Chartered Institute of Environmental Health

8 April 2010

Dear Sirs

Department of Health Public Health Regulatory Review

This email plus the attachments are the official response to this Review on behalf of the CIEH.

The Chartered Institute of Environmental Health (CIEH) is the professional voice for environmental health. It ensures the highest standards of professional competence in its members, in the belief that through environmental health action people's health can be improved. The CIEH represents over 10,000 members working in the public, private and non-profit sectors. Among its members are public health specialists and others working for the NHS and other related agencies such as the HPA.

From our origins in the 19th Century, this profession has been engaged with interventions on the physical and environmental determinants of health, and many of the big gains in public health have been achieved through such non-medical interventions. We believe that a range of professions, both medical and non-medical, contribute to improving and protecting public health and have an equal role to play. The recent Review by Sir Michael Marmot (Fair Society, Healthy Lives) underlined the importance of focussing on the physical and social determinants of health when dealing with inequalities.

Given the limited time allowed to respond (extended to a month but including Easter), of necessity we have not had the opportunity to consult as widely as we normally would. We have taken soundings amongst affected members and drawn on our membership of the both the UKPHR Board and its Advisory Group , as well as our membership of the UKPHA. The Deputy Chairman of our Policy Development Board (Rachel Flowers) supports the response being made. As a serving Director of Public Health who achieved registration under the current arrangements, she is well placed to make a contribution.

Our overall view is that the short timescale, the changed questions, the lack of background evidence supplied to support the options suggested and the elements omitted make the current Review flawed and pointing to an outcome that could be challengeable and have limited credibility. Responses by DH officials during the last month have raised questions as to whether it is indeed a genuine review or consultation. The process used does not accord with the usual principles of consultation and stakeholder engagement.

As one of our respondents has phrased it – this process appears to be a solution looking for a problem. Anecdotal references to alleged inadequacies of some non-medical candidates can be balanced by similar suggestions that interviews are unfairly slanted to “medical” answers. The CIEH believes that changes should be based on evidence and a proper analysis of the effects of the proposals on the actual delivery of public health outcomes.

Whatever the next steps are for this review, the CIEH would wish to be actively involved in the further development of the proposals.

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Department of Health Public Health Regulatory Review
Response by the Chartered Institute of Environmental Health

The DH proposal is:

"All non-medically qualified public health 'specialists' currently on the UK Voluntary Register for Public Health Specialists should instead be placed on a Statutory Register. The wider Public Health workforce (i.e. those not eligible for inclusion on a Public Health Specialist register) should be subject to a self-regulation register."

1. Overall Concerns

The process and direction of this review threatens to undermine the development of the multidisciplinary public health (PH) workforce in the UK that has taken place over the past 20 years. Development of the UK multidisciplinary PH workforce aims to ensure all public health professionals are properly trained, developed and accredited to make sure delivery of PH goals is as good as it can get. Many organisations and individuals have been involved in this work over the past 2 decades. Considerable work has been undertaken to ensure the robustness and parity of all routes to the Register. This has had the support of all 4 UK Departments of Health – and senior representatives of the public health workforce.

Any move toward statutory regulation of the PH workforce must support the delivery of PH goals and not risk destabilising the workforce by creating a wedge between those who are statutorily regulated and those who are not, between different types of specialists and between specialists and practitioners If there is to be statutory registration it should follow this philosophy. As is highlighted later, inclusion on the Register is a 'de facto' requirement for those seeking senior PH posts in all NHS and joint NHS/LA posts. In the light of that, it should be the Register that becomes the statutory body, with its inherent multi-disciplinary Board membership ensuring robustness and equality and to not giving undue regard to a medically qualified minority.

2. The purpose of the review.

The review seeks to secure confidence of the public and professionals as to standards of competence, performance and conduct of the PH workforce through looking at different options for regulation.

The review is explicitly asked to:

- Consider generalist Specialists only as its focus (whilst separately indicating a policy direction for Defined Specialists and practitioners)

The CIEH is concerned that treating General Specialists differently to Defined Specialists and practitioners in the review could lead to different proposed solutions (statutory regulation for General Specialists under one body, voluntary regulation for Defined Specialists and practitioners under another. This would undermine the principle of an integrated multidisciplinary public health workforce with identifiable career paths. It undermines the importance of Defined registration, which covers the FPH domains and risks the equivalence established over the past few years between Defined Specialists, General Specialists and Medical Specialists in PH. There is also a view that the high level strategic and management skills necessary to operate at very senior levels may not be being sufficiently valued, and it is

these that are likely to be more developed in those who have come from a wide, non-clinical background.

- Consider whether medical and 'non-medical' PH specialists be registered under a single system (whilst adhering to the principle that medical PH Specialists remain on the GMC register)

The CIEH is concerned that the implication of this is that the preferred option has already been decided and that is to provide statutory regulation of the General Specialists through the GMC. The impact on the GMC as a regulatory body could be substantial for very few new registrants. Conversely the unique voice of multidisciplinary PH may be lost within the GMC whose primary business is very different. The PH General Specialists are small in number; they will be concerned with population and not individual health and will have no medical background. Non-medical registrants on the GMC would therefore be lost. If there is to be statutory PH registration, the CIEH supports allowing medically qualified specialists to opt for dual registration if they so wish.

3. The options.

The review is considering 5 options:

- Do nothing (continue to register PH Specialists with the GMC (statutory) or UKPHR (voluntary) depending on background
- Use existing Independent Safeguarding Authority to 'quasi-regulate'
- UK Public Health Register (UKPHR) given statutory status
- General Specialists registered with Health Professions Council
- General Specialists registered with GMC

Other options have also been suggested including registration of the General Specialists with the General Dental Council or moving the regulatory responsibility to a Royal Chartered body such as the RSPH or the CIEH

The criteria for considering the options are:

- Proportionate to risk (assessed as met if the regulator is statutory, not if voluntary)
- The cost estimate and ability to self fund once established
- Efficiency of back office functions
- Providing a common unified register and distributed regulation
- Legislative requirements

The CIEH is concerned that there is no provision in the options appraisal to assess what the impact of each of the options will be on the delivery of PH goals. The delivery of the challenging PH agenda in all UK countries requires the contribution of specialists, and practitioners, from a diverse range of backgrounds. The public needs protection from them all equally and they need to be recognised equally. The outcome of the review can destabilise the delivery of public health policy at a particularly challenging time. The method used of deciding whether an option is proportionate to the risk is weighted against the UKPHR option despite it being a de facto statutory register already.

4. The best outcome from the review.

A statutory register for PH that that meets the following criteria:

- Is inclusive of general and defined specialists and practitioners.
- Recognises the distinct but equivalent contribution of generalists and those from the various domains of public health recognised by the FPH
- Enables specialists and practitioners to apply for registration through a range of learning and development routes to enable the best people to be part of the workforce.
- Transition to statutory regulation is evolutionary and not destabilising

The CIEH believes that the UKPHR already meets most of the criteria for a statutory register.

There does not seem to be any barrier to a new PH register covering both statutory regulation of Specialists and "accreditation" of practitioners. This would ensure similarity of approach and cohesion for all multidisciplinary public health staff.

5. The UKPHR achievements

Set up in 2003, the UKPHR has established itself as **the** multidisciplinary PH regulator and is recognised as such by employers.

- Registration is *recognised by most employers as essential* for Specialist posts and is included in job advertisements.
- There are many registered general and defined specialists in significant roles, providing local, regional and national leadership. Improved quality of the workforce through training and updating in preparing for application to the Register and in maintaining registration. Many applicants have undertaken further training and development through the need to resubmit evidence for competences with inadequate submissions. **The UKPHR has developed high-quality, independent, assessment processes with strong quality assurance, which stand comparison with any other regulator of its size (and which are endorsed by the FPH).**

6. Concerns about the quality of some specialists who have been registered.

In any system, there will always be occasional instances of individuals who have some weaknesses, but there is no evidence of a significant problem with assessment of standards in the UKPHR, nor in the quality of the UKPHR registrants. Many of the UKPHR registrants are leaders in their field. The CIEH does not believe that any evidence has been produced that distinguishes the different routes for registration in this respect. Appointment panels need to use appropriate techniques to ensure the best fit of applicants to posts taking account of the job description and person specification.

7. Progress with revalidation.

The UKPHR aims to ensure a system of revalidation that is rigorous, timely, effective, affordable and appropriate to its multidisciplinary and multi-professional membership, and that is equivalent to those in public health being revalidated by other, mainly statutory, regulators. The register has updates and statements to all registrants to keep them up to speed on what is going on. All regulators are still working on revalidation as there is a lot to be done. DH agreed in March 2010 to support the UKPHR in developing the revalidation

system to be conducted in partnership with the Faculty of Public Health and other regulators during 2010 and 2011.

The CIEH supports the need for revalidation and will help the UKPHR develop this.

8. The importance of practitioner regulation important.

The outcome of *extensive* consultation demonstrated support for practitioner registration from other regulators, from employers and from practitioners themselves. Public Health Skills and Career Framework levels 5-7 practitioners are in roles with considerable responsibility – they lead programmes locally, impact on the health of their community or population and may have direct patient or public contact. Public protection is very important for this group.

If we are to attract and retain quality people in public health, we need to provide a progression route. The UKPHR supports the development of career pathways and associated training and development. The CIEH believes this will become increasingly important with the move to commissioning PCTs (and thereby commissioning PH activity and interventions) and the likely move to commissioning by local authorities. Commissioners will want the reassurance of being able to specify that those tendering to deliver services are appropriately qualified

9. The establishment of the UKPHR and its importance to the development of multidisciplinary public health.

In the late 1990s the Tripartite group (the FPH, the (then) RIPH and the Multidisciplinary Public Health Forum) was formed with the express purpose of taking forward the development of multidisciplinary PH, including regulation as an important aspect. In 2003 the tripartite group set up the UK Public Health Register (then the UKVRPHS) as an independent regulatory body.

The purpose of the UKPHR was, and still is, to promote confidence in public health practice by publishing a register of competent professionals; ensuring registered professionals remain up to date and competent through periodic revalidation; and dealing with registered professionals who fail to meet the necessary standards of practice and conduct.

The UKPHR was supported by the 4 UK health departments as a voluntary register with a view to moving to a statutory basis in due time.

In 2003 the UKPHR began registering PH Specialists who are competent across the general spectrum of PH practice. Many of these individuals have been registered through retrospective portfolio assessment as they were already practicing at senior levels in PH and had to demonstrate actual responsibility for the activities in question. More come onto this part of the register through the FPH training programmes, where they remain "trainees" and under supervision until they are registered. The CIEH manages a third "development route" that allows people to build up to registration. Following development work, again supported by the 4 UK health departments, the UKPHR began to register Defined Specialists in 2006 to ensure that those individuals practicing at senior levels in PH but within a defined area of practice could also be incorporated into the PH regulatory framework.

Also in 2006 work began to scope out the possibility of extending regulation to PH practitioners currently unregulated. This scoping work, supported by the 4 UK health

departments, led to a further funded piece of work to begin the implementation of the regulation of PH practitioners by the end of 2009. However this work was brought to a temporary halt when it was announced in January 2009 that the DH (England) would be carrying out a review of regulation in PH, although no further information was provided until February 2010. The CIEH believes that this work needs to be progressed as soon as possible.