



Public Health  
England

Protecting and improving the nation's health

# **Joint Statement on Professional Appraisal and Revalidation in Local Authorities in England**

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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## Foreword

Public Health England (PHE) is reissuing its guidance around professional appraisal and revalidation for public health specialists working across England's local authorities. The principal driver for this is the introduction of the UKPHR's revalidation scheme, beginning in April 2019, which will require all UKPHR specialist registrants to undertake an annual professional appraisal process similar to that currently operated by the GMC. Over 300 UKPHR specialist registrants are working in English local authorities and they will be able to access PHE's annual professional appraisal scheme for this purpose.

It is an opportune time to update the guidance surrounding how PHE and local government should cooperate in ensuring the continued professionalisation of England's specialist public health workforce. This joint statement explains why, and how, local authorities should support and encourage their public health specialists to contribute to the annual professional appraisal system. It operates on a reciprocal, non-payment basis, with appraisees offering their services as appraisers on the understanding that they too will be able to secure an appraiser.

The first five years of medical revalidation were a considerable challenge for employers across the country, but one which English local authorities met with enthusiasm. We are confident that they will rise to this comparable challenge, which will ultimately lead to a considerably enhanced public health service throughout local government.



Yvonne Doyle (Responsible Officer and Medical Director – Public Health England)



Chris Bull (Chair of the Standing Group on Local Public Health teams)

## What is this guide for?

This guide explains the part that professional appraisal and revalidation play in ensuring the ongoing quality of specialist public health practice. It outlines the systems (statutory or otherwise), that are in place to help local government employers to ensure that registered public health specialists they employ maintain the high standards of professional practice needed to fulfil their role of improving and protecting the health of local people. These will usually be public health doctors or dentists (registered with the General Medical Council (GMC) or the General Dental Council (GDC)) and United Kingdom Public Health Register (UKPHR) specialist registrants. It also sets out what the legal requirements are for these professionals to be able to practise and what support is available for employers where they have concerns about professional practice.

Systems for registration, regulation and revalidation have been put in place so that the public and other professionals can have total confidence in the services delivered by health and social care professionals, in public health and many other roles.

All doctors employed by local authorities have a statutory prescribed connection to the Responsible Officer (RO) of Public Health England (PHE), in order to provide public assurance, via the GMC. Most are in public health, but there are occasionally others, such as Crematorium Medical Referees and Occupational Health Physicians. The RO's role includes the requirement for providing assurance that doctors are appropriately qualified and skilled at appointment.

The UKPHR operates a comparable revalidation 'scheme' for specialist registrants which, whilst not statutory in nature, is linked to registration and is thus a means of ensuring that registrants focus on maintaining and enhancing the quality of service they provide and improving their public health practice while registered.

Delivery of these requirements may be further improved by strengthening the Faculty of Public Health (FPH) Appointments Advisory Committee/Faculty Assessor process.

There are approximately 150 doctors and 300 UKPHR specialist registrants working in public health in councils, so the systems in place can only work effectively where there is good collaborative working between councils and PHE. Individual councils will often employ very small numbers of these professionals and hence have limited experience of the specific requirements for employing them. In this context the specialist support offer available through PHE is extremely important.

It is important to note that the systems and support described here are not intended as a substitute for the requirements and processes that employers will have in place locally for the day-to-day management of all their contracted staff. Local management processes are primary but, if there are concerns about fitness to practise it is important to a) inform PHE through the appropriate channels if these concerns relate to a doctor or b) inform the UKPHR if these concerns relate to a specialist registrant.

## Who is this guide for?

This guide is primarily designed to be useful to Council Chief Executives, Directors of Public Health, and lead officers for Human Resources and Training and Development. It applies only to England, as different systems are in place in the other UK countries. The guidance has been approved by the Standing Group on Local Public Health Teams, chaired by Chris Bull (local government advisor to PHE), which includes representation from the Local Government Association (LGA), PHE, UKPHR, the FPH, the Association of Directors of Public Health (ADsPH), Trade Unions and Employers Associations.

## Registration, regulation and revalidation – what are they and what are they for?

### Registration

In order to qualify to work as a Consultant in Public Health or Director of Public Health, public health professionals must complete a postgraduate specialist training programme, or have demonstrated equivalent skills and experience through submission of a portfolio for assessment. This entitles them to specialist registration with the GMC, GDC or the UKPHR, depending on their professional background.

Doctors must maintain registration with the GMC and have a licence to practise. Following the introduction of revalidation in 2012, a licence is granted for a period of up to five years and is only renewed subject to a satisfactory revalidation recommendation to the GMC from PHE's RO. Revalidation is founded on a system of annual professional appraisal, which reassures the public, stakeholders and other professionals that the doctor is up to date and fit to practise.

From the 1<sup>st</sup> April 2019, UKPHR Specialist Registrants must also maintain their registration via a 5-yearly revalidation system, founded on an annual professional appraisal together with satisfactory completion of other components, such as an on-going commitment to continuing professional development and the provision of supporting information on quality improvement activity.

Employers have a responsibility to check current professional registration as a part of pre-employment checks. For doctors and for UKPHR specialist registrants, the FPH assessor will advise on whether candidates meet these professional requirements during the Advisory Appointments Committee process.

Professional registration can be checked easily by searching the relevant register online:

GMC: <http://www.gmc-uk.org/doctors/register/LRMP.asp>

UKPHR: <http://www.ukphr.org/view-the-register/>

GDC: <https://www.gdc-uk.org/>

## Regulation

Doctors are regulated by the GMC and dentists by the GDC. The UKPHR is currently not a statutorily defined regulatory body. This has had an impact on the design of its revalidation scheme (for example, there is no system of “Responsible Officers”). However, UKPHR’s register is accredited by the Professional Standards Authority for the regulation of Public Health Specialists from backgrounds other than dentistry or medicine as well as Speciality Registrars and Public Health Practitioners.

The GMC and UKPHR revalidation schemes apply to all doctors and specialist registrants respectively – including those employed by councils. Revalidation plans within the GDC remain under discussion.

## Revalidation

Revalidation is intended to provide the public and employers with confidence that doctors and UKPHR specialist registrants are up to date and practising to a sufficiently high standard. In order to maintain a licence to practise, and therefore to be able to work as a doctor, doctors must be revalidated by the General Medical Council every five years. For UKPHR specialist registrants, 5-yearly revalidation allows them to remain on the UKPHR register.

Every doctor must be linked to an organisation (designated body) that holds responsibility for the processes needed for their revalidation. These organisations (of which PHE is one) have a Responsible Officer (RO) who oversees the professional appraisal and revalidation process for all doctors linked to that body. The statutory basis for medical revalidation and the role of the RO is set out in the Responsible Officer Regulations (2010, amended 2013).

All doctors employed by councils would normally<sup>1</sup> have a prescribed connection to PHE for revalidation and for other RO functions. The RO makes a recommendation regarding revalidation to the GMC, informed by a five year cycle of annual professional appraisals and supplemented by other performance and governance information that the RO seeks from the employer. The doctor should provide this information routinely as part of their annual professional appraisal but collecting information direct from the employer is an important cross check to ensure that any concerns the employer may have are taken into account in the revalidation recommendation.

For all UKPHR specialist registrants working in English local authorities, PHE oversee the annual professional appraisal process but, all decisions relating to revalidation are made solely by UKPHR (*i.e.* there is no ‘recommendation’ from PHE). The annual professional appraisal provides a valuable opportunity for reflection, learning, and developmental review with a focus on continuous improvement. For doctors, it is based on the GMC’s ‘**Good Medical Practice**’. This guidance is also relevant to UKPHR specialist registrants, who in addition should refer to the UKPHR’s Code of Conduct (2<sup>nd</sup> Edition, March 2014) and ‘Good Public Health Practice’ (2<sup>nd</sup> Edition, 2016).

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<sup>1</sup> Unless they work for another designated body for a greater proportion of their time, or are also on the active primary care performers’ list

High quality continuing professional development, professional appraisal and the availability of accurate workplace intelligence regarding a public health professional's fitness to practise are essential to an effective revalidation system.

## **Continuing professional development**

Continuing professional development (CPD) is an obligation for all public health professionals and this requirement is included in FPH approved consultant and Director of Public Health (DPH) job descriptions.

All consultants and DsPH should have a professional development plan (PDP) that is reviewed annually as part of both their management and professional appraisal. This should be designed in such a way that it enables them to keep up to date in all aspects of their practice and maintain their fitness to practise.

The FPH operates a CPD scheme that requires participants to undertake a minimum of 50 hours professional development each year. Members are required to use the FPH CPD online diary, which enables the recording of reflective notes, and to submit an annual return, the records of which are subject to rigorous professional audit.

Where the FPH has concerns that a member is not maintaining their professional development, despite support, they will notify the RO. If appropriate, the RO will discuss with the employer.

The CPD record including reflective notes is a key component of the information supporting annual professional appraisal and revalidation.

## **Annual professional appraisal**

All doctors and UKPHR specialist registrants are required to take part in annual professional appraisal. This complements the management appraisal that most local authorities will have in place for their staff. It is carried out by a public health consultant who may be external to the employing organisation and who has had additional appraiser training. Unlike the management appraisal, it covers the full scope of the individual's professional practice for which a licence to practise is required (if a GMC registrant) or for which UKPHR registration is required (if a UKPHR specialist registrant). This may, for example, include academic work, specialist training roles and any independent practice or voluntary roles that they undertake.

PHE operates a professional appraisal system, including a specialist web-based software system, for all specialists employed by PHE. The use of this extends to doctors who are employed by local authorities or higher education institutes who have a connection to PHE for revalidation and to UKPHR specialist registrants also employed in equivalent bodies.

The appraisal system is dependent on doctors and UKPHR specialist registrants being trained in appraisal and carrying out appraisals. Appraisers comment that they learn a great deal that benefits their own practice from appraising colleagues who work in different settings and localities.

Doctors and UKPHR specialist registrants are required to collect a portfolio of supporting information to demonstrate they are keeping up to date with the requirements of the GMC or UKPHR respectively. Outputs from the employer's management appraisal, such as objectives and reviews of performance, provide useful evidence for the professional appraisal. More information on the supporting information required for annual professional appraisal for both doctors and UKPHR specialist registrants can be accessed from the sources listed below:

- The [Good Medical Practice](#) framework for appraisal and revalidation:
- [Supporting information for appraisal and revalidation](#)
- Revalidation of UKPHR's Specialist registrants ([Guidance](#))

The appraisal discussion is structured around the requirements of the above guidance and a key output from the appraisal is a refreshed Professional Development Plan for the coming year.

## **Other aspects of the role of the Responsible Officer**

In relation to doctors, PHE's RO has other duties that are described fully in the RO Regulations (2010, amended 2013). For all doctors with a connection to PHE for revalidation, these also include: responsibility for ensuring appropriate investigation and action where concerns have been identified relating to professional performance, and the responsibility for ensuring that all new medically qualified appointments made have the appropriate qualifications and experience, and sufficient command of English language to enable them to communicate effectively with colleagues and the wider public.

## **PHE's role and responsibilities**

In relation to doctors it is a statutory requirement that designated bodies provide adequate resources to enable the RO function to be delivered effectively. PHE provides a range of resources to support all doctors who have a connection to PHE's RO for revalidation and other duties. Many of these resources are jointly available to UKPHR specialist registrants.

PHE:

- Has designated a Responsible Officer. The RO currently is PHE's Medical Director. The RO has a team that oversees delivery of all the RO's duties and responsibilities, across England.
- Provides a secure online appraisal system which enables all doctors with a prescribed connection to PHE, and UKPHR specialist registrants, to collate the information they need to support appraisal electronically
- Has developed a simple system to collect additional information from employers to inform the RO recommendation for revalidation for GMC registrants (Appendix A and B)
- Provides training and ongoing support for appraisers and appraisees, including appraiser networks in each region

- Is actively involved in the recruitment and appointment of Directors of Public Health through Centre Directors
- Provides advice and support to councils who have concerns about a doctor's professional practice and performance. PHE Centre Directors, Regional Directors and NCAS may provide confidential advice in the first instance. The RO has ultimate responsibility to ensure that significant concerns are appropriately investigated and dealt with.
- Has developed a tool to aid line managers assess the seriousness of any alleged or actual concerns about a doctor's professional practice (Appendix C)
- Has a cohort of trained and experienced investigators who can be commissioned to undertake an investigation of professional performance within councils, if necessary

## **Local Authorities' roles and responsibilities**

Local Authorities have a key role as the employer and will:

- Ensure they conduct pre-employment checks on professional registration requirements
- Follow the joint guidance on appointment processes published in 2013, working closely with the FPH to appoint consultant specialist posts
- Additionally ensure appointments of medically-qualified staff are compliant with statutory Responsible Officer Regulations
- Ensure all doctors and UKPHR specialist registrants they employ are undergoing annual professional appraisal (in most cases this will be through PHE)
- Support both groups to undertake appropriate CPD in line with their Personal Development Plan
- Support both groups to undertake a recognised multisource (360) feedback evaluation at least once in every five year cycle. PHE has identified, and currently funds, a range of validated tools for colleague and stakeholder feedback.
- Encourage both groups to undertake appraiser training (and ongoing relevant continuing professional development) and to carry out appraisals in line with the professional duties in their job description
- Ensure regular management appraisals also take place
- Have systems in place that support the collection of additional information needed to inform the revalidation recommendation – this information is described in Appendix A and B
- Contact your PHE Centre or Regional Director (as appropriate), or the Office of the Responsible Officer ([revalidation@phe.gov.uk](mailto:revalidation@phe.gov.uk)) for initial confidential advice when they have initial concern about a doctor's practice

## Information exchange between PHE and local authorities

It is essential that there are clear channels of communication between the Local Authority (as employer) and PHE (as the designated body for doctors and as the provider of the appraisal platform for UKPHR specialist registrants). Information being exchanged may often be of a sensitive nature so must always be transferred confidentially. In most cases the route will be between the Office of the Responsible Officer ([revalidation@phe.gov.uk](mailto:revalidation@phe.gov.uk)) and the individual's line manager, however, there will be occasions where the PHE Centre or Regional Director, or the human resources team of the Local Authority need to be involved. The following statements apply concerning information exchange:

- PHE will always be aware of the registration status of individuals and will notify the employer if there are changes to, or concerns about, registration
- PHE will be made aware if a FPH member is no longer 'in good standing' through lack of CPD, and will notify the employer of this
- Local Authorities will notify the Office of the Responsible Officer where they have concerns about the professional practice of an individual
- Additionally, Local Authorities will complete a 'Line Manager Feedback Form' (Appendix A) once every five year, to support the revalidation recommendation

## Appendix A – Line Manager Feedback Form

**PLEASE NOTE:** Your direct report/employee has asked you to complete this form because they are line-managed outside of Public Health England (PHE). The completed document will form an important component of the supporting information required by PHE in order for them to provide a revalidation recommendation to the General Medical Council. Please complete and return to the individual concerned, who will upload it to PHE’s appraisal software prior to their appraisal. If you would prefer, you can send the completed form directly to us at [Revalidation@phe.gov.uk](mailto:Revalidation@phe.gov.uk), where you can also contact us if you have any concerns or questions relating to this request. Thank you for your support.

LMFF relating to:

Completed by (and position in relation to the above):

Your contact details:

Employing organisation:

Date:

Notes

- All questions should be answered ‘To the best of your knowledge’
- For all questions, please provide comment if appropriate

1. Has the individual concerned been named in, or involved in, any adverse/serious events in the last 3 years?

Yes  No

Comment:

2. Has the individual concerned been named in, or involved in, any complaints in the last 3 years?

Yes  No

Comment:

3. Are there any grounds for doubting the probity, honesty or integrity of the individual concerned?

Yes  No

Comment:

4. Are you aware of any suspensions, restrictions on practice or of the individual being subject to an investigation of any kind in the last 3 years?

Yes  No

Comment:

5. Are you aware of any health or sickness absence concerns relating to this individual?

Yes  No

Comment:

6. Do you have any performance concerns about this individual?

Yes  No

Comment:

7. Are there any other comments you would like to make?

Yes  No

Comment:

**Many thanks for your co-operation!**

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## **Appendix B – Supporting information needed to inform the revalidation recommendation**

- Last year's PDP and progress
- Demonstration of (and reflection on) CPD
- Demonstration of quality improvement activity (typically two case reviews per year in each year of the cycle)
- Information on any Serious Untoward Incidents (SUIs)/Significant Events, with reflections (where the appraisee has been directly involved)
- Feedback from colleagues (*i.e.* a colleague based 360 MSF report) and evidence of reflection on this report. Any proposed development arising from this should be reflected in the PDP.
- Feedback from individuals/communities/patients (if applicable), evidence of reflection on this and evidence that any required development is reflected in the PDP
- Information on any complaints/compliments, with reflections
- The output from last year's professional appraisal
- Job plan and objectives
- Output from the managerial appraisal

## **Appendix C - PHE performance assessment tool (excerpt from guidance in support of PHE policy 'Responding to and Managing Concerns: addressing concerns about medical and dental practitioners in PHE')**

### **8. The assessment tool**

8.1 The table below has been designed as a tool to help managers of senior public health professionals assess problems and determine proportionality of response. Judgements need to be made and experience shows that, if this can be done as close to the source of the problem, there is an increased likelihood of being able to resolve the issue quickly and retain the engagement of the individual concerned.

#### 8.2 Using the assessment tool

This tool uses 5 areas related to key aspects of performance concern. These are conduct, capability, health, team working and length of time the issue has occurred. Line managers need to assess the weight of the evidence available to them at that time. Admitted facts should be part of this decision making process.

8.3 There are a number of issues that in the absence of any other concerns would still mean an immediate referral to the Office of the Responsible Officer and/or a senior HR lead e.g. the falsifying of travel expenses, alcohol misuse at work, the practitioner has been involved in a serious incident etc.

8.4 The tool has been piloted in a number of existing cases and has positive feedback from line managers.

Outcome maximum score 25

Score 1-6 Handle locally

Score 7-11 Handle locally but seek senior management and HR advice

Score 12-15 Escalate to HR/Regional Director and support any investigation and remediation

Score 16-20 Escalate to HR Director and Responsible Officer (for doctors) or Medical Director (for dentists). Consider taking NCAS advice

Score 21-25 Escalate to HR Director and Responsible Officer (for doctors) or Medical Director (for dentists) and consider immediate GMC / GDC referral and exclusion of doctor / dentist.

Strength of evidence 1-5	<b>Conduct</b> <b>Examples include:</b> <b>Probity</b> <b>Allegations of bullying and harassment</b> <b>Communication difficulties</b> <b>Failure to follow recognised practice and organisational policies</b> <b>History of not being present in the workplace when expected</b> <b>Do they demonstrate the PHE values and behaviour?</b>	<b>Capability</b> <b>Examples include:</b> <b>Are colleagues expressing concern about their performance?</b>  <b>Are they working outside of their competencies?</b>  <b>Are they repeatedly unable to deliver work to reasonable timescales?</b>	Health Includes possible concerns as well as proven Both physical and mental health problems should be investigated through an Occupational Health assessment	Working within a team Are there reported difficulties with line managing more junior staff? Are peers expressing concerns about difficult working relationships? Are they resisting being line managed e.g. bypassing existing line manager, missing appraisal meetings, not complying with reasonable requests to action items?	History Is this the first time? Is this a repeated occurrence but with a long time span between with no other problems Is this a repeated pattern of behaviour? Has there been any previous informal or formal action taken?
1 Nil or minimal evidence of concerns					
2 Some limited usually unsubstantiated evidence available					
3 Evidence present					
4 Strong evidence but has insight					
5 Strong evidence and/or admitted Little insight present					

Are there any other particular points for consideration?

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