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North Central and East London Practitioner Scheme



The North Central and East London Practitioner Registration Scheme launch was held at Queen Mary's university, Mile End Campus on 26 November 2013. Claire Cotter, Scheme Coordinator and her team did an amazing job organising the event. What started out with interest from five or six London boroughs soon grew to 10 London boroughs and local Acute Trusts.

Over 90 people attended the launch day and were welcomed by Dr Somen Banerjee, Interim DPH Tower Hamlets. Dr Pui-Ling Li, Deputy Director, Systems Delivery PHE spoke about

the London Public Health Workforce; Workforce Development and Practitioner registration. There were various workshops during the day for Practitioners, Verifiers, Assessors and DsPH & Partner Organisation Leads which proved to be very informative.

It was very refreshing to hear a no holds barred talk from Karen Simmonds, Public Health Lead, Surrey County Council. Karen spoke about registering as a public health practitioner. Her experiences during her registration, although challenging proved to be very rewarding in both a personal and professional manner. It was also a testament to the robust nature of the registration process.

David Kidney UKPHR CEO also spoke of how the UKPHR was working for

practitioners and the public health community. During the question and answer session there was a very positive view of the future. Since the launch event, over 40 practitioner applications have been submitted to the scheme, demonstrating the level of interest and commitment to professional registration for public health practitioners in North Central and East London.



Claire Cotter

Season's Greetings from the UKPHR

The UKPHR Board and staff members would like to wish all our registrants, moderators, assessors and the local practitioner scheme coordinators season's greetings and a happy and healthy New Year.



UKPHR On the Road



The UKPHR exhibited at the Hertfordshire Public Health Conference on 4 December 2013. Also, David Kidney, UKPHR Chief Executive has also been busy speaking at various engagements regarding the current state and future of Public Health in the United Kingdom.

Lisa Shendge—UKPHR Registration Approval Committee Lay Member



In December 2012, I was invited to serve as the lay member of the UKPHR 's Registration Approval Committee having previously been on its Fitness to Practise Panel.

My initial question was "so what IS public health"? Even with a long and varied career behind me, I knew very little; what it was, who did it and how did it affect me? This lack of knowledge, I am sure, applies to the vast majority of the population and we know even less about UKPHR and what it does. We all should find out more. After all, it is we the public who benefit and who ultimately pay for our public health. We need to know that the professionals working on our behalf have been registered with a reputable body to prove that they are properly qualified and that their qualifications and abilities have been professionally checked and verified.

As a registered Occupational Therapist, I worked in various NHS and Local Authority settings and then in the community for 24 years liaising closely with Environmental Health Departments, Planning, Housing and others.

From 2001 until my contract expired in 2012, I sat as a lay member on the General Medical Council's Fitness to Practise Panels, hearing evidence in order to decide whether a doctor's fitness to practise was impaired so as to affect his/her registration. It was an honour to be appointed as a Justice of the Peace in 2002 and I sat until my retirement in 2012 although I am still on the Supplemental List.

In 2011, as a Magistrate, I was recruited to be part of a team working on the 2 year "Speaking Up" project joint funded by The Patients Association, Mid-Staffs Hospital Trust and others to design and then monitor a new complaints procedure. We were delighted when The Francis Report subsequently recommended that our new system be adopted country wide.

I have served as a Disability Qualified member for The Appeals Service for many years and still do. These tribunals hear appeals by people who have applied for various disability related welfare benefits. I also sit on The British Association for Counselling and Psychotherapy's Fitness to Practise

panels as a lay member. Recently, I was appointed as a Public Contributor to the Primary Care, Community and Preventive Interventions Panel for The National Institute of Healthcare Research. This work involves prioritising healthcare research. Another steep learning curve.

My experience with UKPHR has impressed me with the robust and professional approach it takes to the serious business of registration. The amount of work taken in this respect is staggering and this is evidenced by the careful, painstaking attention to detail I see in the papers.

The Assessors and their reports are excellent and they seem to do an amazing amount of work paying attention to standards and time-scales. The whole process is transparent to me and I am glad that UKPHR has recognised the need for lay input (me).

But, Public Health people, you need to make yourselves known. When I go to a hospital, I know who is treating me and also have an understanding of the many people employed there. That just doesn't apply to public health and I wish it did. I understand that UKPHR has applied for accreditation with the Professional Standards Authority. I believe this to be richly deserved and I hope it will be granted.

Professor Bryan Stoten — UKPHR Chair

In our Autumn Newsletter you will have seen a report of the Edinburgh Consultative Forum. Pauline Craig and her colleagues were overwhelmingly generous with their support, time and their commitment evidenced by a stunning description of their West of Scotland Practitioner Pilot – some pilot! Following on from our Cardiff practitioners event there is a sense of the Practitioner's programme now gearing up – and it will have to if David Kidney's aspirations, now presented to PHE, are to be achieved. There is an enormous task ahead if we are to get a critical mass of Practitioners registered without the inequity of it depending where in the UK you work whether you come across a registration scheme.

I've been speaking to the Association of Directors of Public Health "Master-classes" and of particular interest has been the anecdotes coming out

of their discussions. Stories arise of Annual Reports having to be "approved" by Local Authority Cabinets, DsPH without a vote on Health and Wellbeing Boards and still the Secretary of State's wish for a direct report from DPH to Chief Executive being by no means universal in application.

Regulation matters in these circumstances, not only as a protection for the public but to protect our Registrants too. Agreed Codes of Conduct promulgated by the Register and adhered to by Registrants give substantial protection against arbitrary management actions, especially while Public Health's new employers find their feet in the new Public Health world.

When we talked of Public Health "coming home" we perhaps forgot that the old residents had moved on and our own arrivals had changed dramatically too. Not many Dr Snoddys left now and Public Health can no longer be kept on a

separate floor of County Hall behind a door marked MOH. Thankfully we now have open plan with all that involves. Sitting alongside colleagues from so many other disciplines is a revelation. Almost everything local government does is a branch of Public Health – as some of our registrants are now learning as they attempt to protect the ring fence! But it is a welcome realisation too that in local authorities we are joining up with real colleagues in the job of creating healthier, safer and kinder communities.

Happy Christmas and an energetic New Year!

Bryan



UKPHR Specialist Assessor Training

The UKPHR has a distinguished history having been established in 2003 with the objective to promote public confidence in public health professionals' practice in all four UK countries through independent regulation. It is a voluntary regulator of over 500 public health specialists and more recently the register has opened to public health practitioners. The underlying principles of the register are:

- Public protection
- Fairness
- Transparency
- Robustness
- Collaboration with appropriate bodies

These are principles that play a vital part in all our work.

As with all small organisations, volunteers play a key role in the work of UKPHR. The quality of the work of our volunteers underpins the quality of the work that we deliver as an organisation. We offer you an opportunity to contribute to the work of the register as a portfolio assessor to ensure we can continue to build on the reputation we have already developed.

The UKPHR assessors have a proven interest in public health and come from all variety of backgrounds, but the rewards of being an assessor are significant. Assessors are required to assess portfolios put together by aspiring registrants; each portfolio is different and therefore offers a unique public health learning opportunity. The learning opportunities offered via portfolio assessment are recognised by the FPH and CPD hours can be claimed after completion of an assessment. These hours are, as always, based on reflection.

As a UKPHR registrant you will already have extensive experience of public health at a senior level in service, managerial or academic areas. For those who are members or fellows of the Faculty of Public Health, experience of examining candidates for the Faculty of Public Health part B exam, and/or experience as an educational supervisor/trainer for trainees on regional training programmes is desirable, but you will need to confirm that you have had some assessment experience and the following:

- demonstrate skill in assessing evidence submitted to demonstrate competence in knowledge and its application in practice ('shows')
- To be thoroughly conversant with the public health competences required for registration
- To be able to maintain independence and impartiality in the role
- To be willing and able to devote the

necessary time and to give the task appropriate priority

Assessors will be appointed for an initial term of three years, with an option for a further term, or terms. It is an unpaid role, but expenses are paid. Assessors should complete a minimum of two whole portfolio assessments per year and attend at least one Registration Panel meeting every 18 months, and by teleconference whenever assessments they have been involved with are considered. The commitment involved is expected to be the equivalent of a minimum of 1 day a month.

UKPHR will be delivering an assessor training programme on **5 and 12 February 2014** in London and attendance at both days is required. The session is a necessary step in becoming an assessor on the UK Public Health Register and you are invited to apply to become a portfolio assessor for UKPHR.

If you feel that you would benefit from being active as an assessor for UKPHR please send your CV to register@cieh.org by close of play **31 January 2014**. With your CV please provide a statement as to why you would like to become an assessor and why your experience is suitable, enclosing any documentation relevant to your application. Your application will then be considered and you will be advised of the outcome.

The UKPHR looks forward to hearing from you.

Training Course New Assessors

We are holding a training course for new UKPHR assessors on Wednesday 5 & 12 February 2014

Would you like to become a UKPHR Specialist Assessor?

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 assessor.

Congratulations to all our recently qualified UKPHR Specialist Assessors.

Seven new UKPHR Specialist Assessors recently attended a two day training course and have become the newest members of the assessors team.

The course was run by moderator Dr. Cerilan Rogers where the new assessors learnt the knowledge of how to assess a new portfolio.

The course was very relaxed, informative and extremely enjoyable. It provided a chance to have a round table discussion over various training portfolios and to answer trainees' questions.

It was very encouraging that everyone picked up the ropes very quickly and we know that they will become very valuable members of our fantastic Assessor Team.

Frances Cheng

Chris Day

Jennifer Hall

Frances Haste

Hermione Lovel

Anna Raleigh

Rachel Wells

We would like to thank all our assessors for the amazing job that they do. We will be featuring some of our Specialist Assessors in future editions of the newsletter.

Code of Conduct* — Professor Nairn Wilson UKPHR Registrar

Code of Conduct – Protecting the public, a benefit for registrants

On 1 October, UKPHR published for the first time its Code of Conduct. From now on, all registrants will have to commit specifically to observe the standards set out in the Code of Conduct. Here the Registrar, Professor Nairn Wilson explains what the Code of Conduct means for registrants.

The primary purpose of the recently launched UKPHR Code of Conduct is protection of the public. The Code, in common with similar codes published by other regulators, is also a benefit to registrants. Seeing the Code of Conduct in this light heightens its importance and relevance to the further development of the practice of public health. This article, while emphasising the role of the Register's Code of Conduct in the protection of the public, identifies those aspects of the Code which make matters clearer for registrants.

As indicated in the preamble to the Code of Conduct, it is a document which sets out the principles to be followed as a UKPHR registrant. Seven principles are identified. On one hand, these principles may be viewed as demanding, possibly even challenging and very focussed on the interests of the public. However, on the other hand they set clear, unequivocal parameters or, as I prefer to view them, the foundations on which registrants should base and further develop their practice of public health. Through a registrant's acceptance and application of these principles, fleshed out in detail in the body of the Code of Conduct, the registrant both contributes to enhanced protection of the public, and provides him/herself with standards to work to, and be judged by in fulfilling roles and responsibilities in the practice of public health. This helps answer the frequently asked question: What is expected of me as a registrant of the UKPHR?

In reaffirming commitment and adherence to the Code of Conduct at the time of the annual renewal of registration, registrants

contribute to the Register being able to reassure the public and stakeholders in public health provision that its registrants are fit for present purpose, and allows registrants to claim, for example at the time of annual appraisal, that they are not only registered with the UKPHR, but committed to the current Code of Conduct.

While it is not anticipated that the Code of Conduct will change greatly from year to year, the Board of the Register has decided that the Code should be subject to formal annual review and updated, as appropriate, to reflect contemporary needs and expectations. In this respect, the Code should be viewed as a living document, rather than missives carved in 'tablets of stone'. In viewing the Code in this way, the Register is always pleased to receive comments and suggested amendments to the Code, which in a similar manner to all the other documentation of the Register, undergoes both continuous quality improvement and revision to reflect the changing nature of effective, modern 'right touch' regulation, let alone developments in the practice of public health.

The Code not only encourages registrants to take swift action and to speak with candour, it expects them to take such action, especially when they might otherwise be reluctant to 'blow the whistle'.

A further attribute of the Code of Conduct to registrants is its value in, for example, the unfortunate situation of realising that the health, behaviour or performance of a professional colleague may pose a risk to, in particular, the public. The Code not only encourages registrants to take swift action and to speak with candour, it expects them to take such action, especially when they might otherwise be reluctant to 'blow the whistle'. In other words registrants, you would be acting in the manner expected of you, and with the backing of the UKPHR, rather than for any other possible reason, as may be imagined by the individual who is giving rise to cause for concern.

The seventh principle of the Code of Conduct is: *Cooperate with the team with which you work and interact.* It is to be hoped that this principle will become ever

more significant and powerful as more and more members of the public health workforce, who are not registered or working towards registration with the UKPHR, decide to join the Register's growing number of registrants. UKPHR will be all the stronger and better able to fulfil its purpose as it grows and, in the process, realises its goal to play an ever-increasing role in the modern, fit for purpose regulation of the multi-disciplinary public health workforce.

“Communicate effectively and share your knowledge, skills and experience with colleagues, employers and others in the interests of the public”.

Yes, regulation should be effective in removing bad apples, but it should also contribute to correcting slips in practice, sharing knowledge of good practice and supporting and enabling continual improvement. The Register and its registrants together can help to achieve this more holistic and positive approach to regulation in public health. In this regard, section 7.3 of the Code is especially important: "Communicate effectively and share your knowledge, skills and experience with colleagues, employers and others in the interests of the public".

I hope that this article encourages readers to see the UKPHR's Code of Conduct in its true light. The Code is not just a set of 'rules', it is a dynamic, multi-dimensional document, which serves both its primary function of protection of the public while supporting and encouraging registrants of UKPHR.



Professor Nairn Wilson
UKPHR Registrar

**Spotlight on this edition’s featured UKPHR Registrant
Neil Bendel**



What would you say are your professional strengths?

I have been registered with the UKPHR as a Defined Specialist since March 2009. I began working in public health in 1993 and, following an initial stint as a generic Research Assistant, I have worked in the field of public health intelligence ever since. Over the course of my career, I have worked in public health teams across a variety of different organisational settings and at different levels of the NHS, including Health Authorities, the NHS Executive and Primary Care Trusts.

What is your main contribution to public health currently?

Since 2002, I have been working mainly in a local authority environment, firstly as part of the Manchester Joint Health Unit (a public health policy and strategy team based in the City Council but staffed by a mixture of local government and NHS employees) and, latterly, as Head of Health Intelligence for Public Health Manchester, based within the Directorate

for Adults, Health and Wellbeing in Manchester City Council. For the last two years I have been helping to lead the Public Health Intelligence Transition Programme across Greater Manchester.

Do you also contribute to academic public health?

My career also includes experience of working in an academic setting, including a 12 month secondment to the Department of Public Health at the University of Liverpool in 2001. I am currently an Honorary Lecturer in Health Informatics at the Institute of Population Health within the University of Manchester.

What in your view is the value of the Defined Specialist route onto the register?

The Defined Specialist route onto the UKPHR was ideal for me as it reflected the non-standard way in which my career has developed. I do not have an MPH or

other formal qualification in public health but, instead, my skills have largely been developed through personal practice (i.e. learning 'on the job'). The retrospective portfolio route, although long and time consuming, did allow me to demonstrate my competency in a way that I would not have been able to do if I had to rely on formal qualifications alone. Removing this route would prevent people with a similar career path to me from demonstrating their competency in public health and, in that way, damage Public Health England's desire to professionalise the public health intelligence workforce.

<p>Neil Bendel</p> <p>Strategic Head of Health Intelligence Public Health</p> <p>Manchester Directorate for Families, Health and Wellbeing Manchester City Council</p> <p>Honorary Lecturer in Health Informatics</p> <p>Institute of Population Health,</p>
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Viv Speller speaks about the IUHPE European Health Promotion Accreditation System

The International Union for Health Promotion and Education (IUHPE) has been working since 2009 with many partners across Europe to develop competencies, standards and an accreditation framework for health promotion practitioners. The work of the 'CompHP' project completed in 2012 with full publication of the results of the project, including the health promotion competencies, professional standards and accreditation framework, which can be found at: www.iuhpe.org/index.php/en/comphp

In 2013 the work has continued to develop the accreditation system with funding for a pilot phase from the EU. As a member of the Royal Society for Public Health team who were a partner in CompHP and who developed the professional standards for health promotion, I have continued to support the initiative during 2013, as a member of the IUHPE Competencies & Workforce Development Working Group and the European Accreditation Assessment Committee. We have developed and tested the processes for assessing both courses and practitioners and have successfully completed the pilot in November. From 2014 the scheme will be open to individuals and courses to apply for registration. Health promotion practitioners registered with the

framework will be entitled to use the title 'European Health Promotion Practitioner' (EuHP), and accredited courses will be formally described as 'IUHPE EuHP Accredited' which will mean that graduates of such courses will also be able to apply for registration. Full details of the accreditation system and how to apply can be found at <http://www.iuhpe.org/index.php/en/the-accreditation-system>

Much of Europe does not have the systems for professional recognition in public health that we have in the UK with the work of the UKPHR for public health specialists and practitioners. So you might wonder why it is important for us in the UK to be involved in international standards' recognition for health promotion. The IUHPE European Health Promotion Accreditation System will extend the focus on quality assurance and public accountability that we enjoy here, to countries that do not already have it. It will also ensure that courses meet the expected standards for effective and safe practice across Europe. For us in the UK it will facilitate practitioner movement across regions and countries in Europe through demonstration of comparable standards of practice. Each country is being encouraged to establish a National Accreditation Organisation

(NAO) as part of a network of NAOs across Europe with the IUHPE as the overall European Accreditation Organisation.

Rather than seeing this as a competitor to UKPHR Public Health Practitioner registration, European accreditation could be an asset for those public health practitioners specialising in health promotion and health improvement practice, and who wish to have their 'advanced practitioner' status in these areas formally recognised.

We would like to hear your views on this and will launch a member survey early in 2014 to consider whether there is interest in pursuing closer links with this important initiative. We will also let you know as soon as the IUHPE European Health Promotion Accreditation System is formally launched in 2014.

Professor Viv Speller

Member of IUHPE Assessment Accreditation Committee



Members of the IUHPE Competencies and Workforce Development Working Group at the first meeting of the IUHPE European Health Promotion Accreditation System in Paris, April 2013.

Good news in employer feedback from pilot practitioner registration schemes by Tim Sims

"If I had the choice then I would absolutely be more likely to employ someone who has completed the UKPHR registration process, and the more we get them the more I would expect that to be the norm. And if I did appoint someone without it I would support them to register once they were appointed."

Public Health Director

Public Health employers across the UK are telling us, as external evaluators, about the importance they place on registration. Their practitioners have been the first to register, helping to pilot local processes driven by a formidable group of coordinators. It has been a tough and intense process of portfolio-building supported by volunteer assessors, mentors and verifiers drawn from senior staff across the UK Public Health sector.

What we find striking is that many have highlighted additional benefits to their capacity and confidence, and especially their professional positioning in an uncertain public health world. But our key finding has been the advantage to employers as well as to practitioners.

"It shows that they are able to apply themselves – to start and finish and complete it. The importance of this for an employing organisation is that it is current...I like the CPD approach as you keep up to date. It doesn't matter what you did 10 years ago, especially within Public Health which is always changing. Therefore it is important to keep up-to-date. What we know is changing literally by the day"

Senior Regional Manager

"The advantage for an employer from having practitioners registered with the UKPHR and committed to CPD is the evidence it provides that the practitioners they employ want to do the right things in the right way and are working at the right level. Its basic governance in the same way that medics and nurses and other groups have through their bodies"

Bob Hudson
CEO Public Health Wales

Bob Hudson's words convey a common theme amongst senior public health leaders across the UK. We have conducted seven evaluations of four pilot schemes across England, Scotland and Wales involving over 140 practitioners, 30 assessors and 39 public health managers and leaders in detailed reflection and measurement. Managers across those pilot areas have been telling us that registration is timely and essential. Practitioners are now telling us that they are finding UKPHR registration a desirable element of advertised jobs. One practitioner this year reported that East Sussex, Brighton and Hove, West Sussex and Kingston have all recently been advertising practitioner posts making it a requirement or desirable for applicants to be UKPHR registered or in the process of becoming registered. We know plans are afoot to do the same in West Midlands local authorities, Health Boards in Wales and in Scotland.

Many managers pointed to the advantage of knowing practitioners are clearly committed to ongoing CPD. But what seems to impress managers is what registration tells them about the practitioner, apart from their stamina and commitment:

"It tells me people are on a first step; its evidence of baseline expertise. I want bright able people who are engaged. I'm keen on people being reflective and thinking about practice; actively engaged in looking at their practice, at what they can do differently. It indicates a greater range of skills, the ability to get involved in planning, to address public realm issues, to adopt a positive empowering population model. I will need people who understand data and populations. I will drive change through getting things delivered by other parts of the system; for example I've got a Practitioner embedded in the Planning department."

Director of Public Health



Tim Sims coaches clinicians and NHS managers in acute, primary, mental and public health organisations (including Great Ormond Street, Alder Hey and Public Health Wales).

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