

Routes to register task & finish group

Minutes of first meeting held on Monday 05 October 2015 at UKPHR 18c, McLaren Building,
46, Priory Queensway, Birmingham B4 7LR

Present:

Ellen Cox, GMC (EC)
Ros Dunkley, UKPHR Moderator (RD)
Selena Gray, UKPHR (SG)
Sue Lloyd, UKPHR's Registration Panel Chair (SL) - by telephone
Brendan Mason, Faculty of Public Health (BM)
Viv Speller, UKPHR Board Director (VS) - by telephone

In attendance:

David Kidney, Secretariat (DK)

Apologies:

Claire Cotter, UKPHR Board Director (CC)

ACTION

1. Appointment of Chair

In his capacity as the group's secretary, DK invited nomination of SG to be the group's Chair. SG was duly nominated and the group agreed that she be appointed Chair.

2. Welcome, apologies for absence and declarations of interest

The Chair welcomed everyone to the first meeting of the routes to register task & finish group. Apologies for absence as stated above were received. There were no declarations of interest.

3. Terms of reference

The Chair took members through the terms of reference set by UKPHR's Board and the terms of reference were accepted.

4. Membership of the group

The Chair listed the group's membership and asked whether any other representation should be sought. It was agreed that the membership be accepted and that others could be invited to future meetings as and when the need for specific representation arose.

5. Secretariat for the group

The group agreed that UKPHR will provide the group's secretariat and noted that DK will be the secretary.

DK

6. Identification of key issues

The Chair invited discussion with a view to identifying the key issues that members would expect and wish to address during the course of the group's work. The following points were made:

6.1 Alternatives to the Specialty Training Programme (Standard route).

EC described the history of the GMC's review of the CESR (Certificate of Eligibility for Specialist Registration) route. The results of the 2010 review were consulted upon and the Council made 13 recommendations for change in 2012. These had been considered by the Equivalence Guidance Group. The agreed outcome was a route requiring a test of knowledge and assessment of practice. Implementation required legislation and was not anticipated until approximately 2017. The test of knowledge approach could be introduced earlier without legislation if necessary by a change in guidance. In response to questions, EC said that the test of knowledge was intended to be an exit exam but in some circumstances could be another professional exam or in some cases both. BM added that in the case of the Public Health Specialty the numbers of applicants to the GMC by the CESR route were very low.

6.2 Standard route

Noting the approval of the Faculty's new Specialty Training Programme curriculum by the GMC and by UKPHR, the group accepted that there was no need for further change in relation to the Standard Route at the present time.

6.3 Portfolio assessments (RSS and defined specialist)

Recognising the reasons why the retrospective portfolio routes for generalist specialists and defined specialists respectively were developed at the times they were, the group's members were of the view that it was time to move on from these specific routes. A modern approach would be to establish broadly based competences, allowing individuals to specialise more afterwards. The group discussed mechanisms for identifying and filling skills gaps in the public health leadership group and BM said that the GMC's approach to credentialling would be worth examining. The group asked DK to circulate information on credentialling.

DK

6.4 Sources for standards

Noting that various versions of the Faculty's curriculum over the years were currently in use as the basis for portfolio assessments, the group was of the view that it was time to base standards on the latest curriculum. It was also noted that the Public Health Skills & Knowledge Framework (PHSKF) was being reviewed and interest was expressed in knowing the outcome of this review in order to determine to what extent standards set out in the PHSKF should also be taken into account.

6.5 Assessing the standards

SG pointed out that for the Specialty Training Programme the Part A and Part B exams were part of the assessment process. It was clear that the GMC's CESR assessment was likely to change to a combination of formal examination (test of knowledge) and workplace assessment by a supervisor (practice). BM referred to the CESR (CP) variant – a “Combined Programme” under which previous experience was assessed and this enabled applicants to join the training programme at an appropriate point. Under CESR (CP) applicants were still required to pass the Faculty's Part A and Part B exams. A question for future consideration would be whether there was equivalence between the Part A exam and any other exams, for example MPH.

6.6 Operational aspects of assessment

The group discussed what evidence should be required for an assessment, its relevance to practice and its currency. The group also discussed the eligibility criteria for making application through any assessment route. It was agreed that these were matters which would need to be consulted upon. The group agreed that in future e-portfolios should be the norm and the group would have to make sure that e-portfolios would be available for use by all applicants.

6.7 Costs and resources

It was noted that the cost implications of making major change could be considerable. EC said that the GMC took the view that where the reformed CESR route was used in areas of practice where there was an identified shortage of supply, LETBs would be expected to fund the process whereas where no shortage of supply was apparent the beneficiary (applicant) would be expected to pay.

6.8 Other developments

The group took note of other developments that might influence the group's eventual decisions, including PHE's work on a Skills Passport, the Scottish Review of Public Health, the four Health Departments' work on a new workforce strategy and the various research projects being undertaken by the Centre for Workforce Intelligence.

6.9 Impact on practitioner registration

The group was of the view that it would focus on routes to specialist registration only and that this work was not expected to impact on existing arrangements for practitioner registration. The group would be interested in due course to learn more of the pilots currently in progress in relation to ST3 Tutorials for registered practitioners (leading to entry to the Part A exam) and recognition of advanced practice (public health) in Wales.

6.9 Summary

In summary, the Chair said that the discussion had identified:

- The group favoured a single assessment route alongside the Standard Route;
- The main source of the standards for the assessment route should be the Faculty's latest curriculum (but the group would need to study the outcomes of the PHSKF review in due course);
- The group would need to consider how assessment would be carried out, whether workplace assessment of practice would be feasible/desirable and practical issues such as rules on currency of evidence and eligibility to apply;
- An area requiring more detailed attention is whether formal exams should be required as part of an assessment route including whether there were alternatives to the Part A and Part B exams and whether the Part A and Part B exams were capable of being de-linked;
- An area requiring consideration by the group was the GMC's approach to credentialling.

All

7. Sources of evidence

The Chair referred to Appendix 3 of the papers for the meeting and the sources of evidence set out there. In addition, DK undertook to circulate details of the responses to UKPHR's survey of registrants and stakeholders once he had completed an analysis of the results. DK was also asked if UKPHR could provide profiling of registrants and applicants in terms of age, careers and backgrounds. The group agreed that at this stage it did not need to commission support for its work (for example through consultancy or research).

DK

8. Timetable

The expected timetable for completion of the group's work was set out in Appendix 4 of the papers for the meeting and the group agreed that at this stage it was a reasonable timescale.

9. Arrangements for communications

DK explained that UKPHR's website would have a dedicated page on which agendas, minutes and calls for evidence would be published. DK said that regular reports of the group's progress would be circulated to registrants, applicants and stakeholders.

DK

10. Next steps

It was agreed that the Chair and DK would next draft proposals for consultation, circulate these within the group for agreement and seek approval of UKPHR's Education & Training Committee and Board for a consultation on those issues. The group would discuss the paper in a teleconference prior to the next meeting of UKPHR's Board which was due to be held on 24 November. The group would not need to convene for a further meeting then until after the results of the consultation were known.

SG/DK

11. Any other business

None.

12. Date, time and venue of next meeting

The Chair invited DK to circulate potential dates for a teleconference in November and a full meeting of the group in April 2016.

DK