



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

FPH Membership Survey

The FPH recently (6 October 2008) sent out an email survey to Faculty members in good standing. 2380 personalised emails were sent out and we estimate that 2250 were received. The survey was open for two weeks and closed on 17 October 2008.

562 members followed the link in the email to the survey, with 513 (91.3%) completing the entire survey. This gives us an estimated response rate of 22.8%.

The results reveal the extremely varied and complex nature of the public health workforce. Our members are registered with a variety of different regulatory bodies, work across a wide variety of organisations, spend varying amounts of time contracted to work in the field of public health, often are contracted by multiple employers and participate in multiple appraisal systems. Meeting the needs of the workforce in terms of revalidation will be challenging for a variety of reasons, not the least of which being the lack of understanding of the process.

80.8% of respondents reported that they held current specialist registration in the UK in public health or a related discipline. The majority of these (73.7%) held specialist registration through the General Medical Council (GMC) only, with the remainder holding specialist registration through the General Dental Council (GDC) or the UK Public Health Register (UKPHR). 5.4% of respondents are dual registered across multiple specialist registers (GMC/UKPHR or GDC/UKPHR). A further 4.1% were not certain whether or not they held specialist registration at all.

Respondents were especially unclear as to which organisation, under current revalidation plans, they would need to recertify through. 26.3% of members were unsure whether they would be required to recertify through the Faculty. A range of organisations were suggested as alternatives, including GMC, PMETB, employers and strategic health authorities. 87.8% of respondents are in employment and will therefore be required to revalidate under current plans.

As expected, respondents reported a wide range of whole time equivalents in the field of public health, as well as a range of employment settings and multiple contracts. 47.4% of respondents reported 0.71 – 1.0 WTE contracts, 34.5% greater than 1 with the remainder ranging from 0 – through to 0.7. 45.2% of respondents held contracts 0.71 – 1.0 WTE in public health. Respondents worked in a range of organisations; 24.6% of respondents

reported an NHS Primary Care Trust as their primary employer, 17.1% a university and 10.2% the Health Protection Agency. Primary Care Trusts and Universities also ranked the highest amongst secondary employers. However, some 15 other employers were reported. This is significant for revalidation as it demonstrates that plans which rely on local responsible officers in Trust settings would not be practical for many of the Faculty's members. Additionally, the range of employers means a range of appraisal systems. While, 64.6% of respondents participate in the NHS appraisal system through their primary employer, 31.1% of members do not and 4.4% are unsure. 37.7% of respondents participate in the NHS appraisal system through their secondary employer and 58% do not. The vast majority of respondents (87.1%) do not participate in a multi-source feedback (MSF) process. It is therefore clear that appraisal and MSF need to be further embedded in employer settings for revalidation to run smoothly. It is also clear that members participating in NHS schemes cannot be assumed for professionals in public health. The Faculty has fed this back to Department of Health through several consultations. The third facet of the prospective e-portfolio is better embedded according to respondents; 84.4% of members are currently participating in the Faculty's CPD scheme. CPD is compulsory for all members (apart from trainees and retired members) and the 14.3% of members who reported non-participation are in other recognised schemes.

The survey was very useful in demonstrating the issues that the Faculty had already identified for public health doctors and revalidation. Government consultation documents and academy vocabulary has continually revolved around NHS settings and clinical work. The Faculty's responses to consultations have sought to explain this multiplicity of contracts and employer settings and sought to diversify from patient-only feedback systems. The Faculty has therefore recommended that the position of LRO should be at Strategic Health Authority (SHA) level and should have specialty knowledge.