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Our report of responses to consultation: amended standards for practitioner registration

Introduction and methodology

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

The audiences were both invitees (registrants and a range of stakeholders including applicants for registration, members of UKPHR's Consultative Forum and partner organisations) and self-selecting respondents (the survey was published on UKPHR's website).

The survey was available for completion between 24 August 2018 and 19 October 2018.

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

Where numbers of responses for or against a proposition are stated, respondents who responded "Don't know" or "Neither agree nor disagree" or did not give an answer have been excluded, hence total responses to any given question may not equal 100 per cent of those who responded to the consultation.

Who completed the survey?

We received a total of 35 responses. Of these, 31 responses were in the form of completion of the online survey, 29 completed by individuals on their own behalf and 2 completed on behalf of varying numbers of individuals. There were 4 formal written responses from representative organisations or groups.

Summary

UKPHR sought views between 24 August 2018 and 19 October 2018 from a wide range of stakeholders and other interested parties. This was a formal consultation over eight weeks setting out UKPHR's draft proposed amended standards for practitioner registration as settled by a practitioner registration review task & finish group, assisted by a standards sub-group and a commissioned contractor.

The draft proposed amended standards were accompanied by draft guidance. The draft guidance was provided for illustrative purposes to aid understanding of UKPHR's thinking. Guidance will be finalised and published later.

This report sets out the responses received, the issues raised for attention and how UKPHR has addressed points made by respondents.

Overall, there was strong support for UKPHR's intention to amend the practitioner registration standards and strong support for much of the detail which UKPHR set out for the proposed amended standards.

However, there were numerous comments and suggestions aimed at improving the amended standards. These comments and suggestions are helpful and UKPHR has made some changes to the draft amended standards consulted upon in response.

Changes to be made to the draft amended standards

The most significant decisions taken by UKPHR in response to responses received were:

- The four section headings (professional and ethical practice, technical, context and delivery) which matched those in PHSKF 2016, were removed because of inconsistencies with subsequent text in those sections;
- It is intended to make appropriate reference to learning styles in the Supporting Information;
- The standards address aspects of public health practice, rather than specific issues. Health inequalities are an important issue and their reduction is an integral part of the public health function; practitioners can address them through any of the standards, if this is appropriate to their area of work. Health inequalities are explicitly referred to in a standard where it is considered important to that specific aspect of practice;
- The heading of Area 2 will read "Using public health information to **influence** population health and wellbeing" to provide the context for the standards in this area;
- The applicant will need to demonstrate knowledge of how to access and appraise evidence (which may be broader than his or her own area of work) and then show application in own area of work. This will be covered in the Supporting Information document (the principle that knowledge may be broader than application will be included in Guidance as well).
- The heading of Area 3 will be changed to '**Assessing the evidence for public health interventions and services'**;
- Standard 3.1 will read **"**Access and appraise appropriate evidence of **effectiveness for** public health interventions or services".

- Specific reference to different learning types will be addressed in the *Supporting Information*.
- **“Differences”** has been substituted for ‘inequalities’ in the heading of Area 4. Standard 4.2 will read “Demonstrate how individual and population health differ and **describe** the possible tensions **which may arise between them when promoting health and wellbeing”**.
- Standard 6.1 is about how the principles of partnership working have been applied in their work and their contribution to that work; standard 6.2 is focused more on the specifics of the applicant’s own behaviour when working across organisational boundaries; standard 6.3 addresses their personal impact on relationships when working with others from different teams or agencies. These three aspects of practice will be made clear in the Supporting Information.
- Standard 6.2 will be redrafted to read: ‘Demonstrate how you work **collaboratively with other organisations to improve public health’.**
- The heading of Area 7 is intended to aid the interpretation of the standards. The term “intervention” is deliberately broad to allow applicants to find evidence from their own area of work but would encompass programmes and projects. The scale of the intervention is not specified. The heading of Area 7 will be changed to read: ‘**Planning, implementing** and evaluating’
- Standard 7.4 will read “…reporting on **its effect** …”
- Standard 8.1 will read “**Communicate public health information clearly to a variety of audiences**”. “Data” has been omitted as it is rare for data per se to be communicated without interpretation, so the term ‘information’ is sufficient.

Other UKPHR decisions following from the consultation

The term **‘Level 5’** will not be used. The practitioner must have acted autonomously in the work they use for evidence; this does not mean that practitioners will not be managed, but they must not be supervised, at least not for the work they use to derive evidence for a standard.

UKPHR will register any practitioner who is able to demonstrate competence against the standards using evidence from **work undertaken autonomously**. The recruitment of practitioners is currently a matter for local schemes, who can set their own eligibility criteria for support from a local scheme. If a national registration is developed in the future, the eligibility criteria would need to be standardised.

Regarding a **cap on evidence**, there is a strong desire to reduce unnecessary evidence, but the comments indicate that merely introducing a cap is missing the point and that there are potential disadvantages. A strong message needs to go out across the system (including for those using the current standards) that less is more, and that careful selection of evidence demonstrates understanding, while over-use of evidence, particularly when its relevance is unclear, demonstrates the opposite. This message can be strengthened in the Guidance and the Supporting Information document as well. The pilot project and early adopters of the amended standards will provide information on how evidence is being used. The reduced number and increased clarity of the standards should reduce the volume of evidence submitted. Given that public health is an evidence- based discipline, we should be actively seeking evidence before introducing an arbitrary cap.

Regarding **“Understanding**” in the context of applicants having to demonstrate “Knowledge, Understanding and Application”, evidence is needed for how knowledge has been acquired as well as application. Understanding can be demonstrated by the choice of work to use for evidence against specific standards and the linking of the evidence to the standards in the commentary, plus commentary on how knowledge has been applied. The description of the work, the applicant’s role and appropriate reflection add to the assurance of understanding.

UKPHR has been helped by responses and comments in understanding what it will be helpful to include in the *Supporting Information* document. When this document is drafted, UKPHR will consult with appropriate stakeholders before the document is finalised and published.

UKPHR has set a **transition period of two years** for those practitioners who are already applying for registration under the current registration standards. The two-year transition period will apply **from April 2019**.

Having considered all responses, UKPHR has decided on a formal start date for the amended standards of **1st April 2019** but has given local schemes the option when during 2019 they commence recruitment to cohorts of practitioners who will be working to the amended standards.

It is intended that practitioners will find the amended standards clearer and more straightforward (there are also fewer standards).

An **e-portfolio** with the new standards will be available for use by all schemes.

The UKPHR will continue to address the recommendations of the task & finish group in relation to **registration processes**.

Finally

UKPHR thanks all respondents for taking the time to respond to our consultation. We are grateful for all the constructive comments and suggestions received, which we hope you can see from this report we have considered and adopted where appropriate.

For queries and contact

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

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