

The Health Committee has issued an invitation to submit written evidence for its inquiry into Public Health.

The following response to the Health Committee from the UK Public Health Register addresses specifically the future of the public health workforce (including the regulation of public health professionals) in the context of the proposed system Reforms

Summary

The focus of this submission from UK Public Health Register (UKPHR) is on the public health workforce and is a response to the inquiry on the regulation of that workforce.

The concern of the UKPHR is to ensure that there is a robust and effective regulatory mechanism to ensure that all public health professionals, both Specialists (Generalist and Defined) and Practitioners maintain high standards of practice, underpinning the delivery of public health goals and maintaining the confidence and safety of the public. To achieve these objectives, they will need to be well trained, competent, committed to improving the health and well being of the communities that they serve, and demonstrating the highest levels of professional conduct in whatever context they are working.

The regulatory infrastructure must support this vision for the workforce, whilst not producing unnecessary regulatory hurdles to development and professional flexibility.

The UKPHR does not think that the Review of the Regulation of Public Health Professionals (November 2010) comprehensively took these issues into account in reaching its conclusions and recommendations.

Issues

1. The case for regulation of public health practice remains compelling. Real risk to the public arises from public health practice at the level of populations and

individuals, for example from poor practice in smoking cessation, sexual health and nutrition advice or in not securing good take up of childhood immunisation programmes or providing poor advice on communicable disease control.

2. Since it was established in 2003 the UKPHR has pursued its aim of promoting public confidence in specialist public health practice in the UK through independent regulation. Our primary objective is to provide public protection by ensuring that only competent public health professionals are registered and that high standards of practice are maintained.
3. The Register regulates Public Health Specialists (both Generalist and Defined) and Practitioners, working in the three domains of public health as described by the Faculty of Public Health (FPH):
 - Health improvement
 - Improving services
 - Health protection.
4. The vision for public health expressed in the White Paper is properly ambitious. We welcome this. In particular we welcome the recognition that, among the many prerequisites for realising the vision and the desired outcomes, is the need to ensure the workforce is fit for purpose, is safe, suitably trained, professional, committed and flexible. The UKPHR supports the achievement of these aims through independent, dedicated regulation of this workforce.
5. The Public Health workforce is both numerous and diverse. It is not confined to health services but also includes those working in local government, the third or voluntary sector and those working for any willing provider of public health services. However, no matter how the public health workforce is defined, the public are entitled to be assured that those working in public health are suitably trained and as professional, committed and flexible as the White Paper demands.
6. The prime purpose of regulation of the public health workforce is to provide the public with confidence that they (the public) are protected against poor practice and misconduct. Although focussing in general terms on the professional workforce, the recent Command Paper *Enabling Excellence: Autonomy and accountability for health and social care staff* sums this up well:

Delivering safe and effective care will continue to be the driving principle behind professional regulation. Further, in the context of “any willing

provider” being able to provide services to the NHS in England, the role of professional regulation, providing a set of standards which apply to all aspects of a health or social care professional’s work, whether within the NHS, a local authority, or in a self-employed setting, will become all the more important in future, in most sectors of care.

7. As NHS structures continue to diverge between the four countries of the UK, the broad thrust of the argument – that increasing diversity of service provision makes effective professional regulation even more important – is increasingly real. And the point made by *Enabling Excellence* applies directly to the regulation of public health professionals, in the context of the widening public health role for local authorities.
8. The challenge to regulators, set out compellingly in *Enabling Excellence*, is to provide effective regulation in ways which are increasingly efficient, minimising the burden which regulation imposes on individuals, employers and commissioners. To that end, *Enabling Excellence* gives powerful backing to the concept of “right touch” regulation, which is being championed by the Council for Healthcare Regulatory Excellence (CHRE).
9. The paper also quotes with approval the application of the subsidiary principle to professional regulation, arguing that the most intrusive and burdensome forms of regulation (including statutory restrictions) should be kept in reserve for the mitigation of risks which cannot safely or effectively be managed at a lower level. We agree and support that approach.
10. As already highlighted, the Register exists to protect the public, to ensure that they have confidence in public health professionals, to drive up standards in public health practice and ensure consistency across the profession. Those overriding aims are fundamental. The precise details of a registration scheme i.e. whether it is voluntary or statutory or falls under more than one organisation, is a second order issue.
11. There has on occasion been an assumption that only statutory registration can be ultimate guarantor of standards. Yet seen in the light of the contemporary public policy agenda around regulation, an approach which builds on the current significant success of the voluntary register, would in our view be equally, indeed more, effective. A model based on the UKPHR, as a prototype of quality assured voluntary regulation, working in partnership with CHRE offers the prospect of

maintaining an effective means of regulation for public health practice (at all levels) without the need for the additional burden of statutory regulation.

12. In order to protect the public as the public health workforce moves to local government, there is a clear need to have the existing requirement on the NHS to appoint only Public Health Specialists who are registered with an appropriate regulator – primarily General Medical Council (GMC), General Dental Council (GDC) or UKPHR – extended to local government appointments.
13. The UKPHR does not support a number of key assertions made within the Review of the Regulation of Public Health Professionals (November 2010), in particular the view that Defined Specialists present less risk than General Specialists. We note with dismay that none of the options in the review took explicit account of the likely impact of their professional failure on public health service delivery. In response to the review the UKPHR commissioned an independent enhanced risk assessment, to look in particular at Defined Specialists and Practitioners. This confirmed that the risk presented by Defined Specialists was equal to that of Generalists. That report also commenced work with CHRE on the development of the concept of **opportunity lost** in relation to professional regulation.
14. The UKPHR supports regulation for all public health specialists and practitioners under the CHRE's *Right-touch* approach, which can be achieved by either statutory or quality assured voluntary regulation. The assessment of risk posed by practitioners suggested that the result of poor practice was likely to be less severe in consequence to populations but may have significant impact on individuals.
15. These risks cannot be satisfactorily eliminated by reliance purely upon employers, particularly in the light of the increasingly diverse types of organisations likely to be employing public health professionals in the future, with the majority likely to be employed in local government. Employers clearly have their part to play in the regulatory process; but it is unlikely that employers, working alone and in their own separate ways, can of themselves offer the kind of assured regulation that the public has a right to expect and requires.
16. Regulation - professionally informed, independently led and demonstrably free of sectoral interests, continues to be essential, in the interests of the public, the

public sector and public health professionals. Such regulation must include the classic components of any proper system of regulation:

- clearly defined entry standards;
- published standards of competence and conduct;
- fair procedures for dealing with information raising a question about a practitioner's fitness to practise.

17. Over the past seven years the UK Public Health Register has developed independent and rigorous quality assured processes for the assessment, registration, and fitness to practise of specialists and practitioners from a wide range of disciplines working in public health at all levels.

18. UKPHR is currently working with the FPH on a programme of work funded by the Department of Health to ensure that multi-disciplinary Public Health Specialists are included in pilot programmes to ensure that revalidation of public health professionals on the General Medical Council register can apply equally to UKPHR registrants.

19. UKPHR works closely with other regulators, including the GMC, the Nursing and Midwifery Council (NMC), the GDC, and the General Pharmaceutical Council (GPC), to achieve consistency of regulation for public health professionals. UKPHR also works closely with professional bodies including the FPH, the Chartered Institute of Environmental Health (CIEH) and the Royal Society for Public Health (RSPH) to ensure equity of standards.

20. The UKPHR cannot see how the public, the public health workforce or employers would be well served by dismantling or fragmenting the present arrangements, at a likely significant cost to the public purse. Such a course of action would, at one and the same time, negate the purpose of the substantial public investment already made in the development of the Register; and create a situation in which another body would need to replicate what already exists and functions satisfactorily.

Conclusion

21. The concern of the UKPHR is to ensure that there is a robust and effective regulatory mechanism to ensure that all public health professionals, both Specialist (Generalist and Defined) and Practitioners maintain high standards of practice, underpinning the delivery of public health goals and maintaining the safety and confidence of the public. This means that the workforce will need to

be well trained, competent in what they do, committed to improving the health and well being of the communities that they serve and demonstrating the highest levels of professional conduct in whatever context they are working.

22. The regulatory structures that are in place must support this vision for the workforce but not produce unnecessary nor burdensome regulatory hurdles to development and professional flexibility.
23. The UKPHR is not convinced that the Review of the Regulation of Public Health Professionals (November 2010) fully took these issues into account when reaching their recommendations.
24. The UKPHR sees significant advantage in having the same regulatory body cover Public Health Specialists (both Generalist and Defined) along with otherwise unregulated Public Health Practitioners (who represent a far larger number than those currently subject to professional registration). We believe the UKPHR is well placed to provide this regulatory framework.
25. The UKPHR is already working closely with CHRE regarding external quality assurance and we continue to work very closely with the FPH, particularly around the development of revalidation and the quality assurance of training. The RSPH is also an important partner for us in terms of public health practitioner registration, as is the CIEH. We have benefited from the extensive expertise of other regulators such as the GMC, GDC, NMC, CIEH and GPC who are all represented on the UKPHR Board and who work collaboratively with the UKPHR to set the strategic direction and promote the highest professional standards for Public Health. The UKPHR already has a good reputation and has a robust base on which to build.

UK Public Health Register
Chadwick Court
15 Hatfields
London SE1 8DJ
020 7827 5926

register@cieh.org

www.publichealthregister.org.uk