

March 2016

Revalidation scheme

UKPHR's policy for the revalidation of registrants

1. Introduction

Registration with UKPHR is an assurance of competence in public health practice at the time of registration. Revalidation is intended to be a measure to ensure that registrants reflect on their public health practice and maintain their competence while registered.

Revalidation is a means of ensuring that registrants focus on maintaining and enhancing the quality of service they provide and improving their public health practice.

Revalidation is not the only means UKPHR applies for these purposes:

- All registrants must renew their registration annually, making a new **declaration** about a range of matters relevant to competence.
- All must comply with mandatory standards of **Continuing Professional Development** (CPD).

Revalidation complements these measures so that they work together in protecting the public and improving practice.

Revalidation also complements existing systems for identifying any potential issues relating to registrants' **fitness to practise**.

Revalidation is intended to be a process, not merely a test at a single point in time, by which UKPHR, the public and others can be assured that all UKPHR's registrants maintain and build on the competence they demonstrated when they first achieved their registration.

Specialty Registrars will not usually be required to undertake UKPHR's revalidation.

Dual registrants will not usually be required to undertake UKPHR's revalidation.

Section 1 - Standards on revalidation

2. In making an assessment that registrants have maintained competence and are engaged in continuous improvement of practice, UKPHR, appraisers and registrants will have regard to the following **standards**:

Good Medical Practice 2013¹

A source document to the extent that the standards set out in it are applicable to registrants' public health practice. In places, the text will need to be interpreted to meet the differences between clinical practice and public health practice (for example, in relation to population based interventions versus patient-centred clinical practice) where appropriate.

Good Public Health Practice 2nd Edition 2016²

Good Public Health Practice was developed in order to provide guidance where Good Medical Practice cannot reasonably be so interpreted.

The current edition reflects the same professional standards as Good Medical Practice but provides guidance on public health practice specifically.

UKPHR's Code of Conduct 2nd Edition March 2014³

This guidance is published by UKPHR and is the source document used by UKPHR when questions relating to conduct and fitness to practise are under consideration.

¹ Published by General Medical Council http://www.gmc-uk.org/guidance/good_medical_practice.asp

² Published by UK Faculty of Public Health & UK Public Health Register

<http://www.ukphr.org/news/2nd-edition-of-good-public-health-practice/>

³ Published by UK Public Health Register <http://www.ukphr.org/registration/code-of-conduct/>

Section 2 – A single scheme but differentiated requirements

3. UKPHR is introducing a single revalidation scheme which will apply to all registrants except Specialty Registrants and Dual Registrants to the extent set out below.
4. **Specialists** will have to undertake UKPHR's revalidation once every 5 years. This process replaces the existing 5-yearly re-registration process which UKPHR has operated until now. The requirements of revalidation for specialist registrants are aligned to those of medical practitioners who are on the General Medical Council's (GMC) Public Health Specialist Register.
5. **Practitioners** will have to undertake UKPHR's revalidation once every 5 years. This process will replace UKPHR's current 5-yearly re-registration process. The first practitioner registrants to achieve their registration did so from June 2011 onwards.
6. **Dual registrants** will not be required to undertake UKPHR's revalidation where they have undertaken revalidation required by another regulator within the last 5 years because it would be disproportionate (and quite possibly counter-productive) to require two revalidation processes to be undertaken.
7. **Specialty Registrars** will not be required to undertake UKPHR's revalidation because their training meets all the requirements of UKPHR's revalidation scheme through the supervision and quality assurance in place during their training programme.
8. The requirements of revalidation for practitioner registrants will be fewer than for specialist registrants. This is because UKPHR's 2011 risk assessment was that the risk of harm to the public from public health interventions carried out or directed by specialists was likely to be greater than for interventions carried out by practitioners.
9. On the basis that a regulator's requirements should be proportionate ⁴ therefore, UKPHR intends to apply its revalidation requirements appropriately, in some respects differentially, as between registered specialists and registered practitioners.
10. **Revalidation dates for specialists and practitioners**

In operating 5-yearly re-registration to date UKPHR has taken each registrant's date of first registration as the start of the 5 year period and has required re-registration to be completed by the fifth anniversary of that date. This means that re-registration dates have been individual to registrants and have not been at set points, or a set point, in the annual calendar. UKPHR intends that for registered specialists this practice will continue when re-registration is replaced by revalidation.
11. For registered practitioners, re-registration only takes effect from June 2016 (because practitioners could not be registered until June 2011). UKPHR intends that for registered practitioners, re-registration will be required to be completed by the fifth anniversary of the date of their first registration and that when revalidation replaces re-registration this practice will continue.

⁴ Proportionate in terms of the level of risk that is being addressed and the regulatory burden imposed

Section 3 – Requirements of the revalidation scheme

12. The mandatory elements of UKPHR’s revalidation scheme are as follows:

UKPHR’s revalidation process comprises:

1. Appraisal
2. Personal Development Planning
3. Health & Conduct Declaration
4. Professional Indemnity
5. Continuing Professional Development
6. Supporting Information of Quality of Service
7. Confirmation of Compliance.

Scheme rules and scheme guidance will explain these 7 elements.

APPRAISAL

13. It is good practice for all members of the public health workforce to be involved in annual **work-based appraisal**. For those in employment this will usually be arranged by the employer.
14. For public health specialists, annual work-based appraisal should be supplemented by annual **professional appraisal**. This professional appraisal should be conducted by someone trained to a standard approved by UKPHR. Specialists working independently will be required to arrange annual professional appraisal.
15. For public health practitioners, annual **work-based appraisal** should be supplemented by a **professional appraisal** conducted immediately preceding revalidation (hence once every 5 years). This professional appraisal should be conducted by someone trained to a standard approved by UKPHR. Public health practitioners working independently will be required to arrange the professional appraisal.

Registered Specialists

16. To achieve revalidation, registered specialists must demonstrate that they have been engaged in **annual work-based appraisal** during their time as a registrant and that they have also undergone **annual professional appraisal**.

UKPHR will publish **guidance** on appraisal including specifically guidance about work-based appraisal for registrants who are self-employed or otherwise do not have an employer who operates annual work-based appraisal.

At each professional appraisal it is expected that the subjects to be discussed will reflect the 7 elements of UKPHR’s revalidation scheme including compliance with CPD requirements and quality of service and improvement of service with supporting information that includes feedback from colleagues, service users and managers and, where appropriate, complaints and compliments.

17. Evidence of compliance with the requirement for annual professional appraisal will be by way of self-declaration together with the supporting information that UKPHR will require on revalidation (see **SUPPORTING INFORMATION** below).

Registered Practitioners

18. For registered practitioners some requirement of professional appraisal would be reasonable but conducted less frequently than for public health specialists. UKPHR has decided on the following requirement.
19. To achieve revalidation:
 - 19.1 Registered practitioners must undergo **a professional appraisal prior to revalidation**, which must be conducted by someone trained to a standard approved by UKPHR. The completed record of professional appraisal must be submitted to UKPHR with all the other evidence required at revalidation.
 - 19.2 At the professional appraisal it is expected that the subjects to be discussed will reflect the 7 elements of UKPHR's revalidation scheme including compliance with CPD requirements and quality of service and improvement of service with supporting information that includes feedback from colleagues, service users and managers and, where appropriate, complaints and compliments.
 - 19.3 Registered practitioners must also produce evidence of **work-based appraisal for at least 2 years** immediately preceding revalidation.

UKPHR will publish **guidance** on appraisal including specifically guidance about work-based appraisal for registrants who are self-employed or otherwise do not have an employer who operates annual work-based appraisal.

20. Evidence of compliance with the requirement for annual professional appraisal will be by way of self-declaration together with the supporting information that UKPHR will require on revalidation (see **SUPPORTING INFORMATION** below).

PERSONAL DEVELOPMENT PLANNING

21. It is good practice for all members of the public health workforce to be involved in personal development planning in relation to their work. For those in employment this will usually be arranged, facilitated or supported by the employer. UKPHR will publish guidance on personal development planning for registrants who are self-employed or otherwise do not have an employer who operates personal development planning.
22. To achieve revalidation, **all registrants** must demonstrate that they have been **engaged in personal development planning during their time as a registrant**.
23. UKPHR will publish **guidance** on UKPHR's requirements relating to personal development planning.
24. For UKPHR's evidential requirements, see the section on **CONFIRMATION** below.

HEALTH & CONDUCT DECLARATION

25. UKPHR has a standard **declaration form for health and conduct** issues already in use on application for registration, annual renewal and 5-yearly re-registration. This form must also be completed and submitted as part of the revalidation process.

Compliance is demonstrated by self-declaration in the form required by UKPHR.

PROFESSIONAL INDEMNITY – PROOF THAT ARRANGEMENT IS IN PLACE

26. UKPHR requires registrants to have in place indemnity arrangements so that members of the public are protected from (or compensated in respect of) any service failure.

Compliance is demonstrated by self-declaration in the form required by UKPHR.

CPD – PROOF OF COMPLIANCE WITH MANDATORY CPD REQUIREMENT

27. UKPHR has set mandatory CPD requirements as follows:

Registered specialists

Specialists must meet UKPHR's standard which is the standard published by the Faculty of Public Health (or an alternative professional equivalent) namely: participants must undertake at least 50 credits of CPD each year, each credit must be supported by a reflective note, at least 25 credits must be linked to their PDP, a maximum of 5 credits may be claimed in relation to any one reflective note.

Registered practitioners

Practitioners must meet the standard set by UKPHR namely: practitioners must ensure they complete a minimum of 75 hours of relevant CPD, together with reflective notes, over a 5 year cycle. Of the minimum of 75 hours, it is expected that at least 25 hours (1/3rd of the minimum required CPD) will relate to the UKPHR four areas of practice. The remainder of the CPD hours can be self-selected allowing personal choice and development and linked to appraisals and personal development plans (PDP), peer support arrangements or other ways of progressing work-focussed performance objectives. A short reflective note (100 - 150 words) must accompany all CPD entries, including those which registrants self-certify.

28. For the purpose of revalidation, **registrants must demonstrate compliance with the mandatory CPD requirement** relevant to them.
29. Registered specialists and registered practitioners who undertake the Faculty's CPD scheme, including the Faculty's auditing, may produce the **Faculty's certificates** of compliance as sufficient evidence.
30. Other registered specialists and registered practitioners must produce **their full CPD log** as evidence of compliance and, in addition, UKPHR reserves the right to require production of evidence in support of some or all of the log entries.
31. See **SUPPORTING INFORMATION** below for evidence of CPD compliance to be submitted for the purpose of revalidation.

SUPPORTING INFORMATION OF QUALITY OF SERVICE

32. All registrants following their route to UKPHR revalidation must engage in appraisal and collect the required Supporting Information. The purpose of revalidation is to ensure that:
- Professional competence is being maintained;
 - Quality of service is maintained and enhanced; and thereby
 - Practice is improved.

Registrants demonstrating they have reflected on their competence, quality of service and practice is key to the revalidation process.

33. In order to establish this principle in the revalidation process (and guard against what might otherwise be a risk of the process becoming a box-ticking exercise) UKPHR will require **supporting information of quality of service**. In the main, UKPHR would expect the source of such information to be peers operating in public health.
34. Registrants will need to produce some Supporting Information at their professional appraisal, for the purpose of showing how they are meeting the professional values set out in *Good Medical Practice* and/or *Good Public Health Practice*. Appraisers will focus on what registrants think the supporting information says about their practice and how they plan to develop or modify their practice as a result.
35. In addition, UKPHR will require Supporting Information to be submitted in support of the revalidation process.

There are **6 types of Supporting Information** that registrants will be expected to gather. They are:

- Continuing professional development (CPD)
- Quality improvement activity
- Feedback from colleagues
- Feedback from others
- Review of complaints and compliments
- Reflective accounts

Some of these will be discussed with appraisers during professional appraisal. **All must be accounted for to UKPHR at revalidation** in the manner described below.

36. UKPHR will publish **guidance** on the meaning of the terms used for these types of Supporting Information, the persons who should be approached for feedback, the format for such feedback and avoidance of conflicts of interest.

Registered Specialists

37. UKPHR will require all registered specialists to produce for revalidation supporting evidence as to quality of service as follows:
- 37.1 Confirmation that UKPHR's requirements in relation to **work-based appraisal and professional appraisal** have been met;
 - 37.2 Confirmation that UKPHR's requirements in relation to **personal development planning, indemnity insurance and health and conduct** continue to have been met;
 - 37.3 Confirmation of ongoing **fitness to practise**;
 - 37.4 Confirmation of compliance with UKPHR's **CPD requirements**;
 - 37.5 Confirmation of participation in **quality improvement activity**;
 - 37.6 Feedback from two work colleagues who may be managers and/or team-mates provided in the latter case that they are registered with any of GMC, GDC or UKPHR;
 - 37.7 **Feedback from two other public health professionals** who must be registered with any of GMC, GDC, UKPHR or NMC;
 - 37.8 **Reflective accounts** written by the registrant in response to each of the appraisal, CPD, feedback from work colleagues and feedback from other health professionals requirements;
 - 37.9 **Three referees**, two of whom must be registered with any of GMC, GDC or UKPHR.
38. UKPHR may from time to time approve other sources of information for this purpose in the future.

UKPHR will publish **guidance** as to the kinds of Supporting Information that will be acceptable. UKPHR's guidance will describe the quantity and quality of information required, give general direction on the range of evidence that will be accepted and avoidance of conflicts of interest.

Registered Practitioners

39. UKPHR will require all registered practitioners to produce for their revalidation supporting evidence as to quality of service as follows:
- 38.1 Confirmation that UKPHR's requirements in relation to **work-based appraisal and professional appraisal** have been met ;
 - 38.2 Confirmation that UKPHR's requirements in relation to **personal development planning, indemnity insurance and health and conduct** continue to be met;
 - 38.3 Confirmation of ongoing **fitness to practise**;
 - 38.4 Confirmation of compliance with UKPHR's **CPD requirements**;
 - 38.5 Confirmation of participation in **quality improvement activity**;
 - 38.6 **Feedback from two work colleagues** who may be managers and/or team-mates provided in the latter case that they are registered with any of GMC, GDC or UKPHR;
 - 38.7 **Feedback from two other public health professionals** who must be registered with any of GMC, GDC, UKPHR or NMC;
 - 38.8 **Reflective accounts** written by the registrant in response to each of the appraisal, CPD, feedback from work colleagues and feedback from other health professionals requirements;
 - 38.9 **Two referees** who must be registered with any of GMC, GDC or UKPHR.
40. UKPHR may from time to time approve other sources of information for this purpose in the future.

UKPHR will publish **guidance** as to the kinds of Supporting Information that will be acceptable. UKPHR's guidance will describe the quantity and quality of information required, give general direction on the range of evidence that will be accepted and avoidance of conflicts of interest.

CONFIRMATION OF COMPLIANCE

41. UKPHR's procedure for carrying out revalidation will be as streamlined, standardized and non-bureaucratic as possible, commensurate with:
- Protecting the public from risk;
 - Limiting the burden on registrants of form-filling and production of evidence; and
 - UKPHR's modest resources available for operating the revalidation system.
42. **For registered specialists, confirmation of compliance will be achieved as follows:**

REGISTERED SPECIALISTS

ELEMENT	REQUIREMENT	SATISFIED BY
Appraisal	(1) Annual work-based appraisal (2) Annual professional appraisal	(1) Self-declaration (2) Self-declaration PLUS original of one professional; appraisal conducted within 1 year immediately preceding revalidation
Personal Development Planning	Must be participating annually in personal development planning	Self-declaration
Health & Conduct	Annual declaration	Self-declaration by answering in full the relevant questions in UKPHR's declaration form
Indemnity arrangements	Indemnity arrangements in place covering practice	Self-declaration
CPD	Meet Faculty of Public Health standard or another professional organisation's relevant alternative	Faculty of Public Health annual certificates covering past 5 years OR production of registrant's log (and supporting evidence as and when called for by UKPHR)
Quality of service	Peer evidence of maintenance and improvement of quality of service: Confirmation of participation in quality improvement activity; Feedback from two work colleagues who may be managers and/or team-mates provided in the latter case that they are registered with any of GMC, GDC or UKPHR; Feedback from two other public health professionals who must be registered with any of GMC, GDC, UKPHR or NMC; Reflective accounts; Three referees, two of whom must be registered with any of GMC, GDC or UKPHR.	Self-declaration Two completed structured feedback forms as prescribed by UKPHR Two completed structured feedback forms as prescribed by UKPHR Completed structured feedback forms as prescribed by UKPHR Three structured references as prescribed by UKPHR

43. For registered specialists, a summary of the Confirmation requirements therefore is as follows:

REGISTERED SPECIALISTS

MEANS	REQUIREMENT TO BE MET	COMMENTARY
Self-declaration	5 years annual work-based appraisal 5 years professional appraisal 5 years annual personal development planning Health & conduct questions answered Indemnity arrangements in place Participation in quality of service discussion	Alternative to work-based appraisal for self-employed registrants
Confirmation by documentary evidence	One original professional appraisal dated within 1 year of revalidation CPD certificates for 5 years (FPH) or CPD log of 5 years CPD activity (be prepared to produce documentary evidence of log entries if requested by UKPHR) Reflective accounts	
Confirmation by third party	Feedback forms x 4 References x 3	

44. For registered practitioners, confirmation of compliance will be achieved as follows:

REGISTERED PRACTITIONERS

ELEMENT	REQUIREMENT	SATISFIED BY
Appraisal	(1) Annual work-based appraisal for at least the 2 years preceding revalidation (2) One professional appraisal within 5 years of revalidation	(1) Self-declaration (2) Original of one professional; appraisal conducted within 5 years immediately preceding revalidation
Personal Development Planning	Must be participating annually in personal development planning	Self-declaration
Health & Conduct	Annual declaration	Self-declaration by answering in full the relevant questions in UKPHR's declaration form
Indemnity arrangements	Indemnity arrangements in place covering practice	Self-declaration
CPD	Meet Faculty of Public Health standard or another professional organisation's relevant alternative	Faculty of Public Health annual certificates covering past 5 years OR production of registrant's log (and supporting evidence as and when called for by UKPHR)
Quality of service	Peer evidence of maintenance and improvement of quality of service: Confirmation of participation in quality improvement activity; Feedback from two work colleagues who may be managers and/or team-mates provided in the latter case that they are registered with any of GMC, GDC or UKPHR; Feedback from two other public health professionals who must be registered with any of GMC, GDC, UKPHR or NMC; Reflective accounts; Two referees, who must be registered with any of GMC, GDC or UKPHR.	Self-declaration Two completed structured feedback forms as prescribed by UKPHR Two completed structured feedback forms as prescribed by UKPHR Completed structured feedback forms as prescribed by UKPHR Two structured references as prescribed by UKPHR

45. For registered practitioners, a summary of the Confirmation requirements therefore is as follows:

REGISTERED PRACTITIONERS

MEANS	REQUIREMENT TO BE MET	COMMENTARY
Self-declaration	2 years annual work-based appraisal 5 years annual personal development planning Health & conduct questions answered Indemnity arrangements in place Participation in quality of service discussion	Alternative to work-based appraisal for self-employed registrants
Confirmation by documentary evidence	One original professional appraisal dated within 1 year of revalidation CPD certificates for 5 years (FPH) or CPD log of 5 years CPD activity (be prepared to produce documentary evidence of log entries if requested by UKPHR) Reflective accounts	
Confirmation by third party	Feedback forms x 4 References x 2	

UKPHR
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