UKPHR Newsletter

Spring 2016

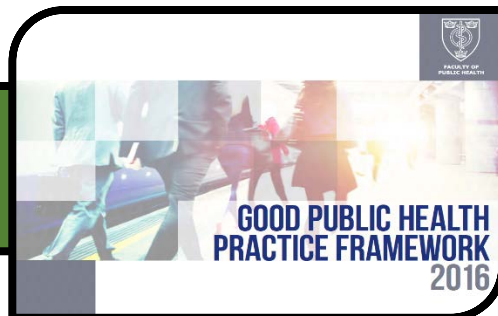
UKPHR

Public Health Register

Protecting the public – improving practice

Good Public Health Practice

Professor Anne McMillan
Registrar, UKPHR



What's New…

Good Public Health Practice…page 1

Chair's Introduction…page 2

Routes to Registration & Revalidation…page 2

Scottish Public Health Review…page 3

Featured Registrant…page 4

'..we urge all registrants to familiarise yourselves with the new edition's content'

When UKPHR was formed back in 2003 it was a welcome recognition that the public health leadership was increasingly multidisciplinary. It followed that the guidance on Good Medical Practice was no longer sufficient on its own to guide the practice of all public health leaders.

As a result, public health stakeholders got together and drew up Good Public Health Practice, a publication by the Faculty of Public Health intended to complement, for public health leaders, the guidance contained in Good Medical Practice.

Good Public Health Practice has served public health professionals well for over a decade but in 2015 we took the view at UKPHR that the publication was in need of revision in order to keep it up to date, relevant and fit for purpose. We secured the co-operation of the Faculty and other public health stakeholders and carried out a review.

In March 2016 we were pleased to unveil the new 2nd Edition of Good Public Health Guidance. It is not radically different from the first version in its guidance on practice. However, format, content and terminology has changed to catch up with evolving practice and hopefully future-proof the new edition.

Good Public Health Practice is now set out with the same 4 areas of practice that Good Medical Practice also contains. We were conscious when developing the new edition that the standards described in both publications will be used to guide professional and work based appraisals carried out in support of revalidation. We felt very strongly that it would be important for there to be as much commonality between the two sets of guidance to assist appraisers and registrants alike.

The 2nd Edition of Good Public Health Practice has been published on our website and the Faculty's website and we urge all registrants to familiarise yourselves with the new edition's content. Your future practice should be consistent with its content.

Visit our webpage http://www.ukphr.org/good-public-health-practice/ to view the framework

Follow us on Twitter

@UKPHR1

professional standards authority
accredited register

Suite 18c, Mclaren Building, 46 Priory Queensway, Birmingham, B4 7LR
0121 296 4370
register@ukphr.org
www.ukphr.org

Chair's Introduction

Professor Bryan Stoten
Chair, UKPHR

A good month for Public Health with the much called for, but long resisted, "Sugar Tax" and a sensible discussion in the Welsh Assembly about e-cigarettes. Those opposed to early legislative proposals, including the ever vigilant ASH and CRUK, have again succeeded in keeping the tobacco control programme on the rails.

Early days to claim everything is going our way but there are few weeks now that pass without a reference to Health and Well-being and its centrality to the government's health agenda.

The Royal Society for Public Health demonstrates its intent on "making the weather" with its commitment to supporting the very widest workforce which is engaged in health improvement. Its recently commissioned Video film is available for local showings.

Our own accredited Practitioner Register grows steadily and, now with the support of a revised "Good Public Health Practice" (GPHP) guideline, shares a common standard with all regulated Specialists and Practitioners.

The background of GPHP is important to reflect on. Last year the Faculty of Public Health reverted to "Good Medical Practice" as their favoured code of conduct which whilst suitable for many medical specialists failed to address the circumstances of most UKPHR Specialists.

Whilst UKPHR continued to favour GPHP it took a while to bring our medical colleagues "back into the fold". Now, this week the FPH Council has reintroduced a code of practice common to all people working in Public Health. In particular I must thank David Kidney whose focus on getting the revised code agreed has been crucial. I really commend the current revision to both Specialists and Practitioners on UKPHR's Register.

This development takes further our longer term commitment to developing a shared Register for all Registered Specialists and Practitioners, no matter their initial discipline. These are controversial times: Brexit, global migrations, international terror, u-turns on disability policies, austerity economics and climate change all bringing to the fore issues for Public Health services. We will need the wisdom of serpents as well as the innocence of doves if we are to be true to our Code of Conduct at such times.

David Kidney
Executive Director, UKPHR

Routes to Registration & Revalidation

UKPHR is planning important changes to revalidation for all registrants and routes to registration for specialist registrants. Task & finish groups containing key public health stakeholders have been at work since Autumn 2015. UKPHR has consulted twice on these two issues.

On revalidation, UKPHR's 5-yearly re-registration can fairly be regarded as the fore-runner of revalidation. Registrants have been asked to produce evidence of work based appraisal, personal development planning and completion of CPD.

Statutory regulators General Medical Council and the Nursing and Midwifery Council have introduced revalidation schemes for their registrants. At UKPHR we benchmark our operations against "best in class" regulation of healthcare professionals and we want registrants to be confident that UKPHR registration is equivalent to their regulation.

The revalidation task & finish group is now making recommendations to UKPHR's Board for a revalidation scheme to succeed the existing 5-yearly re-registration. It is proposed that this scheme will differentiate the requirements on revalidation as between specialist and practitioner registrants to reflect differences in risk of their practice.

Elements of the proposed revalidation scheme include appraisal (professional as well as work based), quality of service (including Supporting Information on such matters of CPD completion) and confirmation of compliance through self-declaration and some third party confirmation. It is expected that the Board will consult widely on the details of the proposed scheme. Do please look out for news of consultation on this important issue later this year.

On routes to registration, the task & finish group is satisfied that the Standard and Dual Registration Routes continue to be fit for purpose. The group was helped in coming to this conclusion by the recent review of the curriculum for the Specialty Training Programme.

On portfolio assessment, the group is of the view that the two existing routes – RSS and defined specialist – should be succeeded by a single portfolio assessment route more akin to the General Medical Council's CESR route. The task & finish group is making recommendations to UKPHR's Board on this basis. It is expected that the Board will consult widely on the details of any proposed changes. Do please look out for news of consultation on this important issue later this year.

If you have any queries about any matter arising from this news story please contact David Kidney d.kidney@ukphr.org

Scotland's Public Health Review

Professor Bryan Stoten
Chair, UKPHR

I read the report of Scotland's recent Public Health Review with enormous satisfaction. It seems to me that the report's conclusions and recommendations fit comfortably with UKPHR's ambitions. Ambition not just for a successful future for UKPHR as an effective regulator of the public health workforce. But also ambition for the public health workforce to do the best possible job of improving the public's health and wellbeing and reducing inequalities. In England, of course, this lies at the heart of Simon Stevens' 5-year Forward View.

The Scottish Review says that both national and local perspectives are important, and there needs to be greater coordination between these different levels. This standpoint reflects the ongoing tensions brought about by devolution – both between and within the four countries of the UK. In this context, UKPHR is committed to working with politicians and civil servants in all the component parts of "the broader state" to help achieve positive health outcomes.

At UKPHR we certainly share the review's recognition of the need for greater visibility and a clearer identity for the public health function. This is true for all the UK, not just in Scotland. The multidisciplinary nature of public health practice makes for a healthy diversity of roles and approaches. It can aid holistic planning, population based interventions and bringing to bear relevant expertise. But it also recognises that public health professionals are dispersed throughout the system, making it difficult for local and national politicians and policy makers easily to identify them and the contribution they make. Addressing that issue will surely depend on developing a leadership cadre, high profile communication and awareness of the evidence demonstrating the powerful impact on health outcomes public health interventions can make.

The report draws attention to prevention as a large-scale strategic challenge. In public health we have always argued for an upstream approach to reducing demand on health and social care services. The public instinctively gets it that "prevention is better than cure". Demographic change, medical advances and the ongoing restrictions on public funding are adding ever-more pressure onto Scotland's - and wider UK's - NHS and local authority delivery of health and social care services. Simon Stevens has made that case to general acceptance. There has surely never been a wider open goal facing the public health workforce – so now let our multi-disciplinary workforce step forward and give a lead. "Health in every policy", engagement of the wider workforce (including an army of unpaid carers) and making every contact count (MECC) has the potential to deliver enormous health gains and reduce pressures on every aspect of our welfare state.

The Scottish report is warmly to be welcomed for the support it gives to the public health workforce. I completely join in with the call for its strategic leaders, the Directors of Public Health and their Consultants, to be given the tools and positions, in relation to decision-making and partnership working, they need to give that strategic lead. But we know that the role of DsPH is changing and will continue to change such that it is now essential to have regard to the education and training needs of these leaders of the public health workforce. It was also a pleasure to read so many positive and constructive comments about practitioner registration.

The desirability of clear statements around competence, standards and career progression is incontrovertible if we seriously want to attract people with the greatest skill and talent into public health practice. Even as we wait for a response to the specific recommendation that there should be a consultation about national practitioner registration coverage across Scotland, more and more NHS Boards and their partners are joining the existing scheme for practitioner registration based in West of Scotland. That is a trend in England and, notably, Wales too. Yet Scotland's voice is clearer, less ambiguous and more prescient than any other in the field today. A great opportunity, too many of which have passed and been missed. This time we must seize it and build the workforce all our nations need.

Anyone can be a victim of a loan shark – your family, friends, neighbours and even you. The Illegal Money Lending Team investigates illegal money lending and any related offences- in the past this has included violence, blackmail, drugs offences, threats, kidnap and even rape. Their advice is that you should never go to a loan shark. They do not provide a community service; they are simply out to make money.

If you think you may be involved with a loan shark, call the team in confidence on
0300 555 2222
Text 'loan shark + your message' to 60003
E-mail reportaloanshark@stoploansharks.gov.uk
Log-on to www.direct.gov.uk/stoploansharks

'…I was the first specialty registrar to register when this became possible in the summer of 2015. It seemed quite a natural thing to do as I had been a registered practitioner for several years beforehand.'

Hello. My name is Catherine Floyd. I was asked to be the featured registrant because I was the first specialty registrar to register when this became possible in the summer of 2015. It seemed quite a natural thing to do as I had been a registered practitioner for several years beforehand. I see registration as being key to improving standards and making sure that good work is recognised and celebrated.

Coming from a background of social science and nursing, I found that preventive healthcare encompassed my main interests: people, inequalities and stopping illness and disease before it happened. Like many others, I was taken by that simple idea that all we needed to do was to stop just pulling people out of the river - we need to go upstream and find out why they're falling in as well.

Featured Registrant

Catherine Floyd

My motivation to do nurse training originally was fuelled by my interest in third world development. I was lucky enough to be offered a placement as a volunteer nurse in an isolated tribal community in India early in my career, and I regularly think about some aspect of that experience, even years later. I often reflect that I learned so much more from the people I met and worked with there, than they ever learned from me.

Back in the UK, I took up a series of NHS health promotion posts in England and Wales. I particularly enjoy building relationships across organisations. One of things I appreciate about Wales is that it is small enough to be able to pick up the phone and speak to someone you know in a national role or a policy office. The political context has been quite sympathetic to preventive healthcare in recent years and that makes for an exciting time.

Anyone working in the NHS has to accept that re-organisations are part of the landscape, and I would be lying if I said that every job I have taken has been part of some grand plan. I have found myself working in a variety of public health roles I would never have dreamed of when I started, from clinical governance to health protection and also in primary and secondary care development roles. There have been moments of great pain when all you worked for is dismantled around you, but then again, each new start has thrown up new opportunities. Each role has taught me something and given me a new angle to follow my interest in people, inequalities and stopping illness and disease.

My latest opportunity has meant coming back to Wales and joining the training scheme. I want to put my experiences to use at a different level now. So much still to learn and still lots to do! If there are any registered practitioners out there thinking of switching then I would encourage them to consider it.