

CONFIDENTIAL

Revalidation task & finish group

Minutes of the meeting held on Tuesday 15 March 2016 at UKPHR
18c, McLaren Building, 46, Priory Queensway, Birmingham B4 7LR

Present (personal attendance):

Anne McMillan, UKPHR's Registrar (Chair)
David Kidney, UKPHR (Secretariat) (DK)

Present (by telephone):

Sally James, Coordinator West Midlands practitioner registration
Helen Kirk, PHE Nursing & Midwifery Directorate (HK)
Caroline Linden, HR Directorate, PHE (CL)
Rhian Rajaratnam, GMC (RR)
Viv Speller, UKPHR Board Director (VS)
Imogen Stephens, PHE (IS)
Angela Townsend, FPH (AT)

Apologies:

Janet Collins, GDC
Jeremy Hawker, UKPHR Board Director (JH)
Sue Lloyd, UKPHR's Registration Panel Chair
Em Rahman, Coordinator Wessex practitioner registration

1. Welcome, apologies for absence and declarations of interest

The Chair welcomed everyone to the fourth meeting of the revalidation task & finish group. Apologies for absence as stated above were received. There were no declarations of interest.

2. Minutes of the meeting held on 27 January 2016

The minutes of the meeting held on 27th January 2016 were agreed subject to amendment on page 2, paragraph 4, line 7 to clarify that PHE's legal requirement was to provide professional appraisal for medically qualified specialists free of cost and that it provided professional appraisal for multidisciplinary specialists in its employ as a good employer.

3. Matters arising from the minutes

None

4. Developing a revalidation scheme

The Chair referred to version 03 of the draft scheme prepared by David Kidney and circulated to members of the group with the agenda. The Chair took the group through the document page by page.

Page 1: No comments were made.

ACTION

DK

Page 2: the Chair reported that the 2nd edition of Good Public Health Practice had now been published by the Faculty of Public Health.

Page 3: No comments were made.

Page 4: No comments were made.

Page 5: The Chair invited comments in relation to appraisal. The Chair reminded members that it was the group's intent that multidisciplinary specialists would have equivalence with doctors as far as reasonably practicable. This entailed annual professional appraisal. For practitioners the group had agreed to differentiate this requirement, instead requiring 5-yearly professional appraisal underpinned by annual work-based appraisal.

Specialists would be required to arrange annual professional appraisal. Where they were in employment it was intended that employers would make the arrangements. For those who were self-employed it was recognised that this requirement might involve them in additional cost.

The group considered how the quality of professional appraisal could be assured or accredited by UKPHR, in particular what training UKPHR will require to be undertaken by appraisers. HK said that in devising the NMC's revalidation scheme care had been taken to try to avoid creating a market in appraisal services and cost implications for registrants needed to be considered. IS said that when PHE set up professional appraisal, it introduced half-day training for trainers of appraisers and subsequently produced a model power point presentation and several videos for use in connection with appraiser training. VS said that if UKPHR required professional appraisal it had an obligation to ensure that appraiser training is available. In the case of 5-yearly professional appraisal for practitioners, VS asked if local practitioner registration schemes would be able to take responsibility for appraiser training and access to professional appraisal.

RR asked if medically-qualified specialists would have to undergo UKPHR's required professional appraisal and revalidation in addition to the same processes required by GMC. The Chair confirmed that in the case of dual registrants who undertake revalidation with their other regulator UKPHR would recognise the outcome of that revalidation and not require a second revalidation.

VS argued that for practitioner registrants who were self employed, work-based appraisal would not be a practicable option and there would be more value in UKPHR instead requiring more supporting information. IS said that PHE had taken a similar approach with regard to specialists who had academic posts.

Page 6: Proof of compliance with CPD requirements. IS said that the FPH approach to linking some CPD to PDPs was valuable. It would be important to emphasise the need for reflective thinking by registrants in relation to quality of service and improvement of practice. IS sought assurance that UKPHR will audit the CPD requirement in relation to practitioners and the Chair confirmed that this was already the case, referring to UKPHR's first audit during 2015.

Page 7: Regarding quality of service, the Chair referred the group to the discussion at the previous meeting regarding multi-source feedback. The Chair suggested that the table on page 7 was confusing and should be deleted and the group agreed.

The Chair sought comments as to how quality of service should be addressed and what differentiation there should be between specialists and practitioners in relation to this aspect of revalidation. It was agreed that this section "Supporting Information" instead of "Evidence" and that UKPHR's revalidation scheme in this regard should match more closely those of GMC and NMC with a reduced requirement on quantity of supporting information in the case of practitioners.

The group stressed that there should be much stronger emphasis on linking revalidation to reflective thinking, and reflective notes, directed to the issues of maintaining competence, enhancing quality of service and improving practice.

Specifically referring to multi-source feedback, IS noted that this was not in itself a quality measure. When it came to "Supporting Information" it was the quality of the evidence submitted, including reflective notes, that was important more than the quality of information put forward to be considered by appraisers.

Pages 8&9: The Chair said that NMC's guidance on "Confirmation" was helpful as was the use by NMC of checklists.

The "Confirmation" requirements would have to be amended in the light of the changes that the group had agreed to make in respect of "Supporting Information".

HK said that the position of self-employed registrants should be addressed more explicitly in this section.

It would also be helpful if in this section the differentiation of requirements as between specialists and practitioners could be clearly shown.

The Chair summarised the discussion. She said that DK would produce a further iteration of the draft revalidation policy taking into account the amendments discussed. The next draft would be circulated electronically and comments requested by email/tracked changes.

Once members of the group had responded the Chair would decide whether the next step should be to hold a further meeting of the group or prepare a report for UKPHR's Board. If the latter, the Chair would circulate the report in draft to group members for comments before submitting it to UKPHR's Board.

Chair/DK

5. Next steps

The Chair said that the group would receive an amended draft revalidation policy document for comment by email.

All

6. Updates

6.1 Good Public Health Practice revision

The Chair referred to her earlier announcement that the Faculty of Public Health had now published the new 2nd edition of Good Public Health Practice.

6.2 Routes to registration

DK reported that UKPHR's task & finish group closed a consultation on 29th February 2016 and would consider the responses received at a meeting of the group to be held tomorrow.

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 group had previously agreed a date for the next meeting of 24th May. However, the Chair said that this date might be changed depending on the decision she makes regarding a report to UKPHR's Board. Members of the group will be notified if the date of 24 May can be released.

DK