CONFIDENTIAL

Revalidation task & finish group
Minutes of first meeting held on Monday 21 September 2015 at UKPHR 18c, Mclaren Building, 46, Priory Queensway, Birmingham B4 7LR

Present:
Sara Kovach Clark, GMC (SKC)
Helen Kirk, PHE Nursing & Midwifery Directorate (HK)
Sue Lloyd, UKPHR's Registration Panel Chair (SL) - by telephone
Anne McMillan, UKPHR's Registrar (AM)
Em Rahman, Coordinator Wessex practitioner registration (ER) - by telephone
Viv Speller, UKPHR Board Director (VS) - by telephone

In attendance:
David Kidney, Secretariat (DK)

Apologies:
Sally James, Coordinator West Midlands practitioner registration (SJ)
Jeremy Hawker, UKPHR Board Director (JH)
Imogen Stephens, Public Health England Revalidation Team (IS).

ACTION

1. Appointment of Chair

In his capacity as the group's secretary, DK invited nomination of AM, UKPHR's Registrar, to be the group's Chair. AM 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 revalidation task & finish group. Apologies for absence as stated above were received. There were no declarations of interest.

3. Membership of the group

The Chair listed the group's membership (the sum of those present and those whose apologies were received) and invited all in attendance to introduce themselves.

ER suggested that the group would in addition benefit from having a member with human resources (HR) expertise. The group agreed that a member with HR expertise would be welcome and invited ER to put forward to DK a suggestion for selection of an appropriate member.

ER

VS asked if UK Faculty of Public Health should be represented on the group. The group agreed to consider this point at the end of the meeting.

4.   Terms of reference
       The Chair took members through the terms of reference set for the
       group by UKPHR's Board and invited the group to accept them. ER
       asked if the devolved nature of the practitioner registration scheme
       could be recognised explicitly by naming scheme coordinators as
       consultees. DK responded that this change could be made and
       undertook to amend the terms of reference accordingly. With this
       amendment the group agreed to accept the terms of reference.   **DK**

5.   Secretariat for the group
       The group agreed that UKPHR will provide the group's secretariat
       and welcomed the assurance 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   Responsible Officer
       This is a statutory role and so would not be available as a feature of
       UKPHR's revalidation scheme. Accordingly, the key relationship will
       be that between the register and individual registrants. However,
       where registrants have employers, registrants' employers should be
       key targets for engagement by and guidance from UKPHR. In the
       absence of a system of Responsible Officers, it will be important for
       UKPHR to be clear what will be acceptable evidence of compliance.

6.2   Existing structures
       A starting point for designing a revalidation scheme ought to be an
       examination of the structures that already exist which might be
       capable of featuring in UKPHR's revalidation scheme. DK described
       the current five-yearly re-registration scheme operated by UKPHR
       and the group asked for details of the scheme to be circulated to all
       of the group's members. UKPHR has standards of mandatory CPD,
       with the standards differentiated as between specialist registrants
       and practitioner registrants. Registrants work in a wide range of
       settings, in private, public and voluntary sectors and some are self
       employed/independent.   **DK**

6.3   One model or more than one
       A key consideration should be proportionality. Sometimes it is best
       to start with what everyone can do. UKPHR's scheme should reflect
       principles held in common with other regulators, but not necessarily
       the same practices. Whilst feedback is useful for all professionals,
       an aspect of the GMC scheme that has attracted a lot of attention is
       the patient feedback process, which is regarded as necessary for
       doctors but may not be so for professionals in other disciplines.

DK reported his conversation last week with IS who was unable to attend the meeting. There are two themes which may pull in different directions, namely equivalence and avoidance of unnecessary burdens. It may help to plan for a tiered approach in respect of appraisal, with a requirement that mirrors doctors' appraisals for public health leaders and arrangements more focussed on CPD for practitioners. The group agreed that it should aim for one model with sufficient flexibility.

6.4   Feedback
Appraisal has become an increasingly familiar feature of workplace development and/or performance management. In addition to workplace appraisal some professional groups are also familiar with professional appraisal, which is a feature of the GMC revalidation scheme. In addition there are various forms of multi-source feedback both in support of appraisal and revalidation requirements. The group was clear that UKPHR's revalidation scheme should have robust arrangements for ensuring that registrants undertake reflective practice and that confirmation that all requirements have been met should be evidenced in ways that allows UKPHR and the public to have confidence in the outcome of revalidation. For practitioner registrants it may be sufficient to rely on feedback from line managers where they are in employment.

6.5   Standards
The group agreed that the system of revalidation has to be founded on clear standards and that it would be reasonable for these standards to comprise UKPHR's Code of Conduct as interpreted by Good Public Health Practice. The latter is currently under review and when the review has been completed UKPHR should provide guidance in relation to the confirmation process it decides to require for confirmers/appraisers. The aim should be to describe what is the good professional behaviour that revalidation seeks to encourage and how therefore its requirements map to the standards.

6.6   Independent professionals
A revalidation scheme will put a requirement on independent professionals to produce evidence albeit that it may involve them in cost that for other registrants in employment may be borne by employers' systems. UKPHR's revalidation scheme will have to be clear on how independent professionals will be required and able to comply with its requirements.

6.7   Costs and resources
The Chair pointed out that UKPHR is a small, lean organisation with assets commensurate to its size. It was recognised that UKPHR's ability to fund developments in support of revalidation would be limited. DK reported IS's comments regarded tools in use currently including the MAG form and the Prep tool. HK also reported that the NMC revalidation pilots had given some nurses experience of

another tool from the same IT provider as Prep, called Heart. NMC is proposing that registrants will submit revalidation evidence online but in the pilots even some large employers used only paper-based portfolios. ER offered to supply to DK for circulation details of online tools used in connection with practitioner registration.

ER

6.8   Learning from revalidation experiences
The Chair asked those present with experience of operation of a revalidation scheme if there were lessons UKPHR should learn from the existing schemes. SKC said that engaging with stakeholders throughout the process would be most helpful and GMC valued its UK Revalidation Programme Board. GMC identified three learning points which may benefit UKPHR:

6.8.1   It is important to understand fully the registrant base.
6.8.2   Identify the risks at the planning stage.
6.8.3   Plan how the risks identified can best be managed.

HK added that perhaps a lesson from the NMC pilots was the importance of having tight policies and clear procedures in place from the outset to minimise uncertainty and queries during the operation of the scheme.

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

- The group favoured a single scheme with flexibility within it.
- UKPHR's 5-yearly re-registration contained some elements.
- Content of the scheme would be based on standards,
  CPD, reflective practice, confirmation and audit.
- An area requiring more detailed attention is appraisal and its
  relationship with confirmation.

7.   Sources of evidence
The Chair referred to Appendix 2 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 the survey closed on 25 September. DK also reminded the group that UKPHR will commission support for the group (for example, consultancy, research etc) if the group requests it.

DK

8.   Timetable
The expected timetable for completion of the group's work was set out in Appendix 3 of the papers for the meeting and the group agreed that at this stage it was a reasonable timescale.

9. Arrangements for communications

The group requested that draft minutes be circulated to group members for approval before they are published.

DK

DK explained that UKPHR's website would have a dedicated page on which agendas, minutes and calls for evidence would be published.

DK

DK said that regular reports of the group's progress would be circulated to registrants and stakeholders.

DK

10. Next steps

It was agreed that the group would next examine to what extent the revalidation scheme can be built on the foundations of the existing 5-yearly re-registration with definitions of appraisal, reflective practice and confirmation. It was also agreed that engagement with employers would be important.

11. Any other business

Referring back to the issue raised at item 3 (representation of the Faculty on the group) it was agreed that the group should accept the Faculty's offer of a representative. Group members said that the group should not become too big, especially as there will be extensive consultation and engagement with stakeholders, but said that the Royal Society for Public Health should also be invited to provide a representative.

DK

12. Date, time and venue of next meeting

The Chair invited members to email DK with details of days/times to avoid and dates/times most convenient and that with this information DK and the Chair would agree a programme of meetings and circulate the group members with the programme for agreement.

All