

**HEALTHY LIVES, HEALTHY PEOPLE:
Our strategy for public health in England**

Consultation Response from the UK Public Health Register

1. The focus of this submission from UK Public Health Register (UKPHR) is on the public health workforce and is a response to the consultation question on the regulation of that workforce.
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. In its work the Register recognises and includes specialists, General and Defined, and practitioners working in the three domains of public health as described by the Faculty of Public Health:
 - 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: suitably trained, professional, committed and flexible. We believe this workforce is potentially wide, numerous and diverse. It is not confined to health services but includes those already working in local government, the third or voluntary sector and those working for any willing provider of public health services - however narrowly or broadly defined.
5. UKPHR focuses on registration and standards for professional practice. This requires access to workforce training resources. In that context it is unfortunate that the paper, which is for the NHS, has been released without its Public Health counterpart. The implication within the current consultation is that Public Health staff are expressly excluded from taking part in the workforce schemes being proposed. Furthermore the focus of Public Health England will be on core Public Health. The Public Health staff, particularly

health improvement staff working within an NHS provider environment, may be in double jeopardy as far as training is concerned since they may not be part of the consideration of Public Health England, yet also be excluded from the new NHS system by their employers by virtue of not being seen to be wholly within the NHS. In addition, the nature of the training being offered may not be as relevant as it could be for health improvement purposes because as with so much else within the NHS, the focus will be on treatment and individual care.

6. We are disappointed by this approach. We would have preferred to see both papers published in tandem for consultation, with the aim of achieving a strategy which is a coherent for the purposes of Public Health – a feature that this paper in fairness, does stress. Once the strategy is prepared by Public Health England, some features of developing the healthcare workforce may need to be adjusted to do proper justice to the need to maintain a skilled Public Health workforce working within and employed by the NHS in England.
7. No matter how the Public Health workforce is defined, the public are entitled to be assured that those concerned are suitably trained and as professional, committed and flexible as the White Paper requires. This is true whether the workforce is defined in terms of a relatively small number of specialists working at a senior level; or the much larger number of practitioners working directly with individuals, families, groups, communities and organisations.
8. It is the prime purpose of the UKPHR to provide the public with confidence that this is so and to protect them against poor practice and misconduct.
9. Since the commissioning of Dr Scally's review, the economic and fiscal climate has changed. The NHS landscape has begun to change in fundamental ways and regulatory policy has moved on. Many of these threads have been drawn together in the recent Command Paper *Enabling Excellence: Autonomy and accountability for health and social care staff*. The Secretary of State's Foreword to that paper 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.

10. As NHS structures continue to develop and, inevitably, 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 valid. And the point made by the Secretary of State applies directly to the regulation of Public Health professionals, in view of the widening public health role of local authorities.
11. 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.
12. The paper also quotes with approval the application of the subsidiarity 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.
13. We agree with that approach. These are the principles which have guided the UK Public Health Register from the outset.
14. As noted above, the Register exists to protect the public, to ensure that they have confidence in Public Health professionals and to drive up standards in public health practice. Those overriding aims are more important than the precise details of a registration scheme.
15. 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.
16. A model based on the UKPHR, as a prototype of quality assured voluntary regulation, working in partnership with CHRE offers the exciting prospect of building an increasingly effective means of regulation for Public Health practice without having to resort to the additional burden of statutory registration.
17. The case for regulation of public health practice remains compelling. Risk to the public arises from poor public health practice, for example in not securing good take up of childhood immunisation programmes. Risk to the public also

arises at the level of groups and individuals, for example from poor practice in smoking cessation, sexual health and nutrition.

18. The main focus of the risk assessment carried out for the Scally review was on public health consultants and Generalist Specialists, although Defined Specialists and practitioners were also considered. In response to the review the UKPHR commissioned an enhanced risk assessment to build on what was already done, to look in particular at Defined Specialists and practitioners and to work with CHRE on the development of the concept of *opportunity lost* in relation to professional regulation.
19. The enhanced risk assessment found that both General and Defined Specialists pose the same risk to the population and should be regulated under the same *Right-touch* approach, whether that be via statutory or quality assured voluntary regulation. The assessment of risk posed by practitioners suggested that this was likely to be less severe in consequence and the enhanced risk assessment agreed with the review conclusion that a voluntary approach to regulation would be appropriate here. The enhanced risk assessment also stressed that the importance of a regulatory pathway that allows for practitioners to develop and become Specialists should be included in any approach to regulation. The issue of risk is addressed in more detail in Annex 1 to this submission.
20. We are in no doubt that 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. Employers clearly have their part to play in the regulatory process; but it is idle to imagine 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.
21. 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.
22. 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.

23. The Register is currently working with the Faculty of Public Health in 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 their needs are met and that revalidation can apply equally to our registrants.
24. We work closely with other regulators, including the General Medical Council, the Nursing and Midwifery Council, the General Dental Council, and the General Pharmaceutical Council. And we work closely with professional bodies including the Faculty of Public Health, the Chartered Institute of Environmental Health and the Royal Society for Public Health.
25. The UKPHR is independent of all of these bodies, and indeed of all sectoral interests which might otherwise compromise a regulator's effectiveness. Its primary focus is, and always has been, public and not professional protection. Our answer, therefore, to the specific question (e) about which organisation would be best suited to provide a system of voluntary regulation for public health specialists, is that the UKPHR is uniquely well placed to continue and develop its work.
26. The UKPHR is an established going concern and can remain solvent with a decreasing reliance on subsidy from the public purse. We have made detailed financial projections and business plans which are attached as Annex 2 of this submission.
27. 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 a further body would need to replicate what already exists.
28. The UKPHR is aware of and sympathetic to proposals from the Royal Society of Public Health to offer chartered status as a complementary addition to voluntary regulation and an alternative to statutory regulation. This may be an attractive proposition for individuals and employers. We are in agreement with the RSPH that chartered status can only function effectively as a complement to independent regulation such as is provided by the UKPHR which provides robust assurance and independence from professional

sectoral interests. It is essential, however, to ensure the avoidance of unnecessary and unhelpful confusion in the minds of the public, employees and employers.

29. The UKPHR recognises that statutory regulation of those parts of the Public Health workforce not currently regulated may remain a possibility. We have long seen this as ultimately desirable, but we do not believe that if it were to happen it should be at the cost of a fragmented workforce covered by a multiplicity of arrangements and regulators that would only cause confusion for the public and employers alike.

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