

Routes to register task & finish group

Minutes of meeting held on Wednesday 16 January 2017 at 13.00 hours
at John Snow House, 59 Mansell Street, London E1 8AN

Present:

Selena Gray, Chair
Ros Dunkley, UKPHR Moderator (RD)
David Kidney, Secretariat (DK)
Brendan Mason, Faculty of Public Health (BM)
Viv Speller, contractor (VS)

By telephone:

Claire Cotter, UKPHR Director (CC)

Apologies:

Ellen Cox, GMC
Sue Lloyd, UKPHR's Registration Panel Chair

ACTION

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. Ellen Cox had sent DK an email in which she stated that if UKPHR planned to change learning outcomes the GMC's prior approval would have to be sought. In response VS said that it was not intended that any learning outcomes would be changed as a result of this work. There were no declarations of interest.

2. Minutes of the meeting held on 16 March 2016

The minutes of the meeting held on 16th March 2016 were approved as a true and accurate record.

3. Matters arising

None

4. Responses to contractor's report on mapping standards

VS had provided in advance of the meeting two mapping documents and three discussion papers. The summary discussion paper ("A") formed the basis of the group's deliberations.

VS introduced this item by reminding members that she, and in turn the group, were working to develop a written process for assessment of equivalence. In this case, the equivalence sought was assessment, retrospective portfolio assessment, of applicants for registration as a public health specialist equivalent to a newly-qualified public health specialist who had achieved eligibility for registration by successfully completing the Specialty Training Programme.

DK

VS said that whilst a “written process” was being developed it was envisaged that electronic preparation and submission of a portfolio for assessment would be made available.

Regarding demonstration of knowledge, VS said that in her document “B” she had set out the Knows How (“KH”) in the same order as in the 2015 Public Health Specialty Training Programme Curriculum (“the 2015 Curriculum”) and consequently they were also set out in the same order as the syllabus for the Part A exams, papers 1 & 2.

SG said, and the group agreed with this, that **where the KHs differed from the language of the 2015 Curriculum’s Knowledge Base, the latter should be used.**

Regarding the Part A exams, BM said that there were some minor differences in language between the 2015 Curriculum and the Part A syllabus but the differences were not significant.

The group recommended that **UKPHR should accept passes of Part A papers 1 & 2 as sufficient evidence of knowledge.**

Two subsidiary questions arose out of this recommendation:

(a) For the Specialty Training Programme the Part A passes retained their currency for 7 years, in other words an applicant could successfully complete the Specialty Training Programme provided that the Part B exam was passed within 7 years of passing the Part A papers 1 & 2;

(b) For the Specialty Training Programme trainees who failed to pass both Part A papers could “bank” a paper they did pass and re-sit the other paper.

In response to these two questions the group recommended that:

(a) There should be no time limit on the currency of passes of Part A exams papers 1 & 2 in respect of the group’s recommendation that UKPHR should accept passes of Part A papers 1 & 2 as sufficient evidence of knowledge, but if the passes were a long time ago (for example, more than 7 years ago) assessors would be required to assess that there was acceptable evidence of maintenance of knowledge;

(b) Applicants undertaking the new equivalence route who presented evidence of a pass of one only of the Part A papers would have to produce evidence of knowledge in those areas not covered by the exam pass.

Regarding demonstration of understanding and application of knowledge (what UKPHR currently terms “Shows How”) (“SH”), VS said that in her document “C” she had produced a table which attempted to bring UKPHR’s current standards (and VS queried whether the group would want to call these “standards” in future) into alignment with the language of the 2015 Curriculum learning outcomes and at the same time to eliminate some of the duplication that inevitably arises in the 2015 Curriculum (because the latter reflects their developmental approach to learning on the Speciality Training Programme).

SG said, and the group agreed with her, that in her view **there should be more explicit linkage to the 2015 Curriculum learning outcomes**. VS said that the greatest differences between UKPHR’s current standards and the 2015 Curriculum learning outcomes were in the key learning area relating to health protection (Key Area 6). **The group considered Key Area 6 and agreed that the new equivalence route should keep close to the 2015 Curriculum learning outcomes** even if this would make the process slightly more repetitive than VS had drafted the SH.

VS drew the group’s attention specifically to **learning outcome 6.9** relating to out-of-hours call-out. The group agreed that this subject was more suited to being addressed by employers’ governance requirements and procedures.

The group noted that where learning outcomes referred to topics there was a tension between an approach to assessment that sought to “assess once” a generic competence and the necessity of addressing the competence in each topic setting. The group believed that it had resolved this tension in relation to health protection and that it did not present any difficulty in relation to health promotion. **The group asked VS to review healthcare public health topics and decide whether any further development was required there.**

The group agreed with VS that “standards” was not the right word to use in the new equivalence route process for the SH. **The group said that potentially either “competence” or “competency” might be more appropriate nomenclature, subject to application of a suitable definition, for the requisite assessment outcomes.**

VS pointed out that UKPHR’s current standards contained a section on Ethical Management of Self (“EMS”). This subject was now covered in Key Area 9 of the 2015 Curriculum and the group explicitly said that it accepted that this was acceptable.

The group had noted that in some areas of public health practice UKPHR's current standards went beyond the level of the 2015 Curriculum learning outcomes (EMS was one example) and that in others the group might have wished that topics were more fully covered in the 2015 Curriculum (examples included inequalities, community development and climate change and sustainability). In respect of all such matters, the group's view was that UKPHR should collect these points and put them forward during the next review of the Public Health Specialty Training Programme Curriculum.

CC pointed out, and the group agreed with her, that Key Area 10 was valuable because it set the level at which assessment was going to be required under the equivalence assessment process (namely that of a newly-qualified public health specialist who had successfully completed the Specialty Training Programme), provided a basis for UKPHR's future guidance for applicants and assessors about the equivalence assessment process, would inform UKPHR's decision subsequently on eligibility criteria for the new equivalence assessment process and would assist UKPHR in addressing consequential matters such as requirements for testimonials and references and their content.

The group thanked VS for all the work she had carried out and the clear way in which she had presented information to the group and assisted the group in addressing relevant issues.

5. The group's views in the light of its discussion with the contractor

The group agreed to recommend to UKPHR's Education & Training Committee and through it to UKPHR's Board the decisions it had made during the discussion with VS. CC asked for the equivalence assessment process to be related to the revised Public Health Skills and Knowledge Framework. DK said that appropriate language would describe the relation to the revised Framework.

DK

6. Timetable for the group's work

DK had circulated to all group members an amended timetable for consideration. The group agreed the timetable was reasonable.

7. Arrangements for communicating the group's work

The group noted UKPHR's arrangements for communicating the group's work and the group specifically asked that members should receive early notification of news of subsequent developments.

DK

8. Any other business

None

10. Date, time and venue of next meeting

The Chair's decision whether to hold a further meeting would await UKPHR's receipt of responses to a formal consultation.

DK