

What's New



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Scottish first for public health practitioner registration



Joanne Inglis, a Health Promotion Officer in NHS Ayrshire and Arran has become the first public health practitioner in Scotland to have her professional registration with the UK Public Health Register (UKPHR) approved. Joanne was able to demonstrate her skills and

knowledge in her areas of practice to the requisite standards. Public health practitioners play a key role in improving the health and wellbeing of the population. Over 100 Practitioners have achieved registration since UKPHR began piloting practitioner registration in July 2011. Joanne has been joined on the register by seven more practitioners in Scotland.

"Joanne has made history in Scotland by being the first public health practitioner to gain registration. I felt honoured to have been the verifier and was impressed by the high quality of the work. It is also a good news message to others in a similar position because it shows it can be done".
Elisabeth Smart NHS Highlands

"I had the pleasure of being Joanne's assessor and as her portfolio was the first I had assessed in my role as an assessor for the West of Scotland Pilot Scheme. She made my job very easy. Her portfolio was well laid out, clear and concise. I am extremely pleased that Joanne is the first registrant to be accepted onto the UKPHR. She worked hard and met all her deadlines and has proven she is an accomplished public health practitioner. I wish her well for the future".
Heather Sloan NHS Greater Glasgow & Clyde

UKPHR Practitioner Registration Scheme North London Launch

The North London Practitioner Registration Scheme will be launched on 26th November, at Queen Mary's University, Mile End Campus, London.

The Launch Event, taking place between 12.30 – 5pm, will be bringing together the public health workforce of 10 London Boroughs across the North Central and North East Inner and Greater London areas.

The North London scheme is being set up as a pilot, with a view to widening the scheme across the capital if all goes well and delivers as planned.

The Launch event will be opened by Dr Pui-Ling Li, Deputy Director of Systems Delivery, at Public Health England (London). Workshops will provide a forum for local Specialists and Consultants to explore the roles of Assessors and Verifiers, and for Practitioners to determine their readiness to work towards registration. Dr Cerilan Rogers, UKPHR Scheme Moderator, and David Kidney UKPHR Chief Executive will be explaining the role of the UKPHR and the wider context regarding workforce development in public health, and practitioners in particular.

Keep an eye on the next issue of the Newsletter, to get an update on the scheme's progress.

A Learning Journey

The UKPHR process is not just a learning journey for practitioners. The public health professionals who act as assessors, verifiers and mentors also gain from it.

I get great satisfaction from seeing practitioners grow in knowledge, skills and confidence. The assessment process helps them to identify their own gaps and focus their PDPs. I think it is important to improve public health practice at all levels and make it safer, more evidence-based and more effective.

I have also learned a lot from my experience and this has enriched my own portfolio of knowledge and skills. **Assessor, Kent and Medway**

Professor Bryan Stoten UKPHR Chair

I have now spent a year and a half as Chair of the Register and we seem to have been buffeted by changes locally, nationally and within the organisation itself. There has been an enormous change in the UKPHR. Nairn Wilson and Sue Lloyd have worked enormously hard to move registration on, separating the UK Board from the registration process completely, driving forward Practitioner registration and Nairn and I together with Professor Selena Grey helping get the curriculum review underway.



department now expects to publish in March 2014]. Though we expect to be able to welcome government's support for the important work of specialists, we have concerns about some aspects which touch upon the future of the multi-disciplinary workforce of specialists.

The prime concern I have is with the current proposal to transfer our existing Specialist Registrants into the Health and Care Professions Council in 2015. I have written to the Minister, outlining these concerns and this letter was followed a month later with a similar letter co-signed by the leaders of CIEH, RSPH, UK Health Forum and the Faculty of Public Health's new President .



We have a new and smaller Board, all now Company Directors, and we took up Scotland's offer to host our first new Consultative Forum in November. Our new Chief Executive, David Kidney organised an extraordinary marking of our 10th anniversary, which we celebrated following our Board meeting on 3rd September with Professor David Hunter speaking on "Public Health Unchained" followed by supper.

And, of course, we still await the publication of the government's consultation paper on statutory regulation of public health specialists due over the summer but now expected to be published in November [Editors note: The

The response from the Department was not encouraging. Our concerns have been outlined elsewhere but in particular we are concerned that since a large number of our specialists are already statutorily registered through their own professional bodies it is likely that HCPC will simply add to the number of regulators. We fear that the path from practitioner to specialist will be disrupted while the replacement of a specialist public health regulator by a generalist one covering a wide range of health, social care and ancillary occupations may insufficiently respond to the demands of an ever changing public health agenda.

It is difficult to see currently how the status of Defined Specialist will be accommodated by these changes. Nonetheless the Board is clear that, if legislated for, UKPHR will handle the transfer of Specialists to HCPC as positively as we possibly can. Encouragingly PHE has been very supportive of our work with Practitioners and David has already produced a draft Business Case for a step change in the size of the Practitioners' Register.

We are really pleased to welcome Professor John Ashton as the incoming President of the FPH and most especially his forthright and immediate commitment to building the multi-disciplinary public health workforce. Public Health has come such a long way in the last decade. The interest of spatial planners, environmentalists, housing and welfare managers alongside the more traditional nursing, health promotion, medical and dental disciplines reflects the change wrought in our understanding of health improvement measures as identified by Black, Morris, Whitehead, Acheson and Marmot.

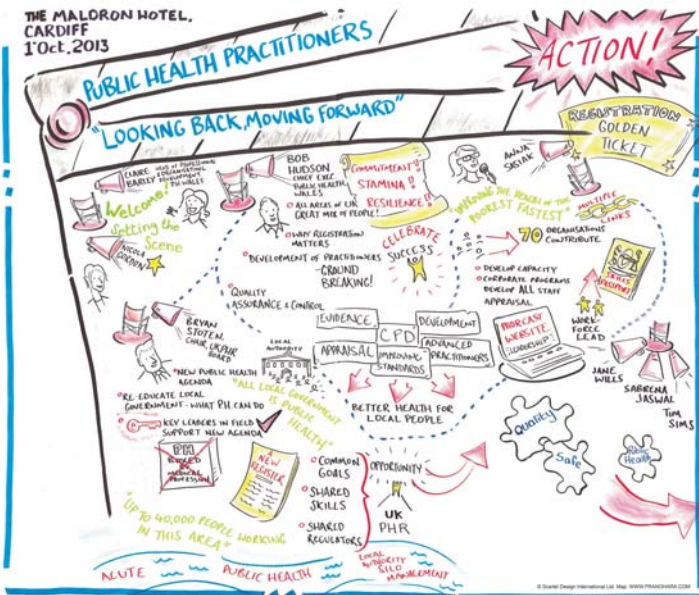
Clearly we have some interesting challenges ahead, the support and advice of all our Registrants – Specialist and Practitioner alike – will ensure we are up to it!

Best Wishes for the year to come



Bryan

Practitioners National Event — 1 October 2013, Cardiff



Looking Back, Moving Forward

The practitioners national event was held in Cardiff on 1 October 2013. It was a great success with various speakers from Public Health Wales and Public Health England and featured 3 parallel breakout sessions during the afternoon 'Roll out and development of local schemes' 'Registered—so what next?' 'Support and development for assessors and verifiers'. A healthy debate raised many valuable questions and solutions



Professor David Hunter talks at the UKPHR's 10th anniversary lecture



Professor David Hunter was the speaker at the UKPHR's 10th anniversary lecture held at The Chartered Institute of Environmental Health in London. David gave a very enjoyable and informative talk on 'Public Health Unchained'. A video recording of this talk is available via the UKPHR website.

David Hunter has been Professor of Health Policy and Management at Durham University since 2000 where he is director of the Centre for Public Policy

and Health in the School of Medicine, Pharmacy and Health and a Wolfson Fellow in the Wolfson Research Institute for Health and Wellbeing.



David's main focus was on the state of public health from the last 10 years and looking forward to where we should be aiming in the future



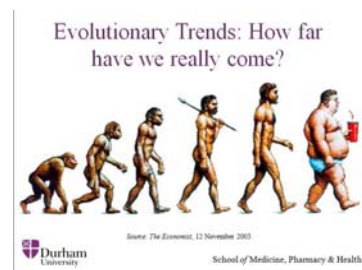
Revalidation



With the Department of Health's consultation on statutory regulation of public health specialists about to commence, Public Health England (PHE) has recently formed the view that it would be wrong for it to make a developmental decision about revalidation of all public health specialists prior to the outcome of the consultation. PHE continues, however, to make plans for earlier revalidation of its directly employed, and some other discrete groups of, specialists. In forming this view PHE has been keen to stress that it remains highly supportive of ensuring that medical and non-medical public health consultants and specialists work to the same high quality professional standards and are subject to the same degree of

professional scrutiny and oversight. Given this development UKPHR will continue its well-established re-registration procedures until such times as arrangements for the revalidation of all public health specialists have been determined. In the meantime, discussions will continue with the Faculty of Public Health to explore possible arrangements for revalidation of specialists who will not be covered by PHE's arrangements but who, for good reason, may require to be revalidated ahead of the introduction of future comprehensive arrangements. A more detailed update on revalidation will be issued by UKPHR in due course.

Professor Nairn Wilson, UKPHR Registrar



UKPHR: the future is bright



My certificate has meaning to me

The public health practitioner scheme appealed to me because it gave me a measure of my professional skills and how they fit within the new world of Public Health, which broadened with the creation and evolution of the re-configured health structures, including Public Health England (my organisation), NHS England, Health and Well-being boards, and the Clinical Commissioning Groups. I display the certificate on my desk, because it has meaning for me, and it shows for people who understand the standards that sit behind it, that I have been able to evidence my competence as a practitioner for health improvement and health protection, through the work that I do for health and criminal justice, to make things better for people who may not always be able to speak for themselves. I would actively encourage other people to undertake the programme, as it develops your way of thinking particularly around working in a broader field, where it is important to work with partners to achieve the health outcomes that protect the individual and the general public.

Jackie Roberts
PHE Alcohol and Drugs Team
WM Centre.

Spotlight on this edition's featured UKPHR Registrant Anne Hinchliffe



Anne Hinchliffe is currently Consultant in Pharmaceutical Public Health, Public Health Wales. Pharmacists are critical to public health so we wanted to give Anne this opportunity to explain its significance and some of its strengths.

Here she answers our questions on her public health career to date.

What would you say are your professional strengths?

My particular expertise lies in being dually qualified as a pharmacist and as a public health specialist. My specialist expertise is an understanding of medicines, pharmacy services, the wider pharmaceutical world and public health knowledge and skills. Colleagues in health protection, health improvement, improving services and health intelligence all seek specialist pharmaceutical public health input in support of their programmes and activities. For example; antiviral use and distribution in a flu pandemic or other pharmaceutical antidotes identified for emergency planning use.

What is your main contribution to public health currently?

Prescribing a medicine is the most frequent healthcare intervention in the UK and medicines form part of many public health interventions across the public health domains. My role includes providing expert public health and pharmaceutical input to national committees such as; the New Medicines Group and the All Wales Medicines Strategy Group which advises the Minister for Health and Social Care on availability of new medicines in Wales; the Welsh Pharmaceutical Committee; and the Welsh Health Specialist Services Individual Patient Funding Request panel.

I have been working with the Welsh Government on the development of a national common ailments scheme through community pharmacy in Wales, a manifesto commitment and part of the Programme for Government. I am committed to critical appraisal of evidence for interventions to inform service developments and to service evaluation.

Have you been able to influence policy and strategy as well?

I facilitate joint working between pharmacy and non-pharmacy colleagues so as to influence policy and strategy and to provide specialist pharmaceutical public health knowledge. Examples include; supporting a national eye health project which led to the production and distribution of an eye health education package for all pharmacists and GPs in Wales followed by an All Wales community pharmacy public health campaign for eye health; leading collaborative work with public sector and third sector organisations to explore the pharmaceutical needs of people living in rural areas; and initiating a research project with NHS Direct Wales to investigate medicines related health literacy needs of callers. In 2011/12 the Health and Social Care Committee at the National Assembly for Wales held an inquiry into the contribution of community pharmacy to health in Wales. I responded to the initial call for written evidence on behalf of Public Health Wales and was subsequently asked to give oral evidence

to the Committee. The Committee's final report and recommendations indicates the messages I conveyed were heard.

Do you also contribute to academic leadership?

I am an honorary lecturer at Cardiff University and I teach both undergraduates and post graduates. I am also an assessor for the UK Public Health Register. As a member of the Royal Pharmaceutical Society's task group, I additionally help develop standards for public health practice for pharmacy. I ought also to mention that I am an author, and I have won prizes at the Royal Pharmaceutical Society (2009 and 2012) and Health Service Research and Pharmacy Practice Conferences (2013).

"Anne has a proven and sustained track record in contributing to the public health agenda in Wales and influencing Welsh Government policy on pharmacy and medicine related issues. Few others from the public health family have matched this contribution.

***"Professor Roger Walker,
Chief Pharmaceutical Officer,
Welsh Government***

UKPHR Consultative Forum—Edinburgh



The first UK Public Health Register consultative forum was held in Edinburgh, Scotland at the Grassroots Community Project. The project is a partnership between the Grassmarket Mission and Greyfriars Kirk and is about supporting people through transitions in their lives and re-connecting disengaged people. Professor Bryan Stoten (UKPHR Chair) welcomed everyone to the forum and stressed that we are the UK, and not the English, Public Health Register. He welcomes the forum as a perfect opportunity to share knowledge between the various public health organisations and individuals present.

Professor Wilson wants to make sure that revalidation is introduced incrementally in such a way as not to be a major event and thereby alleviate any anxieties registrants may have. The process also needs to fit with employers' established procedures such as appraisal. There are many dual registrants already and UKPHR would welcome more.

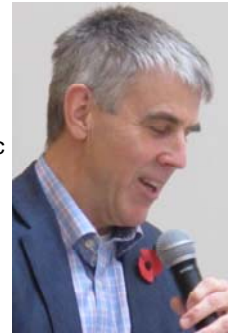
“We must not just be fit for purpose but fit for future purpose”. Nairn Wilson



Karen McGuigan

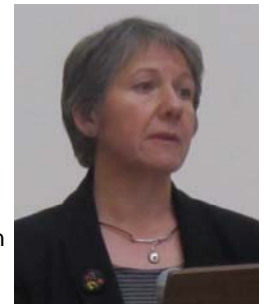
A progress report about the West of Scotland Practitioner Scheme was presented by Karen McGuigan. The scheme is very well organised by four knowledgeable and passionate co-organisers. The scheme is working very well and is almost at full capacity.

(Public Health England), Naresh Chada (on behalf of Northern Ireland's Executive and Public Health Agency), Ian Scale (Public Health Wales) and Pauline Craig (NHS Health, Scotland). Each gave an overview and responded to questions.



Ian Scale

Reflecting on the forum, Bryan Stoten says: “We were very pleased with the event and the feedback from others who attended has been positive in the immediate aftermath.



Pauline Craig

Some themes that emerged during the proceedings include:

On the whole our stakeholders trust UKPHR – trust us to be straightforward in our dealings with you and trust us to do our regulatory job effectively



Naresh Chada

Our stakeholders think that there is value in what we do (there are benefits for the public, for the public health workforce and for their employers) and that extending the reach of public health regulation could be supported if the terms were right

UKPHR's ambition for UK-wide practitioner registration is big and bold but the practical aspects – above all, capacity – represent a major challenge; stakeholders want the ambition to be realised if possible and would give support if they could

The Consultative Forum is a positive development and should be supported as an effective engagement tool going forward.”



Dr. Andrew Fraser

Dr. Andrew Fraser gave a very informative Scottish history lesson and stressed the value of practice and the value of UKPHR. Scotland is currently going through a lot of

change. The future is uncertain, not least around next year's Independence Referendum. However, Dr Fraser is looking forward to continuing to work with UKPHR. “Scotland has learnt lessons from England, and then done them better...Scots are wise and canny”. Scotland benefits from integrated health boards and a collaborative rather than competitive approach to service provision but the biggest challenge it faces is scale.

Nairn Wilson (UKPHR Registrar) described his work including preparations for revalidation. He prefers a pro-active to a reactive approach: “We must not just be fit for purpose but fit for future purpose”.

“Scotland has learnt lessons from England... and then did them better” Andrew Fraser



Linda Jones (UKPHR Vice Chair)

Linda Jones (UKPHR Vice Chair) facilitated a discussion about the challenge of moving from seven pilot schemes of practitioner registration to a UK-wide scheme. Matters debated included: How to scale up; a bottom-up or a top-down approach (or both); and whether total reliance on volunteer assessors and verifiers will be sufficient if there are high volumes of applications.

Proceedings concluded with round ups from around the UK: David Chappel

FPH Assessors

The Faculty of Public Health (FPH) is seeking to expand the pool of FPH Assessors for senior public health appointments.

FPH has a statutory role in the appointment of senior public health consultants. Assessors play an integral role in quality assuring and ensuring standards in public health by assisting in short-listing candidates, sitting on AAC panels and ensuring that only appropriately qualified individuals are appointed to public health consultant posts.



All applications are welcome. However, we would especially welcome applications from the North East, South East Coast, South Central, South West and Wales.

For more information on the criteria to become an assessor see http://www.fph.org.uk/work_for_fph. For further information on the role of an Assessor see http://www.fph.org.uk/faculty_guidance

Interested members should complete the attached form and email it to aac@fph.org.uk.

Criteria for appointment:

Fellow, Member, or Honorary Member of FPH 'in good standing', including meeting FPH's minimum CPD standards

Full specialist registration via either the GMC Specialist Register, the GDC Specialist List in dental public health or the UK Public Health Register

Working for a minimum of five years in public health posts and currently working in an NHS/government/public health post (or honorary NHS public health post) as a consultant or as a consultant in a related specialty (e.g. CCDC, CHP, consultant epidemiologist, etc) in the UK

Trained in fair and non-discriminatory interviewing and selection techniques and to have received appropriate training in the application of equal opportunities legislation to appointment procedures

Further information on the role of an Assessor.

Interested members should complete this Assessor form and email it to aac@fph.org.uk

Local government's new responsibilities around health and well-being offer us a fresh chance to review how we deliver public health and what workforce we need to do this. Registration is one component of this, giving us the assurance that where we genuinely need specialist staff, these staff have the right skills for the job.

**Martin Reeves, Chief Executive.
Coventry City Council**

Training Course New Specialist Assessors

We are currently running a training course for new assessors due to the increased number of specialist applications

Would you like to become a UKPHR Specialist Assessor?

We will be holding another training course in early 2014

Contact UKPHR at register@cieh.org and send us a recent CV and a statement as to why you would like to become a UKPHR specialist assessor.

Personal and Professional aspects of UKPHR registration

Applying to the Public Health Practitioner Development Scheme in the West Midlands could not have come at a better time for me, as I established myself as a now self-employed independent Public Health Practitioner. This was a very anxious and challenging time, with concern about future employment being upper most in my mind. It is surprising how quickly the doubts about your own professional abilities creep in, once out of the environment of supportive colleagues.

So a time to reflect on my achievements in public health practice and how my knowledge and experience demonstrated how I met the standards for the practitioner assessment was very helpful and reaffirming. It was this process that attracted me to the scheme. The competency assessment was based on me demonstrating what I had already done, relevant to my area of practice, rather than having to learn and develop new knowledge and practice to meet the standards. Much of my experience exceeded the standard required for a Public Health Practitioner, nevertheless being peer assessed through a rigorous process and now being registered on the UKPHR has given me greater confidence and evidence of my public health proficiency and competence for my current and future employment.

Kate O'Hara, Independent Public Mental Health Practitioner

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