General Medical Council

GMC response to Department of Health consultation on the Health & Care Professions (Public Health Specialists and Miscellaneous Amendments) Order 2015

The GMC welcomes the opportunity to respond to Department of Health's document *The Health and Care Professions (Public Health Specialists and Miscellaneous Amendments Order 2015: A consultation)*

Background

The General Medical Council (GMC) is the independent regulator for doctors in the United Kingdom. Our statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

One of the ways we do this is by keeping a list of registered medical practitioners which includes every doctor who holds registration, with or without a licence to practise.

We also hold a specialist register which lists those doctors eligible for appointment as substantive, fixed-term or honorary consultants in the NHS on the grounds of their training or qualifications.

In terms of public health, we approve the curriculum for postgraduate training and any changes which are proposed by the Faculty of Public Health. We also approve programmes for specialty training.

Response to questions

Our comments are mainly focused on the questions which have a bearing on the specialists we regulate and those who are affected by the proposed changes. For ease – although not absolutely inclusive – we have referred to 'medical' specialists to describe those who have a relationship with the GMC and 'non-medical' for those who are currently covered by the UKPHR.

We also offer some general observations and comments which we hope are helpful.

Question 3. Is the impact of these public health specialists being required to register with the HCPC of significant consequence?

The proposals apply a new statutory regulatory framework to all 'non-medical' public health specialists (on the basis that those medical practitioners or dentists with a specialty in public health medicine and public dental health are already required to register with the GMC or the General Dental Council (GDC)). However the amendments to the order appear to bring within HCPC regulation of all public health specialists save those recorded on the GMC's specialist register as having a specialty in public health medicine, or the GDC's specialist list as having a specialty in dental public health.

We are concerned that this approach appears to misunderstand the nature and purpose of the GMC's specialist register.

Specialist registration with the GMC is not a requirement for a doctor to practise as a public health specialist per se. Rather it entitles them to hold certain appointments in the NHS (namely as substantive, fixed-term or honorary consultants). However, there is no equivalent requirement in the private or independent sector, or in NHS Foundation Trusts.[*] For these doctors, being on the specialist register is an optional way of recognising their skills and qualifications.

In this context, our view is that care should be taken not to exclude people who may be ineligible for registration on the specialist register (for example because they trained in a different specialty but have subsequently been accredited as a public health specialist; or those whose post is in public health but whose specialty is in a related area (such as infectious diseases or community sexual and reproductive health)); or those who may be eligible but choose not to apply for specialist registration as they are not required to do so in order to practise as a public health specialist.

This risks bringing into mandatory dual registration a cohort of doctors who hold registration with the GMC. We are concerned about the consequence of dual registration for registrants and for the public. There is a risk of duplicate or conflicting professional standards and rules for professionals holding dual registration. This may make it hard for registrants to know what guidance to follow. Dual registration would also make it difficult for other professionals or members of the public to know what they can expect from public health specialists, or who to complain to if something should go wrong. Further, should a fitness to practise concern arise, this runs the risk of regulatory conflict or overlap in terms of any investigation that may result.

[*] In England and Wales, the position is set out in *The National Health Service (Appointment of Consultants) Regulations* 1996

Question 4. Do you agree that 'public health specialist' should become a protected title?

If the purpose of the proposals is to ensure that non-medical public health specialists fall under statutory regulation then we believe that this can be achieved without a new regime for protection of title.

However, should this proposal be implemented then we are concerned to ensure that this does not require doctors registered with the GMC and quite properly working as public health specialists without the need for specialist registration, to register with the HCPC in order to use the protected title.

Question 7. Defined specialists – Which of these options, if either, do you think is appropriate?

With an additional caveat, we would favour option b as the way forward – ie that defined specialists who transfer to the HCPC are separately distinguished on the register; and that the routes to registration for defined specialists remain open after grandparenting. This would ensure that specific areas of expertise relevant to public health are recognised and transparent to potential employers and the public. In addition to their specific expertise, we think it would be preferable if defined specialists could demonstrate that they have a broad knowledge base of public health at a level applicable to generalist specialists.

General comments

If the legislative changes go ahead, and given there is a close relationship between many of the public health specialist posts occupied by medics and non-medics, we would like to see a gradual move towards arrangements which enable and support revalidation and CPD. For consistency, we would hope these would reflect the arrangements which already apply to 'medical' public health specialists. In this context, we were encouraged to see that *Good medical practice* has been adopted as the standard for all public health specialists in the future.

Finally, we wondered whether consideration has been given to proposals that explore the scope for an equivalence route to the register for non-medical specialists – specifically those who can demonstrate that they have specialist qualifications, training and experience which are analogous to an existing specialist.

GMC – November 2014