registrants. Asked if they wished to suggest elements of a revalidation scheme they thought were missing, individual suggestions included 360 degree feedback, peer review, arrangements respecting the position of independent contractors, absence of any mention of a Responsible Officer and the need to keep the process to a specified length of time.

Cost of a revalidation scheme.

Asked how the cost of revalidation should be met, 51 registrants (37.5 per cent) said it should be paid out of existing registration fees and 47 (35 per cent) said it should be introduced at no additional cost to registrants. Among stakeholders 3 out of 13 said it should be paid for out of existing registration fees and 3 out of 13 said registration fees should rise to cover the additional work involved.

Illustration:

"It should be part of the "package" the registrant signs up to".

"There are likely to be a growing number of independent specialists who would have to meet the cost themselves".

"I presently pay fees to the UKPHR the NMC and also the FPH".

"Not sure that additional work can be achieved without a subsequent rise in costs. NMC has recently instigated revalidation and we could learn from their experience".

Commentary:

Understandably there is resistance to additional cost. Being multidisciplinary, public health tends to involve professionals who are registered with and members of other bodies. Cost of professional practice is already therefore significant. It is going to be a challenge for UKPHR to design a revalidation scheme to be rigorous, the equal of revalidation schemes operated by other regulators and affordable to registrants.

Appraisers.

We agreed to ask a series of questions about appraisal at the request of the Faculty of Public Health.

Asked if they had had experience, either as appraiser or appraisee, of management appraisal in the last 12 months, 94 registrants (69 per cent) and 7 out of 13 stakeholders said yes.

Asked if they had experience, as appraisee, of professional appraisal in the last 12 months, 60 registrants (44 per cent) and 5 stakeholders said yes.

For registrants, they were most likely to have arranged professional appraisal themselves (31) or their employers arranged it (23). For stakeholders, professional appraisal was arranged by NHS or PHE.

Amongst registrants the appraisal systems were evenly divided between paper-based, web based and MAG form. For stakeholders, it was web based.

67 registrants (49 per cent) had been trained as management appraisers. 5 stakeholders had been trained as management appraisers.

19 registrants had been trained as professional appraisers. 5 stakeholders had been trained as professional appraisers. Among All respondents who had been trained as professional appraisers, typically they had carried out either none or 1-5 professional appraisals in the last 12 months.

Commentary:

We will share these results in full with the Faculty and discuss the implications of the responses received for UKPHR's work on revalidation.

Appraisal as part of a revalidation scheme.

We asked whether, from a position of first principle, the appraisal requirement to be satisfied by registrants should be management appraisal, professional appraisal, both or neither. 52 registrants (38 per cent) said professional appraisal, 28 registrants (21 per cent) said both and 18 said management appraisal should suffice. 6 out of 13 stakeholders said professional appraisal.

Of those respondents favouring professional appraisal, the largest numbers of registrants and stakeholders (51 and 5 respectively) said that this should be the requirement for all registrants, not just specialist registrants.

51 registrants (37.5 per cent) said that professional appraisal should be carried out by someone trained to a standard approved by UKPHR while 34 (25 per cent) said appraisal by someone registered by GMC, GDC or UKPHR would be sufficient. 5 out of 13 stakeholders said that professional appraisal should be carried out by someone registered by GMC, GDC or UKPHR.

Illustration:

“Management a must – professional appraisal desirable for specialists but need to be really careful about how this will impact on practitioners who may have little access to professional appraiser”.

“I would suggest a system where one or the other of management or professional appraisal is accepted, provided that both look at similar things”.

“This depends on a “proper” professional appraisal system being put in place for non-medical PH Specialists. Although the use of a multi-source feedback tool may be a useful compromise”.

“Professional is most appropriate in order to allow Independent Contractors to continue to practice”.

“Peer appraisal where there is no management option”.

“UKPHR should produce guidance for employers”.

“Could have a specific template to follow, this would guide everyone in the workplace and keep standards”.

“It would put the responsibility on the employer to become more involved in the development of practitioners”.

“This demand could hold back the development of practitioner registration if appraisal is unworkable for too many”.

Commentary:

On the whole, responses demonstrated that it would be unrealistic to ignore the work-based processes of appraisal (some being “management” but others being or including “professional”). However, many respondents appeared to think that there is something more – or at any rate distinctive – about revalidation that an appraisal of a registrant’s success in achieving workplace-set objectives might not capture. There would be a clear onus on UKPHR to be specific about appraisal requirements, including in the guidance given to registrants and to employers. Whatever option UKPHR chooses, respondents were concerned that the process should not be burdensome or costly (see next section for cost).

Cost of appraisal (Registrants only)

Registrants were asked to state whether they would be prepared to pay for a colleague multisource feedback exercise at an approximate cost of £60-£70.

44 registrants (32 per cent) strongly agreed or agreed that they would whereas 49 (36 per cent) strongly disagreed or disagreed.

Registrants were asked if they would be prepared to participate in a professional appraisal scheme if made available by a trusted third party e.g. the Faculty of Public Health. 79 registrants (58 per cent) said yes.

Illustration:

“I would expect my employer to pay for this”.

“360 degree feedback is a biased form of exercise – people ask people they hope/know will give good feedback”.

“It should be the same as for doctors and dentists”.

“It would be good if FPH could approve the UKPHR scheme”.

“My employer already provides it”.

Cost of appraisal (All respondents)

We asked respondents to say what they thought it was reasonable to pay to participate in a professional appraisal scheme. 48 registrants (35 per cent) said nothing and 22 registrants said less than £100. Among stakeholders the largest number (4) said £400 - £500.

Commentary:

Clearly the cost of professional appraisal (a valuable and costly resource) is where the enthusiasm for the gold standard of revalidation meets the disincentive to the payer. If the employer will pay, the preference among a sizeable proportion of the registrant respondents would be for professional appraisal although there is some concern about accessibility for practitioners and for independent contractors.

Standards for routes to registration.

92 registrants (68 per cent) and 7 out of 13 stakeholders said that all routes to registration for specialists should be based on a common curriculum and similar numbers said that the common curriculum should be based on FPH’s new curriculum. There was also support from 88 registrants (65 per cent) for taking into account the Public Health Skills & Knowledge Framework (PHSKF) - 45 registrants saying that it should be an equal source document alongside the Faculty curriculum and 43 registrants saying that it should be a useful source of guidance in areas not covered by the Faculty curriculum. 5 out of 13 stakeholders said that the PHSKF should be an equal source document alongside the Faculty curriculum.

Illustration:

“It is important that routes to the specialist register are equal and follow a common curriculum and that the same standards are required for competences demonstrated and examinations”.

“There should only be one common route now into the higher specialist positions via the National training programme”.

Commentary:

The high levels of consensus on the applicability of the latest curriculum and, where appropriate, the PHSKF was striking.

Equivalence.

Asked their view of equivalence as between specialists who have achieved registration by different routes, 48 registrants (35 per cent) said that all specialists are equivalent in their specialist status. The largest number of stakeholders answering this question also chose this option.

Illustration:

“People have different experiences from their backgrounds and public health should embrace this as a strength of the profession”.

*“They are equivalent but may have differing strengths according to their discipline”.
“Demonstrating a robust and fair but modern and fit for purpose registration and accreditation and appraisal process which helps us bring people in who are capable of doing the job and reaching the standard would be the best gift the UKPHR could give the public health profession”.*

Commentary:

For most respondents the view expressed was that all specialists who are registered have equal worth and value. A strong desire was expressed that UKPHR’s work on routes to registration should bring about a broader consensus.

Portfolio assessment routes.

Asked about the place for portfolio assessment, the largest number of registrants, 51 (37.5 per cent) said that there should be a retrospective portfolio assessment route to registration based on the same standards as the standard route. This was also the option favoured by the largest number of stakeholders (5). Next most popular option among registrants was all the existing routes to registration should remain in place (39) followed by 35 who said there should only be one route to registration and it should be the standard route.

Asked if a portfolio assessment route should be for “generalist specialists”, “defined specialists” or both, the largest number answering this question said “both” (46). This was also the option chosen by the largest number of stakeholders (5).

Asked if applicants submitting portfolios for assessment should be required to pass the FPH examinations, 51 said no and 49 said yes. Among stakeholders, 5 said yes and 3 said no.

Illustration:

Examples of sub-specialties respondents thought should be recognised included *“Health Protection Health Intelligence”, “Health Informatics”, “Environmental Health Intelligence”, “Behavioural Science Healthcare”, “Health Promotion Pharmacy Health Surveillance”, “Data Analyst Health Protection”, “Public Health Intelligence”, “Health Intelligence Academia”, “Academic public health”, “Public health research”, “Management”, “Commissioning” and “none”.*

Purpose

“Clarity is needed as to the purpose of recognising specialists through registration, as this should guide the scope of roles included”.

Standards

“Registrants should be required to demonstrate the same level of knowledge and skills regardless of route to registration”.

*“If Masters programmes undertaken, why the need for passing examination by FPH?”
But requiring people to do FPH exams will at least give a common standard for the knowledge component”. “Possibly Part A exams should be taken by all, but the portfolio could take the place of Part B”.*

“Passing the exams develops skills and gives more confidence in practitioners. Part B is particularly valuable”.

Workforce

"We should seek to keep as many routes open as possible to enable good people to get into the field, especially given the lack of senior people and roles and the jobs gap we will face.

"There needs to be flexibility to attract and enable candidates from a wide background".

"It is very important that Public Health Practitioners should feel they have opportunities for career progression to specialist status through the portfolio route".

"There needs to be a clear progression path available to practitioners to move up to specialist where appropriate".

Recognition of Specialist Status and defined specialist registration.

Asked their views of the fitness for purpose of existing routes to registration requiring retrospective portfolio assessment, 28 registrants (21 per cent) said they were not fit for purpose, 27 registrants said they were fit for purpose, 26 registrants said they had no view and 20 said "Don't know". Among stakeholders 4 said they were fit for purpose and 2 said they were not.

Illustration:

"The standards against which individuals are assessed must be in line with those that individuals who are completing the 5 year training programme are assessed against".

Commentary:

With four different answers attracting almost equal support it is difficult to discern a particular direction in which respondents wish UKPHR to proceed. In the comments provided by respondents there are opinions expressed in favour of and against the existence of retrospective portfolio assessment routes. A conclusion we draw from this mix of strongly-held opinions, widely differing, is that now is an opportune time for re-evaluating the need for portfolio routes and, if there is a continuing need, how they should operate going forward.

Practitioner registration standards.

Asked if practitioner registration standards should be reviewed if the PHSKF is revised, 77 registrants (57 per cent) said yes. Only 3 said no with the remainder neither agreeing nor disagreeing. 9 stakeholders said yes and none said no.

Illustration:

"If the PHSKF sets the standards for public health practice then the registration standards should reflect the same standards".

"They seem pretty sound as they are".

"But it shouldn't be a major review, it could just be a refresh".

"I can't imagine that the standards would be very different, but it is good to review".

"Would like to see all those who work in public health have practitioner registration status".

Commentary:

Where comments were provided in illustration of answers given, there was general support for practitioner registration. A view expressed, with which UKPHR would agree, was that it would be good practice to review practitioner registration standards if the outcome of the review of the PHSKF were to be that standards of practice were changed.

UKPHR
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