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Newsletter

Winter 2016

Protecting the public – improving practice

Chair's Introduction

Professor Patrick Saunders
Chair, UKPHR



I know it's a cliché but as we move towards the end of the year, it's a good time to reflect on the hand that 2016 dealt us in Public Health and what we can look forward to in 2017.

This year has presented some of the most important international and domestic public health issues of the era including international conflict, crop failures and antibiotic resistance. The latter has enormous consequences for all aspects of public health and our Chief Medical Officers and governments have rightly made it a priority.

The UK has certainly not been immune to the impact of the former either with the inevitable conflict, economic and environmental migrations posing huge challenges for public health in many towns and cities. The UK Faculty of Public Health President John Middleton discussed these issues and their implications for public health training in a thoughtful piece in the European Journal of Public Health.

On the European theme, the Brexit vote in the EU referendum is probably the single most important political issue for public health in a generation and seemingly reflects a period of growing anxiety, alienation, insecurity, and distrust of public agencies of all stripes. Richard Horton's Lancet commentary considers the against (and for) public health case in this context^[1]. He highlights our historic achievements but also our failures from which we need to learn. Public health will become even more important as we enter a period of social, economic, and political disruption against a backdrop of enormous and continuing cuts in public spending.

Despite this uncertainty there have been some notable domestic public health successes during the year. The judicial rejection of NHS England's position that it wasn't empowered to commission PrEP (Pre-exposure prophylaxis) as it had no role in prevention was most welcome both in terms of providing at-risk groups' access to an evidence based intervention and reinforcing the critical role of the NHS as a partner in prevention.

Evidence is critical to effective practice but there is a tension between the medicalised quality standards that inform much of policy and guidance and the nature of public health research which largely does not lend itself to such assessment. We must ensure that the public health research base and its funding reflects the challenges of evaluating not only complex interventions (see [Towards a new model of evidence for Public Health](#)).

Public Health England has published a review of the evidence on alcohol harm and its impact in England, as well as the effectiveness of different actions in alcohol-related harm (2nd December) [The public health burden of alcohol: evidence review](#). It is clear that people are drinking much more than they did 40 years ago, a timely reminder as we approach the festive period.

Air quality has also been a consistent feature of political, research and media coverage throughout the year and rightly so given the menace of poor air quality and its associated burden of avoidable and inequitable mortality and morbidity. We will be dealing the consequences of some vehicle manufacturers' misleading data on emissions^[2] for many years. The recent damning [High Court judgment](#) on the Government's current air quality strategy will keep this issue current throughout 2017.

I'll end with some specific UKPHR News. We were delighted to have recently passed the 1,000 mark in the number of registrants on our Accredited Register and look forward to a period of sustained growth of the registered community. We have plans for important developments over the next year including the introduction of revalidation for all registrants, a new single portfolio assessment route for specialists, and the completion of UK-wide roll out of practitioner registration. Such an objectively quality assured resource which protects the public, professionals and employers alike is even more important given the scale and nature of the challenges facing public health in the future.

¹ Richard Horton. 2016. Offline: The case against (and for) public health. The Lancet 388: 2578.

² Oldenkamp R et al. Environmental Pollution 212 (2016) 121-127

What's New...

Chair's introduction...page 1

Registrar's farewell...page 2

Revalidation, Routes to Register & Practitioner Registration...page 2

Celebrating Success in North East and Central London...page 3

UKPHR Board strategy day...page 3

UKPHR Annual Practitioner Conference...page 4

7th meeting of UKPHR's Consultative Forum...page 4

Featured Registrant...page 5

UKPHR vacancies...page 6



accredited register

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It has been a great privilege to serve as UKPHR's Registrar. Unfortunately, I must give up the post early due to personal reasons. In my time as Registrar we have achieved a great deal in relation to registration matters:

- ✓ The number of registrants has climbed above 1,000 for the first time
- ✓ We have updated the appeals and fitness to practise rules
- ✓ We have tightened up on rules and practices relating to lapse and restoration to the register, and it would be my ambition for UKPHR to go yet further in this regard
- ✓ We have audited compliance with UKPHR's CPD requirement for practitioners and published guidance as a result
- ✓ We have operated task & finish groups to develop a revalidation scheme and to review specialists' routes to register
- ✓ We have launched a first review of practitioner registration
- ✓ We have maintained our accreditation by the Professional Standards Authority and learned and grown from our accreditation
- ✓ We have agreed to set up a new register for health promotion practitioners meeting the standards of an internationally agreed competence framework.

Registrar's Farewell

*Professor Anne McMillan
Registrar, UKPHR*



I am sorry to be leaving UKPHR at such an interesting time in its development. I shall look back on my time at UKPHR with pride and pleasure. I wish all who work for and who are connected with UKPHR every success going forward and I wish all readers Season's Greetings.

Revalidation, Routes to Register & Practitioner Registration

UKPHR is currently running a trio of tasks any one of which could be described as seriously significant. So to undertake three major tasks at once is courageous to say the least. They are all necessary and in part they are being run together because we are making up for lost time after the diversion created by the Department of Health's previous plan for statutory regulation of public health specialists.

On revalidation, UKPHR is now well-advanced with plans to transform its existing 5-yearly re-registration into a revalidation scheme that will broadly match the schemes operated by statutory regulators the General Medical Council and the Nursing and Midwifery Council.

UKPHR's revalidation scheme will respect our history and the period in our development we have reached and also the views of registrants, would-be registrants and our stakeholders. We know a lot about the views of these groups because we carried out a large-scale consultation during 2016 and received many constructive responses.

It is proposed that this scheme will stress that revalidation is a continuous process over the 5 years of registration it covers. We will be flexible in our requirements for professional appraisal, feedback on quality of service and third party confirmation. We will differentiate the requirements on revalidation as between specialist registrants and practitioner registrants to reflect the difference in risk represented by each category of registrants' practice. We will launch our scheme in the first Quarter of 2017, publicise it widely for a period thereafter, pilot it before the end of 2017 and then introduce revalidation on a phased basis during 2018.

On routes to registration, we are currently working on a new single portfolio assessment route to replace Recognition of Specialist Status and Defined Specialist portfolio assessment routes. It will closely follow the 2015

Specialty Training Programme Curriculum and will be sense-checked against the revised Public Health Skills and Knowledge Framework as well.

It will be some time before all the work we need to do has been carried out, including further consultation, so for now there is no change to the existing portfolio assessment routes for public health specialists.

On practitioner registration, we decided on a review because we have operated this category for 5 years now and we believe there are lessons we can learn for the improvement of practitioner registration going forward. We also want to take into account recent developments such as the revised Skills and Knowledge Framework, the Scottish Review of Public Health and Health Education England's "deep dive" study report. We have a task & finish group working on this project, which has met twice so far and has appointed a contractor to assist with a literature review and stakeholder engagement. It is envisaged that the group will report to UKPHR's Board during 2017.

If you have any queries about any matter arising from this update on these very important subjects, please contact David Kidney d.kidney@ukphr.org

*David Kidney
Executive Director, UKPHR*



Celebrating success in North Central and East London

On 28 September 2016, 14 practitioners celebrated attaining professional registration with the UKPHR. Somen Banerjee, Director of Public Health for Tower Hamlets, reflected on the journey to date and commended the efforts of everyone for making the scheme a success.

Presentations were provided by the UKPHR and Faculty of Public Health which outlined the potential next steps and opportunities for the newly registered practitioners. This included information on:

- 5-yearly UKPHR re-registration process
- Faculty of Public Health practitioner membership
- CPD schemes

The event also discussed the following headline findings from the evaluation

- Scheme support
 - Importance of coordination
 - More portfolio support for practitioners
 - Ongoing training, guidance and feedback to assessors and verifiers
 - Managing expectations - particularly more clarity on the difference between registration and development
- Perceived value of scheme
 - Offers career progression
 - Recognition for the practitioner workforce
 - Validated competence for employers

Louise Holden
Workforce Development Manager, PHE London

Congratulations to everyone who has worked incredibly hard to attain this milestone and credit to:

- Claire Cotter from Equilibrium Health Improvement Ltd launching the scheme,
- the high calibre of assessors and verifiers providing their time to make it happen
- Anisha Wadhvani, Scheme Coordinator, for keeping everyone motivated and on track.

A pan-London scheme to support practitioners attaining public health registration with the UKPHR is currently being considered. Further details to be announced once known.



UKPHR Board Strategy Day

UKPHR Board Composition

- Patrick Saunders – Chair
- Claire Cotter – Vice-Chair
- Jenny Douglas
- Ruth Freeman
- Ruth Goldstein
- Bob Hudson
- Andrew Jones
- Susan Powell
- Karen Saunders
- Viv Speller
- Duncan Vernon
- Louise Wallace

Following the departure of Professor Bryan Stoten as UKPHR Chair in September, the Board has undergone significant change. The revamped Board with representation from England, Scotland and Wales has begun to focus its vision and strategy moving forward.

UKPHR's Board held a strategy day on 22nd November 2016 in Birmingham. The Board, facilitated by Tim Sims, worked towards identifying priorities for action in 2017. The Board also invited Kathy Elliott, Vice Chair of the Registration Panel; Em Rahman, Wessex scheme coordinator and Cerilan Rogers, Lead Moderator, to the day.

The three key priorities the Board identified were: 1) targeted communications with HEIs, professional bodies and organisations responsible for education & training polices and resources; 2) achieving a sustainable model and structure for UKPHR's workforce; and 3) engaging with employers to spread the benefits of registration, including by achieving UK-wide practitioner registration.

After its discussion about vision and strategy, the Board held its Board meeting at which these priorities were further developed.



Annual Practitioner Conference

The 7th UKPHR Annual Practitioner Conference hosted by the West Midlands practitioner registration scheme was held on the 24th November in Birmingham's City Centre.

Dr Rob Cooper, Head of Postgraduate School of Public Health, HEE West Midlands opened the event which was chaired by Sally James, West Midlands Scheme Coordinator. UKPHR Executive Director, David Kidney described UKPHR's Accredited Register, current coverage and practitioner registration requirements of CPD and re-registration (soon to become revalidation).

Dr Helen Carter, Deputy Director for Healthcare Public Health Workforce, PHE; Jess Mookherjee, Consultant in Public Health, Kent County Council; Kate O'Hara, Wellbeing Project Manager, Sandwell MBC and Dr Adrian Phillips, Birmingham's Director of Public Health formed a panel to discuss employers' perspectives of the professional public health practitioner workforce. Discussion led to whether UKPHR registration should be included in Job Descriptions as a desirable or an essential requirement.

The audience learned of a possible pilot scheme to be launched in Bradford;



inclusion of a registration requirement in commissioning contracts in Kent and the benefits of the Faculty of Public Health's Practitioner Membership such as the dedicated online CPD diary.

The event also celebrated those who achieved registration in the past year via presentation of certificates in person to those able to attend: Tom White, Angela Ellins, Gemma Cox and Valerie Cross. In addition, Martin Knight and Jane Stephenson-Glynn appeared by video.



On the 3rd November, UKPHR held the 7th meeting of its Consultative Forum in London, with a focus on revalidation. The Forum which has met in most parts of the UK, was chaired by Professor Patrick Saunders, UKPHR Chair.

David Kidney, UKPHR Executive Director, presented an overall UKPHR progress report, covering the work of UKPHR's revalidation, routes to register and practitioner registration review task and finish groups.

He also reported on UKPHR's joint work with the Faculty of Public Health to formulate a response to Recommendation 5.1 of Public Health England's report *Fit for the future: public health people, a review of the public health workforce* May 2016.

Claire Cotter, UKPHR Vice-Chair, who has also been leading the review of the Public Health Skills & Knowledge Framework for Public Health England explained the

development of the new framework shortly before the formal launch later the same month.

UKPHR Registrar, Professor Anne McMillan updated the audience on the implementation of a revalidation scheme for all registrants. She initiated a series of table-top discussions and exercises on the current proposal. Each group reported back to the plenary session and all comments and suggestions were briefed back to UKPHR's Board. There was collective support for revalidation and CPD together reinforcing continuous improvement in public health practice.

A round-up of news from around the UK concluded the meeting. Anna Sasiak reported PHE's ongoing work surrounding the 31 recommendations in the Fit for the Future report; Fiona McDonald reported the establishment of a public health workforce development group in Scotland; written reports from Wales and Northern Ireland described Public Health Wales's exploration of a sustainable approach to supporting employees who are UKPHR

registrants with requirements for re-registration/revalidation and the publication of the Minister's vision for health and social care in NI, *Delivering Together*.



7th Consultative Forum

My name is Steve Maddern and I am the Head of Adult Health Improvement at Wiltshire Council with a remit for commissioning and delivering a range of public health programmes and services. Since a young age I was always very interested in health and wellbeing, training initially as a remedial sports therapist my career really began in 2002 when I started working in community pharmacy and medicines management. By 2009 I had become a public health project manager and subsequently a Health Improvement specialist with NHS Bath and North East Somerset. My employer gave me the opportunity to study and in 2012 I achieved a Masters in public health and registered as a public health practitioner with UKPHR in 2014. I have recently submitted my defined specialist portfolio to UKPHR and became a practitioner member of the Faculty of Public Health. I am a trained practitioner portfolio assessor and board member of the South West practitioner portfolio scheme and more recently taken on the role at national level as a member of the Registration Approvals Committee at UKPHR which advises on the suitability of applicants for admission to the UKPHR register.

Undertaking the public health practitioner portfolio scheme was very important to me. I have always supported the standardisation of the public health profession and strongly believed that formal demonstration of knowledge and skills gives both the public and employer's confidence in what we do. I felt the scheme helped me to understand my own work experiences and take my practice to a higher level, not only through evidencing my core public health knowledge and skills but also by developing my ability to become more reflective practitioner which has enhanced my professionalism and has seen progress within my public health career.

I believe that the practitioner scheme has supporting me, like a stepping stone, in advancing my career. In 2015 I submitted my defined specialist portfolio for assessment. In 2016 I felt I

wanted to give back to the practitioner scheme, so I trained to be an assessor and also provide mentoring support to candidates; 2016 also saw me accept a place on the Registration Approvals Committee as I was very keen to be involved more in the working of UKPHR.



your career you're going to have to make some tough decisions!

'My advice to anybody undertaking the portfolio or thinking about undertaking either the practitioner or defined specialist portfolio is that the key is: planning, organisation and lots of time!



Set yourself a work plan and agree timescales to complete the portfolio and start to collect evidence early and keep it handy. Get yourself a mentor to support you in writing your commentaries and build a good relationship with your assessor. Attending any locally supported workshops are helpful and working with others in your cohort to share ideas and support each other through the process is essential. The ultimate key is to focus on the end goal and not to feel disheartened by setbacks or your assessors requests for clarifications. Take all the feedback and criticism positively as those supporting you want you to succeed as much as you do!

Featured Registrant Steve Maddern

Head of Adult Health Improvement, Wiltshire Council



Are you a UKPHR registrant?

If yes, login to www.ukphr.org and update your contact details at any time!

Contact us at regsiter@ukphr.org if you are unable to access this area

Registrar

closing date: 9th January 2017

The post holder will be responsible for leading UKPHR's regulatory function supported by UKPHR's Board and paid staff. The Registrar is responsible for ensuring high quality professional public health practice by all UKPHR's registrants.

The time commitment is variable but the Registrar can expect weekly involvement in registration activities. UKPHR's paid staff provide full administrative support. The post is unpaid except for reimbursement of expenses and support for Continuing Professional Development.

For an informal discussion about the post and/or to request an application form, please telephone 0121 296 4370 and ask for David Kidney or email register@ukphr.org

Please [click here](#) to read the job description, person specification and background information.

Specialist portfolio assessor

closing date: 13th January 2017

We are greatly assisted in the work we do by a group of senior public health professionals who voluntarily provide our assessment capacity for enabling more public health specialists to achieve registration with UKPHR. But we need more capacity!

All assessors are trained. Clear guidance is provided and support is given through buddying, moderation and development days. The next training session for new assessors will be on the **7th and 14th February 2017** at RSPH, John Snow House, 59 Mansell Street, London, E1 8AN. It is important that you can make both days of training.

Please [click here](#) to read further information on the role and how to apply.

If you cannot make these dates but would like to be considered for the next round of training, please email p.sull@ukphr.org

FtP & Appeals Panel member

closing date: 3rd February 2017

The role of the **Fitness to Practise Panel** is to **consider and determine any complaint against a registrant** referred to it by the Registrar. The role of the **Appeals Panel** is to consider and determine any appeals **in relation to the Fitness to Practise Rules** and/or a **refusal to admit an applicant** to the register of UKPHR and/or the **rejection of a portfolio** after assessment.

As a member of either Panels your role will be **to serve faithfully, responsibly and impartially**. You will be accountable to the Board for the **integrity of the register**.

Panel members will be appointed for an initial term of three years, with an option for renewal. The position is an unpaid role, however this role is quasi-judicial and for service on a panel a sessional payment of £150 a day will be made.

Please [click here](#) to read further information on the role and how to apply.

Vacancies