Council, 4 July 2013

Regulation of public health specialists

Executive summary and recommendations

Introduction

At its meeting on 9 February 2012, the Council discussed a paper from the Executive about the proposed regulation of public health specialists from 'non-medical' backgrounds.

This paper builds upon that paper to provide some background to Government policy in this area and an update about progress.

Decision

This paper is to note; no decision is required.

Background information

Council meeting, 9 February 2012. 'Regulation of non-medical public health specialists.' http://www.hpc-uk.org/assets/documents/1000388Aenc07-publichealthspecialists.pdf

Resource implications

None as a result of this paper.

Financial implications

None as a result of this paper. The costs of bringing a new profession onto the Register will be paid via a grant from Government.

Appendices

None

Date of paper

24 June 2013

Regulation of non-medical public health specialists

Public health and public health specialists

1.1 The term public health specialist is used to include the following groups.

- **Doctors** – on the public health medicine specialist register held by the General Medical Council (GMC).
- **Dentists** – on the dental public health specialist list held by the General Dental Council (GDC). These are dentists who have specialised in dental public health.
- **'Non-medical'** – a diverse group of individuals who have qualified as specialists but who have not come from a medical or dental background. This includes small numbers of already statutory regulated groups, such as nurses or dietitians, as well as individuals such as environmental health officers and others. A voluntary register is administered by the UK Public Health Register (UKPHR).

1.2 Public health has been defined as 'the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society'.[1] The Faculty of public health describes three key domains and nine key areas for public health practice.

1.3 The three key domains are:

- Health improvement.
- Improving services.
- Health protection.

1.4 The nine key areas are:

- Surveillance and assessment of the population's health and wellbeing.
- Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services.
- Policy and strategy development and implementation.
- Strategic leadership and collaborative working for health.
- Health Improvement.

[1] Faculty of Public Health: http://www.fph.org.uk/what_is_public_health

- Health Protection.
- Health and Social Service Quality.
- Public Health Intelligence.
- Academic Public Health.

1.5 For example, public health specialists might be involved in developing and leading initiatives to reduce smoking; to encourage the take up of immunisations; to manage the spread of infectious diseases; or to promote healthy lifestyles.

Number of public health specialists[2]

1.6 In 2010 there were:

- 1,470 specialists entered into the GMC's specialist register;
- 121 dentists on the GDC's dental public health specialist list; and
- 541 non-medical specialists on the UKPHR.

[2] These figures are from:
Department of Health (2010). Review of the regulation of public health professionals.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/151763/dh_122237.pdf.pdf

2. Education, training and regulation of the public health workforce

Doctors

2.1 Medical doctors follow a training pathway which takes five years, following a curriculum and undertaking assessments administered by the Faculty of Public Health ('the Faculty'). The training includes a Masters level qualification. The GMC's quality assurance model for specialty training includes approving the curriculum set by the faculties or colleges and quality assurance at the level of the individual training environment / post and at deanery level.

2.2 The GMC also contracts with the Faculty to administer an 'equivalence' route which assesses individuals who have qualified as public health specialists outside of the UK or who have undertaken a combination of approved and non-approved training posts.

2.3 The route for most trainees is that they will complete their specialty training; be entered into the membership of the Faculty which will make a recommendation to the GMC; and the GMC will then award a Certificate of Completion of Training (CCT) which will grant entry to the relevant specialist or GP register.

Dentists

2.4 Dentists follow a training pathway which takes up to four years, following a curriculum and undertaking assessments administered by the Royal College of Surgeons of England. The training includes a masters in public health or dental public health. The curriculum is approved by the GDC and successful completion leads to entry in the GDC's dental public health specialist list. This permits the dentist to describe themselves as a 'specialist' in that area.

Non-medical public health specialists

2.5 Most individuals from non-medical backgrounds registered as specialists by the UKPHR will have completed the same route as for doctors, as described above. This is known as the 'standard route'. However, the UKPHR administers other routes to registration which rely on portfolio assessment. Many of these routes are described as 'retrospective' – i.e. they are about recognising individuals who hold senior level public health posts but who have not qualified via the 'standard route'.

2.6 The UKPHR registers two types of specialists.

- **Generalist specialists**. These are individuals who have completed the standard route, or one of the other portfolio routes, which has recognised them as specialists across all nine key areas of public health. The Faculty considers that specialists, regardless of their background, need to have competence in all these areas and its curriculum is designed to achieve that.

- **Defined specialists**. These are individuals who have knowledge across the full breadth of public health but have higher level competencies in some areas in excess of that required for 'generalists'. At the moment, the only route to becoming a defined specialist is via a retrospective portfolio assessment administered by UKPHR – applicants will already be in senior level public health posts.

Others

2.7 In addition to its register of specialists, the UKPHR also maintains a register of 'public health practitioners'. These are individuals 'below the specialist level' working in public health who can become registered with UKPHR following a locally administered portfolio assessment. Public health practitioners fall outside the scope of the Government's proposals.

2.8 In addition, there will be other professionals who practice in the field of public health, but who do not fall within the scope of registration as a specialist – for example, they have a special interest in an area of public health, or a public health focus to their role. A distinction is to be drawn between having a special interest in public health, and qualifying and being registered as a specialist. The Nursing and Midwifery Council registers specialist community public health nurses (previously known as 'health visitors').

3. Proposals for regulation

3.1 In January 2012, the Government announced that it intended to regulate public health specialists from 'non-medical' backgrounds through the HCPC.

3.2 This announcement was preceded by a review undertaken by Dr Gabriel Scally on behalf of the Chief Medical Officer ('the Scally Review').[3] This review made a number of recommendations including the following.

- The HCPC should regulate public health specialists (excluding public health doctors and dentists) as an additional profession.
- The title 'Consultant in Public Health' and, if possible, 'Director of Public Health', should be protected for registrants of the GMC, GDC, and the HCPC.
- There should, as far as possible (and allowing for dental public health), be a single training pathway for specialist training with a central role for the Faculty of Public Health.
- Regulation should be self-financing.
- The case for statutory regulation of defined specialists is 'not made at present'. 'The absence of required attributes of health professional formation, including established training routes and a compelling case for the protection of the public, means that these groups do not currently meet the criteria for statutory regulation of a profession.' (Page 40)
- There is a need for 'consistent approaches to professional development and revalidation between public health specialists on the statutory registers'. (Page 41)

Progress and timetable

3.3 In May 2013, the Executive reported in the Policy and Standards Department part of the Chief Executive's report to Council that the public health team at the Department of Health in England have now been tasked with progressing this policy (on behalf of the four UK governments).

[3] Page references in this section are to: Department of Health (2010). Review of the regulation of public health professionals.

3.4 In summary, this would involve.

- A Department of Health consultation on proposals for the regulation of 'non-medical' public health specialists, including draft legislation and an impact assessment.

- Publication of the final legislation – a Section 60 Order under the Health Act 1999. This is a piece of secondary legislation which means that it is laid in the Westminster and Scottish parliaments. It is scrutinised at Committee level and by the House of Lords. It is subject to the 'negative affirmation procedure' which means that it survives or falls in its entirety; it cannot be amended.

- Operational preparation by the HCPC including, but not limited to: developing and consulting on standards; recognising existing education and training routes; upgrades to IT systems; recruitment and training of partners; and communications activity.

- Opening of the Register on an agreed date following the approval of the Section 60 Order. This normally involves a transfer of data from the existing voluntary register so that all those whose names appeared on that register will be automatically transferred to the HCPC register. The HCPC will then commence the process of renewal.

3.5 At the moment, the Department of Health hopes to consult on its draft legislation over the summer, with the intention that the HCPC Register for public health specialists would open in early 2015.

3.6 Once a consultation is published the Council would be asked to discuss and approve our response.

3.7 The Director of Policy and Standards is already a member of the Public Health Workforce Advisory Group Task Group on Regulation, convened by the Faculty of Public Health, and has been invited to join the Faculty's working group on reviewing its curriculum for public health specialists.

Initial issues

3.8 The HCPC has to date brought into regulation four new groups. However, each group will have specific regulatory issues which will be addressed in the Department of Health's consultation document; in the legislation; in the HCPC's standards; or in stakeholder meetings with the holder of the existing register and others. Some of these issues are potential policy matters which the Education and Training Committee and/or the Council will need to consider in due course.

3.9 Some initial issues include the following.

- The protected title or titles would normally be addressed in any Department of Health consultation. The titles suggested in the Scally review are occupational or role-specific titles rather than professional titles and may not therefore be suitable for protection in law. As public health specialists also come from medical and dental backgrounds and are regulated as such by the GMC, it will be necessary to ensure that it is clear that any protected titles can be used by these professionals; and/or that these professionals are exempt from any offences.

- As the main training route to registration is also that for doctors, and this is already regulated by the GMC, this will raise some interesting issues, mainly around expectations of consistency of approach, if not process. Some key differences include.

    - The GMC already has a relationship with someone completing specialty training – they are registered as doctors. The HCPC would not – we would only register at the point at which they qualify as a specialist.

    - The GMC directly approves the curriculum. The HCPC does not, but publishes standards of proficiency which must be delivered by approved by education and training programmes.

    - The GMC quality assures at curriculum, training post and deanery level. The HCPC only approves at programme / award level.

    - The GMC has recently introduced medical revalidation. This differs from the HCPC's current model.

- The UKPHR has a number of other routes to registration which are described as 'retrospective' portfolio assessments. The extent to which these routes will still need to run after grandparenting has concluded and a title is protected has yet to be determined.

- The Scally Review said that defined specialists should not be regulated, however, it may not be feasible to regulate in this way. We understand that defined specialists will compete for the same posts as 'generalist specialists'. We understand, however, that it is likely to be proposed that these specialists should be included within the scope of statutory regulation.