Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Faculty of Public Health

Submission of specialist standards to the General Medical Council

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1. Introduction

The FPH is the standard setting body for specialists in public health in the UK. We are a joint Faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow).

The FPH aims:

- to promote, for the public benefit, the advancement of knowledge in the field of public health.
- to develop public health with a view to maintaining the highest possible standards of professional competence and practice.
- to act as an authoritative body for consultation in matters of education or public interest concerning public health.

The Faculty defines public health as:
"The science and art of preventing disease, prolonging life and promoting health through organised efforts of society." (Sir Donald Acheson)

Public health reaches far beyond the usual confines of NHS structures. It pulls together skills and people from a wide range of disciplines. Public health consultants will therefore most often work for, and across, organisations to improve the health of a certain population group. These include local NHS organisations, national and local government agencies and authorities, the military, the Health Protection Agency, local community organisations, voluntary or academic institutions and the World Health Organisation amongst others. Most of those who do specialise in public health work in the public sector.

Some consultants will become experts in a specific area of public health, while others will find that their job incorporates a cross-section of public health activities and/or research. However, their work usually falls within one or all of the following three domains: **improving health, protecting health or improving health services**.

2. Principles underpinning GMC sign off for revalidation

2.1. Principle 1: Consistency

The Medical Royal Colleges and Faculties, in collaboration with their associated specialties, have traditionally taken the lead in educating, training and setting the standards in their specialist areas that are essential for safe and effective patient care. The Chief Medical Officer's reports *Good doctors, safer patients* and *Medical Revalidation: next steps* and the White Paper *Trust, Assurance and Safety* represent an opportunity for Colleges and Faculties to offer their expertise in setting specialty standards for revalidation.

Each Medical Royal College has developed a series of standards for all doctors practising within their specialty and identified a range of supporting information for revalidation. The specialty standards are required to be in line with the generic standards and criteria outlined in the GMC's *Framework for Appraisal and Assessment* which is an adaptation of *Good Medical Practice*. The Specialist Standards Frameworks are designed to support doctors in the positive demonstration of their specialist practice.

Their purpose is to:

- help doctors understand and prepare for their appraisal and revalidation.
- provide guidance for appraisers to discuss and consider the specialist practice of appraisees
- assist the Responsible Officer and/or the College representative(s) in determining the revalidation recommendation of an individual doctor

The FPH has developed the *Public Health Standards Framework for Revalidation* using the GMC's *Framework for Appraisal and Assessment*. The *Public Health Standards Framework for Revalidation* links closely with *Good Public Health Practice* and *Revalidation and Public Health*, a guidance booklet produced by the FPH.

2.2. Principle 2: Confidence

2.2.1 FPH consultations

The FPH maintains a policy of inclusion on its consultation responses. Any member of the FPH may contribute their views.

FPH responses to external consultations on revalidation are normally drafted by the FPH Revalidation Working Group and approved by the Professional Affairs Committee, the Public Health Standards and Knowledge Committee and, if necessary, the Executive Committee. The membership of these committees is below.

Committee Name	**Committee Members**
Revalidation Working Group	Chair (FPH Vice President) Chair, OSPHE CPD Director CPD Co-ordinator representative FPH Chief Executive Health Protection representative Health and Social Services Quality representative Health Improvement representative DPH and UKPHR representative BMA representative Public Health Appraisal representative/specialist
Public Health Standards and Knowledge Committee	Chair (FPH Vice President) Registrar Academic Registrar Chair, Trainee Members Committee Chair of Part A Examination Chair of Part B Examination Director of CPD Director of Practitioner Development Chair, Research Committee Chair, Information & Intelligence Committee Assistant Registrar Assistant Academic Registrar Representative, NICE

Professional Affairs Committee	Chair (FPH Registrar) Deputy Chair (FPH Assistant Registrar) Faculty Adviser, East of England Faculty Adviser, London Faculty Adviser, South East Coast Faculty Adviser , South Central Faculty Adviser, South West Faculty Adviser, East Midlands Faculty Adviser, North East Faculty Adviser, Yorkshire and the Humber Faculty Adviser, North West Faculty Adviser, West Midlands Faculty Adviser, Wales Faculty Adviser, Scotland Faculty Adviser, N Ireland Faculty Adviser, HPA Faculty Adviser, DMS Faculty Adviser, Department of Health Faculty Adviser, International
Executive Committee	Chair (FPH President) Vice President Registrar Academic Registrar Treasurer Assistant Registrar Assistant Academic Registrar Representative for Scotland Representative for Wales Representative for Northern Ireland Chair, Trainee Members Committee

The FPH has also undertaken a number of internal consultations on good public health practice documents and the *Public Health Standards Framework for Revalidation*.

Preparatory membership consultation on revalidation

In September 2008, the FPH undertook a preliminary consultation with the FPH membership to determine the upcoming revalidation needs. This had an excellent participation rate, with 562 responses. Questions were asked regarding the specialist registration and employment status of respondents. Over 80% of respondents held specialist registration and nearly 90% were in employment. Additional employment details revealed that only approximately 40% of respondents were primarily employed in the NHS and 30% held additional contracts with other organisations. This will necessitate any revalidation requirements or procedures in public health to be flexible in order to accommodate the breadth of different work environments.

While the majority of respondents reported participating in some sort of regular appraisal scheme, less than 10% reported participating in regular multi-source feedback processes.

Good Public Health Practice

On 2 April 2009 the FPH Executive Committee approved a working draft of *Good Public Health Practice*. This was based on an earlier document written in 2006, but updated to take account of the GMC's *Good Medical Practice*. As a working draft, *Good Public Health Practice* will continue to

be updated as the standards and processes for revalidation progress. A final version will be published after the *Public Health Standards Framework for Revalidation* has been approved by the GMC in early 2010.

Good Public Health Practice was (and as a working draft, still is) open to comment by all FPH members. The consultation was advertised in the quarterly FPH newsletter and the monthly electronic bulletin. One response was received from a FPH member, with suggestions for minor changes in wording.

Public Health Standards Framework for Revalidation

The FPH ran a comprehensive consultation on the full draft specialist standards contained in the *Public Health Standards Framework for Revalidation* between August and October 2009. Once again, this had a very good participation rate, with 531 responses.

As in the first membership consultation on revalidation, we requested information on specialist registration and employment, together with more detailed information on place of practice and role.

Key questions on the principles of revalidation and specialist standards included:

Principles of revalidation:
1. Are these principles are appropriate and reasonable?
2. Are these principles sufficiently flexible to accommodate the particular demands of your specialty practice area?

Enhanced Appraisal:
1. Will these attributes as a “Core Module” in appraisal be sufficiently robust for the purposes of revalidation?
2. Will these attributes allow you to demonstrate the quality of your practice?

Supporting Information:
1. Will you be able to demonstrate that you are up to date and fit to practise in your specialty by providing supporting information in the areas under the above nine categories?
2. Is it feasible to be asked to provide all of the “Core” supporting information described above over a five-year period?
3. Is the supporting information listed as “Options” are reasonable and helpful?
4. Will a correct impression of your professional performance in each of the domains and attributes be conveyed over a five-year period by the supporting information outlined?

Development of an e-portfolio:
1. Do you agree with the FPH position regarding a College (or Faculty)-based e-portfolio?

Resources:
1. Will the proposed changes to supporting information for appraisal take more time and resource than the current system?
2. Will you have difficulty in accessing or producing any of the suggested supporting information?
3. Who do you feel should cover the costs of revalidation processes?

Responsibility structure:
1. Do you support the role of FPH in revalidation as outlined above?
2. Should public health appraisal be carried out a registered public health professional?
3. FPH may appoint its own Responsible Officer(s) to cover public health professionals outside NHS managed work environments. How likely would you be to use this service?

Quality assurance:
1. Would the described quality assurance mechanisms give you confidence in the recertification and revalidation process?

Overall, the principles and standards proposed were well received. Over 85% of respondents supported the FPH's proposed role in revalidation and over 75% agreed that the principles of revalidation are appropriate and reasonable. However, considerable levels of uncertainty remain about how the system will apply to public health professionals practising outside NHS managed environments and the amount of time and resources the process will consume. Other significant concerns were around linking to responsible officers- less than 40% of respondents felt it would be straightforward for them to identify and link to a responsible officer.

2.2.1 FPH pilots

The FPH is involved in numerous projects and pilots, both as an independent faculty and in collaboration with other medical royal colleges, to test and refine aspects of revalidation processes for public health.

Multi-source feedback tool

In this project the FPH aims to develop and validate an instrument specifically for use by doctors for whom individual contact with patients is not undertaken, and where individual patient feedback and colleague feedback on patient relationships are therefore not possible. In Public Health Medicine relationships are all important, but rather than being with individual patients they may be with colleagues from within the same and different organisations, or with community groups.

The new instrument will be based on the Team Assessment of Behaviours (TAB) a validated instrument already in use for assessing trainee performance in a number of deaneries in the UK and is one of the specified assessments in the National Foundation Programme curriculum. The FPH has produced a working draft of the new instrument to which will be added a front sheet identifying the doctor being assessed. The four domains are now "Knowledge, Skills and Performance", "Safety and Quality", "Communication, Partnership and Teamwork" and "Maintaining Trust". This refined tool will require validation.

This work has been scoped and we are currently investigating funding opportunities and research partners to carry out this work.

CPD

The FPH has commissioned the Public Health Resource Unit (PHRU) to undertake a brief scoping exercise to review whether the FPH has a sufficiently robust process for CPD for its practising doctors in the light of forthcoming requirements for relicensing/revalidation. PRHU will review the link between consultant appraisal and CPD and see if it would benefit from being strengthened. PHRU will also look at whether and, if so, how, CPD processes could be enhanced to better assess impact on practice/effectiveness of practice.

This work has now been carried out and the final report was presented to the FPH CPD Co-ordinators Committee on 7 October 2009.

E-portfolio

The FPH, in a cohort of ten Colleges and Faculties coordinated by the Royal College of Physicians, London, is working to develop an e-system which would be capable of storing and organising the essential supporting information required for the specialty specific component of revalidation.

The proposal is to develop and deploy a core e-system with workflow and functionality common to all Colleges/Faculties involved in the Project. Each individual College and Faculty would then be provided with their own branded instance of the core system. The development would then allow each College/Faculty to align the core product to their own specialty specific content such as: terminology, proformas and standards.

This proposal has been presented to the Academy of Medical Royal Colleges and funding is currently being sought. The plan is based on a start date of the 1st October 2009 and a projected delivery cycle of six months. The dates will almost certainly be subject to change as the pilot progresses.

2.3. Principle 3: Fair, objective, transparent and free from unfair discrimination

The FPH takes an inclusive approach to its standards-setting role, which extends to the principles of revalidation. The FPH views itself as the most important professional body to support, engage with and involve all public health professionals, whether or not they are FPH members. To date, all FPH consultations have been openly available on our website and non-members have been invited to respond. Care has been taken in drafting the specialist standards that no elements of the diverse family of public health practice has not been excluded, or information included which would be inaccessible to public health professionals working outside mainstream career paths or NHS managed environments. The intention is that any e-portfolio system developed will be available and accessible to all public health professionals. Additionally, the FPH as a designated body plans to support all public health professionals who do not otherwise relate to a responsible officer.

The Academy of Medical Royal Colleges has undertaken an initial Equality Impact Assessment (EqIA) on the specialty elements of revalidation. The Faculty of Public Health has contributed to the Academy's assessment by providing information and responses to a series of equality questions posed to us by the Academy. This EqIA will be included in the papers and information submitted by the Academy to the GMC as part of the sign off process. It is anticipated that the Academy EqIA will feed into both the Department of Health (England) EqIA on revalidation and the wider Impact Analysis report. Both of these documents will be reviewed by the GMC and considered for potential inclusion into the GMC consultation next year.

2.4. Principles 4 and 5: Practicality, Proportionality and Robustness

The FPH has held six face to face meetings and three telephone conferences of its Revalidation Working Group which has representation from all key stakeholders, via the roles listed above. Via the FPH network of committees, the Revalidation Working Group has consulted with Directors of Public Health, service consultants, academics, the Defence Medical Services, the Prison Medical Service, Public Health Authorities, the Health Protection Agency and local, regional and central government. The specialist standards developed for public health, together with Good Public Health Practice, reflect these consultations and conversations. In addition, the FPH has been actively involved in the Academy of Medical Royal College meetings, which helped agree the frameworks for the specialty standards.

It has proved immensely challenging to identify and distil any common or central elements of practice in public health, due to the breadth of public health activity and the range of roles in which public health professionals practice. The FPH has therefore identified seven areas of supporting information, which will assist individual public health professionals to demonstrate compliance with

the FPH specialty framework. These areas of supporting information are divided into ‘Core’ items of supporting information and additional suggested ‘Options’. All public health professionals will be required to provide the information listed in the checklist as ‘Core’ over a five year period wherever possible. It is recognised that in some areas of public health practice or in certain settings, some items may be unobtainable or inappropriate. The additional suggested sources of supporting information listed under ‘Options’ may help to demonstrate the quality of particular areas of specialist practice.

Work is currently ongoing to collect ‘baskets of evidence’ of best practice in each of these areas of supporting information. These examples of supporting information will be incorporated into the guidance on revalidation for public health professionals. This will provide much greater clarity on how to incorporate different pieces of specialised supporting information into a coherent portfolio for appraisal and revalidation. It will also bring together very disparate areas of public health practice into similar models for revalidation, for example the ‘basket of evidence’ for ‘publications/reports’ could include annual Director of Public Health reports, Health Protection Unit surveillance reports, demographic profiling, joint strategic needs assessments or academic research.

The revalidation process and the associated standards and supporting information are likely to evolve and will require regular review and amendment. Specialty standards, methods and supporting information will need to be reviewed for a number of reasons including: following the evaluation of pilots for revalidation; ongoing research evaluating the implementation of revalidation; and the expansion of the evidence base through further development and research around specific tools and information included in revalidation (e.g, MSF). Colleges and Faculties have proposed that they will undertake an annual review and update of those aspects of the process or standards that are identified as problematic or ambiguous in the early phase of revalidation. In addition, standards framework will be fully reviewed at a maximum five yearly interval to take into account any changes in the evidence base or new developments in specific methods or information gathered as a part of the revalidation process.

3. Documents included in this specialty submission

The following documents have been included in the public health submission for consideration:

1. Specialty response to checklist for sign off principles – see Appendix A
2. Academy of Medical Royal Colleges introduction to the specialty frameworks
3. Public Health Standards Framework including checklist and bibliography
4. Good Public Health Practice
5. Revalidation and Public Health booklet

4. Additional information

There is no additional information at this time.

5. Conclusion

The FPH looks forward to working with the Academy of Medical Royal Colleges and the General Medical Council to achieve agreement on a suitable system for the first phase of revalidation for public health professionals.

APPENDIX A : Submission of Revalidation Specialty Standards for GMC Sign-off

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Specialty: Public Health

College(s)/Faculty: Faculty of Public Health

Principle 1: Consistency

- *Specialty standards are mapped to Good Medical Practice*

  ☒ Our specialty standards reflect the GMC's Appraisal and Assessment Framework for Revalidation which is based on *Good Medical Practice*?

  ☒ Our specialty has identified and included detailed evidence for revalidation mapped against each of the attributes in the Framework?

Principle 2: Confidence

- *Specialty standards command the confidence of doctors in your specialty*

  ☒ We have developed our specialty standards frameworks in consultation and collaboration with doctors in our specialty, including members and fellows?

  ☒ We have developed our specialty standards frameworks in consultation and collaboration with patients and lay representatives?

  ☒ We have or are planning to complete some piloting of our standards frameworks with doctors in our specialty (attach further information)

Principle 3: Fair, objective, transparent and free from unfair discrimination

- *Doctors in your specialty are able to provide evidence that they meet the standards regardless of whether they are members or fellows of your college/faculty*
- *Specialty standards can be met by doctors working in the specialty in the UK and do not impact disproportionately upon any particular group?*
- *Specialty standards are a necessary measure of good medical practice?*

  ☒ We can confirm that doctors in our specialty will not be required to rely solely on college/faculty systems to demonstrate compliance with the specialty standards.

  ☒ We can confirm that doctors in our specialty will not be disadvantaged in preparing for revalidation regardless of their geographical location, age, gender, ethnicity or level of practice.

  ☒ The College/Faculty has completed the relevant subsection of the Academy equality impact assessment on the specialty standards for revalidation.

Principle 4: Practicality and Proportionality

- *Specialty standards can be applied so that the range of competencies doctors will need to demonstrate reflect their practice within the specialty?*
- *Specialty standards and evidence requirements are applicable to all doctors in the specialty?*
- *Compliance with the standards can be demonstrated through evidence of actual practice currently capable of being generated from within the workplace and brought together through appraisal?*
- *Evidence requirements are relevant to the demonstration of compliance with the specialty standards?*

☒ We have developed our specialty standards frameworks in consultation and collaboration with our specialty associations to ensure that the range of practice in our specialty has been covered

☒ We have used a range of specialty guidance, curricula and standards documents in the development of our specialty framework and provided a list of sources

☒ We can confirm that the evidence identified in our specialist framework is able to be largely collected and/or generated from within the workplace and can be demonstrated through appraisal.

☒ We have included a number of specialty specific forms of evidence in our framework to enable doctors to demonstrate their specialist practice against the standards. These include (list)

Principle 5: Robustness

- *Specialty standards can be met by drawing upon a range of different evidence and activities appropriate and relevant to specialist practice and are not reliant upon a single source?*
- *Specialty standards for remaining on the specialist register or the GP register are the same as the standards currently required for entry to those registers? However, the range of competencies doctors will need to demonstrate in order to satisfy those standards may be narrower so as to reflect the increased specialisation of practice.*
- *Arrangements are in place for the evaluation of the standards to be kept under review, amended and updated as appropriate?*

☒ We have included a range of different types of evidence that can be used by doctors in our specialty to demonstrate their practice against the specialty framework.

☒ We have included a range of different types of evidence that can be used by doctors to demonstrate their actual practice as well as competence in the specialty.

☒ We have developed the following process to review, amend and update our specialty standards in the future (provide details)