

August 2017

Report of responses to Routes to register consultation

Executive summary

The Routes to register task & finish group sought views between 30 March 2017 and 07 July 2017 from a range of sources in response to a formal consultation over 13 weeks setting out UKPHR's proposals for reforms of retrospective portfolio assessment. In particular, views were sought on a proposed new equivalence route to register for public health specialists.

This report sets out the results of this consultation in terms of responses received and main messages from respondents.

Many respondents included additional comments which have also been noted and will be taken into account. Some comments are referenced in this report.

The responses will be considered by UKPHR's Board, its Education & Training Committee and the Routes to register task & finish group, after which it is expected that changes will be made to routes to register for public health specialists.

Introduction and methodology

The means of seeking views was by way of a formal consultation document and an online survey (Survey Monkey).

Audiences were both invitees (registrants and a range of stakeholders including applicants for registration, members of UKPHR's Consultative Forum and partner organisations) and wider public interest respondents, the survey having been published on UKPHR's website and publicised through Twitter and several third parties' communications outlets.

The survey was available for completion between 30 March 2017 and 07 July 2017.

This report summarises the responses we received, including statistics, illustrative statements from respondents and an interpretive commentary.

Who completed the survey?

We received a total of 103 responses. Of these, 93 responses were in the form of completion of the online survey and 10 were formal written responses. Of the 103 responses, 11 were submitted on behalf of organisations and 92 were given in an individual capacity. Fewer than half the individual respondents gave addresses for their places of work, of those who did so, 20 were in England, 8 in Scotland, 3 in Wales and the remainder stated UK.

QUESTION 1: 2015 Curriculum - Knowledge

We asked if respondents agreed that the framework for a new route to registration for public health specialists by retrospective portfolio assessment should require proof of all the knowledge set out in the 2015 Curriculum.

There were 89 respondents in agreement and 9 opposed, which means there was 86 per cent agreement. This is very positive. Opposition, low in numbers, was split between some who did not agree that there should be any portfolio assessment route and those who argued that assessment of a portfolio should take into account broader experiences as well as the 2015 Curriculum's Learning Outcomes.

Illustration:

"Important to ensure equivalence so that PH specialists on the register are regarded with equal status as those who have gone through the training route."

"The portfolio route should not just use the knowledge base in the 2015 curriculum but also Learning Outcomes (LO) and guidance for method of assessment and potential settings to gain skills, as for the Certificate of Eligibility for Specialist Registration (CESR)."

"The Public Health Agency (PHA) would question the need for the proposed new route to registration for public health specialists, in view of the current availability of a competitive multidisciplinary training scheme under the aegis of the Faculty of Public Health. The PHA would be concerned about the process of the new route to registration operating outside a recognised multidisciplinary public health training scheme. However, if such a scheme is established, at a minimum, it would have to require proof of knowledge equivalent to the knowledge set out in the 2015 Curriculum."

"Need to align terminology and keep it stable for a few years, so that those of us working towards it know the goalposts."

Commentary:

A large majority of respondents, including nearly all the organisations responding, favour aligning the knowledge to be proved in a portfolio assessment route with the 2015 Public Health Training Programme Curriculum. This presupposes support for continuation of a portfolio assessment route, and a small number of respondents consistently expressed opposition to such a route throughout their responses.

QUESTION 2: Part A exam passes

We asked if respondents agreed that an applicant who can show passes in both papers 1 and 2 of Part A MFPH exams within 7 years of applying should be accepted as having satisfied the requirement for proof of knowledge.

There were 85 respondents in agreement and 10 opposed, which means there was 82.5 per cent agreement. This is very positive.

Illustration:

"The knowledge base and knows how required in the 2015 curriculum are outlined in "section a" of each key area. These sections describe in general terms the knowledge and know how needed to underpin required learning outcomes. The detailed knowledge requirements are listed in the syllabus for Part A MFPH. Therefore, passes in both papers 1 and 2 of Part A MFPH will demonstrate all the knowledge set out in the 2015 Curriculum."

“Passes in both papers 1 and 2 of the MFPH exams should be achieved within the same time period as stipulated for the recognised training programme. Continuing to maintain a portfolio of additional evidence to support the application of an applicant who does not pass the examination within the stipulated time makes a mockery of the recognised training programme.”

“Yes, but I agree it should be permissive with the option to provide evidence for knowledge as now for the current portfolio assessment route.”

“Yes, we agree that passing both papers of the Part A AFPH exams would demonstrate having satisfied the requirements for proof of knowledge.”

“This is not sufficient for knows how since the exams only test a subset of the curriculum. Additional evidence should be provided to demonstrate knowledge of all areas of the 2015 curriculum.”

Commentary:

A large majority of respondents agreed that passes in the Part A exams 1 & 2 should be good enough evidence of applicants' possession of all the knowledge set out in the 2015 Curriculum. The proposed approach is permissive, and there was a lot of support for continuing to allow applicants to submit other forms of evidence. There is further discussion of this point in responses to Question 4. There is a clear endorsement of the approach proposed.

QUESTION 3: Currency of evidence of knowledge

We asked if respondents agreed that UKPHR should apply a currency rule to this evidence so that if any Part A exam passes were more than 7 years previously they would be scrutinised by assessors who may require additional evidence to ensure knowledge has been maintained.

There were 79 respondents in agreement and 12 opposed, which means there was 77 per cent agreement. This is very positive.

Illustration:

“The seven-year validity period is the maximum permit for entry to speciality training. It would be necessary for registrars to retake the examination if they started training more than 7 years after passing the examination. The additional evidence to ensure knowledge has been maintained must be robust.”

“This proposal ensures that knowledge is kept up to date in keeping with standards of good public health practice.”

“Yes, in principle, we agree that a currency rule should apply and that 7 years seems a reasonable amount of time. However, it would be helpful to give examples of how the 'additional evidence' would work in practice, what kind of situations it might be applied to and what the process would be for deciding.”

Commentary:

There is virtually complete agreement about the need for knowledge to be up to date and for evidence in support of proof of knowledge, for portfolio assessment purposes, to be current. Some respondents disagreed with the proposition because they do not agree that there should be a portfolio assessment route.

QUESTION 4: Assessment of knowledge

We asked if respondents agreed that applicants who have not passed the papers 1 and 2 of Part A MFPH exams may continue to produce evidence of knowledge as UKPHR allows for current portfolio assessment routes.

There were 63 respondents in agreement and 32 opposed, which means there was 61 per cent agreement. The majority in favour of the proposition was positive but lower than for previous questions and the number of respondents who disagreed was much higher. The most common reason for disagreeing with this proposition was that passing the Part 1 exams should be compulsory rather than permissive proof of knowledge.

Illustration:

“The Part A MFPH examination is a valid and reliable test of knowledge required by the 2015 curriculum. The Faculty note that the General Medical Council has agreed that tests of specialist knowledge should be a mandatory element of the evaluation of equivalence applications for speciality registration. The Faculty believe that all applicants for specialist registration on the UKPHR or GMC registers by an equivalence process should be required to demonstrate they have passed all examination that are specified in the current approved curriculum, i.e. both the Part A and Part B MFPH examination. A failure of both regulators, UKPHR and GMC, to adopt a common approach that requires all applicants to demonstrate they have passed all examination that are specified in the current approved curriculum will undermine confidence in the equivalence processes.”

“In general, we disagree that applicants who have not passed the papers 1 and 2 Part A MFPH exams may continue to produce evidence of knowledge as UKPHR allows for current portfolio assessment routes. The guidance accompanying the new route should stress that passing the exams is the preferred method of demonstrating knowledge. For a small number of applicants who are unable to attempt the MFPH exams it may be appropriate for knowledge to be demonstrated through production of other evidence. Applicants should be expected to show evidence that they have achieved standards equivalent to those in Part A, and this should be assessed with the same stringency as would be required in the CESR route. In any case, it would not be appropriate for applicants who had attempted and failed the papers on multiple attempts, without demonstrating exceptional circumstances, to be permitted to seek specialist status through the retrospective portfolio route.”

“This should be very exceptional: for example, very experienced specialists from another country who have passed equivalent exams. Candidates who have sat the exam and failed should normally be excluded from progressing further (this should be explicit in the application.)”

“We believe that the ‘knows how’ section can be met in a number of ways and examination is one option. Competencies can be demonstrated in a number of ways but the assessment process and verification process must be rigorous.”

Commentary:

There was lower support for this proposition, but there remained majority support. It was apparent from comments received alongside answers that there needs to be clarity around what proof would be acceptable other than passes of Part A exams (and Part B exams), for example, some respondents referred to passes of equivalent exams in other jurisdictions, and how assessors assess evidence. Some respondents said that candidates who failed to pass exams should not then have the option of proving knowledge by presentation of a portfolio for assessment. There were some useful comments about the position regarding Part B exams and their application in demonstrating Show Hows and also about the nature of evidence and how it is assessed, which all will need more consideration.

QUESTION 5: Level of assessment

We asked if respondents agreed that the level of assessment for the new portfolio assessment route should be equivalent to the level at the end of the Specialty Training Programme.

There were 82 respondents in agreement and 9 opposed, which means there was 80 per cent agreement. This is very positive.

Illustration:

“Yes, we strongly agree that the level of assessment for the new portfolio assessment route should be equivalent to the end of the speciality training programme.”

“We agree with this. There needs to be a very clear statement that this is CCT equivalent and that candidates are eligible to apply for consultant posts. This would limit the potential for there to be a view that ‘one is better than the other’ and minimise perceptions of professional hierarchy. This will also help to create consistency in standards of practice.”

“I also believe that there should be equal recognition of both routes, which I feel does not exist currently, and aligning the two will support that.”

“Currently, it is unfair to require individuals going through the portfolio route to have operating at a very senior and independent level when many people at the end of speciality training will not have equivalent skills and experience.”

“I think you need to keep the defined specialist portfolio. However, if you are determined to get rid of it then yes the level of assessment should be the same - but it is a shame to lose the defined route.”

“A number of comments were noted in relation to this question: one comment made was a suggestion around KA10 of the learning outcomes and what the registrars need to do in their final year? For information, KA10 relates to the ‘Integration and Application of Competences for Consultant Practice’ including Interview with panel, and would be useful to explore further in relation to public health specialists.”

Commentary:

It is clear that most respondents were of the view that in this context “equivalence” means that portfolio assessments should be pitched at the same level as Specialty Registrars will have achieved by the end of the Specialty Training programme. A few respondents observed that under existing portfolio assessments a higher assessment level is applied, namely experienced Consultant.

QUESTION 6: Proof of competencies

We asked if respondents agreed that generic competencies should be assessed once only wherever possible, accepting that there may be occasions where context-specific competency is required to be shown.

There were 73 respondents in agreement and 12 opposed, which means there was 71 per cent agreement. This is very positive.

Illustration:

“We agree with the principle of assessing each competency fully once, although as with the standard route, multiple pieces of evidence may be needed to demonstrate competency.”

“This suggestion does not acknowledge the value that repetition of similar skills and competencies to varied contexts along a period of time adds to the process of training and learning...”

“In general, we agree that generic competencies should be assessed once only wherever possible, accepting that there may be occasions where context-specific competency is required to be shown. However, if the 2015 curriculum required a competency to be demonstrated more than once, we would expect the new portfolio assessment route also to require this.”

Commentary:

On the whole, there appears to be no major objection to assessing the proof of a competency once only, provided that the assessment is at the appropriate level (the level at the end of the Specialty Training Programme). Another important proviso, mentioned by several respondents was that where the 2015 curriculum requires a competency to be demonstrated more than once, the new portfolio assessment route would have to require assessment of evidence more than once also.

QUESTION 7: Revised Public Health Skills & Knowledge Framework

We asked if respondents agreed that all that can do done to match the new portfolio assessment route to the PHSKF is being done at this stage.

There were 66 respondents in agreement that all that can do done to match the new portfolio assessment route to the PHSKF is being done at this stage and 10 opposed, which means there was 64 per cent agreement. This is positive.

Illustration:

“It is reasonable to focus on reconciling with the 2015 Faculty Curriculum.”

“This would make absolute sense and provide a level of reinforcement to PHSKF.”

“We agree it is important that there is a common overarching framework, common language and common approach to public health competencies. We support the implementation of the PHSKF as a tool to support this common approach and language.”

Commentary:

There was a smaller number in support of this proposition than for many others, perhaps reflecting to some extent the newness of the revised Public Health Skills & Knowledge Framework and the added complexity of matching the new route’s requirements to the Framework’s content as well as the 2015 Curriculum. There was agreement that all that can do done to match the new portfolio assessment route to the PHSKF as well as to the Public Health Specialty Training Programme’s Curriculum (and existing CESR routes), is being done at this stage to ensure alignment across all potential routes. Some comments received were relevant to the Faculty’s next proposed review of the Curriculum on 2019. UKPHR would be happy to report the gist of such comments to the Faculty to aid the Faculty in its next review. Several respondents emphasised that UKPHR’s priority should be for the new route to incorporate the 2015 Curriculum fully.

QUESTION 8: “Competency”, not “Standard”

We asked if respondents agreed that a descriptor of “competency” rather than ‘standard’ should be used.

There were 89 respondents in agreement and 3 opposed, which means there was 86 per cent agreement. This is very positive.

Illustration:

“Yes, the more terminology can be aligned across routes to registration (CCT, CESR) the better.”

“Consistency in language is imperative. This consistency should weave through all aspects of career development pathways for those training and working in public health.”

“Competency is a more appropriate term and in line with training scheme approach.”

“Competency is better than standard however if there is a principle of aligning the approach to the new PHSKF then perhaps functions and sub-functions should be considered as the terms to be used for consistency purposes?”

Commentary:

There was overwhelming support for this proposition. These responses suggest that there has been a sea-change in attitudes towards skills and knowledge, and indeed with regard to terminology, since the original standards were devised nearly 20 years ago.

QUESTION 9: RSS and defined specialist routes

We asked if respondents agreed that the two current portfolio assessment routes for public health specialists, RSS and defined specialist, should be discontinued (subject to transitional arrangements) once the new route is established.

There were 79 respondents in agreement and 14 opposed, which means there was 77 per cent agreement. This is very positive.

Illustration:

“In order to simplify the landscape for public health specialists, it makes sense to have only one portfolio route. I would urge caution about applying a cut-off point for current applicants aiming for defined specialist status that is overly restrictive.”

“This will provide one clear route to retrospective registration for all and ensure consistency across registrants.”

“RSS should have been abandoned years ago. The defined route is at a higher level than the end of formal training... To keep the defined specialist would be difficult for the assessors but probably manageable, of more challenge is that having both generalist and specialist registration would be problematic in being confusing for the public health world.”

“There needs to be clarity to everyone as to the status of those who have come through all previous routes. One option is that at the point of opening the new route there is a single register (all those on the register would be deemed to have equivalent specialist status equivalent to ‘grandfathering’ previously proposed in Department of Health (DH) consultation). Another option is to keep a separate closed Defined Specialist register: but there should be opportunity for conversion to the generalist register.”

“In terms of the public health workforce in Scotland and within the rest of the UK this review is timely in relation to workforce planning and development. We believe a clear message needs to be promoted that the new system will welcome specialists as applicants but they will need to demonstrate the breadth of generalist competencies.”

Commentary:

There was strong support for there to be only one portfolio assessment route going forward. Several respondents made representations about a reasonable period of transition. Some of these representations came from people in the public health system already working on a portfolio in support of an intended application for defined specialist registration. There were comments about how the public health system will regard the different categories of specialist registrant both before and after the changeover. There were concerns expressed about whether existing defined specialists would be seen as second class and there was overwhelming support for care to be taken not to create different classes of specialist.

QUESTION 10: Start-date for a new portfolio assessment route

We asked if respondents agreed that UKPHR should give good notice of a start-date for the new portfolio assessment route and accept portfolios under the new route from that date onwards.

There were 81 respondents in agreement and 13 opposed, which means there was 79 per cent agreement. This is very positive.

Illustration:

“We agree that UKPHR should give good notice of a start-date for the new portfolio assessment route and accept portfolios under the new route from that date onwards.”

“The timetable needs to be realistic and afford the UKPHR, and other key stakeholders sufficient time to prepare to accept portfolios under the new route.”

“A reasonable amount of time needs to be given – those currently in the system might have a view on this. A deadline is essential.”

“The time scales proposed allow people currently working on portfolios to submit while giving a clear deadline for when the new scheme is established.”

“Should be immediate to prevent a rush of applications from individuals who would not be able to meet the new requirements.”

Commentary:

Responses raised many interrelated issues about practicalities of ending some routes and starting a new route. While a few respondents felt that longer timelines should be set than those provided by UKPHR in the consultation document for illustrative purposes, a greater number made representatives for shorter timelines. There were also comments made about not being overly-restrictive, recognising that there are considerable flexibilities in the training scheme and there should be equivalence. Clarity and maintenance of timescales once announced were emphasised by many respondents.

QUESTION 11: Time to phase out RSS and defined specialist routes

We asked if respondents agreed that from the start-date for the new portfolio assessment route:

- (i) UKPHR should work to the timetable set out in this consultation document for phasing out the two current portfolio assessment routes, RSS and defined specialist, and
- (ii) subject to the requirement of notice set out in that timetable, portfolios received by UKPHR under these routes should continue to be processed.

There were 72 respondents in agreement and 14 opposed, which means there was 70 per cent agreement. This is very positive.

Illustration:

“Yes as many applicants will have put many years into their portfolio, too short a time to swap to the new approach might be quite distressing and disruptive especially as many are senior managers and might not have time to start all over again.”

“We consider two years too long to continue to accept applications under the old systems. We propose that all portfolios submitted by the start date will be processed, and any received in the following 12 months will also be processed under the old routes, but beyond that only the new route will pertain. The dates should be notified as soon as possible.”

“We would be keen to see any change offer a degree of flexibility (within reason). It is likely that those who are registered via the current routes or those who are actively building their portfolio at present have planned their careers around the existing requirements. Also, it would be helpful to provide detail on wider timescales such as timescales for reviewing portfolio, timescales for responding to clarifications etc.”

“We do not agree with the timetable set out in this consultation document for phasing out the two current portfolio assessment routes. We are concerned that there is no indication of the time period between the announcement of the start date in September 2017 and the start date itself. We believe that the point after which notices of intention to submit a portfolio for assessment under the RSS and defined specialist routes will no longer be accepted should be between 12 months and 18 months after the announcement of the start date (or the start date itself if it falls in this range). We also believe that the point after which only portfolios under the new route will be accepted should be the start date plus 12 months.”

Commentary:

The same variance of views as referred to in the commentary to Question 10 was apparent here.

QUESTION 12:

We asked if respondents agree with the publication of guidance to accompany the new route to assist all relevant audiences to understand the requirements of the route and the equivalence of competency it will establish using language that is clear, up to date and relevant.

There were 90 respondents in agreement and 3 opposed, which means there was 87 per cent agreement. This is very positive.

Illustration:

“We agree with the publication of guidance to accompany the new route to assist all relevant audiences to understand the requirements of the route and the equivalence of competency it will establish using language that is clear, up to date and relevant. This guidance should be similar to the guidance for the CESR route.”

“I think guidance is essential and it is a fine line between providing enough guidance and not being too prescriptive. I think that some people find it difficult at the moment to understand the level required and results in some portfolios being submitted which are definitely not in the right style or level.”

“This should also reflect the e-system that will be used by people seeking registration through the Portfolio Route.”

“Yes, this is very important as it is possible portfolio routes may become more important if more senior staff look to move into public health. It would be useful to ask Faculty of Public Health (FPH) to issue some guidance about the GMC’s CESR and CESR/CP routes at the same time so there is a full picture of all routes to registration (and if possible the equivalent for General Dental Council (GDC) routes). We would like to see greater convergence between GMC, CESR and UKPHR portfolio routes – ideally leading to a single portfolio assessment route to specialist registration. We would also expect publication of the guidance and methodology for assessors.”

“Further training for a variety of stakeholders will be necessary. This also needs to be aligned with the requirement to meet international, particularly European, standards and to address the shortfall in public health specialists qualified to doctoral level compared with our peers in other countries and in other clinical specialties.”

Commentary:

There was strong agreement on the need for guidance for a new route to register, and some suggestions were made for going beyond publishing guidance, for example in the quote above about training. There were comments about the difficulty some respondents currently have in understanding the requirements for the defined specialist portfolio assessment route and about lack of local support for those preparing a portfolio. While these responses went beyond answering the question asked, they should be considered by UKPHR when drawing up future guidance. It is also worth noting that there were calls for consistency of access to work-based opportunities, examples and online portfolio, with some caveats about careful piloting.

QUESTION 13: Any other comments

We asked if respondents had any other comments they wished to make in response to this consultation.

We received 46 additional comments.

Illustration:

“The Faculty, or its relevant committee, has not reviewed Annex B – Proposed new equivalent retrospective portfolio assessment route as the consultation does not ask for comments on the detail of this proposal. However, we note the very serious omission of Key Area 10: Integration and Application of Competences for Consultant Practice from the 2015 curriculum in Annex B.”

[Editor’s note: The individual competencies are embedded. UKPHR will address this point directly in the final version of the new competencies.]

“We welcome the proposal in Scotland to continue to create a single route to registration for public health specialists as this will help to create equivalence and standardisation in registration. It is important however that the route to registration for public health specialists is considered as being ‘part of’ the jigsaw puzzle and require some of the changes proposed to ripple out and influence other aspects of the pathway for those working in the field of public health.”

“Failure at any route to registration should be normally regarded as a bar to alternative routes except under exceptional circumstances which should be defined explicitly (i.e. those who have been taken off a standard route training programme cannot normally apply through this route, and those who have had a portfolio rejected cannot normally apply for a training programme). There should be explicit guidance on the Part B exam. Passing this adds credibility to the application as well as demonstrating some learning outcomes but would not confirm specialist level practice... If this closes the route to defined specialists, there needs to be clarity on the status of those already on the register, discussion of the workforce implications and guidance on how these roles will be filled in future (e.g. the place of advanced practitioners, and more specialised qualifications alongside generalist specialists.)”

“Although this has been mentioned briefly, it will be important to train assessors fully in the assessment of the new route. Also important that assessors are trained in using online assessment. UKPHR will also need very good IT advice/support for setting up the online portfolio... UKPHR will need to be very careful that any system is fully tested /piloted before being rolled out... One of the benefits of the current defined specialist route is that it allows those working in non-traditional or other public health roles to gain registration. Many of these people have gained competencies through working with NGOs, in the community, voluntary sector or in academia. I would hope that the revised competencies will support retention of this diversity and be interpreted sufficiently widely, so that those working in these roles can continue to gain registration.”

“The sooner the move is made to have only one alternate route which matches the 2015 curriculum the more likely it will be to recruit assessors or verifiers as most educational supervisors will be familiar with the competencies and evidence required to meet them.”

“Perhaps it is because the information is yet to be shared, but how are applicants who work say in a local authority expected to then go and obtain skills and competence in health protection - what will the support for this look like? Will there be allocated placements? Time off work? Funding to release people? I don't really understand how this is going to work to be honest - I think some guidance on this would be very helpful as soon as possible. Particularly as employers will need to allocate time and workloads to staff in advance so some idea of what is expected/some guidance would be very helpful.”

“Good job well done - thanks to all for the work.”

Commentary:

One of the many values of consultation is that in the system there are so many people holding valuable information and offering sensible suggestions not already captured elsewhere. UKPHR is immensely grateful to everyone who took the time to consider the consultation document and complete a response. We will make the best possible use of all the material you have placed before us.

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For queries or further information about this report and the consultation on which it was based please contact:

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