



community nutrition group



Public health registration

- Defined groups
 - An update



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The UK Voluntary Register

Established May 2003 to register at specialist level (*equivalent to consultants in public health*):

- until at least May 2006 via retrospective portfolio assessment specialists competent in all 10 key areas of public health
- dual registration



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Why registration is important

- ❑ Ensuring that public health professionals from any background, working at a senior level, are competent and regulated, so that the public is thereby protected (includes revalidation)
- ❑ Adherence to professional standards and the 10 key areas
- ❑ Consolidating the multidisciplinary approach



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- ❑ **Assessment of health and well being**
- ❑ ***Promoting and protecting the populations health***
- ❑ **Developing quality and risk management in evaluative cultures**
- ❑ **Collaborative working for health**
- ❑ **Developing health programmes and service and reducing inequalities**
- ❑ **Policy and strategy development and implementation**
- ❑ **Working for and in communities**
- ❑ **Strategic leadership for health**
- ❑ **Research and development**
- ❑ **Ethically managing self, people and resources to improve health**



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- To register specialists from defined groups, initially via retrospective portfolio assessment
- Feasibility study completed summer 2004



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Feasibility Study: Key Recommendations

- Registration to be offered to defined groups
- Should have equivalent status to generalists
- Overall equivalence of depth of defined group competence with breadth of generalist competence
- Defined groups must demonstrate knows-how across all ten key areas
- Defined groups must demonstrate shows-how in area 10
- In addition, defined groups must demonstrate shows-how in their specialist areas to a higher level than would be required of generalists, but need not demonstrate shows-how in some other areas

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Groups within project

- Health Promotion
- Environmental Health
- Health Protection
- Public Health Pharmacy
- Public Health Intelligence
- Health Economics
- Academic Public Health
- Public Health Nutrition**
- Health Psychology



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- ❑ **Autumn and winter 2004/5**
 - ❑ **Small stakeholder workshops with each defined group on list ready and able to work on this agenda to develop the Portfolio Assessment Frameworks**
- ❑ **Consultation on results with individual groups**
- ❑ **Looking at common groupings (generalist level and higher-specialist)**
- ❑ **Second workshop (march 2005) to look at different groups commonalities and differences**



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- Retrospective portfolio assessment
- Prospective training needs
- Generalist post May 2004 via Part 1&2 examinations
- Defined groups looking at core competencies
 - Dropping one but greater depth/knowledge in others

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4 Core competencies

- Surveillance and assessment of the population's health and well-being
- Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services
- Policy and strategy development and implementation
- Leadership and collaborative working for health



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Public Health Nutritionist at higher level than generalist

- Health promotion
 - Including behavioural change/ change management
- Community development
- Health inequalities*

Dropped

- Health protection
- Screening



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- Defined specialist will need to have a “shows how” score in in competencies some coming from the core competencies, at a generalist level and at a specialist level in the higher competency area e.g. Community development, health promotion.



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Next steps

- Consultation on what was discussed at March workshop in May
- Sign of with Register board



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Things to remember

- ❑ This is high level- equivalent to Consultant in public health
- ❑ Work around practitioners needs to be done!
- ❑ Using this to identify training needs of the public health work force.