

Annex A – Background paper

March 2017

UKPHR Consultation on a new equivalence route to register for public health specialists: retrospective portfolio assessment

Background Paper

1. Introduction

- 1.1 This review was commissioned by UKPHR to aid consideration of changes to the knows-how (KH) and shows-how (SH) standards in use in the current retrospective portfolio assessment routes. This followed the recommendation from the Routes to Register Task & Finish Group (**the RR tfg**) to replace the current routes with a single (generalist) retrospective portfolio assessment route and to revise standards, guidance and processes where appropriate to ensure equivalence with the Public Health Speciality Training Curriculum 2015 (2015 Curriculum) in order to provide a new framework for specialist registration.
- 1.2 It is the intention of the RR tfg to consult on the proposed new framework. Further work will then be required on the processes, for example use of e-portfolios, and other aspects of implementation such as assessor guidance and training before the new route can be implemented, if UKPHR's Board decides to proceed.
- 1.3 The work has been undertaken in a number of stages for both KH and SH, and checked with the RR tfg and UKPHR's Education & Training Committee (**the Committee**) as it has progressed.

2. Knowledge Base

- 2.1 Both the UKPHR's KH knowledge base and the 2015 Curriculum knowledge base are drawn from the FPH Part A syllabus. For the Public Health Specialty Training Programme, acquisition of the knowledge base is assessed through passing the Part A examinations.
- 2.2 For UKPHR's retrospective portfolio assessment routes, assessors check evidence of educational attainment and course attendance paying attention to the content of training to ensure it covers the Part A syllabus.

- 2.3 The review considered:
- 1) Whether any changes to the wording may be required for the UKPHR KH statements to update them and bring them in line with the 2015 Curriculum; and
 - 2) Whether evidence of a pass of the Part A exams could provide exemption from provision of further evidence of knowledge competency in the new retrospective portfolio assessment route.
- 2.4 In October 2016 UKPHR's KH statements were mapped to the 2015 Curriculum to check whether certain themes, concepts or descriptors that are evident in the curriculum appear in the current KH statements, and vice versa. Where discrepancies were identified these were checked back to the detail of the FPH Part A syllabus.
- 2.5 Inevitably there has been a degree of 'curriculum creep' as newer terms emerge, or as areas of the knowledge base have become further developed or recognised for their important contribution. These and minor disparities were noted.
- 2.6 The conclusions of this mapping were that:
- i) Overall there is room for some minor revisions of the UKPHR knowledge descriptors, and reorganising to more closely match the 2015 Curriculum Key Areas; and
 - ii) It was reasonable to propose accepting a pass of papers 1 & 2 of Part A MFPH as evidence of achievement of *all* of the knowledge requirements for UKPHR specialist registration by portfolio, with a caveat of requiring a time limit between passing Part A and submission of the portfolio, such time limit to be agreed.
- 2.7 Following this, the second iteration, the current KH statements were re-grouped and set alongside the 2015 Curriculum Knowledge Base descriptors for each of the Key Areas 1-9. It was notable that the Knowledge base descriptions vary considerably between Key Areas in terms of length and detail, and do not always match exactly to the KH statements, and additionally some discrepancies were noted.
- 2.8 Various options remained and were considered at meetings of the RR tfg and the Committee, both held on 16 January 2017. The options there considered were:
- Option A** Retain the current wording of KHs having demonstrated the match with the Part A syllabus satisfactorily, enabling a pass at Part A to count as evidence in full.
- Option B** Make minor changes to the wording of specific KHs in line with comments noted.
- Option C** Reorganise the KHs into the Key Area groups as shown, and make minor changes to wording where necessary.
- Option D** Remove current KHs completely, and rely on the 2015 Curriculum's Knowledge Base descriptors for assessment purposes.

- 2.9 On the advice of the RR tfg and the Committee, UKPHR's Board decided on 28 February 2017 that:
- a) **There was no benefit in redrafting the KH statements, and that the Knowledge Base as stated in the 2015 Curriculum solely should be used in the assessment of knowledge.**
 - b) **A pass of both papers 1 & 2 of Part A MFPH exam should be accepted as evidence of achievement of ALL the knowledge requirements in the new specialist assessment framework (otherwise evidence should be produced in the same manner as is currently required);**
 - c) **That for equivalence to FPH currency limits, Part A should have been passed within the last 7 years (otherwise assessors will require additional evidence that knowledge has been maintained).**
- 2.10 The most noticeable differences between UKPHR's current KH statements and the 2015 Curriculum Learning Outcomes were in the key learning area relating to health protection (Key Area 6). UKPHR's view is that the new equivalence route should keep close to the 2015 Curriculum Learning Outcomes even if this would make the process slightly more repetitive.
- 2.11 Learning Outcome 6.9 relates to out-of-hours call-out. UKPHR's view is that this subject is more suited to being addressed by employers' governance requirements and procedures.
- 2.12 Other observations have arisen from this review about the 2015 Curriculum's Knowledge Base, for example subjects that might be considered for future inclusion such as health economics and environmental sustainability. These will be retained by UKPHR and submitted to FPH by UKPHR when FPH next reviews the curriculum, which review is due to take place in 2019.
3. Shows How
- 3.1 Current SH standards were similarly reviewed in two stages and comments sought iteratively. In carrying out this review, two underlying principles were stated to be:
- 1) Current retrospective portfolio assessment routes (RSS and defined specialist) are intended for specialists (generalist and defined respectively) who are senior public health workers and can demonstrate work over several years at senior management and leadership level. The SH competencies going forward will need to represent descriptors of full levels of competence so that they encompass all the skills required for someone to act competently in a wide variety of situations. In this regard they need to equate to the full level of achievement of each of the 2015 Curriculum Learning Outcomes, and the Key Area 10 Integration and Application of Competencies for consultant practice. These levels were those used for comparison in the initial paper which mapped current SH standards to the Learning Outcomes.

- 2) The 2015 Curriculum states that the Learning Outcomes are ‘the statements that describe core elements of learning that a Specialty Registrar will be required to obtain whilst in training’. The training is a developmental process, and competence builds throughout the period. This means that Learning Outcomes are sometimes revisited, or required to be demonstrated in different contexts. By contrast a retrospective portfolio assessment route will seek, where appropriate, to establish the skills required once only.
- 3.2 Thus the task of the revision was to ensure that the new Shows How competencies meet *all* that is required in the 2015 Curriculum at the fullest level, but without redundancy or repetition to facilitate retrospective assessment, and that they encompass the full meaning of the competencies. They also need to be able to be demonstrated through the description of achievements and presentation of associated evidence.
 - 3.3 The 2015 Curriculum key areas included health improvement, health protection and healthcare public health, and within these certain technical skills are repeated. It was also suggested that in order to ensure the breadth of application of competencies across all public health domains, evidence for achievement of the new SH competencies should be required to be demonstrated at least once in the portfolio in each of health improvement, health protection and healthcare public health contexts.
 - 3.4 New SH competencies were developed grouped in the key areas as described in the 2015 Curriculum and were discussed at meetings of the RR tfg and the Committee on 16 January 2017 with specific reference to the following questions:
 - i) Should the level for any new standards be equivalent to the full level of achievement of learning outcomes and at the level of Key Area 10?
 - ii) Should competency be assessed once only?
 - iii) Should the standards be generic, and therefore not specify particular issues or public health topics?
 - iv) Should competence be required to be demonstrated across each of health improvement, health protection and health care public health contexts across the portfolio?
 - 3.5 On the advice of the RR tfg and the Committee, UKPHR’s Board decided on 28 February 2017 that:
 - a) **The level for new standards should be equivalent to that at the end of the Specialty Training Programme, but not expected to be higher, thus achieving equivalence to full level of achievement of Learning Outcomes and KA10;**
 - b) **A descriptor other than ‘standards’ should be used, ‘competency’ is proposed;**
 - c) **Generic competencies should be assessed once only but there may be occasions where context-specific competency is required;**

d) No requirement should be made to cover each of specified public health contexts in the portfolio above that necessary for demonstrating specific competencies.

- 3.6 The SH competencies have been reworked blending wording from Learning Outcomes and current SH standards as appropriate, and grouped into the Key Areas. Each iteration has noted comments which can be used for future curriculum revision, and as an audit trail of decisions and changes made.
- 3.7 The proposed new Knowledge Base and SH Competencies are shown in Tables 1 and 2. These new measures have also been mapped back to the current KH and SH to demonstrate the relationship between the frameworks, and these spreadsheets are published on UKPHR's website.
- 3.8 Finally, the proposed new framework has not been mapped against the Public Health Skills and Knowledge Framework (PHSKF). It has been pointed out that PHSKF describes system-wide competencies, and it would not be expected that a Public Health Consultant or Specialist would have all the skills across all the domains.
- 3.9 We want to ensure as much commonality of competencies within public health practice as we can. Therefore, whilst it has been necessary to follow closely the content and language of the 2015 Curriculum, every effort will be made to link the competencies of the proposed new route to register to the PHSKF also. The consultation will seek view on this.