Faculty of Public Health
Of the Royal Colleges of Physicians of the United Kingdom
Working to improve the public's health

UK Faculty of Public Health response to the consultation on the Health and Care Professions (Public Health Specialists and Miscellaneous Amendments) Order 2015 – the regulation of non-medical public health specialists

About the UK Faculty of Public Health

The UK Faculty of Public Health (FPH) is committed to improving and protecting people's mental and physical health and wellbeing. Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy fulfilling life, through a fair and equitable society. We work to promote understanding and drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice – as set by FPH. With our 3,300 members, based in the UK and internationally, we work to develop knowledge, understanding and promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

Key messages

FPH strongly supports statutory regulation for all public health specialists, and it is time for this to happen as soon as possible with a regulator who is already established. This should include not just initial registration but a system of revalidation to ensure the maintenance of high standards and continuing professional development ands to ensure equivalent standards for medical and non medical public health specialists.

FPH considers it vital that the specialist workforce in public health is fully regulated to protect not only the public's health, but also to protect those agencies that are responsible for the delivery of a public health system. It is clear that 'codes of conduct' and voluntary registration fail to achieve this necessary protection.

FPH strongly supports an extension to the existing system of regulation that already quality assures two thirds of the specialist public health workforce in the UK. It is essential to have one quality assured system with the same standards applicable across the workforce that can be effectively monitored and maintained. We are unable to understand or recognise any logical argument why this specialty should continue to have a two-tiered system of regulation, statutory and voluntary. Those covered by voluntary codes of conduct can have a serious impact on the lives of those they are responsible for, with specialists in public health often making life and death decisions about the health of both populations and individuals.

It would be a dereliction of duty on behalf of FPH if it did not support statutory regulation for all specialists in the very strongest terms, to be in place as soon as possible.

However, FPH does have serious concerns that there is no mention of revalidation within the consultation. Revalidation of non-medical public health specialists is important because the purpose of the professional development and regulation of non-medical specialists is to achieve and to demonstrate equivalence with medically qualified specialists (see extracts below). In particular this is to ensure that people, whatever their background, are trained to the same professional standards and that employers (and the public) can be assured that the people employed are competent and skilled to do the job of a public health specialist or consultant.

Without mandatory revalidation to an equivalent standard this will not be achieved. The Health and Care Professions Council (HCPC) has made it clear that it has no intention of introducing revalidation for public health specialists unless mandated to by Government. Therefore this Order must include provisions for enabling the introduction of revalidation.

From the *Review of the Regulation of Public Health Professionals*, November 2010*:*
It is recognised that there will be a need for consistent approaches to professional development and revalidation between public health specialists on the statutory registers and the Faculty of Public Health should have a central role in producing common frameworks.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216095/dh_122237.pdf

From Faculty of Public Health response to the *Review of the Regulation of Public Health Professionals:*
Revalidation of public health specialists from a background other than medicine
A complementary issue to regulation is that of the revalidation of public health specialists from a background other than medicine. The two issues of regulation and revalidation complement each other and all specialists in public health should not only be statutorily regulated, but also be required to revalidate along similar systems underpinned by a single set of standards. Establishing a proportional and effective system for these individuals is essential for maintenance of standards and the protection of the public.
Recommendation: Specialists from a background other than medicine should be revalidated.
http://www.fph.org.uk/uploads/FPH%20response%20to%20the%20Review%20of%20regulation%20of%20public%20health%20professionals%20-%20FINAL.pdf

From the Health Protection Agency (HPA) response to the *Review of the Regulation of Public Health Professionals:*
The HPA supported this recommendation.
http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1296684619955

The FPH response to the specific questions posed by the consultation are as follows:

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?

Yes, notwithstanding our concerns around revalidation described above FPH do consider the HCPC to currently be the appropriate statutory regulator. The extension to existing regulation by the HCPC will provide a low cost, safe and robust answer to the risks to the health of the population currently presented by a voluntary system, with a minimum increase in bureaucratic process. The HCPC is an experienced register with the necessary mechanisms in place to quickly develop effective processes to support a smooth and straightforward transition. This will ensure that the public are not put at risk and lives unnecessarily lost.

The HCPC can provide the necessary capability and flexibility in setting standards for education and training for those not on the public health specialist training programme, to provide evidence of equivalence of training; HCPC also has considerable expertise in fitness to practise processes. Alongside them FPH sets the standards and delivers an examination process for public health specialists, whether medically qualified or not, for specialty training in public health.

As indicated above, however, FPH do consider it essential that a clause is included within the legislation to enable the introduction of revalidation by the HCPC.

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

FPH would support any appropriate statutory regulator able to provide a robust system of statutory regulation for public health specialists.

Our preference would be for a single regulator for public health specialists, the UKPHR, working with the GMC, if they met all the standards and experience as a regulator, and it could be implemented quickly.

To be an effective statutory regulator requires robust procedures and processes, in line with relevant legislation. This includes the statutory power to assess, set and monitor education and training providers' standards, and the ability to handle fitness to practice referrals. At this point, the HCPC, with its experience of regulating a range of health-related professions, meets all the criteria required to be the statutory regulator. The current voluntary UK Public Health Register (UKPHR) could potentially meet these criteria over time, however, the swift implementation of statutory regulation is crucial – both for the protection of the public, and as an important step in moving the profession towards equivalence.

FPH highly value the vital contributions the UKPHR have made in establishing the voluntary register and in moving the profession towards a position where statutory regulation can now be established. FPH has worked closely with UKPHR since it was first created to establish equivalent standards of practice for specialists from multidisciplinary backgrounds. However, FPH have reluctantly come to the conclusion that there is little realistic prospect of the Government creating a new statutory regulator, now or in the near future, particularly for the low numbers of individuals involved.

Given the above, FPH therefore agrees that the HCPC is the appropriate statutory regulator.

For public health specialists working in local authorities that are already familiar with HCPC as a regulator for social workers, it is also helpful and less confusing to keep to a minimum the number of regulatory organisations.

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?

Yes, provided the process is rigorous.

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

Yes.

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

The requirement to be registered with the HCPC will have a significant positive consequence, bringing equivalence to the profession and increased credibility for those public health specialists who have been under voluntary registration. It would also provide assurance to the public that the health of the population is in the hands of people who are scrutinised through a recognised regulator.

In addition, the HCPC also currently has the lowest fee of all the nine statutory regulators of health professionals. The HCPC benefit from economies of scale (currently having around 325,000 registrants) that are difficult for smaller regulators to achieve. For comparison, the smallest statutory regulators are the General Osteopathic Council (around 2700 registrants, £800 fee per year) and the General Chiropractic Council (around 4500 registrants, £610 fee per year).

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

Recognising that protected titles are about demonstrating that an individual is qualified and registered, not about job roles, FPH agree with the protected title of 'public health specialist'.

FPH do acknowledge the arguments for the protected titles of 'Public Health Consultant' or 'Consultant in Public Health' as these are standard titles and do not emphasise a medical/non-medical distinction. However, an individual is a consultant because they are appointed by an appointments advisory committee. Being a public health specialist is necessary but not sufficient to be a consultant, as competencies relating to the specific job description need to be demonstrated at interview.

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

FPH support Option A, that the defined specialist route should be closed following the transfer and grandparenting period to the HCPC.

FPH has always supported the concept that public health is strongest as a multi-disciplinary specialty, and it was a key advocate for public health specialist posts to be open to any candidate who had demonstrated the appropriate competences, irrespective of their professional background. To support this process, FPH has worked to open the consultant Appointments Advisory Committee (AAC) process to suitably qualified non-medical candidates, to open public health training schemes to all professional groups, to recognise the achievements of those already in senior positions, and to ensure that there was a comparable system of regulation to that which already existed for public health specialists from a medical or dental background. This included support for a system of recognising the expertise of those who were already in senior roles in public health to demonstrate their competence through a retrospective portfolio route run by the UKPHR that would be available for a time-limited period. For those individuals already in senior posts in specialised areas of public health, FPH accepted that it was appropriate for their expertise to be relevant to their existing specialised senior role, as measured by the defined specialist route offered by the UKPHR. This catch-up system has been in operation since 2007.

FPH recognises the value of Defined Specialists in the workforce and the vast contributions they make to delivering public health outcomes and was pleased to support the programme for retrospective recognition for those Defined Specialists who had been working at consultant level before specialist registration had been available to non-medical public health staff.

With the prospect of statutory regulation, FPH has developed a clear position on its vision for the demonstration and maintenance of professional competence and its statutory regulation and has worked hard to advocate our key messages. The FPH Board of Trustees has agreed the FPH position that new public health specialists should be competent at specialist level across all public health competency areas and that specialisation within public health should be additional to this generic competence.

FPH undertakes not to disadvantage individuals who have gained admittance onto the UKPHR register as a defined specialist. Their status and eligibility for consultant appointments should be maintained.

However, FPH believes that the defined specialist category of specialist registration should now be closed. We do not believe the defined specialist category as currently constructed meets the necessary requirements. As the standard setter for specialist public health, FPH strongly argues that for the quality assurance of the profession, for the protection of the public, for the quality assurance of the profession, and the maintenance of high standards of public health competence that there must be only one standard and one set of competence areas for specialist public health. While the evidence required to demonstrate attainment of this standard can be flexible, the standard itself must be maintained.

The FPH Board further agrees that since all public health specialists must comply with one set of standards, all routes to specialist registration must require demonstration of all nine public health competencies to the same standard, as expressed in the current FPH curriculum for public health specialty training.

Therefore, FPH believe Option A is appropriate: that defined specialists are transferred to the HCPC and registered with other specialists, with access to the same protected title. At the end of the grandparenting period the only way for someone to become registered should be via an approved programme which meets the agreed standards of a generalist specialist.

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

Yes, but there needs to be properly trained, appropriately qualified, impartial Chairs.

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?

This should be aligned to GMC/GDC process.

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

Yes, this seems reasonable if perhaps a slight underestimate..