

CONFIDENTIAL

Revalidation task & finish group

Minutes of the meeting held on Tuesday 08 December 2015 at UKPHR
18c, McLaren Building, 46, Priory Queensway, Birmingham B4 7LR

Present (personal attendance):

Anne McMillan, UKPHR's Registrar (AM)
Janet Collins, GDC (JC)
Em Rahman, Coordinator Wessex practitioner registration (ER)

Present (by telephone):

Caroline Linden, HR Directorate, PHE (CL)
Sara Kovach Clark, GMC (SKC)
Viv Speller, UKPHR Board Director (VS)
Angela Townsend, FPH (AT)
Nigel Woods, PHE (substituting for Imogen Stephens) (NW)

In attendance:

David Kidney, Secretariat (DK)

Apologies:

Jeremy Hawker, UKPHR Board Director
Sally James, Coordinator West Midlands practitioner registration
Helen Kirk, PHE Nursing & Midwifery Directorate
Sue Lloyd, UKPHR's Registration Panel Chair
Imogen Stephens, Public Health England Revalidation Team.

1. Welcome, apologies for absence and declarations of interest

The Chair welcomed everyone to the second meeting of the revalidation task & finish group. She thanked SKC for providing the Good Medical Practice Guide to Revalidation. Apologies for absence as stated above were received. There were no declarations of interest.

2. Minutes of the meeting held on 21 September 2015

The minutes of the meeting held on 21st September were agreed subject to the following amendments:

Item 6.8 - Delete the words "whose members helped"
Item 10 - Delete the word "extend" and substitute "extent".

3. Matters arising from the minutes

None

4. Developing re-registration

The Chair referred to the table prepared by DK and circulated to members of the group with the agenda. By way of introduction the Chair said revalidation was a means of registrants demonstrating their continuing competence, it was a process rather than a test.

ACTION

DK

In context, the Chair anticipated that issues that would require particular attention included the extent, if any, of differentiation of requirements in respect of specialist registrants and practitioner registrants, the appraisal requirements and cost, UKPHR being a lean organisation with no access to external funding. Without statutory backing, there could not be a Responsible Officer arrangement so an additional, practical consideration would be what level of evidence UKPHR should require to be produced to UKPHR by registrants to establish compliance. While most registrants currently were in employment, a significant number work independently and it would be important for the group to take account of their different status and treat them fairly in relation to revalidation requirements.

NW set out PHE's approach to revalidation in relation to medically qualified Public Health Consultants – employed by PHE, based in HEIs and holding honorary contracts with PHE, and employed by Local Authorities in England – for meeting the GMC's requirements. He described managerial appraisal as assessment of fitness for a specific role and professional appraisal as assessment of fitness to practise. PHE arranges annual professional appraisal using a pool of trained appraisers. NW described the professional appraisal process, namely it must not be carried out by a line manager, the appraiser must have been trained, appraisal was against the four domains of Good Medical Practice, doctors could be appraised by appraisers from other disciplines (but at least one year in 5 it must be by a doctor) and completed appraisals had to be submitted to PHE, which, in the revalidation year, quality assured them. NW said PHE also provided professional appraisal to its employed Public Health Consultants in disciplines other than medicine and was considering whether it could extend this service to Public Health Consultants in disciplines other than medicine based in HEIs and holding honorary contracts with PHE, and employed by Local Authorities in England. NW said PHE's Nursing & Midwifery Directorate supported nurses' and midwives' revalidation and PHE had been a pilot site for testing NMC's draft revalidation requirements.

The Chair noted that NMC regarded revalidation as active maintenance of competence and did not require annual professional appraisal as part of its revalidation requirements.

AT said that FPH offered a professional appraisal service to Public Health Consultants with no connection to a Responsible Officer at a cost currently of £947. SKC said that GMC expected doctors who were independent to arrange and pay for their own professional appraisals.

There was general agreement that UKPHR's specialist registrants should undertake annual professional appraisal in the same way as GMC registrants to ensure equivalence.

The Chair asked the group to consider whether the need for equivalence, applied in respect of practitioner registrants (as opposed to specialist registrants), pointed towards a GMC-style requirement for professional appraisal or NMC-style line manager confirmation. Views tended towards professional appraisal. The Chair asked members to reflect on this matter as the group would return to it at the next meeting.

Issues raised in relation to practitioner registrants included whether professional appraisal could be required less frequently than annually, if so, what was its value and what were the risks, especially in relation to fitness to practise, in between times. ER asked if UKPHR could encourage "enhanced management appraisal" by practitioner registrants' employers. VS, CL and NW all noted the lack of influence UKPHR had with employers.

The Chair sought and obtained agreement that requirements for Personal Development Plans, CPD, health and conduct declarations and professional indemnity should be included in a revalidation scheme for all registrants.

Regarding confirmation, DK said that professional appraisal was one form of confirmation. NW said that confirmation should be more than a mechanical checking (tick box approach) of compliance but a check on quality was also required. AT pointed out that independent registrants would not have a line manager.

Regarding multi-source feedback, NW described the multi-source feedback tools PHE offered Consultants, Leaders and Microbiologists. ER asked if UKPHR could produce a multi-source feedback template.

The Chair asked JC and CL to comment on the discussion.

JC said it was clear the group was trying to find the right balance between the process of revalidation being meaningful but not over-burdensome. She had been nervous at the outset about differentiating requirements as between different categories of registrants but having listened to the discussion she appreciated why elements of revalidation might be different for specialists registrants compared with practitioner registrants. It would be impossible to design a scheme which perfectly suited all registrants' individual circumstances and sometimes the determining factor in the group's deliberations would have to be something else, for example, public protection, accessibility of processes, cost or capacity. UKPHR would have to set requirements for all registrants.

CL said the discussion about the difference between workplace and professional requirements had been of high quality; CL will be gaining feedback on NMC's requirements from PHE colleagues; a revalidation scheme ought to include requirements for feedback but these should be flexible.

The Chair summarised the discussion as pointing towards a common requirement for professional appraisal, a process which should be annual for specialist registrants. Some further thought was needed about appraisal requirements in time for the next meeting especially in relation to practitioner registrants. There was general acceptance of requirements for PDP, CPD, health and conduct declarations and professional indemnity. Confirmation was in part linked to the issue of appraisal and it was noted that several group members queried the extent to which employers could be relied upon, and that some registrants had no employer therefore provisions would be required for registrants working independently. There was support for requiring feedback but any such requirements would differ from doctors' patient-centred feedback.

DK

5. Next steps

The Chair said that the issues debated by the group would be further considered at the next meeting. The Chair urged members to read GMC's Good Medical Practice Guide to Revalidation and NMC's revalidation requirements on NMC's website.

All

6. Updates

6.1 Good Public Health Practice revision

The Chair pointed out that the original Good Public Health Practice was abstracted from Good Medical Practice. It was now undergoing revision to ensure that it continued to reflect the same professional standards as Good Medical Practice and remained relevant to current public health practice. A working group led by FPH and chaired by Meradin Peachey had completed a new draft which had been considered by the Boards of FPH and UKPHR. It was close to sign-off by the working group and it was reasonable to expect that the second edition would be in place in time for the introduction of UKPHR's revalidation scheme.

6.2 Routes to registration

DK reported that UKPHR had established a task & finish group to review routes to registration for public health specialists. A consultation had been opened last week and would run until the end of February 2016. The consultation paper and a survey could be read on UKPHR's website and DK urged members to read the consultation and complete the survey. Members were also asked to draw the consultation to the attention of others. UKPHR intended to introduce any changes agreed as a result of the review process in 2017.

7. Communicating the work of the group

The Chair reported that in the interest of maximum transparency of the group's work, minutes and a report of the previous meeting were published on UKPHR's website. Minutes and a report of this meeting would similarly be published.

DK

8. Any other business

None

10. Date of next meeting

The next meeting of the group was due to be held on Tuesday 26th January 2016 at UKPHR's Birmingham office. Further meetings have been timetabled for 15th March and 24th May. The Chair thanked all for their attendance and wished members an enjoyable and relaxing Season's break.

DK