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Future of public health workforce regulation

Our initial response to the announcement by the Department of Health

Background

Approximately one-half of the leaders in the UK's public health systems are regulated by virtue of their voluntary registration by UKPHR. Whilst such regulation is described as "voluntary", in fact employers require public health leaders to be subject to regulation. Public Health Doctors are regulated by the General Medical Council (GMC), Public Health Dentists by the General Dental Council (GDC) and 600 Public Health Specialists are on UKPHR's register.

UKPHR's registrants strongly argue for equivalence between all public health specialists across all the multi-disciplinary professions they represent. Statutory, as opposed to voluntary, registration is seen as a factor in achieving equivalence, but so too is equivalent standards of practice, equivalent requirements for CPD and equivalent standards for revalidation. These are matters of substance, not just form.

UKPHR's register has achieved *Accredited Voluntary Register* status, awarded by the Professional Standards Authority under the Health and Social Care Act 2012.

Equivalence

UKPHR very much supports the Government's objective of equivalence in the regulatory treatment of all the UK's public health leaders. However, to obtain equivalence requires three essentials:

1. A common set of standards to which all public health leaders will be educated, trained and held accountable
2. Uniform arrangements for ensuring and enabling their continuing professional development (CPD)
3. Consistent and comprehensive arrangements for regular revalidation.

Concerns

We do not support the Government's proposal for a Section 60 Order to implement statutory regulation by the Health & Care Professions Council (HCPC) of those leaders currently registered by UKPHR because it contains none of these essentials.

Instead of supporting equivalence, it carries a real risk of creating divergence for the following reasons:

➤ **Further *fragmentation* of the regulation of the public health workforce.**

Transferring Public Health Specialists to HCPC will create a third, additional, statutory framework for regulating around 1,200 leaders. This will mean in future there will be professional standards being applied by GMC, GDC and HCPC. In addition, UKPHR will be providing a voluntary register for practitioners. This further fragmentation could have a negative impact on the ambitions set out by the Department of Health and Public Health England in last year's Workforce Strategy to achieve a higher profile and clearer career pathways for all who work in public health and those we wish to attract into public health careers in the future.

In this context, public health practitioners are relevant to our considerations because they deliver the service led by specialists and many of these practitioners will develop into the leaders of the future.

➤ **Consistent standards and competencies across the workforce.**

UKPHR has devised requirements for its specialist registrants' *CPD and revalidation* that mirror the GMC's statutory arrangements. This was consciously done in particular to ensure consistency and equivalence as far as is possible. The mechanism for the transfer under the Section 60 proposed by the Department does not preserve the present CPD requirements and does not require revalidation at all and therefore permits inconsistent standards as between the three statutory bodies.

A preferable way to proceed if equivalence is the goal would be to achieve a single statutory framework for all public health specialists irrespective of their individual disciplines.

A Practical Solution:

A single public health regulatory "home" for all who work in the UK's public health systems – leaders and practitioners and wider workforce - to ensure consistency of standards, and to best meet the needs of the workforce, its employers and the public for effective public protection and workforce development.

UKPHR already provides a regulatory home for individuals who choose to register here for their public health role, even for those who must already be registered elsewhere to maintain their original professional status. Examples include dentists, doctors, environmental health practitioners, nurses and pharmacists.

While this vision cannot be implemented through secondary legislation (a Section 60 Order) the Government says it will bring forward a Bill based on the Law Commission's draft Bill on health regulation reform. The Department has acknowledged that this Bill is a suitable legislative vehicle for public health regulation.

We would urge Government to hold talks to design the legislative architecture for implementing this wider, more comprehensive vision. While talks take place, and while the legislation is passing through Parliament, the Government can rely on UKPHR, an accredited voluntary register, to maintain "right touch" regulation of specialist registrants and to extend registration to more public health practitioners.

Time for responses to the Government's consultation

Several times since the Government announced its policy on this matter we and other stakeholders have been assured that there would be a period of 12 weeks to consider the Government's proposals and respond to them. We are shocked to see today that only 6 weeks is being allowed for ourselves and others to consider the consultation document, consult on their responses (in our case we need to consult registrants) and prepare and deliver responses to the Government.

There are new matters raised by this consultation – for example, the brief discussion about defined specialists – and surprising omissions – for example on revalidation.

The Government has had the ability to publish this consultation at any time over the past 2 years and only the Government is responsible for the delay. Now it looks as though the Government is in a hurry to secure its legislation on this matter before Parliament is prorogued and this is why our and others' time for consultation has been halved. It is hardly the way to give confidence that considered responses will be given the serious examination they deserve before the Government goes on to introduce its legislation in Parliament.

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