

Record of proceedings

of the 10th meeting of UK Public Health Register's Consultative Forum held on
Monday 13 May 2018 at Sheffield Hallam University, Sheffield

<u>Attendance</u>	<u>Apologies</u>
Louise Appleby	Naresh Chada
David Chappel	Claire Cotter
Pauline Craig	David Evans
Zaira Ejaz	Ruth Freeman
Roisin Fairfax	Louise Holden
Greg Fell	Judith Hooper
Zafar Iqbal	Helen King
Sally James	Susan Lloyd
Helen Jeffries	Kelly McFadyen
Andrew Jones	Richard Phillips
David Kidney	Duncan Vernon
Deborah Lear	Carole Wood
Fiona McDonald	
Lucia Scally	
Viv Speller	

CHAIR OF THE FORUM: Andrew Jones

UKPHR's Chair **Andrew Jones** welcomed everyone to this 10th meeting of UKPHR's Consultative Forum in Sheffield and gave an overview of UKPHR's development to date. The focus of the programme for the day was practitioner registration, but first Andrew gave an update on developments for specialist registrants in relation to revalidation and the new Specialist Registration by Portfolio Assessment route.

UKPHR's Chief Executive **David Kidney** gave an update of key developments in relation to practitioner registration, including the achievement of full UK-wide coverage, before handing over to the Board's Vice Chair for a detailed presentation in relation to the newly amended standards for practitioner registration.

UKPHR's Vice Chair **Viv Speller** gave a presentation on the amended standards for practitioner registration. The amended standards resulted in the previous 42 descriptors being reduced to 34, expressed in plain English and closer to Public Health Skills and Knowledge Framework (PHSKF) concept and language. The original standards remain in place for practitioners working towards registration. An implementation group is working to give effect to other recommendations which came out of the first review of practitioner registration. Later this year, the implementation group will consider how to go about evaluating the changes that are being made.

Andrew, David and Viv responded to questions from the audience, including a question from David Chappel about public health apprenticeships. David Chappel explained that a Level 6 (degree level) apprenticeship had been registered by the Institute for Apprenticeships and Technical Education (IfA) and proposals for this apprenticeship's End Point Assessment were about to be submitted to IfA for approval. Additionally, a Level 3 apprenticeship was currently being scoped with a view to following the same process for registration and approval by IfA. David Chappel asked if apprentices who successfully complete the Level 6 apprenticeship will then be able to register with UKPHR as practitioners. David Kidney responded by stating that the Trailblazer Group responsible for developing the apprenticeship (of which he was a member) had taken great care to ensure that there is alignment of the apprenticeship standards with the standards for registration. The Chair of the Trailblazer Group, Fiona Harris, had met with UKPHR's Board on 16th April 2019 to make the case for UKPHR to accept the apprentices onto its register. The Board had welcomed the development of the apprenticeship and agreed to start a process of stakeholder engagement and subsequently consultation to help it to decide what level of verification UKPHR would require in relation to applications for registration from the apprentices.

UKPHR's Revalidation Manager **Zaira Ejaz** gave a presentation on the work that had been done in order to introduce the revalidation requirement for all specialist registrants on 01 April 2019. This included development of an online revalidation module and arrangements throughout the UK for annual professional appraisal. The first revalidations had already been completed. The systems involved appeared to be working well. Revalidation for practitioner registrants would be introduced next; a working party was addressing the need for an alternative to professional appraisal for the elements of quality of service and confirmation. In response to Zaira's presentation, David Kidney said that the Board intends to publish a statement shortly addressing queries that had been raised about the required content of the annual professional appraisal for specialist registrants.

Sheffield's Director of Public Health **Greg Fell** gave a keynote presentation on what we mean by public health and how it plays out in practice. Greg illustrated public health practice in operation by reference to (1) air quality and (2) adverse childhood experiences. Greg described the interconnectedness of practice by reference to (a) sexual health services and (b) promotion of physical activity. Greg argued that the role of the Health & Wellbeing Board should be pivotal, and he regarded the Board as much more important than just its statutory roles. He said that it was valuable in Sheffield for getting all institutions "on the hook". He said that issues that he worried about included workforce skills mix, spending cuts, lack of understanding of prevention in the sense of going upstream and the capacity to do, record and disseminate good practice.

Greg's presentation stimulated an animated discussion with questions which covered subjects including:

- > Different landscapes of the four nations;
- > Value of the practitioner workforce;
- > Quality of service;
- > Promotion of the value of public health practice;
- > Engagement with wider workforces;
- > Lessons for the new Public Health Scotland to learn from experiences of others.

David Kidney thanked Greg for an exhilarating hour of active listening and consideration of such challenging issues.

Lunch and networking followed.

ROUND UP FROM AROUND THE UK

There followed a round-up of news from around the UK:

ENGLAND

David Chappel, Public Health England, reported PHE's perspective. This perspective included an overview of collaborative work with a wide range of stakeholders on, for example, developing public health apprenticeships and a digital service for the PHSKF. He had already spoken about the apprenticeships in development. The digital service had moved from Alpha phase of development to Beta. PHE was working with Health Education England, Royal Society for Public Health and the Faculty of Public Health to create an online learning portal. The tools and learning materials will be accessible through the portal for everyone. PHE was going to receive a much-reduced budget for its Fit for the Future work this financial year. Focus for spending will include workforce mobility. PHE's corporate planning involved moving all its science and its HQ to Harlow. There is also a strong international strand to planned work in the years ahead.

SCOTLAND

Pauline Craig, NHS Health Scotland, said that the new agency Public Health Scotland, which would be a Special NHS Board, was now expected to launch on 01 April 2020. It had a governance arrangement which strongly involved local government. Among the bodies that would form the new agency were Health Improvement, Health Protection and ISD (Information Services Division). There was consultation on the legislative underpinning for the new agency and a draft Target Operating Model had been published and comment sought. Recruitment of the first Chair had been advertised but no appointment had been made. The new agency needed to recruit both the first Chair and the first Chief Executive. A Director will have responsibility for workforce development, including wider workforce. Several Commissions were working on elements of the new agency's remit, including one on public health specialists. Fiona Macdonald added that the level of stakeholder engagement and consultation was high and sustained and added value through opportunities for co-production and relationship building.

WALES

Andrew Jones, Public Health Wales spoke of the following developments:

UKPHR Specialist Registration

He was not aware of any organisational support in Public Health Wales for colleagues who might want to seek registration as defined specialists (this portfolio route closes in August 2019).

In relation to the new SRbPA route to registration, Public Health Wales has shared the information with staff and intends to do so again shortly. PHW intends, with the support of UKPHR, to organise an event in Wales to raise awareness of the new route later this year.

Specialist Appraisal and Revalidation

In Public Health Wales, the Executive Medical Director, Dr Quentin Sandifer, has been very supportive of this work, which is being led on his behalf by Andrew in his role of Deputy Director of Public Health Services/ Director of Integrated Health Protection.

In support of the introduction of revalidation by UKPHR, Public Health Wales has approved and is working on the support arrangements for all specialists registered with UKPHR. This includes support for both annual professional appraisal and multi-source feedback processes.

Currently, Public Health Wales is supporting all registered specialists employed by the organisation (or with an honorary contract) to undertake annual professional appraisal and 360 feedback (as appropriate). One workshop was held in September 2018 to share information and a second is to be held over the next few weeks. Several registered specialists have volunteered for and completed formal Deanery 'Appraiser Training'. They are now identified (along with trained appraisers from a medical background) in PHW's 'trained appraiser cohort' and are undertaking appraisals for consultant colleagues from multi-disciplinary and medical backgrounds. A further round of appraiser training is planned for June 2019.

Currently, multi-disciplinary colleagues are completing an electronic appraisal form/process (MAG), which is comparable to the medical appraisal process which in Wales is run through the medical (MARS) system. Permission has been granted for UKPHR specialists to be added to the MARS system. Work is underway to facilitate the movement of all colleagues to the MARS system. It is anticipated that this will be complete by 2020.

Further work is underway to assess the numbers of UKPHR specialist colleagues in Wales who are not employed by the organisation, but who may require revalidation support. No decisions have been made on this at present.

Practitioner registration

Much of this work on Practitioner Registration is now being taken forward as part of an Action Plan to implement recommendations of a Wales Audit Office report (see link). This work is currently led by the Director of Workforce and Organisational Development, Phil Bushby:

<https://www.audit.wales/publication/public-health-wales-nhs-trust-collaborative-arrangements-managing-local-public-health>

Currently there are 39 Practitioners in Wales registered with UKPHR.

Work is now underway, as part of the WAO review action plan, to give support to and rejuvenate a practitioner registration scheme. A useful meeting was held between People and Organisational Development staff, public health leads and the UKPHR lead and regional moderator in September 2018.

A piece of work was separately commissioned to inform progress (undertaken by Claire Cotter). This report is being used, along with other recommendations, to inform the new Action Plan

An advert/appointment process for a lead professional is now underway and it is hoped that a new Professional Lead role will be in place by June 2019. This Professional Lead will provide a focal point for practitioner registration.

There are plans for a practitioner scheme re-launch, linked to the development of the revised UKPHR Practitioner standards.

Currently, there are 26 practitioners remaining from previous cohorts (cohort 6 (1), cohort 7 (10) and cohort 8 (15)) who are "active" in pulling their commentaries and evidence together (using the original practitioner standards) and at various stages of the assessment/verification process. All those participating have access to commentary writing workshops and learning sets, have a mentor (with the exception of 1) and most have been allocated an assessor. However, work will be undertaken to increase the number of assessors and verifiers, which is a limiting factor in the current scheme.

Practitioner Revalidation

Public Health Wales is participating in UKPHR's Practitioner revalidation working group, which is currently developing the option for revalidation. Practitioners from Wales dually registered with UKPHR and NMC have been helping to develop the options.

The Wales Public Health Conference 2019 is to be held in October and there are plans to ensure that there is a key focus on the public health workforce including Practitioner Registration and Revalidation.

NORTHERN IRELAND

Naresh Chada was not able to be present and gave his apologies. He and Brendan Bonner had sent the following written report:

Government/ Department of Health

Members will be aware that there is no Devolved Administration in Northern Ireland or direct Ministerial oversight of individual Government Departments. This has been the case since January 2017. However, in Autumn 2018 legislation was passed which gives some clarity to Senior Civil Servants in respect of decisions which may need to be taken in the public interest in the absence of Ministers.

Regional Issues

In 2009 there was a restructuring of the Health and Social care sector with the creation of a regional health and social care board (HSCB) and public health agency (PHA). The HSCB is due to be abolished by 2020/21 and many of its functions are expected to be absorbed into the Department of Health.

The PHA will continue largely with its current remit with a few changes, such as taking on social care strategy and advice and will continue to provide public health services across the three domains of public health. The organisation will shortly seek to recruit a new Director of Public Health following Dr Carolyn Harper's departure after almost a decade with the organisation.

Sustaining capacity in Public Health

The PHA is carrying a high level of vacancies across both its consultant/ specialist cadre and non-consultant staff. In order to address these issues several initiatives are underway

- A task and finish group is being established, to develop a pilot scheme to increase professional public health competencies of existing PHA non-consultant staff, based on the nationally recognised Public Health Skills & Knowledge Framework. The aim is to use an apprenticeship model, whereby existing staff could apply for secondment to, initially three, 'training' posts, where they would be facilitated in developing their knowledge and skills within a particular domain of public health practice. Once the individuals achieve the required level, they would be able to become public health deputy specialists. This proposal would also have the advantage of providing an attractive career pathway for staff.
- The Public Health Directorate will continue to support those who wish to become registered with the UKPHR through the current routes to registration.
- The long-awaited specialist training post for those from a background other than medicine is awaiting final approval from the Department of Health. It is anticipated that a trainee(s) will be able to enter the programme by Autumn 2019.

Developing Public Health Skills and Knowledge

The PHA continues to support the development and implementation of the Public Health Skills and Knowledge Framework (PHSKF).

As a member of the UK wide PHSKF Steering Group, the PHA is contributing to the development of line management guidance and a self-assessment tool for staff.

There is also a review ongoing of the Health Improvement workforce within the PHA and underpinning that review is how future roles will evolve in terms of using the KSFs as a clear framework to support staff to be accredited on the UKPHR.

PHA will be hosting a Making Life Better (MLB) workshop in the Autumn to explore and promote how the PHA drives forward professional competencies and registration from both the statutory and non-statutory sectors. The key presenters will be Claire Cotter, National Programme Manager, Workforce Development, PHE who will cover the UKPHR and Anna Clarke, Director of Communities Prospects Awards will cover Occupational Standards in Community Development.

WORKSHOP WORKING

Sally James facilitated a session in which attendees considered how UKPHR should implement the recommendation from the review of practitioner registration for a national pool of assessors to be developed. Sally presented the issues that needed to be considered in a power point presentation and then asked attendees to discuss the recommendation in two table groups.

In the feedback session after the discussions had taken place, it was established that everyone agreed with the recommendation but also agreed that UKPHR should proceed cautiously so as not to lose benefits of existing arrangements during any changes that might be instigated.

Participants on Table A said that a two-stage process was needed, with quick fixes in the first and more structural reform in the second. All assessors were trained by UKPHR and were therefore capable of assessing any practitioner's portfolio and therefore UKPHR should have a system to ensure that practically assessor capacity could be utilised most effectively. A robust system would enable monitoring of initial training, subsequent development training and compliance with the requirement to assess at least two portfolios a year. Essentially, the system would require a central database. In due course, the central database could be further developed to form the national pool.

Table B participants noted that "national" would apply to each of the four nations and in Scotland there was already effectively a national pool of assessors. If the anticipation was that more and more practitioners would register, there was a need to grow the pool of assessors and a national approach would help achieve this growth. It could broaden recruitment and provide economies of scale. Roles and processes could be consolidated and systematised and if done sensitively could enhance the UKPHR "brand". A key target for this work should be employers in providing a recruiting ground and giving support to assessors, including protected work time for carrying out assessments. In Scotland the agreement with employers to provide protected work time of 30 hours a year applied to assessors in the same way it applied to practitioners who are preparing portfolios for assessment. The role of coordinators needed to be respected and it was important not to lose existing benefits, but there was scope for making some improvements straightaway, including:

- Sharing of good practice;
- Clearer communications; and
- System leadership by UKPHR.

It was also suggested that UKPHR should encourage a supportive attitude towards assessors from verifiers and work to achieve "Every Registrar an Assessor".

In the feedback session, Viv Speller pointed out the resource/capacity challenge for UKPHR, Fiona Macdonald asked how the recommendation for payment of an upfront registration fee might work and David Chappel asked if UKPHR had any view of the potential size of the market for practitioner registration. In answer to this question, David Kidney said that UKPHR expected the register of practitioners to settle at a figure in the thousands.

Andrew Jones summed up. He thanked presenters and audience participants for their contributions. He welcomed the constructive contributions that had been made during the day, especially around the recommendation for a national pool of assessors for practitioner registration. Andrew assured audience members that UKPHR was listening and welcomed help from partner organisations and individuals. He thanked UKPHR's paid staff for making the arrangements for the meeting and Sheffield Hallam University for providing the room for free.