UKPHR

Public Health Register

Protecting the public – improving practice

UKPHR Newsletter

Autumn 2014

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UKPHR held its' Annual General Meeting in Birmingham on the 25th September where UKPHR chair presented our Annual Report 2013-14.

Guest speakers included Graham Russell MBE, Chief Executive of the Better Regulation Delivery Office, Jenni Ord and Professor Liz Hughes from Health Education West Midlands (HEWM).

Graham outlined 3 questions that regulators should be asking themselves; is the framework in which you act clear? Are you accountable for your actions? And what is your culture? He also described 3 actions to implement. To be clear about your outcomes and measure progress towards achieving them, assess the risks to your outcomes and prioritise them and crucially to understand the markets in which you are acting, and choose the most effective tools.

Jenni Ord, Chair of West Midlands LETB discussed how Health Education England (HEE) recognises the need to maximise the impact of support for community health and wellbeing and providing a greater emphasis to the wider social determinants of health and the possibility of HEE becoming Social and Healthcare Education England (SHEE).

Liz Hughes, Director of Education and Quality WMLETB at HEWM later delved further into the recognition of a wide-ranging workforce within public health with an estimated 40,000 in the 11 core public health roles and a possible greater number in the untapped wider public health workforce. The possibility of UKPHR or another body setting up a Public Health Trainee (Provisional) Registration Scheme was raised to provide equivalence to StRs who currently have no Public Health registration as a trainee in comparison to their fellow StRs who are licensed to practice with the GMC. She also highlighted the changing shape of training which will result in public health becoming a '"family" of specialities, including GP, Psychiatry and Occupation Medicine

Find a copy of our Annual Report 2013-14 under Media and Publications on our website

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Applications to register as a defined specialist via the portfolio submission route is still open. Email the register to express intent to apply.

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Professor Bryan Stoten

I cannot help being surprised (pleasantly surprised) by how quickly we have completed the office relocation, recruited and inducted new staff and put down roots in our new Birmingham community. Our new staff. Pavenpreet Sull and Kuran Rai, along with our old (sorry David!) Chief Executive, newly-entitled Executive Director, have not so much settled down as built UKPHR up. It has been a great achievement and if you get the opportunity to visit our new City Centre office please do go to see them all – you can be sure of a warm welcome.

It has also been interesting this year the way we have received an increase in enquiries about registration. Some of the enquiries are problematic – people outside the UK wishing to register as specialists, people within the UK wishing to register as practitioners but who work in areas where there is as yet no local practitioner registration scheme. We are not planning to "go global" so I readily accept the news of the polite refusals our staff have given to enquirers from Finland, India, Italy and Romania to name just a few. But I do believe that it is grossly inequitable that we cannot offer practitioner registration to UK citizens who happen not to work in the "right" parts of the country. UKPHR would love to be able to offer practitioner registration UK-wide as soon as possible. Sadly, we need resources and partners to achieve this which are not yet to hand.

The "multi-disciplinary public health workforce" has established itself both across specialist and practitioner grades and has taken the lead in England in re-establishing public health in its new local authority setting. Up to half of Directors of Public Health in England are on our Register today.

Of course we are now challenged by current Government thinking about the future regulation of the multi-disciplinary specialist workforce and the enormity of the potential practitioner demand for regulation. We will continue to make the case for a single regulatory "home" for the entire public health workforce and certainly I believe that the numbers of public health professionals and the importance of the work they do justifies exactly this approach.

Professor Bryan Stoten
Chair, UKPHR

Department of Health Consultation Paper on statutory regulation

As you are all aware by now, the Department of Health published its Consultation Paper on statutory regulation of public health specialists by the Health Care and Professions Council (HCPC) in place of UKPHR on the 5th September with the promised consultation period of 12 weeks cut down to 6.

UKPHR does not support the Government's proposal for a section 60 Order however very much supports the objective of equivalence in the treatment of all UK's public health leaders which is strongly argued by our Registrants. To achieve equivalence we believe there are 3 fundamentals; a common set of standards to which all public health leaders will be educated, trained and held accountable, uniform arrangements for ensuring and enabling their continuing professional development (CPD) and consistent and comprehensive arrangement for regular revalidation. The proposal does not emulate these essentials and runs the risk of creating divergence, cutting across the intention to ensure a clear pathway for future careers in public health.

Practitioners have not been accounted for in the consultation when we believe they deliver the service led by specialists and many of these practitioners will develop into the leaders of the future.

In addition to our concerns about the shortened time frame for responses the Section 60 order does not comply with the statutory requirements, potentially rendering the consultation unlawful.

We maintain that a single regulator should be in place for the entire public health workforce and more so a statutory regulator, whether this is UKPHR with its given experience and recently attained Accredited Voluntary Register status or another body.

The Consultation Paper can be viewed using the following link https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350977/Public_Health_Specialist_Con_Doc_FINAL_for_publication.pdf

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Good Public Health Practice – a possible case of throwing the baby out with the bathwater

Good Public Health Practice (GPHP) –an excellent document published by the Faculty of Public Health (FPH) in 2002, has recently been withdrawn by FPH. In future the General Medical Council (GMC) document *Good Medical Practice* (GMP) is to inform the annual appraisal of all specialists in Public Health, irrespective of professional background. While FPH acknowledges that that there were arguments for and against ditching GPHP in favour of GMP, and that GMP will need, as and when necessary, to be interpreted for the "particularities of public health practice", specialists in Public Health from professional disciplines other than medicine may feel something of a "square peg in a round hole" when it comes to certain aspects of their annual appraisal process. For these individuals, instead of the clarity provided by nationally agreed, specialty specific guidance, they may face the possibility of regional, if not local, or even specialist to specialist variations in the interpretation of the "particularities of (their) public health practice".

So, has the FPH thrown their baby out with some appraisal bathwater, or, as the FPH would have it, has the Faculty avoided a distinction in appraisal between those with a medical qualification and those from other professional disciplines? What is missing in the relevant statement from the FPH is any reassurance to, in particular, the public of the effectiveness of the planned approach. Will it work, has it been piloted, not to mention, will it be equally fair to all specialists in Public Health?

Regarding the fate of the discarded GPHP, it has been suggested, subject to the FPH having no further use for it, that it could be saved, revised and brought up to become most helpful guidance to complement the UKPHR Code of Conduct. This would certainly avoid the need to reinvent a wheel, and would provide opportunity to obtain further useful benefit from all the discussions, consultations and careful drafting which must have gone into the preparation of GPHP. Perhaps a modern, refurbished GPHP document could, in future, aid the interpretation of the "particularities of public health practice" in the GMP-based appraisal of specialists in Public Health from professional disciplines other than medicine.

"Well, it is a suggestion that has got me thinking. What are your views? I would be interested in receiving readers' thoughts and ideas."

Nairn Wilson
Registrar, UKPHR

Public health in the 21st century: organising and managing multi-disciplinary public health teams in local government

In August 2014, guidance was published on the employment of Consultants and Directors of Public Health in Local Authorities in England. (https://www.gov.uk/government/publications/public-health-in-the-21st-century-organising-and-managing-multidisciplinary-teams-in-a-local-government-context. It was jointly developed by Public Health England, the Local Government Association, the Association of Directors of Public Health and the Faculty of Public Health.

The guidance is aimed at local government employers to assist them in recruiting to senior public health posts, particularly those from medical backgrounds. This has been because many councils have been seeking advice on when it might be appropriate to employ a medical consultant and how to deal with recruitment, contractual and equal pay issues. Whilst the guidance is set in the context of the importance of having a multi-disciplinary public health team, it was a carefully focused piece of work. Many professions bring a unique contribution to the specialism of public health alongside a common set of skills and knowledge. Local authority public health teams need to reflect this diversity to enable effective delivery of responsibilities. The issue around the employment of doctors in senior roles in local government has also highlighted the need to consider whether continuity of service for the purposes of contractual benefits and redundancy entitlements should be preserved and discussions about this will now begin at a national level.

All this is just the first phase of the work of the group that produced the guidance. The intention is to produce further guidance and advice for local authorities as they review their public health teams and seek to deepen their understanding of the public health workforce in its widest sense. This will reflect the contribution that different professionals across the clinical, scientific, environmental health and academic fields of practice are making. The pending review of the UK Public Health Skills and Knowledge Framework will also provide a further opportunity for the public health system to engage in shaping the Framework to reflect the future requirements of the public health workforce.

Kathryn Rowles, Deputy Director of HR – Professional Workforce Development – Public Health England

Office opening event

UKPHR held an event to showcase their new office premises in Birmingham on the 15th July. Council Leader Sir Albert Bore joined guests in welcoming yet another regulatory body to Birmingham. UKPHR joins the likes of the Gambling Commission, Solicitors Regulation Authority and Ofwat to create a growing community of regulators relocating to Birmingham.

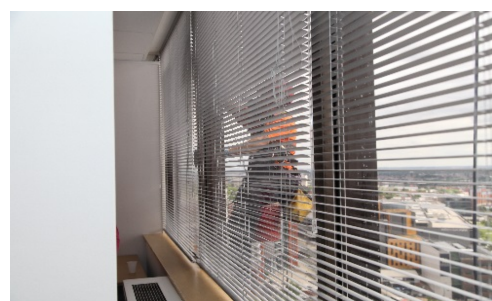
Welcoming UKPHR at an opening ceremony in its 18th floor office, Sir Albert said, “Birmingham is the largest professional services centre outside London. The Council works hard to grow good quality jobs – we support residents starting up new businesses, existing businesses expanding and organisations like UKPHR coming into our region”.

UKPHR’s Chair Professor Bryan Stoten thanked Sir Albert for his warm welcome. He looked forward to working with the City Council to improve residents’ health and wellbeing, “Good public health practice is important for every citizen and every community because good health and wellbeing is fundamental to a fair and strong society. We are delighted that Birmingham’s Sir Albert and also Cllr. John Cotton who holds the Council’s health and wellbeing Cabinet portfolio have visited our office so soon after we have moved here. Our role is protecting the public from harm, driving up standards of public health practice and working with partner organisations to improve residents’ health and reduce health inequalities.”

UKPHR have settled in well to their new environment and embraced Birmingham as their home.

New Staffing Arrangement at UKPHR

Following UKPHR’s relocation to Birmingham we can confirm our new staffing arrangements. The head of paid staff is **David Kidney** whose job title is Executive Director. David’s deputy is **Pavenpreet Sull**, a Biomedical Science Graduate from Aston University. She is happy to be addressed as “Pav”. Pav’s job title of Administrator understates the significance of her role in the organisation, supporting the Executive Director and the Registrar. David and Pav are supported by **Kuran Rai**, who is an apprentice. Kuran is seeking a future career in business and accountancy and his work for UKPHR will centre on the organisation’s accounts and finances. David and Pav will help bring on his knowledge of public health during his year-long apprenticeship. Hopefully, an opportunity will arise later in the year to recruit a public health apprentice.



Featured Registrant – Sue Frossell MSc MPH FFPH

Regional Associate Director of Screening and Immunisation Transition Consultant in Public Health, Milton Keynes Council

What is your main contribution to Public Health currently?

I have been on secondment from Milton Keynes Council to Public Health England (PHE), South Region for nine months and my main contribution to Public Health during this period has been the identification and resolution of transition issues within the Screening and Immunisation programmes; transition issues which have had the potential to impact significantly on the quality of these well-established services.

There have been many issues to work through, both nationally and regionally, which have included: various HR issues; resolving data flow problems (which were impacting on the ability to monitor the quality and effectiveness of the Screening and Immunisation programmes); ensuring that there was a system of regular reporting of performance, thereby providing a Clinical Governance overview for PHE Centre Directors.

The potential for any team to maximise its effectiveness is significantly impacted on by its ability to operate as a cohesive, supportive, innovative and focussed unit with a clear emphasis on maintaining good internal and external relationships. I am now working with the national Organisational Development team to ensure that there is a clear package of team/leadership development opportunities available for the Screening and Immunisation teams, including both NHS England and PHE employees. Teams will each be able to identify what specific modules they require for their own team as they go forward into a time of adjustment to further change, both within the NHS and PHE.

Is there anything you would like to highlight in Public Health?

There is an amazing opportunity for improvements to the health of the population through the placement of Public Health teams into local authorities (LAs) with a clearly mandated requirement to offer Public Health specialist expertise into the NHS. However, Public Health is a relatively small specialty, which is in danger of becoming fragmented as a result of its dispersion over several different working environments: the NHS, LA's, PHE and other public agencies. This also raises other issues which include differing pay and conditions of employment which may also lead to those specialists with a higher level of skills and attributes focussing on those agencies with the best terms and conditions of service. The specialty should be protected, not for itself, but for the impact of its expertise on the health of the population. There can be few Public Health specialists whose key attraction into the profession was not the potential to make a difference on scale, not to just a few but to populations, whether this is a smaller local population or a national or international population.

There is a real need to ensure that the progress that has been made to enable a truly multi-disciplinary Public Health speciality is not lost. The Public Health profession is enriched by the fact that there is a breadth of expertise across the speciality, all of whom offer varying skills into all three arms of Public Health: Health Protection, Health Care Public Health and Health Improvement. Whilst the recent guidelines produced for LAs in their employment of Public Health professionals made a great attempt to offer advice into a complex area of employment law, it was disappointing to read a suggestion that only medical Public Health specialists could offer advice into CCGs and the NHS. We therefore need to ensure that the issues around equal pay are resolved as swiftly as possible.

What route brought you to your role?

My career has been quite varied! I began my working life in branch banking and after about eight years I became aware of the possibility of undertaking a direct-entry midwifery training programme. I was, by then, a mother of three and was very interested in the impact of the childbearing experience on the health and wellbeing of the mother, child and family. I was particularly fascinated by the potential of increasing breastfeeding support from Health Professionals and the impact increased breastfeeding rates would have on population health. After eight years in both midwifery training and practice, I moved into a Clinical Governance role within the district general hospital I was then working in. A few years later I came across the opportunity of a five year Public Health training programme. I needed a new challenge and this was a perfect opportunity for me to continue learning at the same time as working. I qualified in early 2007 and except for a year as a Locum Consultant in Health Protection in Surrey and Sussex, I have been a Public Health Consultant in Milton Keynes. I am currently on secondment to PHE.