November 2015

# CONSULTATION PAPER:
## Review of routes to registration for specialists

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UKPHR is seeking views to inform a review it intends to carry out into routes to registration for public health specialists.

UKPHR established a task & finish group to examine the current specialist routes to register, receive and consider comments and critiques from group members and stakeholders about their fitness for purpose and investigate options for change.

This group will consult widely on its work and this is the first consultation paper it is publishing. It will involve public health stakeholders in its work as openly and transparently as possible.

The group will in due course make recommendations to UKPHR on the structure and process, including budget, fees and charges, for implementing any plans it may recommend for changing existing routes to register including the development of any new or different routes.

The group has carried out a preliminary consideration of the issues that need to be addressed and has identified some possible ways in which to proceed.

The group has reviewed:

- The Standard route, taking into account that a new version of the Specialty Training Curriculum has recently been approved by GMC;

- The Dual Registration route, taking into account (1) the Memoranda of Understanding between UKPHR and the General Medical Council and the General Dental Council, which have not been revised since 2004 and (2) that the multidisciplinary nature of the public health practice represented by UKPHR's specialist registrants means that there are registrants who are also regulated by other regulators (for example, NMC, GPhC and HCPC);

- The two retrospective portfolio assessment routes (Recognition of Specialist Status and Defined) to examine their fitness for purpose, justification and comparison with similar routes operated by other regulators.

It now seeks your views. This consultation paper sets out the group's initial thinking, asks a series of questions and invites your answers to those questions and any further comments you may wish to contribute.

The group is not reviewing routes to register in relation to practitioner registration but will in due course consider any consequent effects on practitioner registration of implementing its recommendations in relation to specialist registration.

It is timely to review not just the routes to registration themselves but also the current processes operated by UKPHR in dealing with applications for registration based on those routes. The last time UKPHR considered these issues was in 2010.

UKPHR has been registering individuals since 2003. A short overview of changes in the registration routes and processes to date is shown in **Annex A**.

**To complete our online survey please follow the link below.**

**https://www.surveymonkey.co.uk/r/DDV632T**

**To complete a paper version of our survey please visit our website using the link below.**

**http://www.ukphr.org/review-of-routes-to-registration-for-specialists/**

# Areas for this consultation

## Standard Route

UKPHR accepts a CCT (Certificate of Completion of Training) as sufficient evidence that a Specialty trainee is competent to be registered as a public health specialist without further investigation of competence by UKPHR. Successful trainees are required to complete UKPHR's application form which asks questions about criminal convictions, disciplinary action and so on.

*A copy of the UKPHR application form currently in use is attached as* ***Annex B.***

The current curriculum on which the Specialty Training Programme is delivered is the Faculty of Public Health (FPH)'s 2010 curriculum. However, the FPH has recently consulted widely on a review of this curriculum. UKPHR was consulted at various stages and has approved the new curriculum for use in delivering the Specialty Training Programme from 2016 onwards. The new version of the curriculum has been approved by the General Medical Council (GMC) under its statutory powers.

There are options for UKPHR to make changes to the Standard route. These include:

- UKPHR could hold FPH and/or the programme deliverers and/or the training funders to account for the quality of the training;

- UKPHR could introduce additional checks on trainees' competence before agreeing their registration;

- UKPHR could approve additional training routes alongside the Specialty Training Programme.

Resource would be an issue if UKPHR wished to collect and examine independent evidence of quality of training actually delivered. Existing training is publicly funded and the funders have arrangements in place for assessing quality of training and responding to complaints. The FPH produces an annual report of the quality of training for scrutiny by the GMC and UKPHR.

It would be reasonable, in the task & finish group's view, for UKPHR to be satisfied with its existing controls namely:

- Approval of the curriculum;
- Receipt of a CCT from FPH;
- Requiring completion of an application form; and
- Scrutiny of the FPH annual training quality report.

Additional checks on competence by UKPHR would require expansion of the existing application form to cover more matters and situations. The task & finish group would not suggest that a Specialty trainee who has successfully completed the training programme should additionally be required to prepare and submit a portfolio to UKPHR for assessment.

The group could see no obvious gaps in the subject matter covered by the questions contained in the existing application form but your views are invited.

There is no obvious alternative training programme in the market that might reasonably be regarded as an acceptable alternative to the Specialty Training Programme. The time and investment in developing an alternative would seem disproportionate to the size of the market for training future public health specialists.

In summary, the task & finish group is of the view that it would be reasonable to accept that the existing Standard Route is fit for purpose as it is. If so, there is no need to consider additional action to strengthen this route going forward given that the curriculum is up to date and has been approved by UKPHR and GMC. The steps relied upon by UKPHR (approval of the curriculum, receipt of a CCT, receipt of an application form and scrutiny of the FPH's annual training quality report) are adequate quality checks.

**QUESTION 1**
**The task & finish group judges that the Standard Route is fit for purpose. Do you agree? If you do not agree, why is that?**

**QUESTION 2**
**The task & finish group does not believe that additional checks on applicants' competence are required in relation to the Standard Route. Do you agree? If you do not agree, why is that? What further checks would you suggest there should be?**

**QUESTION 3**
**Do you have any comments you wish to make in response to this section?**

## Dual Registration

Since 2004 UKPHR has been a signatory to two Memoranda of Understanding (MoU), one with GMC and the other with the General Dental Council (GDC). As they are statutory regulators, GMC and GDC are not able to offer reciprocal registration of UKPHR's registrants, whereas UKPHR's status as a voluntary register has enabled UKPHR to offer reciprocal registration for GMC and GDC registrants.

In effect this is what the MoUs are for:

- UKPHR will accept for registration as public health specialists any GMC-registered medical practitioners who are registered by GMC on its Public Health Specialty Register;

- UKPHR will accept for registration as public health specialists any GDC-registered dental practitioners whose names appear on the GDC's Dental Public Health Specialist List.

Currently, there is 1 GMC registrant who is registered by UKPHR by the Dual Registration route and there are 3 GDC registrants.

UKPHR has approved the FPH's new curriculum as has GMC. This means that UKPHR can have confidence that dual registration of GMC registrants will be applied in accordance with standards that are up to date and consistently applied by GMC and UKPHR.

The task & finish group is of the view that it is now necessary to consider if GDC's Dental Health curriculum still meets the requirements for automatic registration.

In the case of GDC's Specialist List for dental public health specialists, this is one of 13 specialist lists maintained by GDC. The process of accepting dental practitioners onto the specialist list is based on a 2010 curriculum.

In 2014 GDC reviewed all its specialist lists and decided that there was some scope for improvement (for example, better information about the specialist lists for patients, guidance for general practitioners referring patients to specialists and work needed to restrict use of mediated entry routes to specialist lists).

GDC concluded that the specialist list system provided patient protection in so far as it requires registrants to demonstrate knowledge and ability in order to be listed.

There has been no mapping of the GDC curriculum to the FPH 2015 curriculum (implementation from 2016).

In summary the task & finish group concludes that GMC's process for registering medical practitioners and accepting them onto its Public Health Specialty Register is robust and there would appear to be no reason (based on public protection) for UKPHR to withdraw dual registration from medical practitioners who are registered by GMC on its Public Health Specialty Register.

However, the task & finish group is of the view that UKPHR should review GDC's curriculum in the light of the new FPH curriculum to determine if automatic entry onto the UKPHR register is still warranted for dental practitioners whose names appear on the GDC's Dental Public Health Specialist List.

**QUESTION 4**
**Do you agree that the dual registration route for registered medical practitioners who are registered on GMC's Public Health Specialty Register is fit for purpose? If you do not agree, why is that? What would you suggest should be changed?**

**QUESTION 5**
**Do you agree that UKPHR should review GDC's curriculum in the light of the new FPH curriculum? If you do not agree, why is that?**

## Individual retrospective portfolio assessments

There are two existing routes to registration by way of retrospective portfolio assessment: **RSS** (Recognition of Specialist Status) and **Defined**.

The two routes need to be considered together (Is there a need for any portfolio assessment route and if so should there be one or more than one?) and separately (Is each individual route justified and fit for purpose?).

**Both routes**

The rationale for each route was valid at the time of introduction but circumstances may have changed since they were introduced. In the case of RSS, this route to registration as a "generalist specialist" was introduced in 2003, amended in 2006 so as to require prior permission to apply for registration and amended again in 2010 when eligibility for requesting permission to apply was tightened up.

The task & finish group has reviewed the rationale for RSS and defined specialist registration. The portfolio routes to UKPHR registration mirror, in some aspects, the Certificate of Eligibility for Specialist Registration Route (CESR) operated by the GMC; the route with the equivalent level of complexity and equivalently time consuming.

The task & finish group is of the view that a portfolio route (or more than one such route) is progressive and fits well with the current approach to the ladder approach to career development. Access to registration via a portfolio route which reflects the NHS Career Framework is in line with the Government approach to career mobility; it provides access for highly knowledgeable and skilled individuals to become recognised for their specialist knowledge, skills, attitudes and behaviours and thus to contribute competently to public health. Other specialists, such as consultant pathologists, use a similar approach to career development for non-medical specialists; these too are registered.

Options for change range from there being no retrospective portfolio assessment route to UKPHR registration in future, introducing new or different portfolio assessment routes to replace or supplement existing ones and retaining some or all of the existing portfolio assessment routes. Replacement by a generic CESR route could also be considered.

The GMC has reviewed and amended (and retained) a CESR route, which may be a factor when considering what is the rationale and also "equivalence" for some multidisciplinary public health specialists to be able apply for UKPHR registration by way of a route involving retrospective portfolio assessment and/or a route to registration that would be equivalent to GMC's CESR route.

**RSS**

Today's RSS route reflects the first portfolio assessment route offered by UKPHR on its introduction as the voluntary register for multidisciplinary public health specialists in 2003. The justification for the route was that there were long-serving members of the public health workforce who had the experience, expertise and ability to be public health leaders but they were too far along in their careers and lives to be expected to undertake the Specialty Training Programme.

All the key public health stakeholders collaborated in devising standards (based on what was then the currently training programme curriculum of 2001) and an assessment process. UKPHR's subsequent work, accepting eventually over 300 registrants through this route up to 2006, had wide support in the public health system. It also had considerable public funding from the Department of Health.

The founders of this route evidently believed that the route would uncover a "well" of supply which would be drawn into the leadership group and then this particular supply would be exhausted.

In 2006 it seemed that the job of this route was done and it could be stood down – except that if there might be exceptional cases meriting access to this route later it would be retained subject to an applicant having to obtain UKPHR's permission to submit a portfolio for assessment. The interaction between this route and that for defined specialists will be considered under the next heading.

Some concern was expressed, between 2006 and 2010, that eligibility for the RSS route was unclear. As a result, in 2010, UKPHR directed that in future, only "Public Health Consultants" who had been in post for at least 3 years prior to applying could request permission to submit a portfolio by the RSS route. Since 2010 this has led to RSS becoming a small source of applications for registration, averaging 3 a year.

**Defined Specialist**

Contemporaneously with deciding to restrict access to the RSS route in 2006, UKPHR introduced a new retrospective portfolio assessment route for applicants who wished to register as "defined specialists".

This route was agreed between a wide range of stakeholders and again the standards and process were similarly agreed widely. The process of receiving portfolios from experienced public health professionals wishing to register as generalist specialists had brought into the open the expertise of those professionals who had had in their careers narrower exposure to the full range of public health activities but who were expert in the areas in which they had had the most exposure. Try as they might, this valuable group of potential leaders were unable to satisfy the assessment requirements to achieve registration by UKPHR under the existing route for generalist specialists.

The standards, system and process for the new defined specialist route were therefore designed to recognise this "expert" practice while not compromising on the need to demonstrate knowledge across all ten areas of the Specialty Training Programme curriculum. In terms of standards, the 2001 curriculum was under review (subsequently brought into operation in 2007) and this review influenced the standards adopted. There was also reference to Public Health National Occupational Standards and the work of the Sector Skills Council, Skills for Health.

In the light of the introduction of this new route, the RSS route was regarded as an alternative that should only be available to applicants who could state why they could not undertake the Speciality Training Programme and why defined specialist was not an adequate registration for them. The process that was introduced in 2006 for applicants requesting permission to proceed by the RSS route therefore incorporated these two questions.

In the first three years of operating this route, UKPHR registered just over 30 defined specialist registrants. By 2013, applications for registration by the defined specialist route were running at approximately 30 a year. The backgrounds of defined specialist registrants are varied: *Children's Lead for commissioning; Consultant Nurse for Health Protection; Director of Public Health; Epidemiology and public health; Health and wellbeing policy; Health impact assessment; Health Improvement; Health Protection; Health Risk Behaviour; Immunisation manager; Independent public health specialist; Knowledge Management; Lecturer in public health; Pharmaceutical Public Health; Public Health Consultant; Public Health Intelligence; Public Health Science; Quality Assurance of Screening programmes; Service Development and Commissioning (obesity and physical activity); Strategy Manager; Surveillance.*

In public health workforces there is a growing trend of appointing to leadership roles professionals whose expertise is broader than public health practice alone or is exclusively in a discreet area of public health practice. This trend is particularly marked among local authorities in England. Many of those who have undertaken defined registration have subsequently moved to take up more generic strategic leadership roles within the public health field.

The task & finish group has considered whether the GMC's proposals for "credentialing" might eventually provide a new and different way of enabling specialists in public health and others to identify and establish their particular skills.

The task & finish group is clear that in the event that portfolio and/or CESR routes were to be operated by UKPHR in the future it will wish to see the standards revised in order to match the curriculum recently approved by UKPHR and GMC.

In summary the task & finish group concludes that there is a continuing rationale for the existence of a portfolio/CESR route to registration and proposes the following way forward for consideration by consultees:

- There should be only a single public health specialist route, alternative to the Specialty Training Programme, which would replace the current RSS and defined specialist routes
- A non-standard training route to the register should therefore continue to exist. This should be based on the curriculum recently approved by the UKPHR and GMC; it should be reviewed against the revised Public Health Skills & Knowledge Framework when this is published
- The default form for applications would be electronic, with the onus on the applicant to establish why in exceptional cases this would be inappropriate
- The entry criteria for application would be clearly defined and would include 5 years practice in public health, 3 at senior level
- References and testimonials should be required in support of applications by this route and views are invited as to whether authors of references and/or testimonials should be required to be individuals who are registered by the GMC, GDC or UKPHR
- There should be a requirement that at least some evidence presented is current and the task & finish group notes that in the case of practitioners' portfolios the requirement is that at least 50 per cent of the evidence should relate to the 3 years immediately preceding the presentation of the portfolio for assessment
- UKPHR should work with others to develop the concepts of "credentialing" as a form of recognition of expertise in certain clearly defined areas of public health practice
- Within the FPH's curriculum, the Part A and Part B exams are an integral part of the assessment. Whilst success in these two exams is seen as highly desirable, the task & finish group is not convinced at this stage that applicants should be precluded from demonstrating knowledge in the field of public health by other means at postgraduate level.

**QUESTION 6**
**Do you agree that there is a continuing rationale, as stated above, for a route to registration as a public health specialist as an alternative to completing the Specialty Training Programme? If you do not agree, why is that? Can you suggest a different or additional rationale?**

**QUESTION 7**
**Do you agree that there should be only one assessment route for all public health specialists, replacing RSS and defined specialist registrations? If you do not agree, why is that?**

**QUESTION 8**
**Do you agree that the assessment route (or more than one assessment route if you have answered "No" to Question 7) should be aligned with the FPH curriculum which is due to be introduced in 2016? If you do not agree, why is that?**

**QUESTION 9**
**Do you think that the nomenclature for one or more assessment routes should be "retrospective portfolio assessment" or "Certificate of Eligibility for Specialist Registration"? Or doesn't it matter?**

**QUESTION 10**
**Do you agree that the normal way of applying for assessment should be by electronic means? If you do not agree, why is that?**

**QUESTION 11**
**Do you agree that there should be entry criteria for application of 5 years practice in public health, 3 at senior level? If you do not agree, why is that? Would you suggest alternative criteria?**

**QUESTION 12**
**Do you agree that references and testimonials should be required in support of applications by this route? If you do not agree, why is that? Would you suggest alternative requirements? If you do agree, what is your view as to whether authors of references and/or testimonials should be required to be individuals who are registered with GMC, GDC or UKPHR?**

**QUESTION 13**
**What is your view as to the currency of evidence presented by applicants for assessment? Would you support a requirement for 50 per cent of all evidence to be from within the three years immediately preceding presentation? If you do not agree, why is that? Would you suggest alternative requirements?**

**QUESTION 14**
**What in your view should be the relationship between an assessment route and the Specialty Training Programme's Part A exams? Should all applicants be required to pass Part A exams? Would passing Part A exams be sufficient to exempt an applicant completely from having to prove knowledge? Would you support the availability of an assessment of knowledge as an alternative to passing Part A exams? If so, on what basis should UKPHR permit the assessment alternative?**

**QUESTION 15**
**What in your view should be the relationship between an assessment route and the Specialty Training Programme's Part B exams? Should all applicants be required to pass Part B exams? Would passing Part B exams be sufficient to exempt an applicant completely from having to demonstrate their application of knowledge in their working environment? What you support the availability of an assessment of application of knowledge as an alternative to passing Part B exams? If so, on what basis should UKPHR permit the assessment alternative?**

**QUESTION 16**
**These are complex issues. You may wish to add comments which do not fit with any of the questions asked. Do you wish to add any further comment here?**

## Other developments to note

GMC's review of its CESR route led to a process of implementation which is still ongoing, including as to the test of knowledge and workplace based assessments.
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Public Health England is leading on the work to review the Public Health Skills & Knowledge Framework and investigation of the need/demand for a Skills Passport in public health. For UKPHR, consistency and compatibility will be key as PHE's work comes closer to completion.

In Scotland, the review of public health has considered many of these same issues. When the Review Team's report is published, possibly early in 2016, there may be learning from Scotland which may inform UKPHR's considerations.

The four UK Health Departments have agreed to collaborate on the preparation of a new public health workforce strategy. In England's case, this would be a successor strategy to the workforce strategy published in 2013.

Previous reports by the Centre for Workforce Intelligence (CfWI) on, for example, mapping public health workforces of England & Scotland, wider workforce and specialists' stocktake, provide useful sources of information. Work is ongoing in relation to specialists, practitioners and the future public health workforce.

**QUESTION 17**
**Are there any ongoing developments that you think may have a bearing on the decisions that UKPHR will take in relation to routes to registration for specialist registration?**

## Impact on practitioner registration

If standards for specialist registration are changed, there may be some crossover learning in terms of standards and processes of assessment of practitioners' portfolios.

# Summary of consultation questions

**QUESTION 1**
**The task & finish group judges that the Standard Route is fit for purpose. Do you agree? If you do not agree, why is that?**

**QUESTION 2**
**The task & finish group does not believe that additional checks on applicants' competence are required in relation to the Standard Route. Do you agree? If you do not agree, why is that? What further checks would you suggest there should be?**

**QUESTION 3**
**Do you have any comments you wish to make in response to this section?**

**QUESTION 4**
**Do you agree that the dual registration route for registered medical practitioners who are registered on GMC's Public Health Specialty Register is fit for purpose? If you do not agree, why is that? What would you suggest should be changed?**

**QUESTION 5**
**Do you agree that UKPHR should review GDC's curriculum in the light of the new FPH curriculum? If you do not agree, why is that?**

**QUESTION 6**
**Do you agree that there is a continuing rationale for a route to registration as a public health specialist alternative to completing the Specialty Training Programme? If you do not agree, why is that?**

**QUESTION 7**
**Do you agree that there should be only one assessment route for all public health specialists, replacing RSS and defined specialist registrations? If you do not agree, why is that?**

**QUESTION 8**
**Do you agree that the assessment route (or more than one assessment route if you have answered "No" to Question 7) should be aligned with the FPH curriculum which is due to be introduced in 2016? If you do not agree, why is that?**

**QUESTION 9**
**Do you think that the nomenclature for one or more assessment routes should be "retrospective portfolio assessment" or "Certificate of Eligibility for Specialist Registration"? Or doesn't it matter?**

**QUESTION 10**
**Do you agree that the normal way of applying for assessment should be by electronic means? If you do not agree, why is that?**

**QUESTION 11**
**Do you agree that there should be entry criteria for application of 5 years practice in public health, 3 at senior level? If you do not agree, why is that? Would you suggest alternative criteria?**

**QUESTION 12**
**Do you agree that references and testimonials should be required in support of applications by this route? If you do not agree, why is that? Would you suggest alternative requirements? If you do agree, what is your view as to whether authors of references and/or testimonials should be required to be individuals who are registered with GMC, GDC or UKPHR?**

**QUESTION 13**
**What is your view as to the currency of evidence presented by applicants for assessment? Would you support a requirement for 50 per cent of all evidence to be from within the three years immediately preceding presentation? If you do not agree, why is that? Would you suggest alternative requirements?**

**QUESTION 14**
**What in your view should be the relationship between an assessment route and the Specialty Training Programme's Part A exams? Should all applicants be required to pass Part A exams? Would passing Part A exams be sufficient to exempt an applicant completely from having to prove knowledge? What you support the availability of an assessment of knowledge as an alternative to passing Part A exams? If so, on what basis should UKPHR permit the assessment alternative?**

**QUESTION 15**
**What in your view should be the relationship between an assessment route and the Specialty Training Programme's Part B exams? Should all applicants be required to pass Part B exams? Would passing Part B exams be sufficient to exempt an applicant completely from having to demonstrate their application of knowledge in their working environment? What you support the availability of an assessment of application of knowledge as an alternative to passing Part B exams? If so, on what basis should UKPHR permit the assessment alternative?**

**QUESTION 16**
**These are complex issues. You may wish to add comments which do not fit with any of the questions asked. Do you wish to add any further comment here?**

**QUESTION 17**
**Are there any ongoing developments that you think may have a bearing on the decisions that UKPHR will take in relation to routes to registration for specialist registration?**

# Annex A - Brief history of existing routes to registration

**2003**
*Standard route* – FPH produced CCT to UKPHR, successful trainee completed (within 3 months of date of completion of training) application to register, UKPHR registered the applicant.

*Generalist specialist* – Applicant produced to UKPHR a portfolio evidencing knowledge ("knows how") across all ten areas of the Speciality Training Curriculum (at that time the 2001 version) and evidencing application of that knowledge ("shows how") in all areas.

**2004**
*Dual registration* – Memoranda of Understanding were signed by UKPHR with GMC and GDC to permit (1) Doctors regulated by GMC and entered on the Public Health Specialty Register and (2) Dentists regulated by GDC and entered on the dental public health Specialist List to apply for and be granted registration without requiring them to produce any additional evidence of their professional public health competence to UKPHR.

**2006**
*RSS* – Recognition of Specialist Status took the place of Generalist Specialist – the difference was that an applicant must have obtained UKPHR's prior permission to submit a portfolio for assessment. There were two reasons for this: (1) It had been intended that the General Specialist route would be temporary to allow into UKPHR's voluntary regulation a group of leaders who had sufficient experience and skill but had never undertaken the Specialty Training Programme; (2) a new route of Defined Specialist was opened and applicants could be referred to this route instead. The standards remained as for Generalist specialist and so reflected the 2001 curriculum.

*Defined specialist* – This retrospective portfolio assessment route was established to allow for regulation of senior public health professionals leading in specific areas of practice at a strategic/expert level. Applicants were required to have been working at a senior level for 3 years or more, have had a leadership role and must have been at Consultant/Specialist level at the time of registration. Standards were set partly by reference to the 2001 curriculum, partly standards developed by the Sector Skills Council (Skills for Health) and partly in anticipation of an amended Specialty Training Curriculum (adopted in 2007).

**2010**
Eligibility for applying for permission to submit a portfolio in support of an application for *RSS* was adjusted – applicants were required to have been working at consultant level for at least3 years in order to be eligible.

**2011**
Practitioner registration – The first opportunities for public health practitioners to register voluntarily with UKPHR were made available in 4 pilot areas around the UK.
The model of operation was different from specialist registration, being highly devolved and based on each of the individual areas where the pilot scheme were operating. Standards were set by reference to the Public Health Skills & Knowledge Framework (as it is now called), NHS Knowledge & Skills Framework and the National Occupational Standards for Public Health. Applicants produce a portfolio for assessment at the local level. When this has been approved by an assessor and a verification panel locally the applicant has 3 months in which to apply to UKPHR for registration.

**2014**
UKPHR secured accreditation of its register by Professional Standards Authority under a statutory scheme. Accreditation brings with it an obligation to meet the Authority's objective standards for accredited registers.

Annex B – UKPHR's application form

# APPLICATION FOR REGISTRATION AS A GENERALIST SPECIALIST WITH UK PUBLIC HEALTH REGISTER

Please complete this form using type or capital letters and send it to the Public Health Register at the address on page 2, with your cheque. The fee for initial consideration of an application for each application is £295 which includes the first year's registration fee, with an annual retention fee of £295 thereafter. The first payment can be made by cheque and then registrants are encouraged to pay by direct debit thereafter; please ask the UKPHR office for a form. Cheques are payable to *Public Health Register*.

Applicants details

Surname: …… First name(s): ……..

Address: ……..

……..

……..

…… Postcode: ……..

Contact telephone number ……

Email address: ……

First degree or equivalent professional qualification: ……

Year obtained:…… Country: .....

My NTN/VTN number is: ___ ___ ___ / ___ ___ ___ / ___ ___ ___ / ___

Date of membership exam (MFPH) ……

Date of completion of Public Health Specialist training ……

I wish to apply for registration as a Generalist Specialist in Public Health with the Public Health Register. I enclose a cheque for £295 with my application form.

Signed: …….. Date: …….

Your Registration certificate will be sent to the above address.

**APPLICATION FOR REGISTRATION AS A GENERALIST SPECIALIST WITH THE UK PUBLIC HEALTH REGISTER**

Employment details (if known at time of application; otherwise please ensure you update details later)

Name of employer ……

Job title: ……..

Address: ……..

……..

……..

…… Postcode: ……..

Contact telephone number ……

Email address: ……

Receipt of an application does not constitute approval of an application. A decision whether or not to award registration is made by the UK Public Health Register after receipt of a completed application form, the fee, and the formal recommendation from the relevant standard setting body with details of the applicants successful completion of training. Registration certificates are only issued once applicants have been recommended for admission to the register by the UKPHR Registration Panel and ratified by the UKPHR Registration Approval Committee.

Once an application is ratified a certificate will be sent to the registrant and this will be approximately 7 -10 days after the date of the Registration Approval Committee.

Applicants are expected to keep all their details up to date. Once approved a registrant will be issued with a log in detail for the UKPHR website and access to these recorded details. It is a registrants responsibility to ensure that these are all correct and up to date.

Please send complete application to: UKPHR, 18c Mclaren Building, 46 Priory Queensway, Birmingham, B4 7LR

We are constantly looking to improve the service we offer to all service users, applicants and registrants. If you have concerns about any aspect of our service then please contact the register office at register@ukphr.org or write to us at UKPHR, 18c Mclaren building, 46 Priory Queensway, Birmingham, B4 7LR.

All comments will be referred to the UKPHR Registrar who will consider them carefully and provide a written response within 28 days.

UKPHR Fitness for Registration

1. Have you ever been convicted of an offence in a court of law or been cautioned, either in the UK or another country? You must include:
a) Any convictions in the UK that have been spent under the Rehabilitation of Offenders Act 1974;
b) Any road traffic convictions resulting in the loss of a licence to drive
c) Any offences for which you have been convicted in a military court or tribunal
**(Please note: we do not consider any cautions or convictions to be "spent". All cautions and convictions - no matter how old - should be declared)**

Please state yes or no……

2. Have you ever been issued with a penalty notice for anything other than a fixed penalty notice for a traffic offence, for example for harassment, or disorder, etc, either in the UK or another country?

Please state yes or no.....

3. Are there any actions (disciplinary or criminal) pending against you:
a) in a criminal court either in the UK or overseas
b) by a present or past employer in the UK or overseas
c) any professional, membership, or regulatory body either in the UK or overseas
d) a university or college in the UK or overseas

Please state yes or no……

4. Have you ever been suspended from practice or had a complaint against you upheld **or** had your registration removed or subject to conditions (or licence to practise revoked) by any regulatory, professional or membership body either in the UK or overseas?

Please state yes or no……

**5.** Have you ever been fined, given a warning or reprimanded by any regulatory, professional or membership body in the UK or overseas?

Please state yes or no……

6. Have you ever had any disciplinary action been taken against you by an employer; **or** have you been suspended from practice by an employer; **or** had a complaint against you upheld by an employer in the UK or overseas?

Please state yes or no……..

7. Have you ever been the subject of any disciplinary action by a university/college in the UK or overseas?

Please state yes or no……..

8. Have you ever been refused registration or membership with a regulator or professional body in the UK or overseas?

Please state yes or no……..

9. Do you know of any reason why a regulatory or professional body would not issue you with a letter/certificate of good standing in the UK or overseas?

Please state yes or no……..

10. Are you aware of anything about your physical and/or mental health which might raise a question about your fitness for registration, or continued registration, as a public health professional in the UK?

Please state yes or no……

11. Are you aware of any aspect of your conduct and/or capability that might raise a question about your fitness for registration as a public health professional in the UK?

Please state yes or no……

12. Have you ever entered into a settlement as a result of a medical malpractice or negligence claim?

Please state yes or no……

**If you have answered yes to any of the questions above you should provide further details at this initial stage eg a full statement of the circumstances surrounding the incident with your observations (if it is a concluded matter). To expedite your application it is helpful if you could send appropriate documentation also at this stage. Examples of documentation are listed in the addendum; please note that this list is not exhaustive and you may be asked to provide additional information/documentation.**

**If UKPHR later discovers that you did not provide full and honest details on these issues when making an application, UKPHR will investigate and the resulting conclusion could result in a fitness for registration case being brought against you.**

Declaration

1. I declare that I have read the UKPHR Code of Conduct and understand it and agree to adhere to it in my professional and personal life
2. All the information I have given in this application is true to the best of my knowledge and belief.
3. I undertake to notify UKPHR of any material changes in this information.
4. I understand that any false or misleading information I have given, or any deliberate omission of relevant information, may disqualify me from initial registration or continued registration.
5. I am aware that after an initial period of registration I will be subject to re-registration or revalidation after the prescribed period.
6. I declare that I am aware of the CPD requirements for continued registration, and I am undertaking learning appropriate to my practice and am maintaining a CPD log with suitable evidence, including reflective comment.
7. I am aware that I must be part of a formal CPD programme for the purpose of revalidation and subscribe to the requirements of the scheme.
8. I understand that UKPHR is registered under the Data Protection Act 1998 and that all the information I have provided will be held by UKPHR in accordance with the provisions of the Act. Only those contact details I have authorized for inclusion in the public register will appear there. I acknowledge that the UKPHR may receive information, including adverse information, about my fitness for registration, and I hereby consent to the UKPHR processing and disseminating such information for such reasonable purposes as it may determine.
9. I give permission for UKPHR to approach another statutory body with which I am currently registered to obtain information on any previous or pending disciplinary and/ or health matter.
10. I declare that arrangements are in place to provide appropriate compensation for any who suffer, as a result of, deficiencies in my work or that of my team.
11. I give permission for UKPHR to request a certificate/letter of good standing from any regulatory body with which I am registered..

Signed (must be original signature) ……

Print Name ……

Date ……

Fitness for Registration Addendum

Declaration issues: additional information you should provide for initial consideration

Q1 Date of caution or conviction
Name and address of court or police authority
Details of the penalty (if applicable) imposed
Evidence of the caution or conviction in the form of a caution notice or conviction notice, or a recent Disclosure and Barring Service

Q2 Documentary evidence of the penalty or harassment notice received

Q3 Documentary evidence of the nature of the pending proceedings/investigation
Details of the employer and details of the allegation
Details of professional/regulatory/membership body with details of allegation
Details on university/college and details of allegation

Q4 Details of suspension including the length of time the sanction was imposed; details of membership/professional/regulatory body. Registration/membership number.
Nature of complaint and any action. Any details of an appeal.

Q5 Details of body involved; details of allegation and decision of hearing and level of sanction given. Details of registration/membership number. Any details of an appeal.

Q6 Documentary evidence of any allegation, any hearings, outcome.
Name of employer and contact names at employer to obtain secure information if we require it.
Any sanctions imposed.

Q7 Details of college/university
Details of allegation and your observations
Sanctions imposed

Q8 Details of body who refused registration or membership.
Documentary evidence of the grounds for refusal.
Details of any appeal.

Q9 Name of body who could refuse this.
Grounds for refusal - an example is non payment of professional fees/disciplinary action etc.
Details of a third party from whom we may seek a letter of good standing.

Q10 A full statement from you which may subsequently require a letter from a health professional. Your statement may be sufficient.

Q11 A full statement advising of the circumstances and how and why you have reached the judgment.

Q12 Documentary evidence of the nature of the settlement and the nature of the malpractice or negligence. Please advise if the claim was disputed or proven.

What is your ethnic group?

*(Please enter a ✓ in the appropriate box.)*

1 *White*

☐ British

☐ Irish

☐ Other White background *please write in……*

*……*

2

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other mixed background *please write in……..*

*……..*

3 *Asian or Asian British*

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Other Asian background *please write in……..*

*……..*

4 *Black or Black British*

☐ Caribbean

☐ African

☐ Other Black background *please write in……..*

*……..*

5

**Chinese or other ethnic group**

☐ Chinese

6 *Other ethnic background*

☐ *please write in ……..*

*……*

*Thank you for completing this form. Your help is much appreciated.*