The Royal Society for the Prevention of Accidents (RoSPA)

Response to Department of Health Consultation Paper on proposed statutory regulation of public health specialists

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1. EXECUTIVE SUMMARY

In the public interest of a safe and effective public health workforce, delivering to consistent and appropriate standards, the time is right for a public health regulator to be created, building on UKPHR's existing registrant base, reach, networks and relations with other relevant regulators.

However, RoSPA opposes the Government's proposal of a Section 60 Order to implement statutory regulation of some public health specialists for the following reasons:

1. The proposal would further fragment the regulation of the public health workforce

2. There is a better policy option available that will ensure a more coherent approach to regulating the public health workforce as a whole in the interest of effective public protection

3. The proposal does not achieve its most important stated objective (equivalence for the entire public health leadership group), in particular, there is no provision for revalidation

4. The proposal will cut across an intention to give a clearer roadmap for future career pathways and skills development

5. The proposal takes no account of practitioner registration and weakens the opportunity to ensure that practitioners are also fairly regulated to further support the public's safety

6. The proposal takes no account of developments in public health regulation since 2010 including accreditation of UKPHR's voluntary register under the statutory scheme put in place by the Government

These arguments are underpinned by the rationale for all such regulation, namely that protection of the public from harm should be paramount.

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2. The proposed regulation

General points

Statutory regulation by the Health & Care Professions Council (HCPC) of just those public health specialists currently registered by UKPHR could cause fragmentation of the public health workforce. This is not in the public interest. It would not improve protection of the public from the risk of harm from public health malpractice.

RoSPA is not opposed to statutory regulation of the public health workforce but it opposes the proposal for statutory regulation of public health specialists by HCPC because this would cause fragmentation of the regulatory framework for the Public Health workforce, not through criticism of the of HCPC.

Risk of fragmentation

The current proposal adds another statutory regulator to a landscape already top-heavy with statutory regulators for what is a modest number of public health specialists (approximately 1,200 in the UK).

RoSPA is aware that UKPHR currently registers approximately half of this leadership group. Some of these public health specialists are also already on statutory registers including the General Medical Council (GMC), General Dental Council (GDC), Nursing & Midwifery Council (NMC) and General Pharmaceutical Council (GPhC).

The registration regime operated by UKPHR is designed to be equivalent to GMC and GDC regulation for other public health consultants: this includes a revalidation process to ensure ongoing competence and a retrospective recognition of competence route, equivalent to the GMC's CESR (certificate of eligibility for specialist registration) route, to support the Department's public health workforce strategy aims, neither of which appears to be a feature of the proposed new statutory regulation with HCPC.

The extent of dually regulated and unregulated groups in the public health workforce was elucidated in the mapping report of the Centre for Workforce Intelligence.[1] The research has concluded that the number of core public health workers in England is likely to range from around 36,000 to 41,000 people. Groups described in the report having variable or no applicable regulation include "public health managers" and some "public health scientists", "intelligence and knowledge professionals", and "public health practitioners".

Potential for unified regulation

UKPHR registers public health practitioners alongside public health specialists and offers the potential for the comprehensive regulation of the entire spectrum of the public health workforce from practitioner to specialist by a single regulator.

There are advantages in regulating specialists and practitioners alongside each other. In RoSPA's experience, professionals are capable of learning from each other in matters of public health practice and continuous improvement. More experienced and qualified professionals can also provide essential support to practitioner applicants acting as assessors, mentors and verifiers for the registration process. It is clear from feedback that registrants find this helpful: it gives a clear

[1] http://www.cfwi.org.uk/publications/mapping-the-core-public-health-workforce

sense of identity, it aids greater understanding of points of practice and it strengthens interest in career development.

Selection of regulator

The attraction of 'minimal disruption to the profession' has particularly strong resonance now in the light of the publication of the NHS Five Year Forward View and its prominent focus on the need to do more to tackle the root causes of ill health by a radical upgrade in prevention and public health.

RoSPA's alternative approach

RoSPA argues that the Department's proposal should not go ahead as described.

Instead, public health partners - such as RoSPA - should work with the Department to design a more comprehensive regulatory framework for the public health workforce, ensuring that investment is targeted at the most effective public health interventions, such as accident prevention. This approach would fit with the ambition for this workforce set out in the Department's 2013 workforce strategy.

While in development, public protection would be maintained as UKPHR already registers the Department's target group.

Risk of public harm

RoSPA believes in the value of training, qualifications and high standards of professional competence. CPD and career-long revalidation should be seen as essential elements of such an approach.

In 2011, the UKPHR commissioned a report about the risk of public harm from specialist and practitioner public health malpractice. This report pointed out that a failure of public health practice at the strategic level could be catastrophic in terms of public harm. This factor justified, according to the report, statutory regulation of public health specialists. It also pointed out that failure of public health practice by *individual* practitioners can also be harmful to the public. A practitioner's contribution to health protection, health improvement and equitable access to healthcare services can impact adversely both on individual and community health (morbidity and mortality) and well-being. In addition, given that practitioners work one-to-one with members of vulnerable groups, there is a real risk of serious harm to vulnerable individuals.

For these reasons, RoSPA supports the way in which the UKPHR requires practitioner registrants to make the same annual declaration as specialists in terms of conduct. RoSPA also supports UKPHR's developing plans to establish revalidation for the practitioner workforce appropriate to their practice (and the level of risk of public harm) but consistent with the principles of revalidation for the specialist workforce.

Impact on practitioner registration

RoSPA welcomes the way in which UKPHR has become financially secure without any recourse to the public purse. This hard-won financial sustainability has come about because of the numbers of specialists and practitioners who choose to register and UKPHR's root and branch reform of its operations to maintain the quality of services in a demanding financial environment.

3. The draft Section 60 Order

An Order in the terms drafted would implement new and additional regulation, which will cause further fragmentation of the public health workforce. It would entrench different approaches to the regulation of a single cohort of public health leaders.

RoSPA opposes the Section 60 Order as drafted.

The draft Section 60 Order does ***not*** require HCPC to revalidate those specialist registrants transfering, under its terms, from UKPHR to HCPC.

HCPC has no legal power to introduce revalidation for this group of public health leaders and it does not operate revalidation for any of its 300,000-plus registrants.

Furthermore, the requirements for continuing professional development (CPD) required by GMC, GDC and UKPHR are fundamentally different from those operated by HCPC for the professions it regulates.

The proposal therefore fails to meet the Government's own objective "to ensure more consistent standards across the profession."[2]

In contrast, the UKPHR is developing revalidation for its specialist registrants, thereby ensuring equivalence with the GMC and GDC schemes.

4. Answers to the consultation questions

Question 1*: Do you agree with the Department's decision that the HCPC should be the statutory regulator for public health specialists from backgrounds other than medicine or dentistry? If not, why not?*

No.

RoSPA does not agree with the Department's decision for a Section 60 Order to implement statutory regulation by the HCPC of those leaders currently registered by UKPHR because instead of supporting equivalence between all public health specialists, it carries a real risk of creating divergence and fragmentation.

It is a decision which does not properly take into account UKPHR's achievement of Accredited Voluntary Register status under the statutory scheme put in place by the Government.

Question 2*: Do you think that public health specialists should be regulated by another body? If so, who and why?*

[2] Government Response to the House of Commons Health Committee Report on Public Health (Twelfth Report of Session 2010–12) page 22
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215177/dh_132548.pdf

Yes.

A preferable way to proceed, to achieve equivalence, would be a single statutory framework for all public health specialists irrespective of their individual disciplines, building on UKPHR's existing approach to dual registration. This would be complementary to, but would not replace the existing regulation of medical and dental public health specialists undertaken by the GMC and GDC respectively.

Considering the public health workforce more broadly, a holistic approach will be to design a comprehensive form of regulation for the entire public health workforce, working with the grain of what already exists, improving both workers' experience of regulation (in many cases, by more than one regulator) and the effectiveness of public protection.

RoSPA's preferred position is the creation of a single regulatory home for the entire public health workforce, respecting the existing roles of other statutory regulators such as GMC, GDC, NMC and GPhC. It would be a regulator established by statute operating a single public health regulatory framework capable of differentiating the required level and intensity of regulatory activity according to risk of public harm. This regulator can now be UKPHR, building on the foundations of what UKPHR has already achieved.

Question 3*: Do you agree that outstanding UKPHR fitness to practise cases at the time of transfer should be investigated and determined by the Health and Care Professions Council in accordance with the Health and Social Work Order 2001 (S.I. 2002/254)? If not, why not?*

If the transfer is implemented, yes.

Question 4*: Do you agree that the grandparenting period for registration as a public health specialist should be two years?*

If the transfer is implemented, yes.

Question 5*: Is the impact of these public health specialists being required to register with the HCPC of significant consequence?*

Yes.

The number of people in the public health workforce seeking registration during the grandfathering period may be higher than the Department expects. HCPC would need to make arrangements to carry out what may well be a significant number of assessments.

Question 6*: Do you agree that "public health specialist" should become a protected title?*

No, not as the sole protected title.

RoSPA would support the introduction of three protected titles:
Director of Public Health
Consultant in Public Health
Public Health Specialist.

Question 7*: Which of these options for defined specialists, if either, do you think is appropriate?*

Neither.

RoSPA supports the idea of equivalence within the public health leadership cadre both in terms of systems (code of conduct, CPD and revalidation for example) and value. RoSPA therefore supports routes to register which enable public health leaders to achieve a status of "generalist" and/or “defined” specialist and regards both as being of equal value.

Question 8*: Do you agree that the requirement for a Council member to chair Registration Appeal Panels should be removed?*

Yes.

Question 9*: Do you agree that a HCPC panel should have the power to make a striking-off order in a health or lack of competence case provided the registrant has been the subject of a continuous substantive suspension or conditions of practice order for at least two years?*

Yes.

Question 10*: Is our estimate of the numbers of non-medical public health specialists working in the independent or private sector reasonable?*

N/a

5. About RoSPA

RoSPA is a registered charity that has been at the heart of accident prevention in the UK and around the world for almost 100 years.

Accidents are responsible for 14,000 deaths and millions of injuries across the UK each year, costing the country an estimated £150billion. Yet, prevention is fairly easy to implement and inexpensive to deliver. Despite this, the priority of accident prevention has dropped below other topical issues. For this reason, one of RoSPA's key campaigns to make accident prevention a public health priority and all the facts are set out in the Big Book of Accident Prevention: http://www.rospa.com/bigbook/index.html

RoSPA was commissioned by Public Health England to produce more detailed guidance for local decision makers. This provides valuable advice on effective interventions for those involved in developing local strategies, and on how partnership working can help improvements in accident prevention and other areas of public health.

http://www.rospa.com/about/currentcampaigns/publichealth/delivering-accident-prevention.aspx

RoSPA urges the Government and other leaders in the public health field to reflect on the many arguments which, taken together, constitute an unassailable case for developing fresh action on accident and injury prevention. Only by making such action a permanently-embedded feature of public health policy and practice in the UK will we be able to get on with our mission: which is to save lives and reduce injuries.