

Annual review of accreditation 2019/20

UK Public Health Register (UKPHR)

March 2020

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About UK Public Health Register

The UK Public Health Register (UKPHR) registers:

- Public Health Practitioners
- Public Health Specialists.

Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

As of January 2020, there were 1074 registrants on UKPHR's register.

UKPHR was first accredited on 3 April 2013. This is its sixth annual review and this report covers 3 April 2019 to 3 April 2020.

Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations and note Achievements.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal
- **Achievement** – Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

Outcome

Accreditation for UKPHR was renewed for the period of 3 April 2020 to 3 April 2021.

Accreditation was renewed by a Moderator following a review of evidence gathered by the Accreditation team and supplied by UKPHR.

No Conditions were issued.

The following Recommendations were issued to be implemented by the submission of annual renewal documentation:

1. The UKPHR should consider adding working with children and vulnerable groups as a separate risk to its risk register. (Paragraphs 3.2 to 3.8)
2. The UKPHR to consider developing guidance for its registrants and for its staff/Board about handling safeguarding issues. (Paragraphs 3.2 to 3.8)
3. UKPHR should consider adding a statement to its website to ensure that it is clear that people can request Board meeting minutes from UKPHR. (Paragraphs 5.2 to 5.3)
4. UKPHR should consider improving the provision of information about the knowledge base or its development to the public. (Paragraphs 6.1 to 6.4)
5. UKPHR should consider developing guidance for its registrants about whistle blowing and the professional Duty of Candour. (Paragraphs 8.2 to 8.4)

The following report provides detail supporting the outcome.

Assessment against the Standards for Accredited Registers

Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 There were no significant changes reported or noted in the past year. UKPHR have reported an increase in registrant numbers. UKPHR reported that it has 'reached a mature coverage' of the specialists and estimates that between the GMC, GDC and the UKPHR, they cover 100% of this workforce in the UK, with approximately 50% being registered by the UKPHR. With regard to practitioner registration, UKPHR reported that its practitioner registration schemes now cover the whole of the UK. Despite this however, UKPHR estimates that it registers approximately 5% of this workforce. UKPHR reported that it is working to increase awareness of UKPHR and its register and noted that it has employed a communications and marketing consultant to help raise awareness with employers.
- 1.2 The Authority found that this Standard continues to be met.

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 There were no significant changes reported or noted in the past year.
- 2.2 The Authority found that this Standard continued to be met.

Standard 3: risk management

- 3.1 There were no significant changes reported or noted in the past year. The Authority compared the risk matrix supplied with this year's annual review with the one used for last year and noted that there have been no changes in the risks covered or the risk scores.
- 3.2 The Authority are reviewing how Accredited Registers approach safeguarding issues; how registers are prepared to protect children, young and vulnerable adults from abuse and neglect.
- 3.3 UKPHR confirmed that it does not have guidance on safeguarding for its employees or volunteers and that it has in the past relied on guidance published by the Charities Commission. UKPHR noted that it has been reviewing this within the organisation and that some of its Moderators are trained in safeguarding issues and so its Moderators have agreed to take the lead on this issue. UKPHR noted that it will be offering safeguarding training to all its Moderators.
- 3.4 UKPHR noted that 'regarding registrants, safeguarding is an important consideration in public health practice.' UKPHR highlight relevant parts of its [Code of Conduct](#) for example, paragraph 5.3 states that registrants must 'Recognise the differences between individuals and groups; avoid stereotyping and treat everyone fairly and with compassion, paying particular attention to the needs of disadvantaged and vulnerable people.' UKPHR

confirmed that it has not produced any further guidance for its registrants, but it has referred its staff to online safeguarding courses.

- 3.5 The team reviewed the risk matrix and noted that UKPHR has not included safeguarding issues as a risk within its matrix. UKPHR noted that 'there is not a specific entry in UKPHR's risk matrix relating to safeguarding but risk number 1 is "Personal Behaviour - Registrants violate boundaries causing risk of, or actual, harm to service users or public" and the actions taken to mitigate and reduce this risk are there stated. We will draw this point to the attention of the Audit & Risk Committee at its next meeting (20 May 2020).'
- 3.6 UKPHR has highlighted its response to a recent consultation by the UK Faculty of Public Health who are reviewing the 2015 Public Health Training Programme Curriculum. UKPHR noted that has 'made a representation that safeguarding is a matter which should be added to the curriculum.'
- 3.7 UKPHR confirmed that its specialists are strategic leaders of public health practice in the UK. They would be responsible for setting the policies and standards for those working with vulnerable groups and safeguarding. Generally speaking, they would not be expected to be delivering front line services. Practitioner roles are diverse and may include the delivery of front line services. Practitioners are likely to come into contact with vulnerable groups.
- 3.8 The Authority noted the change in registrant profile since the UKPHR was accredited and decided to issue the following Recommendations:
1. The UKPHR should consider adding working with children and vulnerable groups as a separate risk to its risk register. (Recommendation 1)
 2. The UKPHR to consider developing guidance for its registrants and for its staff/Board about handling safeguarding issues. (Recommendation 2)
- 3.9 The Authority is considering how registers are handling information about convictions. UKPHR reported that following conversations with the Authority and other Accredited Registers, it has amended its policy. UKPHR no longer seeks information about spent convictions.
- 3.10 In the annual review form, UKPHR noted that 'If registrants should disclose information about spent convictions, we will only take them into consideration if they relate to offences excepted from the law relating to spent convictions.' UKPHR clarified that this means that UKPHR 'check[s] for differences between the law in the four nations, we check for exempted sentences such as public protection sentences and we check for orders that may extend beyond the sentence and the rehabilitation period such as an ongoing hospital order.'
- 3.11 This year the team are reviewing how registers approach adjunctive therapies: these are practices performed by registrants in the course of their work that are outside the explicit scope of their practise or competence. These practices may be directly related to the register's modalities (for example a counsellor practising hypnotherapy) or completely unrelated (for example a counsellor practising complementary therapies). UKPHR reported that it is not aware of any adjunctive therapies that may be practised by its registrants.

3.12 Given the current COVID-19 crisis, UKPHR reported that it has published a statement on its website about how it will ‘respond flexibly to requests from registrants for time extensions on requirements such as professional appraisals and revalidation (both of which only apply to specialists of course, currently).’ It has ‘worked with Public Health England on a joint approach to how we will respond to requests for extensions of time for professional appraisals and I gather that PHE has included a reference to this agreement in a letter to the Health Minister as an example of collaboration and pragmatism.’ UKPHR reported that it has considered whether it needs to add a risk to its matrix covering COVID-19 and noted that the Audit and Risk Committee is being convened to address this. The Authority requests that the UKPHR provide its updated risk matrix to the Accreditation team once this has been completed.

3.13 The Authority found that this Standard continued to be met.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register

4.1 There were no significant changes reported or noted in the past. As part of its due diligence, the Accreditation team reviewed records from Companies House and the Charity Commission and noted the Standard continues to be met.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively

5.1 There were no significant changes reported or noted in the past year.

5.2 UKPHR has updated its website. The Authority carried out a service user/patient journey and noted that UKPHR no longer publishes its Board meeting minutes. UKPHR reported that ‘during last year’s refresh of our website, we removed web pages where google analytics showed us that no-one was visiting them. We understand the need to be open and transparent and anyone may request a copy of the minutes of a Board meeting or a meeting of a committee of the Board and we will supply the minutes.’

5.3 The Authority noted that Board meeting minutes were available on request, however, found that this was not clear on UKPHR’s website. The Authority decided to issue a Recommendation: UKPHR should consider adding a statement to its website to ensure that it is clear that people can request Board meeting minutes from UKPHR. (Recommendation 3)

5.4 The Authority found that this Standard continues to be met.

Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public

6.1 There were no significant changes reported or noted in the past year. Following its review of the new website, the team clarified how UKPHR has

made the knowledge base of public health practice explicit to the public. Please provide links where available.

- 6.2 UKPHR responded that 'we publish the registration standards. We publish, where applicable the mapping of these standards to other relevant standards (for example, we mapped the new SRbPA route's standards to the 2015 Public Health Specialty Training Programme Curriculum). We publish advice and guidance to applicants (and to assessors for the portfolio assessment routes) which anyone can read.'
- 6.3 Previously, the Authority has noted that Standard 6 requires the knowledge base, or its development, that underpins the occupations practiced on the registers is explicit to the public. This Standard is intended to enable a member of the public to assess the extent to which a therapy or practice is based on research and development of the knowledge base/evidence. Where this information has not been explicit to the public it has issued a Recommendation.
- 6.4 The Authority decided to issue a Recommendation: UKPHR should consider improving the provision of information about the knowledge base or its development to the public. (Recommendation 4)
- 6.5 The Authority found that the Standard continues to be met.

Standard 7: governance

- 7.1 There were no significant changes reported or noted in the past year.
- 7.2 UKPHR provided an update on changes to its governance. There are currently 10 positions on the Board, UKPHR reported that five of these positions are for lay directors. UKPHR publish the biographies on its [website](#). In the past accreditation year, four directors retired and left the Board, four directors came to the end of their current term and were reappointed, two new directors have been recruited and two vacancies remain. UKPHR reported that it is varying the terms of reference so that it has one third of Directors who retire annually. UKPHR reported that it had attempted to pass a resolution at its AGM to introduce a maximum term of office, but this was unsuccessful as there was no quorum. As advised by its solicitor, UKPHR will be developing a written procedure to make the change. UKPHR advises this action will be completed early in 2020.
- 7.3 Standard 7c requires Accredited Registers to demonstrate that it seeks, understands and uses the views and experiences of service users and the public to inform key decisions about its voluntary register functions. One of the ways this is done is through lay representation on the Board.
- 7.4 The team reviewed the biographies of Board Directors on UKPHR's [website](#) and noted that all Directors appeared to have a strong public health background. UKPHR confirmed that it considers those Directors who work within academia and research to be lay (lay directors currently are Jenny Douglas (academia), Joanna Dowd (research), David Evans (academia), Ruth Freeman (academia), Louise Wallace (research), since completing the application form UKPHR has recruited recruited an eleventh director, also lay, Ranjit Khutan (academia)). UKPHR notes that its definition of a lay person is recorded within its Articles of Association: 'Lay Member' means persons that

are not registered by, nor entitled to be registered by, the charity on the Register; such persons being appointed by the board of directors on the basis of advertisement and open competition under article 27(3)(c).'

- 7.5 UKPHR noted that it seeks, understands and uses the views and experiences of service users and the public to inform its decisions about its register's functions through its Consultative Forum to which a wide range of stakeholders are invited twice a year. UKPHR reported that it maintains a distribution list for these contacts, and uses this to send out relevant news stories and consultations. UKPHR noted that it 'sometimes take[s] exhibition stands at relevant conferences in order to engage with different audiences' and it 'provide[s] speakers for events on request.'
- 7.6 With regard to the public, in addition to those points noted under paragraph 7.5, UKPHR publishes news stories and a quarterly newsletters on its website as well as engaging through social media platforms such as Twitter. For employers, UKPHR also engages through direct mailing and attendance at events. UKPHR reiterated that it has 'a rule that we will notify a registrant's employer of a lapse in registration. We do from time to time receive enquiries from employers about workplace disciplinary matters relating to a registrant and we respond appropriately.' UKPHR confirmed that it has engaged a communications and marketing contractor for six months to work with it to improve its engagement with all relevant employers.
- 7.7 The team noted that the Board meeting minutes discussion about succession planning and the recruitment of two Board Directors and a new CEO. UKPHR noted that it has now recruited another Director and that if 'a twelfth director is not recruited by June, we will advertise a new recruitment round in time for appointment or appointments to be made at the Annual Meeting.' The Board are aiming to make an appointment for a new CEO before the Annual Meeting.
- 7.8 The Authority reviewed the new website and noted that it is easy to navigate and find information about raising concerns and registration.
- 7.9 The Authority found that the Standard continues to be met.

Standard 8: setting standards for registrants

- 8.1 There were no significant changes reported or noted in the past year.
- 8.2 The Authority is considering how Accredited Registers approach whistleblowing and the professional Duty of Candour.
- 8.3 UKPHR confirmed that it has a whistleblowing policy for staff, contractors, and volunteers. UKPHR highlighted relevant sections within the [UKPHR Code of Conduct](#) that relate to both whistleblowing and Duty of Candour, for example paragraph 1.3 which states 'take swift action and speak with candour if you become aware that your health, behaviour or professional performance, or those of a colleague, or the policy or practice of an organisation, may pose a risk to the health of the public, or of particular individuals or groups' and paragraph 3.3 which states 'maintain your integrity and justify the trust the public, employers and colleagues have in you and your profession.' UKPHR confirmed that it does not have any additional guidance for its registrants.

- 8.4 The Authority decided to issue a Recommendation: UKPHR should consider developing guidance for its registrants about whistle blowing and the professional Duty of Candour. (Recommendation 5)
- 8.5 At last year's annual review, the Authority reported on the changes made by UKPHR to its practitioner registration standards following its first review of the practitioner register. UKPHR provided a mapping document to the Authority for review. This document mapped the new standards against the old standards. The Authority noted that there were no changes to the standards UKPHR are requiring their practitioners to meet but that they have been re-written to remove duplication and provide clarity. The new standards were introduced in April 2019.
- 8.6 At this year's annual review, UKPHR reported that it had piloted the new standards and used learning to amend the guidance and supporting information.
- 8.7 The Authority found that this Standard continues to be met.

Standard 9: education and training

- 9.1 There were no significant changes reported or noted in the past year.
- 9.2 UKPHR reported that 'the Trailblazer Group which secured approval of a Level 6 Public Health Apprenticeship has asked UKPHR's Board to register apprentices as public health specialists.' This was further discussed by the Board in February, where it was decided that UKPHR will create a second route to the register for practitioners who successfully complete the level 6 apprenticeship. This will be in place before the first cohort of apprentices complete their apprenticeships in approximately three years. The Authority note that this may need to be considered under its notification of change process before implementation.
- 9.3 At the July Board meeting, the Accreditation of HEI Qualifications was discussed. UKPHR reported that this project has started. 'The Education & Training Committee has commenced a project to examine which HEIs offer a BSc qualification in public health and to survey these to find out how many HEIs have mapped their curricula to the practitioner registration standards. At the end of this project, the Committee will assess what scope there might be for taking into account a BSc as approved prior learning and if so, what weight will be attached to it in the portfolio assessment.'
- 9.4 The Authority requests that UKPHR keep the Accreditation team up to date with any developments in these areas, so it can assess whether a notification of change is required.
- 9.5 The Accreditation team reviewed UKPHR's new website for compliance with Standard 9e. UKPHR publish its registration standards on its website, for example [practitioner registration](#). UKPHR noted that 'for specialists we approve the curriculum for the Training Programme, we signpost enquiries about the Training Programme to the Faculty (which carries out the annual recruitment to the Training Programme) and we receive reports from the Faculty about the Training Programme.' UKPHR reported that information for the public is referred to on its website and that it provides contact details for local practitioner registration schemes and for the Faculty of Public Health.

9.6 The Authority found that this Standard continues to be met.

Standard 10: management of the register

- 10.1 There were no significant changes reported or noted in the past year.
- 10.2 At last year's annual review, the Authority reported on the changes made to the assessment process for specialists and the introduction of revalidation for its registrants.
- 10.3 UKPHR provided details of the changes made in the assessment of specialists. UKPHR confirmed that the standards required had not changed but the way in which applications were assessed by UKPHR had. UKPHR reported that the assessment for specialists had been split into two stages. The first stage, the pre-application stage, is designed to determine the eligibility and readiness of the applicants to apply. The applicant is required to complete an application form and provide a reference, a 360-degree appraisal, a personal development plan, and a CV. UKPHR will then consider the application, responding to the applicant within six weeks. If UKPHR determines that the applicant is not eligible for this level of registration, it will provide its reasons for the decision. The applicant can appeal the decision. If the applicant has been granted permission to apply, then they must submit their port-folio to demonstrate their compliance with the standards within 18 months of the decision.
- 10.4 Registrants are required to carry out revalidation every five years, this replaces the five yearly re-registration process. UKPHR highlighted two elements of the revalidation scheme, the annual professional appraisal and the requirement for a structured reference. UKPHR noted that the majority of the professional appraisals will be carried out by the public health agencies within the four nations free of charge to registrants. However, UKPHR also noted that self-employed registrants will be unable to access this system and so will need to arrange for professional appraisals to be carried out by an appraiser who has been trained to an acceptable level for example by Public Health England or the Faculty of Public Health. Registrants who do not complete their revalidation within three months of their revalidation date will be deferred for up to 12 months, this will be noted on the register. If the registrant does not complete the required actions to lift the deferment within 12 months, then the registrant may be removed from the register. This process has been in place for specialists since April 2019, but was put on hold for practitioners due to difficulties in sourcing professional appraisals for practitioners.
- 10.5 The Authority considered the potential impact of the addition of another step in the specialist registration assessment and the requirement for a professional appraisal in the revalidation process. The Authority noted that there could be an unforeseen consequence of the arrangements that they might discourage registrants inappropriately or place a barrier. It decided to issue the following recommendation: UKPHR should review the impact of the changes made to the assessment process for specialist registration and the revalidation process to ensure that there have been no unintended consequences such as barriers that may discourage applications or continued registration.

- 10.6 UKPHR reported that the Board has been receiving regular reports about the progress of implementing the changes noted above. UKPHR noted that as a result of this active monitoring, it has made some adjustments to processes and supporting materials such as the FAQs.
- 10.7 UKPHR reported that with regard to the specialist assessment, it convened an evaluation group in October 2019. The group has decided to send out a survey to stakeholders, once the responses have been assessed, some respondents will be invited for interviews. The evaluation group intends to report to the Board within a year of being set up.
- 10.8 UKPHR confirmed that its Board has stated that it will carry out an evaluation of revalidation, but it has not yet set a date. UKPHR noted however, its Boards approach to avoiding barriers, providing an example of the adjustments that it has made with the introduction of revalidation for practitioners. At last year's annual review, UKPHR reported that it had postponed the introduction of revalidation for its practitioners due to issues with practitioners accessing professional appraisals. The Board has instead consulted on an alternative to replace the appraisals with the requirement for a professional discussion instead. UKPHR reported that the proposal was well received by the respondents and so the Board has decided to move forward with revalidation for practitioners on this basis. It is anticipated that this will start toward the end of 2020.
- 10.9 The Authority noted that UKPHR has seen an overall increase in the number of registrants on its register. UKPHR reported on the number of registrants that decided not to renew their registration. Eight-one registrants did not renew their registration in the past year. Sixteen of these have retired, 12 relinquished their registration (7 Specialists, 1 Specialty Registrar and 4 Practitioners) and 53 lapsed (17 Specialists and 36 practitioners). This compares to 48 registrants who did not renew in the previous year. (14 of which retired, 29 lapsed (9specialists and 20 practitioners) and 5 relinquished (2 specialists, 1 specialty registrar and 2 practitioners)). The Accreditation team asked whether UKPHR had any insights into why registrants are choosing to lapse or relinquish their registration.
- 10.10 UKPHR responded that it sends lapsed registrants an exit questionnaire, registrants provide a number of reasons for relinquishing their registration including retirement, leaving public health practice, maternity leave and being dual registered UKPHR noted that 'a registrant who relinquishes registration cannot get back onto the register without going through one of the routes to registration available at the time they want to register anew.'
- 10.11 UKPHR confirmed that it doesn't think that its requirements are creating barriers to registration. UKPHR has received feedback which notes that its specialist registrants wanted revalidation to provide equivalence with their medically qualified colleagues. UKPHR's feedback about changes made to the port-portfolio assessments notes that although tough, it is worthwhile because it provides 'an objective validation of the registrant's competence.' The Authority found that the Recommendation had been considered.
- 10.12 UKPHR reported that due to the closure of the RSS and defined specialist route at the end of August 2019, there was an increase in the submission of

portfolios. As a result, there is now a backlog of assessments. UKPHR confirmed that ‘there are 50 defined specialist portfolios awaiting allocation to two assessors. At the historic pace of dealing with these, it would take three years to complete their assessments’ and that the new specialist route and the practitioner route are not affected.

10.13 UKPHR reported that this was discussed at its February meeting and agreed the following actions to enable UKPHR to assess the backlog quicker. The Board, at its February meeting, agreed to three actions:

- a) ‘to appeal afresh for more volunteer assessors to come forward to be trained to undertake assessments
- b) to offer existing assessors waiver of their 2021 annual registration fee if they will assess two additional portfolios within the next 12 months and
- c) to recruit four retained assessors who can commit to assessing 4-10 portfolios within two years in return for a payment of £1,000 per portfolio assessed.

The Board reaffirmed that portfolios will continue to be assessed by two assessors as is currently the case. These three actions have all been undertaken and by the end of March it will be clear how many assessors have responded and what this will mean in terms of time it will take to assess the remaining defined specialist portfolios.’

10.14 Given the current COVID-19 crisis, UKPHR reported that it has published a statement on its website about how it will ‘respond flexibly to requests from registrants for time extensions on requirements such as professional appraisals and revalidation (both of which only apply to specialists of course, currently).’ It has ‘worked with Public Health England on a joint approach to how we will respond to requests for extensions of time for professional appraisals and I gather that PHE has included a reference to this agreement in a letter to the Health Minister as an example of collaboration and pragmatism.’

10.15 The Authority found that this Standard continues to be met.

Standard 11: complaints and concerns handling

- 11.1 There were no significant changes reported or noted in the past year.
- 11.2 UKPHR reported that it had received one complaint and that this was not taken forward. UKPHR noted that during 2019, ‘the Registrar considered circumstances concerning six registrants where there was potentially a fitness to practise matter in respect of competence, conduct or health. The Registrar made determinations in all six cases and there were no referrals to a fitness to practise panel during 2019.’ UKPHR confirmed that these cases related to six separate instances and a single registrant.
- 11.3 UKPHR reported that it had received one complaint about it as an organisation. This related to the delivery of a portfolio to an assessor. UKPHR stated that the complaint was investigated by the Chief Executive who made a determination.

11.4 UKPHR has developed a vexatious complaints policy which was reviewed by the Authority.

11.5 The Authority found that this Standard continues to be met.

Share your experience

12.1 The Accreditation team did not receive any responses to the invitation to share experience and did not receive any concerns about UKPHR during the accreditation year.

Impact assessment

13.1 There were no significant changes reported or noted in the past year.

13.2 UKPHR reported that it has increased its registration fees by less than two percent. UKPHR reported that it consulted on the increase before it was implemented and that it did not note any significant change in registrant numbers.

13.3 UKPHR is currently consulting on its [fee increases](#) for the coming year, this is due to close at the end of March.

13.4 The Authority took account of the impact of its decision

Equality duty under the Equality Act 2010

14.1 The Authority had regard to its duty under the Equality Act 2010 when considering the application for renewal of accreditation