August 2016

# Our report of responses to Revalidation consultation

## Introduction and methodology

The means of seeking views were by way of both a formal, published consultation document and an online survey (Survey Monkey).

The audiences were both invitees (registrants and a range of stakeholders including applicants for registration, members of UKPHR's Consultative Forum and partner organisations) and self-selecting respondents (the survey was published on UKPHR's website).

The survey was available for completion between 12 May 2016 and 05 August 2016.

This report summarises the responses we received, including statistics, illustrative statements from respondents and an interpretive commentary.

All percentages have been rounded to the nearest whole number and none-responses to questions have been excluded, hence percentage totals may not equal 100.

## Who completed the survey?

We received a total of 75 responses. Of these, 66 responses were in the form of completion of the online survey, all completed by individuals on their own behalf. There were 9 formal written responses, all from representative organisations.

Where quotes are used in the following report, an "I" indicates the source was an individual respondent and "O" indicates the source was an organisation.

## Executive summary

UKPHR sought views between 12 May 2016 and 05 August 2016 from a wide range of stakeholders and other interested parties. This was a formal consultation over 12 weeks setting out UKPHR's draft proposed revalidation scheme applicable to all registrants. The draft revalidation scheme was accompanied by draft guidance in order to aid understanding of UKPHR's thinking with regard to the proposed revalidation scheme and the better to inform responses.

This report sets out the responses received, the issues raised for attention and some suggestions for addressing points made by respondents.

Overall, there was strong support for UKPHR's intention to introduce a revalidation scheme and good support for much of the detail which UKPHR set out for the proposed revalidation scheme.

However, there were numerous comments and suggestions aimed at improving the draft scheme or suggesting alternative approaches in order to address what were variously seen as avoidable complexity, over-burdensome requirements and practical compliance difficulties. These comments and suggestions are helpful and the task & finish group will consider them and decide what changes, if any, it will recommend that UKPHR should make to the scheme as drafted and consulted upon.

There was widespread support for the proposition that the relevant standards against which revalidation should be conducted are those set out in UKPHR's Code of Conduct, which is expanded upon in *Good Public Health Practice* (for all public health professionals) and *Good Medical Practice* (for medical practitioners).

There was also appreciation of UKPHR's statement that revalidation should be regarded as a continuous process and not a test of competence at a single point in time.

Views were mixed on the appraisal component of the proposed revalidation scheme, with a variety of adjustments to the requirements suggested. Similarly, there were many suggestions for changes to the proposed requirements for third party confirmation.

Reservations about these two areas of the proposed revalidation scheme caused there to be reduced levels of support for the statements that the proposed scheme is fair and reasonable, proportionate and not over-burdensome.

Many respondents accompanied their responses with additional comments which were informed and considerate. The task & finish group will also consider these comments.

The responses will be considered by UKPHR's Revalidation task & finish group, which will in due course make recommendations to UKPHR. It is anticipated that UKPHR will introduce a revalidation scheme during 2017.

## QUESTION 1: Standards against which revalidation to be conducted

We asked for responses to UKPHR's view that the standards against which revalidation should be conducted are those set out in UKPHR's Code of Conduct, *Good Public Health Practice* and *Good Medical Practice*.

There was strong support for this view – 67 out of 75 responses, so 89 per cent support. Where respondents added comments, the most common points made concerned the multidisciplinary nature of public health practice and the limitations of *Good Medical Practice* in relation to population-based interventions.

Respondents reminded UKPHR also that other regulators have codes of conduct which will be relevant to some registrants, for example nurses, and that UKPHR should be mindful of the complexity that this causes for registrants.

**Illustration:**
*"But in particular Good Public Health Practice. This is important - because Good Medical Practice does not describe or capture the domains of work which are most critical for good public health - population based activity and programmes." (I)*

*"In the future UKPHR need to also consider nursing and pharmacy codes of practice." (O)*

*"Unite considers that as all UKPHR registrants have to practice in accordance with the UKPHR's Code of Conduct that this should be the only standard against which revalidation is assessed." (O)*

**Commentary:**
UKPHR's revalidation scheme will need to be clear that the standards are derived from UKPHR's Code of Conduct, representing a distillation of *Good Public Health Practice* (which should be referred to when greater detail than is set out in the Code of Conduct is sought), and that *Good Medical Practice* is additionally relevant where an individual registrant is a medical practitioner.

## QUESTION 2: Dual registrants

We asked for responses to UKPHR's proposition that dual registrants who have undergone revalidation with another regulator already should be excused UKPHR's revalidation. There was strong support for this view – 60 out of 75 responses, so 80 per cent support. Where respondents added comments, the most common points made were that the other regulators concerned needed to be of equivalent standing to UKPHR and cautioned that other organisations' revalidation may not adequately cover public health practice specifically.

**Illustration:**
*"Yes as long as the other body is of equivalent standing to the UKPHR."(I)*

*"We agree that registrants with dual registration should be excused from UKPHR's revalidation if they are registered with the GMC or GDC. Some other regulators do not currently have a level of registration equal to public health specialists and where that is the case those registrants should participate in UKPHR's revalidation scheme." (O)*

*"On this basis medically qualified specialist registrants who have undergone revalidation with the GMC should be excused UKPHR's revalidation. Where this is the case, the UKPHR register entry should make clear that the registrant has revalidated by another route." (O)*

*"Since non-medically qualified specialist registrants are trained to perform almost all of the roles that can be performed by medically qualified specialist registrants they carry an equivalent level of risk and should be subject to equivalent requirements for revalidation. We therefore believe that, where the standards for revalidation required by other regulators are less stringent than the standards required by the GMC, dual registrants should not be excused UKPHR's revalidation." (O)*

*"The registration may not be specifically public health focused and needs that to be a significant part of the revalidation." (I)*

*"But - if they are practicing Public Health – then requirement for CPD and annual appraisal for Public Health should be met." (I)*

*"Whilst there may be some individuals who might disagree, this proposal demonstrates a confident and forward thinking approach. It will ensure future proofing of the workforce over the longer term given public health practice will diversify even more than it has now in sectors are not yet realised. This is flexible thinking and will ensure optimum diversity as it will encourage individuals to draw on a richer set of occupational/professional skills and experiences than just those form PH specialist/practitioner practice." (I)*

*"Public health specialists registered also with the NMC should be granted the same exemption given that they have to undergo a robust process of revalidation every three years within the scope of their current practice." (O)*

**Commentary:**
There is widespread support for UKPHR's recognition of revalidation by the GMC. UKPHR's intent to show flexibility and keep burdens to a minimum (consistent with robust and effective regulation) is appreciated by respondents. However, some respondents were of the view that UKPHR should not extend this approach too widely.

## QUESTION 3: Specialty Registrar registrants

We asked for responses to UKPHR's proposition that Specialty Registrars should be excused UKPHR's revalidation during their training.

There was solid support for this view – 56 out of 75 responses, so 75 per cent support, including support of the Specialty Registrars Committee of the Faculty of Public Health and of the Faculty of Public Health.

**Illustration:**
*"There is already intensive portfolio and assessment in practice during training which more than adequately covers safety and competence to practice." (I)*

*"Agree that during training revalidation is not appropriate. The Specialty Registrars are not expected to have reached full competence against the curriculum. Revalidation should occur at an appropriate time frame after the Specialty Registrars have completed training." (O)*

*"No, we do not agree. The roles of non-medically qualified Speciality Registrars are generally the same as the roles of medically qualified Speciality Registrars and therefore will carry an equivalent level of risk. As such, they should be subject to equivalent requirements for revalidation." (O)*

*"PHW would recommend that 'non-medical trainees' should also be supported through revalidation during their training to ensure parity with 'medical trainees' through the Wales Deanery. Public Health Wales already has experience of this and would be happy to share relevant details with UKPHR." (O)*

*"Any current Specialty Registrars not on the UKPHR register clearly cannot revalidate. But analogous to doctors who do revalidate while Specialty Registrars (because they are already GMC registered) there should be some mechanism for recognising SpRs not on the GMC or GDC registrars and maintaining that status. The mechanisms already exist for GMC registered SpRs so these could simply be extended." (O)*

*"Revalidation should occur at an appropriate time frame after the Specialty Registrars have completed training." (O)*

*"Not if they have finished the training scheme." (I)*

*"I think the specialty registrars should have to undergo revalidation if the 5 year period falls outside of their 5 year training scheme."*

**Commentary:**
There was general agreement that while in training and under supervision, Specialty Registrars did not additionally need to be revalidated and in any event revalidation would at that stage be premature. UKPHR will need to consider whether a Specialty Registrar registrant who subsequently converts to become a specialist registrant should subsequently be required to undergo revalidation for the first time 5 years after first registration as a public health specialist or 5 years after first registering as a Specialty Registrar.

## QUESTION 4: Appraisal requirements for specialist registrants

We asked for responses to UKPHR's proposition that specialist registrants should be required to undergo annual work-based appraisal and annual professional appraisal.

There was good support for this view – 53 out of 75 responses – so 71 per cent support. It was evident from responses received that various forms of appraisal are in use and as a result many public health specialists are familiar with an appraisal process at work. There is some confusion about the difference between work-based and professional appraisals, a confusion not cleared up by UKPHR in the consultation document. Among respondents familiar with both processes there were calls for the two to be integrated and a few respondents said that in their organisations there was an integrated approach. There were claims that MAAG, 360 degree and multi-source feedback tools served to bring together appraisals and other feedback.

**Illustration:**
*"Yes, these are appropriate requirements in so far as the difference between professional appraisal and work based appraisal is being acknowledged. Further clarification or guidance may be needed to distinguish between these two types of appraisals as this would be helpful to all public health specialists whether they practice as independent consultants or work in the NHS for example." (O)*

*Consideration should be given to requiring those who are self- employed to produce documentation from clients which would seek to provide additional confirmation of the specialist's fitness to practice. "It is not clear how work-based and annual professional appraisal differ. Why are two processes needed? "A combined appraisal looking at both work and professional practice should suffice."* (O)

*"It would be helpful to have a clear definition of professional appraisal and how this differs from elements of a work-based appraisal. There is scope for this to be different across different organisations if guidance is not clear on the differentiation. This may be more difficult for those working outside the NHS or as freelance consultants in Public Health. Guidance on which elements of work should be covered in these separate appraisals…" (O)*

*"YES, for those who have an employing body. It is important to recognise the distinction between work-based annual appraisal (fitness for purpose) and annual professional appraisal (fitness to practise). However, for those who are self-employed, references or testimonials should be sought from recent contracting bodies to provide evidence that they are performing at an appropriate level and are deemed up to date and fit to practise." (O)*

*"This is already the accepted standard. The requirements for Professional Appraisal usually include the Workplace Appraisal."* (I)

*"A single professional appraisal model might be preferred in terms of efficiency and avoidance of duplication of effort." (I)*

*"If specialist registrants are not working but wish to maintain their registration these requirements may be difficult to achieve. Annual professional appraisal should suffice."*

*"There is agreement that annual work-based appraisal (often referred to as job planning) and (more importantly) annual professional appraisal are appropriate requirements for specialist registrants to have to demonstrate when seeking revalidation.*
*PHW would recommend a formal role of Responsible Officer (RO) within each or for groups of employing organisations to provide:*

- *Overall direction and leadership of the appraisal process*
- *Quality Assurance for the appraisal and revalidation process in Public Health Wales*
- *Make recommendations on an individual's revalidation to the UKPHR (as with GMC)*

*Such RO roles would then enable the UKPHR to focus revalidation resource on overall co-ordination of a national scheme and national exceptions and exemptions."*
*(O)*

*"Annual work based appraisal and professional appraisal systems work well where individuals are employed in PHE, LAs and the NHS as there are clear systems and processes so it is straightforward for individuals to engage with this. As cost pressures take its toll in the public sector, it seems inevitable that we will see an increasing trend over the next 10 years where specialists and practitioners are working, may be in isolation of similar roles in a voluntary, private sectors and probably in self-employed practice. Access to a relevant work based systems may be poor. I would like to see the emphasis on professional appraisal through peer networks, or professional appraisal integrated with a work based appraisal system…"* (I)

*"In so far as work-based appraisal and annual professional appraisal are requirements for revalidation by the GMC they should also be requirements for revalidation by UKPHR. We note that for joint appointments with universities there should be a single appraisal process to which universities contribute." (O)*

*"There is a potential issue with regards to professional appraisal as this is not available to non-medics on an equitable basis in all regions. Therefore an appropriate national professional appraisal programme across all regions would have to be in place for non-medical specialists."* (I)

*"Unite is concerned however that with the cuts to public health budgets and the subsequent effects of these on public health teams about the availability of appropriately trained appraisers to conduct the annual professional appraisal and the potential for this aspect to add an additional financial burden on registrants. Could the requirement instead be that of another UKPHR registrant?" (O)*

**Commentary:**
One aim of UKPHR in designing its revalidation scheme for public health specialists was for it to be broadly equivalent to the scheme operated by the GMC for its registrants. For many respondents who are public health specialists, this was a key reason for supporting this proposition. Respondents nevertheless expressed concerns about burdens and practical obstacles.

Conversely, those with experience of systemised appraisal at work were accepting of the proposal for work-based and professional appraisals but nevertheless called for integration and simplification.

Of significance for the future sustainability of UKPHR's revalidation scheme were the comments about diversity of work settings, temporary absences from work (for example, by reason of maternity leave, unemployment or work overseas) and access to appraisers.

## QUESTION 5: Differentiated requirements for practitioner registrants

We asked for responses to UKPHR's proposition that practitioner registrants should be subject to fewer requirements of revalidation than specialist registrants on the basis of the lower risk of public harm that their public health practice represents.

There was good support for this view – 51 out of 75 responses, so 68 per cent support. Responses were however very mixed about the substance of the differentiation that might ensue; some respondents were unclear precisely what UKPHR was proposing that would be different for practitioners, some argued that the differentiation was insufficient and that the burden on practitioner registrants would be too great. A few respondents argued that the proposed requirements for revalidation of practitioner registrants were set too low.

**Illustration:**
*"Yes, we agree. Any revalidation requirements for practitioner registrants should be at a lower level. Practitioner registrants need to be regulated to protect the public but it is reasonable for the requirements for them to be at a lower level than those for (medically qualified and non-medically qualified) specialist registrants because of the lower level of risk associated with their scope of practice." (O)*

*"YES. It is reasonable to have a lower level of requirement for practitioners compared to specialists because risks are lower. The practitioners should be required to demonstrate this lower level of work-related risk." (O)*

*"I think it would encourage practitioners who want career development also it sets a good standard." (I)*

*"Yes, it is reasonable to differentiate requirements between practitioner and specialist. But No the requirements are not reasonable for practitioners."* (I)

*"The requirement for work based and professional appraisal seems over burdensome and the differentiations between the two types of appraisal are not clear."* (O)

*"I suggest that my reflective CPD log, personal development planning and annual appraisal combined with on-going supervision of my work … is sufficient."* (I)

*"Don't disagree but seems a strange anomaly. Stats would suggest 3 is better than 2 for both. [3 work-based and 3 professional appraisals] In ever shrinking PH teams may prove a challenge to find enough referees though."* (I)

*"With the growth of diverse services and private providers of health and wellbeing services, practitioners are likely to be working in organisations without NMC or GMC or UKPHR registered colleagues."* (I)

*"Yes, PHW agrees that there should be differentiation in respect of practitioner registrants. All PHW employees are required to undertake work-based appraisal - 'My Contribution'. The 'My Contribution' process involves at least two formal conversations a year as well as ongoing informal conversations that:*

- *Help employees understand how their role contributes to the team and the organisation, including the impact of their work, the importance of doing it well.*
- *Agree objectives for the coming year including*
- *What they are expected to deliver i.e. work/tasks/activities*
- *How they are expected to deliver i.e. behaviours and ways of working*
- *Continually improvement of practice, i.e. maintaining skills, keeping up to date in current role or developing for future roles*
- *Agree the resources that are needed to do the job*
- *Agree a personal development plan (taking any professional CPD requirements into account)*
- *Discuss career aspirations*

*'My Contribution' conversations also involve performance reviews and feedback on the extent to which employees are meeting or exceeding expectations. The practitioner revalidation process proposed, in terms of the work-based and professional appraisal requirements is possibly too onerous proportionate to level of risk to the public, given the size of the practitioner workforce and potential numbers of future practitioner registrants. PHW recommends that the UKPHR revalidation scheme for practitioner registrants would be sufficient without the requirement of professional appraisal and could be limited, at least as an interim arrangement in the first instance, to self-declaration in relation to annual job planning/ personal development planning and reflective CPD log / FPH CPD certificate. PHW questions the capacity implications of professional appraisal and third party feedback/references would be for the practitioner workforce proportionate to the risk of not introducing these elements into a revalidation scheme for practitioners."* (O)

*"No. It seems reasonable and proportionate to have a lower level of requirement for practitioners compared to specialists because risks are lower. However, we consider the requirements as set out to be too low and recommend that these are re-considered. Yearly appraisals for practitioners may be appropriate, but these could be a shorter version." (O)*

**Commentary:**
Over two-thirds of responses agreed that there should be differentiation in the revalidation requirements for practitioner registrants compared with those for specialist registrants. Many of these respondents went on to argue that the proposed requirements were too burdensome. Work settings are much more diverse for public health practitioners and there was also strong feedback that the proposed requirements were too inflexible – for example the number of references required to be signed by specialist registrants of GDC or GMC or UKPHR. Close attention will be needed to this aspect of the revalidation scheme's design.

## QUESTION 6: Self-declaration

We asked for responses to UKPHR's proposition that on revalidation UKPHR could accept registrants' self-declarations in relation to personal development planning, health and conduct and indemnity cover.

There was solid support for this view – 58 out of 75 responses, so 77 per cent support. In relation to personal development plans this proposal represents a change from UKPHR's current policy on 5-yearly re-registration: a recent PDP signed by a specialist registrant of GDC or GMC or UKPHR is required. Some respondents disagreed with this change, preferring that UKPHR should require sight of a current PDP or add as a requirement of the appraisal process that the appraiser should approve a current PDP. With regard to indemnity cover, some respondents argued that UKPHR should require evidence that the cover is in place.

**Illustration:**
*"Self-declaration may be sufficient in relation to health and conduct. Specialist registrants should, however, have to provide other evidence in relation to personal development planning (which has to be signed off by the Responsible Officer anyway in medical appraisals). UKPHR should also be able to check that specialist registrants have indemnity." (O)*

*"Except personal development planning. Could easily be tested by professional appraisal and CPD requirements and should be."* (I)

*"There was some concern expressed that self-declaration of health may not always be fully accurate." (O)*

*"I am not convinced that self-declaration for indemnity arrangements is the ideal choice, evidence of indemnity would be a preferred option."* (I)

*"But it should be clear that any false declaration is likely to lead to de-registration" (I)*

**Commentary:**
The point made by respondents in relation to personal development planning can probably be accommodated within the appraisal system. It would be overly burdensome to require registrants or their employers to produce to UKPHR evidence of indemnity cover routinely but UKPHR ought to reserve the right to audit answers to this question occasionally. The declaration form ought to contain a warning about the consequences that would flow from making false declarations.

## QUESTION 7: Proof of compliance with CPD requirement

We asked for responses to UKPHR's proposition that for those using the Faculty's CPD recording system (or an equivalent professional system) UKPHR would accept certificates of compliance from the Faculty (or other professional body) as evidence of compliance and in all other cases UKPHR would require production of a full log of CPD activity.
There was solid support for this view – 58 out of 75 responses, so 77 per cent support. Some respondents queried whether UKPHR requires registrants to use the Faculty's CPD system (UKPHR does not) and some respondents (rightly) made the point that the CPD requirement for practitioner registrants differs from the requirement for specialist registrants.

**Illustration:**
*"Yes - for specialists only as this may not be feasible for all practitioners without considerable cost."* (I)

*"A list of CPD and a couple of sentences of reflection for each should be enough. If this isn't available, a testimony from a manager should suffice as a replacement."* (I)

*"Relying solely on the FPH doesn't allow for other routes or mechanisms for registering CPD. Maybe this should be left more open to include FPH or any other professional body."* (I)

**Commentary:**
There was little controversy over this question, partly reflecting that, for specialist registrants, the proposal reflects practice on providing compliance with the CPD requirement for a very long time. Practitioner registrants appear (from annual declarations and UKPHR's first audit) to have taken UKPHR's CPD requirement in their stride and respondents appear not to anticipate any problem in proving compliance.

## QUESTION 8: Third party confirmation

We asked for responses to UKPHR's proposition that as part of the revalidation process UKPHR should require some evidence in the form of feedback and references from third parties (and reflective comments in relation to them from registrants).

For specialist registrants we proposed that this evidence would comprise:

- 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;
- Three referees, two of whom must be registered with any of GMC, GDC or UKPHR.
- Reflective accounts written by the registrant in response to each of the above.

For practitioner registrants we proposed that this evidence would comprise:

- 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;
- Two referees who must be registered with any of GMC, GDC or UKPHR.
- Reflective accounts written by the registrant in response to each of the above.

Fewer than half of respondents agreed with the proposed arrangements, most arguing that the requirements would be too burdensome. Support for the proposition in its totality was just short of 50 per cent - 37 out of 75 responses, so 49 per cent support. 28 respondents (37 per cent) disagreed with the proposals. 10 respondents gave no response to this question or were unsure whether they agreed or disagreed.

Almost all those who disagreed with the proposition as consulted upon agreed that some third party confirmation was desirable and often they put forward alternative suggestions.

**Illustration:**
*"I agree that references and reflective feedback should be required but have concerns about the practicalities of finding a total of 7 individuals to provide those references and the feedback, all or most of whom should have GMC or other registration. Many of us work in settings where there are only very few registered specialists or consultants…. I think this requirement should be re-drafted so that only one referee or provider of feedback is required."* (I)

*"There needs to be a clear distinction between feedback and references for those supplying them. This could be a large burden for small organisations with limited senior staff able to provide feedback or references, or for independent consultants working on only a few projects. A total of seven feedback/references seems excessive: to obtain a job at a senior level in the NHS providing two references is sufficient." (O)*

*"One reflection by the registrant on all of the feedback and references seems more suitable than writing individual reflective comments on each individual feedback/reference."* (I)

*"This feels quite burdensome. Do we really need feedback from 4 colleagues + 3 referees? There is a lot of overlap in what information they will provide. I would suggest 2 colleagues and 2 referees."* (I)

*“It seems onerous to have to produce a whole additional set of references and feedback and reflective review when this has already been done on an annual basis through the professional appraisal scheme.”* (I)

*““I can understand the requirement but am concerned that this will make it too onerous…”* (I)

*“I agree some feedback is required but the level required is excessive. A line manager’s feedback should be acceptable. Alternatively (they may not have had that line manager very long) another senior colleague.”* (I)

*“I think that feedback and references are a good idea, but the proposed number seems high. I would suggest that feedback from one work colleague, one health professional and two references would be adequate. I see less use in the reflective statements.”* (I)

*“2 references seems adequate why the 4 feedback forms rather than a 360?”* (I)

*“It would be interesting to know if 360 degree appraisal or multi-source feedback (MSF) could be used instead of individual feedback and references from third parties. The registrant would normally only complete one reflective note on any MSF feedback. The UKPHR could work with FPH to agree the principals underlying the design of an acceptable MSF for this purpose.” (O)*

*“Yes, FPH believe that it is important to have triangulation of the information submitted for this process, particularly where there is much reliance on the registrant’s self -declaration in regards to large parts of the process. However, collecting such information should not be too burdensome either on the part of the individual seeking to collect it or those supplying it. Also, it is not clear whether the requirement for seven/feedback references is helpful to the appraisal or revalidation process. There may also be confusion in distinguishing between feedback and references for those supplying this type of evidence. We would suggest that a 360 appraisal or MSF would largely overcome some of these issues whilst still meeting the aim of triangulation.” (O)*

*“PHW suggest that the revalidation scheme for specialist registrants in respect of the production of feedback and references should be equivalent to the requirements of the GMC. Multi-source feedback (MSF) or 360 degree appraisal should be used rather than feedback and references from third parties. The UKPHR should specify the principals underlying the design of an acceptable MSF, rather than mandating a particular tool. The registrant should complete a reflective note on the MSF feedback.”* (O)

*“We agree that this should be required for specialists. The mechanisms for obtaining the information should be equivalent to those used by the GMC, for example appropriate use of 360 degree appraisal involving confidential feedback from colleagues. A similar but simplified and less stringent procedure could be used for practitioner registrants. We would expect those who provide the colleague feedback to know the job specification and can therefore assess the registrant on the basis of it.” (O)*

*“NO. This places an unnecessary burden on the individual and wider system and is unlikely add much to a properly managed professional appraisal system. A system that requires references to then be returned to the practitioner is extremely unlikely to provide objective and valid feedback. In particular a requirement for a Multi-Source Feedback, using an approved and validated tool, with facilitated reflection, endorsed by the professional appraiser should cover the reasonable need for wider support. It may still be necessary for one senior individual to provide a recommendation for revalidation.” (O)*

*“I would suggest either a 360 or the feedback as suggested from x2 colleagues and X2 referees.”* (I)

*“Only so long as feedback is simple and easy to collect - a few questions and tick box answers with opportunity to add a comment is enough, can't expect colleagues etc. to write paragraphs.”* (I)

*“I wonder if for some, working in smaller localities or as a single practitioner it may be more difficult to meet the requirements for 2 or 3 references.”* (I)

*“Around the number of referees, it appears to be a bit excessive to obtain three references; perhaps one or two would suffice for either type of registrant. Reflective comments could be reduced to those that the practitioner/specialist feels are relevant and informative rather than being forced to reflect on every piece.”* (I)

*“To me this feels way OTT. The professional appraisal should be dealing with issues of feedback and reflection within the appraisal conversation and CPD achievement, then noting in the summary where there are any issues or concerns.” (I)*

*“Three references is excessive with smaller groups of staff in Local Authorities. Feedback from two work colleagues and two health professionals is also excessive especially if the registrant is not working.”* (I)

*“Yes, but this seems like a lot of work for practitioner level.”* (I)

*“The requirement for 4 x feedback; at least 2 references; plus work based appraisal and professional appraisal seems over burdensome, particularly when some of these individuals need to UKPHR registered BUT not colleagues. We would suggest reflective feedback with a line managerial endorsement of meeting the standards in line with the original documentation for practitioner registration in addition to a declaration of fitness to practice.” (O)*

*“I think this is appropriate although not all practitioners would be able to access feedback from two (GMC/GDC/UKPHR) registered people as the nature of their work may not bring them into direct contact with people at this level. I think ONE reference would be sufficient along with feedback from TWO work colleagues and ONE professional.”* (I)

*“Need wider definition for referees than "health professionals". Feedback from Local Authority and other commissioning colleagues will be more appropriate for many.”* (I)

*“Unite has had concerns raised about limiting the scope of feedback to work colleagues and public health professionals in terms of whether this will provide additional assurance to the public about a registrants practice. Unite has also had concerns raised about the need to share feedback with the UKPHR in terms of confidentiality.” (O)*

*“I work in an academic setting and although several academic colleagues teach and undertake research in public health, I am the only one around who is on the UKPHR, so I would have great difficulty meeting some of these requirements, which seems unfair.” (I)*

*“Up to a point the devil will be in the detail of how this operates, and sorting out the issue with professional appraisal for non-medics. I presume there will be an on-line system for recording and collating this information.”* (I)

**Commentary:**
With hindsight we can see that it would have been better to have asked for views on the proposed arrangements for specialist and practitioner registrants separately. It is not always clear whether a criticism or a suggestion refers to all registrants or only one category or the other.

Given the good support from respondents for most of the other proposed elements of UKPHR's draft revalidation scheme, it is clear that the much lower level of support for this proposition will require attention.

It is not possible to identify a satisfactory critical mass among the responses received for an alternative to the proposals consulted upon. Rather it appears to be the case that attention will be needed to:

- Reduce overall volume of required material
- Ease the burden of compliance
- Differentiate between specialist and practitioner registrants according to a clear rationale
- Accommodate practical difficulties around access to work colleagues, referees and registrants of GDC, GMC and UKPHR.

## QUESTION 9: Fair and reasonable

We asked for responses on the extent to which the revalidation scheme proposed by UKPHR is fair and reasonable. A clear majority said that it was fair and reasonable – 46 out of 75, so 61 per cent. 15 respondents disagreed (20 per cent) and a further 6 neither agreed nor disagreed (8 per cent).

**Illustration:**
*"I think the UKPHR has been excellent over many years. It has provided a good professional system for PH Specialists. I appreciate all that has been achieved and support the new proposals." (I)*

**Commentary:**
There was good support for the revalidation scheme as proposed.

Many of those expressing disagreement were concerned about practical issues around implementation and compliance rather than questioning its fairness.

## QUESTION 10: Differentiation of requirements as between specialist and practitioner registrants

We asked for responses on whether it was reasonable to differentiate revalidation requirements as between specialist and practitioner registrants. There was strong agreement for such differentiation – 55 out of 75 responses, so 73 per cent. Only 7 disagreed (9 per cent) and 7 neither agreed nor disagreed (7 per cent).

**Illustration:**
*"We agree that the revalidation scheme proposed by UKPHR is fair and reasonable, and that it is reasonable to differentiate revalidation requirements as between specialist registrants and practitioner registrants." (O)*

*"Overall some of the requirements seem unreasonable, with regards to practitioners in particular some of the requirements seem disproportionate when assessed against the risks their practice might incur." (O)*

*"Practitioners will find it more difficult."* (I)

*"Same criteria for ALL."* (I)

**Commentary:**
There appears to be general acceptance that the revalidation requirements should be different as between specialist and practitioner registrants. Many of those expressing disagreement were concerned about practical issues around implementation and compliance.

## QUESTION 11: Proportionality

We asked if respondents agreed that the revalidation requirements were proportionate. There was much reduced support for this proposition – 36 out of 75 responses, so 48 per cent. 30 respondents disagreed that the scheme's proposals were proportionate (27 per cent) and 7 respondents neither agreed nor disagreed (9 per cent).

**Illustration:**
*"Re questions 9 and 11, it is only the reference requirements which I feel are too much to ask - see response to previous question. The rest of the proposal is fine."* (I)

*"The scheme must not be overly burdensome, must sort out the issue of professional appraisal and at a time of wage restraint and downward pressure on the PH workforce in general must not be overly costly to the individual."* (I)

*"The UKPHR has done a remarkable job in creating a proportionate scheme that works for individuals from all sorts of backgrounds. It may require a little bit more thinking or clarification in some areas as per comments in the questions to ensure the proposal is completely future proofed and offers true flexibility in opening up public health practice to other groups in the workforce whilst creating a safe guard for the public and ensuring standards can be maintained."* (I)

**Commentary:**
There is tremendous goodwill for revalidation to be introduced but at the same time respondents were concerned to ensure that the revalidation scheme will be manageable for busy professionals with many demands on their time and in many cases shrinking resources to support them in their work.

## QUESTION 12: Burdens

We asked if respondents agreed that the revalidation requirements will not be overly burdensome for registrants to comply with. There was reduced support for this proposition – 32 out of 75 responses, so 43 per cent. 20 respondents disagreed (27 per cent) and 15 respondents neither agreed nor disagreed (20 per cent). Requirements with regard to appraisals and third party confirmation appeared to be key considerations for those who disagreed.

**Illustration:**
*"The neither agree/disagree are in relation to comments I have made earlier in the survey about reducing the laborious nature of some of the proposals."* (I)

*"Please beware overburden of applicants." (I)*

*"The feedback from third parties and references are particularly burdensome when people are not working or on short term contracts. Work place appraisal will also be difficult to obtain for some registrants."* (I)

*"My ratings relate to the requirement for feedback and referees, and I have commented in that section." (I)*

*"This feels like a burdensome paper chase"* (I)

*"Please remember that this is adjunctive to a person's career and day job. This scheme needs to be simplified, revalidation is required but needs to be simply, concise and not time onerous."* (I)

*"…, it would be helpful for as much of the revalidation arrangements to be automated through online tools as possible, allowing information to be gathered, uploaded, annotated and submitted without a large amount of additional paperwork." (I)*

**Commentary:**
UKPHR and registrants are focussed on achieving a scheme design for revalidation that is meaningful and effective but does not impose additional burdens on registrants revalidating or third parties who are asked to support the revalidation process. Responses received to this consultation will assist UKPHR in achieving a final design which meets these objectives.

## QUESTION 13: Reasonableness of seeking third party confirmation

We asked if respondents agreed that it was reasonable to seek confirmation from third parties in the areas proposed by UKPHR in the draft revalidation scheme.

There was good support for this proposition – 48 out of 75 responses, so 64 per cent. 10 respondents disagreed (13 per cent) and 9 respondents neither agreed nor disagreed.

**Illustration:**
*"I think that the section on third party feedback needs further thought. The current sample size is too small to be representative and in my view it would make more sense to mirror the requirement for medical consultants - i.e. a 5 yearly 360."* (I)

*"We disagree with the above 5 questions because:*
*-some requirements seem unreasonable*
*-risk-based assessment of level of supporting information: yet those for practitioners is still quite burdensome*
*-validated, objective multisource feedback tools should be used and appropriately resourced."*
*(O)*

**Commentary:**
The principle of including third party confirmation as an element of UKPHR's revalidation scheme appears to be accepted.

The concerns that respondents have expressed relate to the burden on registrants obtaining material and third parties having time to provide material.

Linking these two concerns, some registrants are concerned that the nature and/or location of their work will make it difficult for registrants to approach third parties for material.

## QUESTION 14: Comments

We asked respondents if they wished to add comments to their responses over and above any comments they might already have made in response to specific questions. We received 34 additional comments, so 45 per cent of respondents contributed further comments.

We are most grateful to these respondents for sharing additional thoughts with us and we have grouped some of these additional comments as follows:

### (1) POLICY

There were three suggestions for amendments and/or additions to the revalidation policy: responsible officers; adverse incidents; and remediation.

**Illustration:**
*"For medical public health practitioners there is a requirement in appraisal to note and reflect on adverse incidents. I do not see this mentioned and while I appreciate that such incidents should be uncommon, they are nevertheless at the core of the purpose of revalidation namely ensuring quality of public health practice so deserve a mention and further consideration in my view." (I)*

*"My experience of the GMC scheme has taught me that it is important to know how you will address the problem of a registrant who doesn't meet the required standard. I suggest that you need some sort of remediation process that should be specified in your policy and guidance." (I)*

**Commentary:**
UKPHR has no power to designate Responsible Officers but it is intended that UKPHR will publish guidance to employers and others who may be involved in support of our revalidation scheme's operation. This guidance will explain the scheme, set out the support needed from employers and other third parties and offer templates for use in providing the information required.

The system of recording and reporting "adverse incidents" is very much part of a medical model but whether there should be a public health equivalent is worthy of consideration. The proposed requirements for reflective notes, professional appraisal and third party confirmation may go some way to covering the point made and possibly guidance from UKPHR could draw attention to the need for adverse incidents to be identified and addressed.

It is very valuable to be reminded that not every registrant may successfully revalidate and that if the revalidation process identifies a need for training or support or something similar then UKPHR ought to be clear what options will be available and how they would be accessed. A registrant's registration status during a period of remediation needs to be discussed also.

### (2) IMPLEMENTATION

There were five observations specifically relating to three issues of implementation of the revalidation scheme: availability of appraisers; availability of third party confirmers; and production of templates.

**Illustration:**
*"I am not sure the timings for when this will actually apply, I know they differ for individuals but this issue has been going on for some time now* ***I think we would benefit from more local support for allocating appraisers."*** (I)

*"My only concern is the work generated for third parties. If you are a third party that gets asked to complete the documentation for a number of people it can become time consuming."* (I)

*"It will be important to consult on the templates that are being produced. I have heard negative feedback about some of the current tools, in relation to their effectiveness and costs. It will be important to understand the main employer's views, in particular (but not exclusively) PHE and Local Government."* (I)

*"We would welcome some indication of the expected additional requirements that will be imposed on medically qualified specialists who are the line managers, educational supervisors and colleagues of UKPHR registrants and may therefore be expected to contribute to the appraisal and revalidation processes envisaged in this consultation." (O)*

**Commentary:**
The availability of appraisers will be essential to the success of UKPHR's implementation of its revalidation policy. UKPHR has little control over the provision of appraisers by employers and others (for example, Public Health England and Public Health Wales) but can produce guidance for those who agree to appraise UKPHR's registrants. We are clear that we do not wish to impose a requirement on registrants to pay for appraisal in situations where they might reasonably expect the cost to be met by others, for example employers. UKPHR has had correspondence already with relevant authorities in the UK about the availability of appraisal and the results of this correspondence will be taken into account by UKPHR when settling the final revalidation scheme.

## (3) SECURING COMPLIANCE

There were two concerns expressed about difficulty registrants may have in complying with UKPHR's revalidation requirements both around the diversity of workplace settings.

**Illustration:**
*"It fails to take account of the diversity of workplace settings public health specialists can work in." (I)*

*"The proposals are excellent and appear to be very robust. However, the revalidation scheme appears to make the assumption that those registered are working within a public health service, are working as a public health specialist or self-employed and therefore have access to other public health specialists/medics. This is not the case for many."* (I)

**Commentary:**
These same concerns were also expressed by respondents in relation to the specific questions about appraisal and third party confirmation. UKPHR will give thought to the challenges that these respondents have flagged up in the design of the final revalidation scheme, the tools provided in support of revalidation, the guidance to be provided and any exceptions and/or Registrar's discretion it may provide for.

## GENERALLY

UKPHR received friendly advice about readying itself for the implementation of the revalidation policy:

*"Within UKPHR there should be a work programme, with deadlines for the work needed to be completed before implementation."* (I)

Clearly some registrants are already familiar with the use of 360 degree appraisal and feedback systems as these were mentioned several times, for example:

*"Not sure whether the third-party feedback and references (with addition of reflective notes) could be incorporated into some form of 360 appraisal?" (I)*

Whilst the register is for public health professionals practising in the UK, a small number of registrants find themselves working overseas for substantial periods of time and we were reminded that these registrants may have difficulty complying with all UKPHR's revalidation requirements:

*"… consider how registrants working overseas might be supported to achieve this."* (I)

Finally, we received a reminder that practitioner registration is a much more recent innovation and we should take care not to undermine its development:

*"If / when Practitioner registration is more advanced - another 5 years and more Practitioners registered, revalidation can change and develop but currently please do not make it onerous or you may find you lose Practitioners who decide the pain / stress and difficulty of revalidation is too much compared to the currently very small benefits in reality they get from being Registered - how many employers know about or understand the registration for example? To date, the actual Registration (the work to get there is clearly hugely beneficial) has not provided me with any practical benefit in my employment although I fully support the programme and am supporting junior staff on the programme."* (I)

UKPHR

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