Department of Health

The consultation document sets out the reasons why the Government's preferred regulator for this group is the HCPC and asks some specific questions about the draft Section 60 Order which will amend the Health and Social Work Professions Order 2001 to statutorily regulate public health specialists by this means. The Health and Care Professions (Public Health Specialists and Miscellaneous Amendments) Order 2015 will extend statutory regulation to public health specialists from backgrounds other than medicine or dentistry through the Health and Care Professions Council

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?
The establishment of a Voluntary Register for public health specialists from backgrounds other than medicine and dentistry in 2003 was intended, at the time, as a step towards statutory regulation in due course. This time has now been reached, but the HCPC is not necessarily the most appropriate regulator for public health specialists for the following reason: we are seeing increasingly over the past decade an evolution in public health careers, such that a career in public health is viewed increasingly as a career of choice for the best graduates from a diverse range of undergraduate degree courses. These young graduates enter public health as practitioners and after a period of experience the opportunity now exists for them to enter specialist training. To separate specialist regulation from the recently introduced voluntary regulation of practitioners seems retrograde and is not in keeping with the development of a cohesive and strong public health workforce, fit to lead the country's response to major public health challenges of the 21st Century. Further, removal of specialists from regulation by UKPHR is very likely to make UKPHR unviable, so that the very positive initiative towards practitioner regulation would be completely lost and the increasingly popular, logical and desirable route to career progression in public health destroyed. The Department's consultation seems to have omitted reference to the well established requirement on NHS organisations to ensure that public health specialists appointed via AACs to consultant level posts in the NHS, are registered with the GMC, GDC or with UKPHR. This requirement has provided an excellent safeguard to the employment of regulated specialists – but has not, to date, been extended to employment by local authorities in England.

Question 2. Do you think that public health specialists should be regulated by another body? If so, who and why?
As in our answer to Q1 above, UKPHR is already well placed to continue as regulator for public health specialists, alongside the regulation of public health practitioners and including ongoing regulation of defined specialists. UKPHR, having achieved AVR status as a voluntary register, is ready to meet the requirements of being a statutory regulator with little, if any, changes to its existing policies and procedures. To correct an assumption throughout the document, Public Health Specialists who are not medically or dentally qualified, are *not* commonly known as 'non-medical PH Specialists', which is a negative term by which to describe anyone – and public health specialists could already include doctors who do not have licence to practise in the UK, or others qualified overseas who choose not to have a licence with the GMC, but who may, nonetheless, wish to practise as a public health specialist in the UK. Public Health Specialists may also work in a range of settings outside of the public sector, including academia and the voluntary and community sectors.
Question3: 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 HCPC becomes the regulator for public health specialists, then we would anticipate any outstanding fitness to practise cases to transfer to HCPC. However, in order to ensure fair comparison with the treatment of medically qualified and registered public health specialists, we would expect to see judgments made by independent adjudication panels rather than HCPC itself, in the way that the GMC has separate adjudication through the MPTS.
Question 4: Do you agree that the grandparenting period for registration as a public health specialist should be two years?
A two year period for grandparenting of existing unregulated specialists seems appropriate. However, given the experience of UKPHR and from our own extensive knowledge of the public health workforce at home and overseas, we think the expectation that there will be no need for alternative routes to registration beyond two years is seriously flawed: there will always be a small number of applicants, whether defined or generalist specialists, who, through no fault of their own, have experienced a career path that has not included a formal specialist training scheme in the UK, and therefore a route that permits 'recognition of specialist status' for generalist or defined specialists, will be requirement of any new system of regulation for the foreseeable future. We would draw your attention to the ongoing existence of such a route to specialist registration for doctors registered with the GMC.
Question 5: Is the impact of these public health specialists being required to register with the HCPC of significant consequence?

The requirement to register with HCPC or any other regulator will be of great significance to the individuals concerned. Clarity is needed regarding the registration of defined specialists, however, as there is some ambiguity in the proposals, and it would be inequitable and have high negative impact to recognise and register existing defined specialists, but yet exclude new applicants from registration.
Question 6: Do you agree that "public health specialist" should become a protected title?
We think the titles public health specialist, public health consultant and consultant in public health should be protected titles. There is a high risk that, if only one or two of these titles are protected, that errant employers will advertise and recruit to posts at specialist level using the excluded title, and offer lower remuneration and no guarantee to the public of the high standards to be expected of regulated public health professionals. The Department may wish to be reminded that until c 1986, public health specialists working in the NHS were not permitted to use the title 'Consultant' since the specialty was not yet fully recognised across the UK. So, historically, the term public health specialist has connotations of a lower tier of expertise compared with the title public health consultant.
Question 7: Which of these options for defined specialists, if either, do you think is appropriate?
The equal status of defined specialists needs to be recognised and respected: all registered defined specialists have had to demonstrate knowledge across all competency areas of public health, and can demonstrate skills at higher level in some areas than generalist specialists. It is inconceivable that defined specialists, in critical areas of practice including Health Protection and Health Intelligence, should be treated any differently from their generalist counterparts, with whom they work very closely and support with their indispensible particular areas of expertise. There are to date no formal training programmes for defined specialists and many have high level qualifications, higher degrees and immense experience in the field, which is essential to the effective working of the national and local public health system. Perhaps it is worth mentioning that Public Health England is itself, very reliant on the skills and expertise of defined specialists in public health among its ranks: they should be regulated as any other public health specialists.
Question 8: Do you agree that the requirement for a Council member to chair Registration Appeal Panels should be removed?
Yes: the Chair as well as Panel members should be independent.
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?
If public health specialists are registered by HCPC, then their authorised fitness to practise panels should have the power to erase a specialist from the register. As noted above, however, in line with current good practice in

professional regulation, the Panels should be at arms' length (or more) from the Register, rather than being viewed as 'a HCPC panel', as stated In this question.
Question 10: Is our estimate of the numbers of non-medical public health specialists working in the independent or private sector reasonable?
From survey of our members and other informal intelligence, we believe the number of public health specialists from backgrounds other than medicine to be substantial, so your estimates may well be an underestimate. Anecdotally, since April 2013, the number of public health specialists working in independent consultancy has expanded. Increasingly, such people may work in social enterprises or charities, and not only in the independent or private sector.

Additional Observations:

Timescale: The number of issues that HCPC will have to consult on prior to opening its PH register, seems incompatible with opening in early 2015 – ie "3.4 The HCPC will consult on four issues: standards of proficiency, standards of education and training, HCPC registration and fees, and grandparenting criteria. These consultations must be completed prior to the new register opening. The consultations might not take place all at the same time. The HCPC will consult prior to the opening of the register of public health specialists. " FPH has withdrawn Good PH Practice – so definition needs to be revised. And it makes no ref of defined only generalist Specs
Good Public Health Practice: We understand that FPH has recently decided to withdraw its publication, Good Public Health Practice – so the definition of public health specialist in your report, which includes reference to the specialist workforce, needs to be revised. And Good Public Health Practice makes no reference to defined specialists, but only to generalist Specialists.

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