

**Response from the UKPHR Advisory Group to the
Public Health White Paper: Health Lives, Healthy People and the
Review of the Regulation of Public Health Professionals.**

At its meeting on January 18th 2011 the UKPHR Advisory Group felt a responsibility to prepare a response to the White paper and the Review. The UKPHR is an umbrella organisation bringing together and establishing standards for all individuals in public health adding excellence and value to public health. The Advisory Group importantly provides views to the Register from the public through its lay members, and responses from other professional and regulatory groups, including public health professionals.

The Regulatory Review

The Advisory Group expressed concern over the inconsistency between the views on regulation contained within the two papers which needs to be resolved. The Review of Regulation recommends statutory registration for Public Health Generalist (not Defined) Specialists via the Health Professionals Council (HPC). The White Paper states that statutory registration should be a last resort.

Since then the White Paper: Enabling Excellence Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers has been published, providing some clarity.

The consultation process during the preparation of the Review was inadequate and the written responses were not properly assessed. The UKPHR also did respond to the review consultation and provided evidence to the review team, as did others.

Concerns were also voiced that drafts of the Review of Regulation had not been circulated prior to its release. The review had not been seen by CHRE prior to publication, but they have subsequently made many serious comments on its accuracy and understanding since its publication with which we concur.

The white paper and review of regulation seem generally to have too heavy a clinical and healthcare service focus, almost missing the strong multidisciplinary aspects of public health. The benefits and potential risks of the multidisciplinary workforce must obviously be properly considered.

The Review failed to make a coherent case for the future of regulation for defined specialists and public health practitioners, both of which are extremely important.

Consultation question

The question on the Review of Regulation contained within the white paper consultation question;

We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

The question implies that there are other regulators who could register Public Health Specialists at present. The group felt strongly that only the UKPHR can (and should) do this and feel that UKPHR is the only correct and appropriate body.

The considerable experience of the UKPHR suggests Voluntary Regulation can be effective – and has been in the NHS. But for it to continue to be effective employers (ie the Local Authority, voluntary sector and private sector) will need to also properly understand the benefits. The Local Government sector feels strongly that local decisions about who to employ should dominate. This increasingly mixed employment arrangements also means that employer led regulation will be increasingly weakened as an alternative. But it remains essential to maintain high standards.

A vital element of regulation is the individuals' commitment to the process of assessment and accreditation – already well demonstrated through UKPHR processes.

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. Its primary objective has been to provide public protection by ensuring that only competent public health professionals are registered and that high standards of practice are always maintained.

The UKPHR is currently therefore best option for voluntary regulation. The need to 'promote excellence in public health' across the board should be the central plank of the regulation argument. The impact on the health of the public is the ultimate objective. The wide professional base of truly multidisciplinary public health is central to this argument.

The review of regulation recommends that general specialists be registered with the HPC. This assumes that the HPC are willing to undertake this role. Earlier discussions with HPC stalled as HPC were reluctant to take over a register where registrants can hold dual registration. UKPHR has a number of registrants who also hold registration with GDC/NMC/Pharmaceutical Society/CIEH etc.

There was a strong feeling that the UKPHR brings together everyone within Public Health regardless of initial qualification or registration adding value to the workforce. Some others might be registered with another regulator, but that regulator might not support the public health role that they aspire to. A move to HPC could well mean individuals not being properly registered in public health.

There are different sections to the HPC register and some specialities have sub groups within the register. But each profession has a set of core standards (conduct, performance and ethics) and specific professional standards.

Subsequent attempts to meet with the HPC by the Advisory Committee to examine these issues with them have met with little or no enthusiasm.

The view of the Advisory Group was that Defined Specialists should be treated as Generalists. We strongly support the importance of a proper risk assessment for specialists, defined specialists and practitioners as well as assessing risks of failure to improve health. This has been commissioned by the UKPHR in time for the response, and the executive summary is submitted with the UKPHR response.

Conclusions

Regulation of professionals in public health is a serious business since they could in principle cause a great deal of harm as well as considerable benefit.

The Review was an inadequate reflection of that importance, attempting to solve the problems of multi disciplinary public health by advocating a model that has suited one group alone since the 1970's but that is currently contrary to Government policy as specified in Enabling Excellence.

Modern public health needs a system of regulation that is appropriate for the several employers of public health specialists and that is fit for the purpose described by the White Paper.

It also needs a system that requires the same high standards throughout specialists and practitioners of public health.

Unnecessary regulatory hurdles that will compromise professional development and flexibility are certainly not indicated.

The UKPHR has a strong record in achieving the above and should be central to that process in the future.

The UKPHR Advisory Group wishes to work with the CHRE in implementing the provisions of Section 4 of Enabling Excellence, where appropriate.

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