

**FACULTY OF PUBLIC HEALTH**  
**Committee of the FPH in Scotland Annual Conference**  
**All attending and participating in the Conference are welcome**



**Committee of FPH in Scotland**

**ANNUAL GENERAL MEETING**

Will be held at the Committee of the FPH in Scotland Annual Conference, at the Macdonald Aviemore Highland Resort on Thursday 10 November 2011 at 5.35pm

Emilia Crighton, Convenor Committee of the FPH in Scotland.

**AGENDA**

Welcome by Convenor

1. Reports

Report from Convenor – Emilia Crighton (verbal)

Report from Faculty Adviser & National Training Director – Sue Payne & Jim Chalmers (attached)

Report from CPD Coordinator – Anne Scoular (attached)

Report of Chair of Scottish Specialist Registrars – Rachel Thorpe (attached)

2. Discussion

**Faculty of Public Health Conference – 2011  
Scottish Affairs Committee AGM**



**Faculty Advisor and National Training Director's Report**

**Training structure**

There are 38 training places within the Scottish Public Health Specialty Training Programme. The programme nominally takes five years to complete, the first year of which is mainly spent at a university, acquiring a Masters in Public Health (MPH) or equivalent degree. People who have achieved such a degree prior to commencing training will have their training time reduced by up to one year. Many trainees take longer than five years to train for reasons such as part-time working, maternity leave, or taking time out to study for a PhD or MD. For this reason, the annual intake of new trainees is usually around four or five.

Public Health training is supported financially by NHS Education for Scotland (NES) in that they reimburse NHS Boards at the mid-point of Registrar salary. NES does not, however, provide funding for on-call supplements, travel expenses or the fees for MPH or equivalent education. These have to be borne by NHS Board departments of Public Health

**Training Policy**

The Scottish policy website (<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/careers-and-recruitment/scottish-specialty-training/occupational-health-public-health/public-health.aspx> ) has had some further updates and has also had a change of address.

**Recruitment 2011**

Two posts were available and filled for the August 2011 intake (Grampian and Greater Glasgow and Clyde). One post in the West Deanery (previously Health Protection Scotland) was not filled because none of the NHS Boards in the West were in a position to take on a further registrar and NES rules prevented transferring the post to another Deanery.

**Recruitment 2012**

In August 2011 assent was given by the Scottish Government for to allow NES to open up recruitment to non-medical candidates, starting with the August 2012 intake. This will be organised in such a way that some of the posts will be for medically qualified people only and some will be open to people with any suitable qualification, in line with arrangements in England and Wales.

At present it looks as if there will be three posts available for August 2012. These will be in Greater Glasgow and Clyde, Lanarkshire and Tayside. The possibility of converting the empty Health Protection Scotland post into a post-CCT Fellowship is being explored.

The Scottish Training Committee again took the decision not to participate in all-UK recruitment. Instead, we will do as in previous years and have an assessment centre (numerical test, verbal reasoning test and situational judgement test) at the same time and using the same materials and marking as England & Wales but have our own interviewing system.

### **e-Portfolio and ARCP**

The e-portfolio continues to be a challenge but all Registrars are now using it and it was successfully used (employing some “workarounds”) again this summer for the Annual Review of Competence Progression (ARCP). Further changes to the e-portfolio are supposedly being implemented over the next few months.

Some changes are planned in the way that the ARCP will be conducted in future.

### **Exams**

Since August 2010, 5 Registrars have successfully sat and passed Part A and 7 have sat and passed Part B.

### ***Hot topics***

#### **Health Protection Training within the overall Programme**

The arrangements for Health Protection in Scotland are being scrutinized as part of a “stocktake” exercise (interim report August 2011, final report scheduled for November 2011). This has considered training arrangements for all staff. It has been pointed out to the review that the level of training required by the curriculum poses some challenges for the Training Programme in that there may not be sufficient numbers of issues such as meningococcal infections or outbreaks of communicable diseases to allow enough experience for each trainee. At present, the possibility of simulation exercises is being examined as a way of compensating for shortage of real experience.

#### **Planning future training numbers and providing reasonable career prospects for registrars**

There are some complex problems for planning appropriate numbers of trainees within Public Health in Scotland. There has to be a balance between the requirement to ensure that consultant posts can be filled but that people are not being trained with low likelihood of a consultant post:

- There are indications of a marked decline in consultant numbers consequent on the budgets of NHS Boards' Public Health Departments being cut. Academic departments are also having to deal with similar problems. This drop in numbers may act as a step-change over a few years which will then stabilise.
- The reduction in consultant numbers reduces the pool of potential supervisors.
- There are now approximately 15-20 non-medically qualified people who have achieved Public Health registration via the portfolio route and are therefore eligible for some consultant posts in Scotland.
- There are concerns that, because of the uncertainty and planning blight caused by the White Paper proposals in England, many English Public Health consultants will be attracted to posts in Scotland.
- We are already struggling to fill the existing posts resulting from a reluctance of Departments of Public Health to take on trainees because of the expense. This relates to a number of factors. Public health trainees are often older than other STs, so the NES reimbursement at mid-point of ST salary is inadequate. Furthermore, most Public Health STs attend a university MPH (or equivalent) course in their first year which has to be funded by their host board. The requirements for on-call work also engender extra expense.
- The existing trainees in Public Health are facing a very uncertain future over the next few years with very poor employment prospects. Although it is recognised that we have to plan our numbers for 5-10 years ahead, it will be seen as being unacceptable to expand our trainee intake at this stage.

#### **Proposed way forward**

- Consideration is being given to converting at least one training post into a one-year post-CCT Higher Specialist Training post in order to mitigate the problem of excessive production of qualified trainees in 2012/13.
- Consideration may have to be given to a permanent reduction in Specialty Trainee numbers.

**Jim Chalmers**  
**Training Programme Director**

**Sue Payne**  
**Faculty Advisor**

**November 2011**

## Faculty of Public Health



### CPD COORDINATOR'S ANNUAL REPORT 2011

#### What are the current issues for CPD?

In common with all public services, the NHS is facing unprecedented change, uncertainty and financial constraint. Within this context, the ability of public health professionals to adapt, innovate and apply public health thinking and skills to new challenges is more vital than ever. High quality CPD is fundamental to our ability to deliver on this agenda, stimulating focused development tailored to each individual's role and organisational priorities.

The Faculty continues to work closely with the Academy of Medical Royal Colleges and GMC on revalidation, to which CPD remains pivotal. The GMC is currently consulting on its latest revalidation recommendations, closing on 27 January 2012.

#### What's new?

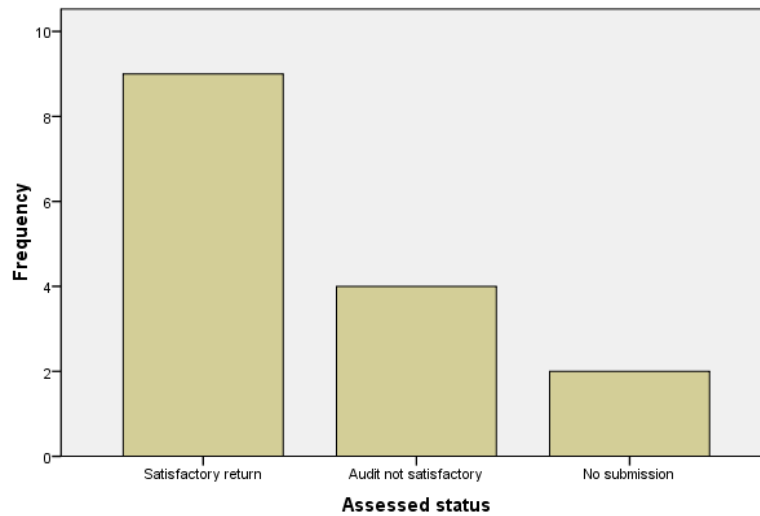
##### *Audit of 2010 CPD Activity*

The 2010 audit sample was randomly selected from a list of those undertaking public health CPD through the Faculty's scheme, who had submitted a return when the audit sample was taken on 11 May 2011. In addition, the sample contained those who failed to respond to a request for audit material in 2010, or who were given an exemption by the CPD Director from the 2010 audit of 2009 returns.

163 Faculty members were selected for inclusion in the audit of the 2010 CPD returns. The CPD Director granted two members an exemption from participation on the basis that they would be included in the audit of 2011 returns. 22 members failed to submit audit papers; these members will also automatically be included in the audit of 2011 returns, in line with agreed Faculty policy.

With respect to Scotland's current cohort of 320 Faculty members (all categories), 167 are exempt from CPD requirements (in training, in another scheme or retired), 149 are participating in the Faculty's CPD scheme and the remaining four are not in good standing. The 2010 audit sample included 15 members in Scotland, of whom 13 returned supporting paperwork. Of the 13 audited submissions, nine were assessed satisfactory and four were unsatisfactory.

### 2010 CPD audit, Scottish sample (n=15)



The quality of audit submissions continues to improve. In contrast to previous years, the main reason (in three of the four unsatisfactory audits) this year was administrative anomalies, such as missing pieces of documentation, failure to relate CPD to the Personal Development Plan, disparities between the annual CPD return and the CPD log or absence of reflective notes. The overall quality of reflective notes is improving, however CPD submissions remain focused disproportionately on taught learning.

#### ***New CPD Policy***

The new CPD policy has now been finalised and will become fully operational operational from 1 April 2012. The key changes are:

- The CPD Year will change from January-December to April-March. This change will align the appraisal year with the CPD year.
- The annual audit sample will rise from 10% to 20% in 2012. The sampling frame will ensure that all those undertaking CPD through FPH are audited at least once in a five year revalidation cycle.
- A 'Return to Work' Policy is now included.
- Contains a fully integrated CPD audit policy
- Reflective questions have been rationalised and clearly aligned with recommendations of the Academy of Medical Royal Colleges. This will harmonise the approach taken across all specialties and will support members in developing high quality reflective notes.
- Sanctions for unsatisfactory audit: the impact of an unsatisfactory audit on an individual's ability to revalidate is ultimately dependent on the assessor's and RO's interpretation of all the revalidation evidence and their respective recommendations. It should be noted that an unsatisfactory audit is not a reflection or comment on the work performance of an individual but a comment

on the quality of the CPD return. The Faculty view is that one satisfactory audit should not impact disproportionately on an individual's appraisal and revalidation cycle, however three consecutive unsatisfactory audits could call into question an individual's ability to revalidate

The two main practical implications of these policy changes are, firstly, the change in CPD year to April-March, which means an extra three months for members to complete their 50 credits of CPD in the year 2011/2012; and, secondly, a new format for reflective notes that is more relevant to members' needs. The CPD policy is available here:

<http://www.fph.org.uk/uploads/New%20CPD%20policy%20from%201%20April%202012.pdf>

### **Top tips for high quality CPD documentation**

#### ***Good submissions....***

- contain a well-balanced range of appropriate CPD activities
- show clear lines of reference to the PDP
- provide reflective notes that evidence new learning and development
- actively apply 'on the job learning' to CPD.

#### ***Things to avoid...***

- omitting the basic administrative elements required as part of the audit process, eg the CPD Annual Return, CPD Log, Personal Details Form and evidence that the PDP was agreed at a formal appraisal process for that year
- not writing reflective notes at all
- sending copious lecture notes, conference programmes and attendance certificates in lieu of the basics
- claiming a high number of credits that do not equate to the amount of learning that actually took place, as evidenced by reflective notes.
- CPD that falls exclusively into the categories of taught courses or conferences

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7 November 2011

## Faculty of Public Health in Scotland AGM

Public Health Registrars in Scotland Report: November 2011

Compiled by Rachel Thorpe

Registrar representative for the Faculty of Public Health in Scotland Committee



### **Trainee/registrar group activities**

In the past year, the registrar group has continued with a rolling programme of educational activities. In 2011 we have met together to address particular learning needs of the registrars and to facilitate networking, support and discussion (Table 1). We have maintained our links with the dental public health trainees and the trainee groups elsewhere in the UK

Table 1 – Training group meetings/training sessions during 2011

| <b>Date</b>                    | <b>Topic</b>   | <b>Venue</b>                 |
|--------------------------------|--|------------------------------|
| 9 <sup>th</sup> March 2011     | Joint training day with NE deanery. “Exploring the social determinants of health”. | The Engine Shed, Edinburgh   |
| 22 <sup>nd</sup> July 2011     | QIS Standards and SIGN guideline development, ScotPHN                              | University of Glasgow        |
| 10 <sup>th</sup> November 2011 | AGM  | FPH Conference, Aviemore     |
| 13 <sup>th</sup> December 2011 | Health Protection (including desk top exercise)                                    | HPS, Meridian Court, Glasgow |

A media training day was also held for a small number of trainees who had still to gain this experience. A remote and rural training day is proposed for 2012.

An annual Training Induction Day continues to run providing useful information for new registrars. The informal “Buddy system”, pairing new registrars with a more senior registrar colleague, continues to provide peer support.

Much of the active discussion and information sharing between registrars occurs via the registrar e-group and an online NHS Shared Space. These tools allow resources to be shared and stored to support examination preparation, general training and service work.

### **Participation in decision-making processes**

The registrar group has continued to actively participate in a full-range of consultative and decision-making fora including:

- The Faculty Scottish Training Committee
- The Faculty of Public Health in Scotland Committee (formerly the Scottish Affairs Committee)

- The UK Faculty Specialty Registrars Committee (formerly the Faculty Trainee Members Committee)
- The Scottish Public Health Network
- The regional public health training committees
- The BMA Scottish Junior Doctor's committee
- The BMA UK Public Health Registrars Sub-committee
- South East (host Deanery for Public Health) Trainee Advisory Group

### **Examinations**

Registrars have been involved in providing peer support and educational sessions to assist registrars who are undertaking the Faculty of Public Health exams. Scotland's registrars continue to have a high pass rate in the Faculty exams.

### **Concerns of the registrar group**

There has been increasing concern about the numbers of consultant posts available once training is completed. Registrars will be exiting the programme in the 2011-12 period and it is not known how many jobs, if any, will be available. A large number of registrars will complete the training programme in 2013-2014 and it is not clear what employment prospects there will be at that time.

The registrar group shares many of the concerns of the wider medical workforce around training contract arrangements and, as last year, continues to work with the Training Programme Director and the Scottish Training Committee to ensure equity of access to training opportunities for all Public Health Registrars in Scotland.

### **Thanks**

Finally, the registrars would like to thank members of the Faculty of Public Health in Scotland for their invaluable and continued support for training. We would particularly like to thank Jim Chalmers, the training coordinators and supervisors for all their training support in the past year.