

Routes to register task & finish group

Minutes of meeting held on Wednesday 16 March 2016 at 14.00 hours
at UKPHR 18c, McLaren Building, 46, Priory Queensway, Birmingham B4 7LR

Present:

Selena Gray, UKPHR Director (Chair)
David Kidney, Secretariat (DK)
Brendan Mason, Faculty of Public Health (BM)

By telephone:

Stephen Beglan-Witt, GMC (SBW)
Claire Cotter, UKPHR Director (CC)
Ellen Cox, GMC (EC)
Ros Dunkley, UKPHR Moderator (RD)
Viv Speller, UKPHR Director (VS)

Apologies:

Sue Lloyd, UKPHR's Registration Panel Chair

1. Welcome, apologies for absence and declarations of interest
The Chair welcomed everyone to the meeting of the routes to register task & finish group. Apologies for absence as stated above were received. There were no declarations of interest.
2. Minutes of the meeting held on 09 November 2015
The minutes of the meeting held by teleconference on 9th November 2015 were approved as a true and accurate record.
3. Matters arising
None
4. Responses to consultation
DK had sent all group members his written report of the results of UKPHR's consultation on the initial thinking of the group. UKPHR had received 104 responses including 6 responses that were sent by organisations representing the views of those organisations. DK said that he would draw attention to the findings where relevant. The Chair invited SBW to report GMC's progress on revising the GMC's CESR route. SBW said that GMC had established a set of high-level proposals to meet the recommendations contained in the report of the review. Work was ongoing on three fronts:
(1) "acclimatisation", including on mapping the knowledge test to the curriculum;
(2) Evaluation of an applicant's practice, including establishing high-level competences mapped against the curriculum; and
(3) Assessment.

ACTION

DK

GMC was also commencing engagement with stakeholders including employers. GMC expects that the new work-based evaluation will reduce the quantity of Supporting Information needed. The next GMC consultation will be on the legislative changes needed to give effect to the new arrangements. RD asked how much time it was anticipated that work-based evaluation would involve. SBW said that it would be variable over a period of time, more summative towards the end.

The Chair invited BM to report recent changes to PART A exams. BM said that the Faculty of Public Health was intent on ensuring consistency of standards over time. It was therefore planning to put in place a process of standard setting for each paper and each exam sitting with particular reference to more clearly defining the borders between “fail” and “satisfactory”. The content and structure of the exams would be unchanged. The Faculty’s plans were subject to GMC approval.

5. The group’s views in the light of responses received

The Chair took the group through the consultation responses question by question.

Q1. The group accepted the view of the majority of respondents that the Standard Route was fit for purpose.

Q2. The group accepted the view of the majority of respondents that no additional checks of competence were required for Standard Route applicants

Q3. The group noted the comments made by some respondents about the Standard Route generally.

VS asked that DK should be alert to the potential for there being other settings in which it might be useful to refer to comments made in response to this and other questions. DK said he would do so.

Q4. The group accepted the view of the majority of respondents that the Dual Registration Route was fit for purpose. The group asked DK to ascertain from GDC whether there were plans to review the curriculum in the near future.

Q5. The group agreed with the view of the majority of respondents that there was a continuing rationale for a route to registration as a public health specialist as an alternative to completing the Specialty Training Programme.

Q6. The group agreed with the view of the majority of respondents that there should be only one assessment route for all public health specialists, replacing RSS and defined specialist registrations.

Q7. The group agreed with the view of the majority of respondents that the assessment route should be aligned with the 2015 curriculum.

Q8. The group noted that there was no majority among respondents for any particular name for the single assessment route. The group agreed to adopt a working title of “Portfolio Assessment for Specialist Registration”.

Q9. The group agreed with the view of the majority of respondents that the normal way of applying for assessment should be by electronic means. The group noted that UKPHR would need to ensure that applicants would have access to appropriate means for complying. References were made to the Faculty's e-portfolio for trainees, the e-portfolios now being completed by many applicants for practitioner registration and the work being undertaken on the review of the Public Health Skills & Knowledge Framework and introduction, in England, of a Skills Passport.

Q10. The group noted that the majority of respondents agreed that there should be entry criteria for application for the single assessment route. The group noted the comments made by respondents in response to the group's suggestion of entry criteria of 5 years' public health practice of which at least 3 would have been worked in a senior post. The group agreed to recommend 5 years' public health practice of which at least 3 would have been worked in a senior post but recognised, in response to comments provided, that there should be guidance on the meanings of "public health practice" and "senior post", possibly by reference to descriptors and examples.

Q11. The group accepted the view of the majority of respondents that there should be specific criteria relating to years' practice and had taken this into account in coming to its decision under Q10.

Q12/13. The group noted that the majority of respondents agreed that references and testimonials should be required in support of applications for the single assessment route. EC said that GMC required six references and provided guidance on choice of referees and structure of references. In the light of this information the group agreed to recommend that applicants should be required to produce three references of which two should be from registrants of GMC, GDC and/or UKPHR and that UKPHR should publish guidance on choice of referees and structure of references.

Q14. The group noted that the majority of respondents agreed that they would support a requirement that 50 per cent of all evidence for assessment should be from within the 3 years immediately preceding presentation. The group noted the comments made by respondents, in particular those who, whilst supportive of a rule as to currency, felt that a 50% within three years was too inflexible. The group agreed that, as applicants should demonstrate current competency all the evidence submitted should, where possible, be from the 5 years immediately preceding presentation. If it was necessary in order to demonstrate a particular competence to draw on earlier evidence (no more than 50 per cent) then in addition evidence of CPD to demonstrate that the competence had been maintained would be required. The group recommended that UKPHR's guidance should draw a distinction between evidence of knowledge and "show how" evidence and emphasise the necessity of maintaining competence after it had been acquired.

Q15/16/17. The group noted that there was no majority among respondents for or against a requirement that all applicants should be required to pass Part A exams. The group noted support for such a requirement from Faculty of Public Health, Public Health England, Public Health Wales and the Specialty Registrars Committee of the Faculty. EC said that GMC was making passing the exams compulsory because of the difficulty it had experienced in defining satisfactory equivalent evidence of knowledge. EC said that this requirement was intended to contribute to parity of esteem as between the two routes GMC operated. During debate, group members made the following points for and against this requirement:

Pros:

Demonstrable equivalence between the routes as all applicants would have to pass the same knowledge test;

Equivalence between doctors and multidisciplinary specialists as GMC would be requiring its CESR applicants to pass the exams;

Parity of esteem, ending a perception in some quarters that the portfolio route was easier or a “backdoor” to registration;

Exam results provide easily demonstrable evidence of the *individual's knowledge*;

Gives individuals *confidence in their knowledge*;

Part A pass demonstrates *basic level of knowledge across all areas* of the public health curriculum;

Part A exams are *open to everyone*;

Part A exams provide a *rigorous test of relevant knowledge*.

Cons:

Part A pass is only evidence of *knowledge at a point in time*;

Sitters swot for Part A and it is more a *memory test*;

Applicants would have *no support*, unlike trainees;

Cost and time commitment would deter potential applicants;

Knowledge is capable of being demonstrated in a *variety of ways*;

Assessment of knowledge by portfolio facilitates *diversity of learning styles and backgrounds* among applicants;

UKPHR's portfolio assessment has been shown over time to be sufficiently *specific and rigorous* about evidence of knowledge.

There was no consensus in the group and no vote was taken.

The group asked for the Chair's report to UKPHR's Board to reflect the absence of a consensus and to set out the pros and cons for this requirement. Members of the group said that they wished to see what the assessment route would look like if it were to be made compulsory to pass Part A. The group also had a concern about the need for applicants to have access to support and top-up training if they were required to sit Part A exams.

Q18/19/20. The group noted that there was no majority among respondents for or against a requirement that all applicants should be required to pass Part B exams. Support from respondents was lower than for Part A and opposition from respondents was higher than for Part A. The group was of the view that it should not be a requirement that applicants must pass Part B exams although Part B could be endorsed as a suitable way of demonstrating some competences. However the single assessment route ought to allow for alternative means of demonstrating those competences.

At this point in the meeting the quality of the teleconference line was poor and SBW left the meeting. The Chair said that she would end the meeting as quickly as possible as group members were having difficulty in hearing each other.

6. Timetable for the group's work

DK had circulated to all group members an amended timetable for consideration. The Chair said that she would draft a report to UKPHR's Board reporting progress with a view to the report being considered by the Board at its meeting to be held on 26 April. The Chair said that her draft report would first be circulated to all group members for comment. VS asked for the timetable for introduction of changes to routes to registration to incorporate a period of transition from the existing portfolio assessment routes to the new single assessment route.

Chair/DK

7. Arrangements for communicating the group's work

DK reminded the group that UKPHR was committed to transparency of this process and that the group's minutes would be published on UKPHR's website.

DK

9. Any other business

None

10. Date, time and venue of next meeting

The Chair said that a further meeting date would be arranged after UKPHR's Board had considered the Chair's report.

DK