Training & Membership fee structure Background information & FAQ

Date Autumn 2019

Principles by which agreement was reached on Training and Membership fees

At the outset the following principles were agreed by the SRC and The Faculty alike

1. all Registrars should be encouraged to become members
2. no member should be unfairly treated or pay excessive fees
3. all Registrars should be treated equitably, whether working full time and less than full time
4. any solutions proposed must be affordable to The Faculty and as such solutions must be revenue neutral, this is not aimed as a method of revenue generation

Agreement reached

The Board has approved the agreement reached by the SRC, President and Treasurer

- all Registrars should become members at the point of enrolment to be compliant with guidance agreed in 2016
- those who are in membership should not be supporting those who are not and costs are shared equally
- the expectation is that a Registrar working on a full time basis should complete training in 5 years
- Registrars enrolling from 2016 will progress from Specialty Registrar membership to Diplomate to Member on successful completion of exams and without any additional fee increase
- the existing subscription rate of £298 is considered to be an acceptable level of annual subscription
- the annual subscription fee may be subject to an RPI increase each year, with Board agreement
- the CCT fee (payable by non-members only) will be raised to £500 from 1 January 2020 – this fee increase has had Board agreement
- changes in fees will be communicated with registrars without delay allowing adequate time between announcement and introduction (this has been done by the SRC reps)
- the Faculty and the SRC will work together to encourage all Registrars to become members and communication will be clear, open and honest

Specific registrar queries

Through the course of preparing these proposals we have addressed a number of anomalies that have been brought to our attention or we have uncovered as part of the review. These have been dealt with on a one by one basis.

How did the Four Year Package work?

Up until 2014 there was an option to join as a member at the point of enrolment and spread the costs of enrolment, membership, 75% of exam costs over 4 years.

2015 HMRC Rule change

Until 2015 only membership fees were tax deductible – exam fees were not. The four year package described above was a type of "membership" and as such was tax deductible making it a more affordable route for our trainees. In 2015 HMRC rules changed allowing exam fees to be tax deductible and the 4 year package became obsolete and was discontinued.

Maternity or Out of Programme

Fees are not charged to those on maternity leave or out of programme. If the period of maternity leave or out of programme spans different calendar years then fees are payable for the portion of time still in programme.

What happens to membership fees in the year a Registrar completes their training?

A registrar can complete training at any time during the year. In this year the Registrar will pay the training and membership fee for the period between 1 January and the date of CCT and the full membership fee for the period following CCT to the 31 December that year. Both fees will be pro-rata.

What is Completion of Training (CCT)?

Completion of training is the process by which an STR will become eligible for registration as a specialist on one of the Specialist Registers and be eligible to apply for consultant and Director of Public Health posts in the UK.

The Faculty recommends the award of CCT to the GMC or the UKPHR when the final assessment forms- **ARCP outcome 6 and the** Completion of Training have been received and reviewed to ensure all CCT criteria have been met. Each Registrar's file is reviewed on an individual basis by the Director of Training who confirms that the STR has demonstrated all the required competencies to the level expected in Consultant/Generalist Specialist practice; or that all of the learning outcomes have been achieved and includes the following in the recommendation.

Dates and outcomes of all ARCPs
Months in academic courses

Training placements (approved) – locations, dates, durations
Out of programme placements

The Director of Training in preparation for the CCT process also checks the annual progression of each Specialty registrar as each ARCP is submitted throughout their entire training.

Registrars from a medical background are recommended to the General Medical Council (GMC) for inclusion on the Specialist Register, while those from other disciplines are recommended for registration with the UK Public Health Register (UKPHR).

The Education and training team at The Faculty has prepared a useful guide which outlines the transition from Registrar to Consultant which essentially is the CCT process. It can be found on our website. https://www.fph.org.uk/media/2527/becoming-a-public-health-consultant-guide_finalversion.pdf

What is the role of Royal Colleges and Faculties – taken from GMC Gold Guide (pages 14 & 15)

2.37 The Colleges and Faculties develop the specialty curricula and assessments systems in accordance with GMC | Excellence by Design: Standards for Postgraduate Curricula. The GMC then considers the curricula and assessments against these standards for approval. Only GMC approved curricula and assessment systems can be used for delivering specialty training programmes resulting in the award of a CCT.

2.38 The Colleges/Faculties and their delegated local representatives also work closely with HEE, NES, the Wales Deanery and NIMDTA, to ensure that curricula are delivered at a local level and to support the quality management of training delivered within training providers. Through their participation as external advisors on ARCP panels (paragraphs 4.58 and 4.102), the Colleges/Faculties also have a role in the quality management of the ARCP process.

2.39 All doctors in specialty training must enrol/register with the relevant College/Faculty or intercollegiate body so that:

I. progress in their training can be kept under review and supported where required
II. they can access the educational portfolio, logbooks and assessment documentation for the specialty
III. eligible trainees can be recommended to the GMC for consideration of award of a CCT or CESR(CP)/CEGPR(CP) at the end of their specialty training

Why is it important to be a member of the Faculty?

We can only fulfil our function as a Faculty of a Royal College if we have enough members/fellows willing to participate in doing so. Currently 100's of our Members and Fellows, work as examiners, CPD advisors, AAC panel members, education supervisors and many more, ensuring that these requirements are being met and standards are being maintained. For the Faculty and the Profession to survive we need likeminded people dedicated to preserving standards in education, training and the public health workforce to become members and fellows of the faculty.

How does the Faculty differ from other Faculties and Royal Colleges?

The Faculty of Public Health is the only faculty in the Medical Royal College family that is truly multidisciplinary. In 2000 the Faculty opened up exams, Membership and Fellowship to qualified candidates from any professional background. Please read the section at the end of this paper titled "How did we get here?" this is an extract from a paper titled Developing the public health workforce: training and recognizing specialists in public health from backgrounds other than medicine: experience in the UK written by Selena Gray FFPH and David Evans and published in 2018.

Why is The Faculty London based?

We regularly are asked why The Faculty is based in such a fashionable part of London and why the office cannot be relocated to elsewhere in the country.

In the early 1980's Senior Fellows lead a fund raising campaign and raised in excess of £250,000 to secure a premises for the Faculty. Funds were used to secure a 100 year lease of No 4 St Andrews from RCP London. The terms of the lease are such that

- we have the lease on a peppercorn rent (free of charge – other than an annual service charge)
- we cannot sell the lease onto a third party
- if we leave the premises the lease reverts to our landlord and there is no compensation payable to us

This means that moving elsewhere in the country is not an option as relinquishing this property will increase our costs dramatically.

What can be done to make the Faculty office more accessible?

The Faculty is a small organisation with limited resources and 4 St Andrews is a listed building inside and out, so we are restricted in the changes we can make to the structure. Being a terraced property with narrow hallways add to the complications.

We can however make allowances in our business planning process to accommodate the needs of our members.

How did we get here?

Taken from Developing the public health workforce: training and recognizing specialists in public health from backgrounds other than medicine: experience in the UK.

The transition from a predominantly medical to a multidisciplinary public health specialist workforce over a relatively short timescale is unique globally and was the product of a sustained period of grass roots activism aligned with national policy innovation. The story of its origins has been told [8–11] but is worth summarizing those accounts and bringing them up to date here. In the 1990s, a number of public health practitioners were increasingly frustrated by the "glass ceiling" on their public health careers, whilst far-sighted public health professional leaders realized that public health was intrinsically a multidisciplinary endeavour and that developing public health specialist capacity required drawing on a range of professional backgrounds. This movement found a receptive response in politicians and policy makers who were ideologically inclined to support the breaking down of professional barriers.

From 1997, a "Tripartite Group" made up of the activist Multidisciplinary Public Health Forum, the Royal Institute of Public Health, and the Faculty of Public Health Medicine worked with the English Department of Health to develop new professional structures, in particular for training and regulation, to enable the recognition of non-medical public health specialists. Despite some opposition from elements of the public health medicine specialty, a number of parallel and complementary policy changes were enacted. In 1999, a government white paper committed to develop a new non-medical role of specialist in public health [12]. From 2000, the Faculty of Public Health Medicine took the critical steps of opening up its examinations, membership, and fellowships to qualified candidates from any professional background. At around the same time, the English regional training programmes for public health specialists were opened to applicants from different backgrounds, initially on a more limited basis but over time increasingly with a common application and entry processes for medical and non-medical candidates.

The need to ensure the standards for multidisciplinary specialist public health was a key concern of the Tripartite Group from the beginning; following an encouraging statement from a government minister in 2001 indicating support for a "voluntary register", the Tripartite Group began developing plans to make such a register a reality. There were many discussions and debates along the way, particularly over assessment criteria and on whether to "grand-parent" in existing senior non-medical public health professionals. With the support of the Faculty of Public Health (medicine having been dropped from the name to reflect the new multidisciplinary nature of the organization) and funding from the Department of Health, the new UK Voluntary Register for Public Health Specialists (later UKPHR) was launched in March 2003.