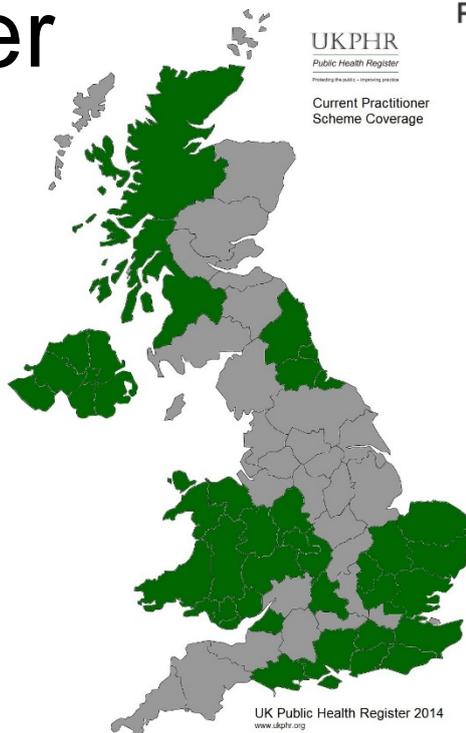


UKPHR Newsletter Winter 2014



East of England
practitioner
registration
scheme
launch

The launch of the East of England Public Health Practitioner Registration Scheme was held at Newmarket Racecourse on Friday 5th December, and as a result, practitioner registration is now covering the following areas: Norfolk, Suffolk, Essex, Hertfordshire, Cambridgeshire and Bedfordshire.

The event was delivered by Health Education East of England and was supported by the East of England Practitioner Registration Steering Group. Alix Sheppard has been appointed the local Scheme Coordinator alongside Carolyn Menin, the Scheme Administrator.

Dr Alistair Lipp, Head of School of Public Health, HEEoE welcomed everyone to the event and delivered an introduction to the scheme. David Kidney, Executive Director of UKPHR demonstrated the role of UKPHR and delved further into the aspects of practitioner registration followed by talks and workshops by Dr Cerilan Rodgers, UKPHR moderator, Sheila Merrill, public health advisor from the Royal Society for the Prevention of Accidents and Claire Cotter, Scheme advisor. Over 100 public health professionals from the East of England attended.

If you wish to be considered as an applicant for a cohort in this rolling programme or would like to undertake the role of an assessor or verifier, please get in touch with Alix Sheppard on the following email address: alix@healthtalks.org.uk

UKPHR does not currently have a formal mentoring programme for defined specialist portfolio submission. When applicants sometimes request support we aim to assist by finding a registrant who may be willing to share experiences with the applicant after an exchange of e-mail addresses. This however does not involve reviewing summaries.

If you are a registrant and would be willing to be contacted by UKPHR to assist an applicant please email the register at register@ukphr.org

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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

2015 – New Year and New View

Now is the time when New Year messages look forward to Spring, new hopes (daffodils) and, usually, new challenges. This year we also look forward to a new Government – of whatever composition!

Well I don't think I need to follow suit. I don't think we need "new" ideas and agendas nor even a Public Health manifesto for the General Election.

We all know what needs doing, we've known for a dozen years and more since Derek Wanless introduced us to a "fully engaged scenario" and last autumn Simon Stevens reiterated it in his "Forward View". Indeed without that change in priorities the NHS will become unaffordable.

Even more persuasive perhaps is the knowledge that the NHS, as such, is enormously successful – see last year's Commonwealth Fund's review - but it is in our poor health profiles that the UK is found most wanting. THAT is the real crisis for the NHS, unmentioned by politicians and the red-top media.

I am so aware of the cynicism of my public health colleagues when they reflect on the form any discussion of the NHS takes in the media or at Westminster.

UKPHR has no new message for our policymakers. We have only one proposal: build a respected, coherent Public Health workforce, from Specialists, Practitioners, and indeed everyone capable of "making every contact count", and tell the truth about what improves health: good quality education for all, a living wage and lifestyle behaviours un-perverted by the commercial interests of the supermarkets, the tobacco industry and the drinks trade and their advertisers.

That doesn't involve party political slogans, the privatisation of healthcare providers, complex health insurance schemes nor the rest of the political knockabout, just evidence-based policymaking.

Yet is anyone listening?

Meanwhile we await the outcome of the Department of Health's consultation about the regulation of our Specialist registrants. Judging from the powerful responses from the GMC, Unite, RSPH, PSA, ROSPA and so many others the case in favour of splitting Specialist regulation from Practitioner registration finds little favour. We, of course, believe it will greatly damage the development of a strong Public Health cadre currently developing throughout the UK.

My very best wishes for the New Year

Professor Bryan Stoten
Chair, UKPHR



Health Education Wessex

Wessex Celebrates Successes

Public health professionals from across the Wessex region gathered in Winchester on 14th November to celebrate the learning and development successes of their practitioners over the last four years.

Hearty congratulations rang out for practitioners who had completed the Public Health Practitioner Development Programme and gained UKPHR registration. There was also admiration for those who had successfully completed the Open University course K311 Promoting Public Health. Some practitioners had managed to complete both! Three practitioners - Holly Easlick, Sharon Kingsman and Claire McLeod - spoke movingly of their career development and learning journey to registration. While acknowledging the demands of the process, they were united in seeing registration as a building block in their careers, providing formal recognition of their professionalism.

Practitioners were awarded certificates by Wessex School of Public Health, presented to them by UKPHR verifiers Ros Dunkley and Viv Speller. Julie Parkes, Head of the Wessex

School of Public Health, congratulated practitioners on their achievements, Em Rahman and his team for their leadership and Wessex professionals for their continued commitment as assessors and mentors. There were also two informative presentations on UKPHR initiatives: our CPD framework presented by Jo Newton, Workforce Lead for Portsmouth City Council, and our plans for advanced practice, presented by Em Rahman, Head of Workforce Development at HEW.

All in all a fascinating event, which demonstrated the progress that Wessex - one of the four pilot programmes back in 2010/11 - had been making and the continued support for the programme from the public health community.

Linda Jones
Vice-Chair, UKPHR

(who spoke of the importance of regulation, the growing number of schemes around the UK and the steady growth of practitioner registration)



UKPHR wishes to appoint a Registrar

UKPHR invites applications for appointment to the post of Honorary Registrar following the retirement of the present Registrar. The post is unpaid except for reimbursement of expenses and support for continuing professional development.

Overall purpose of UKPHR

UKPHR is the regulator for multi-disciplinary public health. It is the regulatory body for individuals working in the public health workforce and is principally for public health specialists and practitioners.

Overall purpose of the role

The Registrar is accountable to the Board of UKPHR as Responsible Officer.

The post holder will be responsible for leading UKPHR's regulatory function supported by UKPHR's Board and paid staff. The Registrar is responsible for ensuring high quality professional public health practice by all UKPHR's registrants.

The Registrar also shares with the Board responsibility for UKPHR's financial and operational sustainability and its effectiveness commensurate with leading a regulatory body.

Duties include

- Accountable to the Board for the integrity of the register
- Responsible for the quality assurance of the processes for the assessment, registration, fitness to practise, revalidation and restoration of individuals
- Chair of the Registration Approvals Committee
- Attend meetings of the Board
- Uphold the standards UKPHR sets for admitting individuals to the register, ensuring that registrants maintain those standards in order to remain on the register and applying those standards whenever a question arises as to whether registrants should be removed from the register; following UKPHR's achievement of accreditation of its voluntary register by the Professional Standards Authority (PSA), UKPHR has also accepted the standards for voluntary registers set by PSA
- Apply, monitor compliance with, evaluate and review UKPHR's Code of Conduct
- Remove from the register any individual for good cause, including unfitness, breach of CPD requirements or failure to pay registration fees.

For an informal discussion about the post and/or to request an information/application pack please telephone 0121 296 4370 and ask for David Kidney or email register@ukphr.org

Applications must be received on or before 5pm on Friday 30 January 2015

FEATURED REGISTRANT Andrea Docherty

DPHC Consultant in Public Health

WHAT GOT ME STARTED IN PUBLIC HEALTH?

I started my career as a Health Psychologist, completing a degree, Masters then PhD. Although I loved the topic area, my interest was always in changing things at a group or population level (how to improve pathways, information provision, research and development) rather than at the one to one clinical level. I subsequently moved into a research fellow post at Warwick Medical School with a particular focus on chronic disease management and behaviour change, followed by a senior research fellow post a couple of years later. Although career wise things were going well in terms of publication and attainment of research grants, my academic role had confirmed my interest in population level health and well being rather than individual and also highlighted that I wanted a role that would offer a more direct and immediate effect upon quality of care and patient experience while still being strategic in nature. I became aware of the public health training programme, applied, was successful and then had a nearly five year period filled with a range of experiences including managing a large cold chain look back exercise at the end of my training. I was then successful in achieving my first Consultant post at Birmingham East and North PCT.

IMPORTANT PUBLIC HEALTH ISSUES OF INTEREST

When I attended the MPH years ago we had a brief session on homelessness. Towards the end of the session, one of the MPH students who was from Africa leaned in and told me how shocked he was that Britain had a problem with homelessness and did we feel ashamed to have such an issue in such a democratic and resource rich country. I immediately did feel ashamed both for the extent of the problem but also for that fact that it had never been an issue I had paid a lot of attention to in the past. I walked past people who were homeless but realised I knew nothing

about how many there were, I had no idea there were different types of homelessness and I had incredibly naïve assumptions about what would lead someone to be homeless. It was right that I felt ashamed. It has since become a topic of considerable interest and what is so fantastic about being in the position of being a public health consultant is that I have actually had the opportunity to try and make a difference. Previously this has been through using the Health Improvement agenda to facilitate increased access to services, which has additionally allowed me to understand the complexities of this agenda and in particular the underpinning and generally deep rooted mental health needs across this population. I hope that in the future, particularly in light of the contribution that veterans make to the homeless population, that I will be able to continue this interest in terms of both personal development and understanding but also making an actual difference to this group.

ARMED FORCES ROLE

The Armed Forces (AF) have increased their public health focus considerably in the last decade, resulting in a Defence Consultant Advisor in Public Health, a Defence Public Health Unit (DPHU) comprising a total of 6 public health consultants and currently 4 public health trainees undertaking the UK PH programme. Trainees come from both non-medical and medical backgrounds. This does not reflect the multiple AF staff members who have also completed or are currently completing a Masters in Public Health. I have been employed as a Consultant in Public Health with a particular focus on Health Improvement since September 2014. I am based within the Defence Primary Health Care Service HQ (although I have strong links to the DPHU) and as such I have both a strategic HI role for the Armed Forces in addition to focusing on HI within Primary Care, where the delivery of the majority of HI services takes place. Although the Health Improvement agenda in general is no different to the one applied to the general population with a particular focus on alcohol, smoking, obesity, physical activity and drugs, the military culture, structure and purpose creates a whole series of unique challenges and opportunities. Where do long term health outcomes fit? Is the goal for each individual well being or deployment? Is it right to deny an individual a quick fix coping strategy such as smoking when literally under fire? Does alcohol promote bonding? Next to these challenges you have opportunities which do not exist in the general population including physical activity as a standard aspect of employment, jobs requiring a minimum standard of well being, respect for and adherence to chain of command as a trigger for behavioural change, Compulsive Drug Testing and a single shared goal across a population, bottom up and top down to make each man and woman occupationally fit. The key to this role will be to understand and respond to the challenges in a way that augments and does not damage the military function while maximising the opportunities.

