Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

**Response of the Faculty of Public Health to the
Department Of Health's Consultation Papers:**

- *Good Doctors, Safer Patients - A report by the Chief Medical Officer*
- *The Regulation of the Non-Medical Healthcare Professions – A review by the Department of Health*

About the Faculty of Public Health

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement; service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

Response to consultations

1. The Faculty of Public Health is pleased to have the opportunity to respond to these two important consultation documents. We are aware that many of the issues raised, particularly in *Good Doctors, Safer Patients,* are the subject of widespread general discussion and debate. We have chosen to confine our comments to issues that have specific relevance to Public Health practice.

2. One of the most signficant developments in Public Health in recent years has been the opening of specialist training and consultant/specialist status to individuals from a wide range of professional backgrounds. The Faculty has been at the heart of these changes and gratefully acknowledges the support provided by the Departments of Health, including for the establishment of the UK Voluntary Register. We were correspondingly surprised and disappointed that neither of these reviews addresses the regulatory problems that a multi-professional specialty faces. The Faculty strongly believes that we should move to a single regulatory process covering all those practising Public Health at specialist/consultant level.

3. The Faculty supports in principle the proposal for recertification of specialists recommended in *Good Doctors, Safer Patients*. If this is introduced it should apply to all individuals of specialist status in Public Health, irrespective of professional background.

4. We would like to see a single regulator identified to cover all those practising at specialist level in Public Health. We also believe that similar remediation processes should be applied when individuals with problems are identified, and specifically would like to see the role of the National Clinical Assessment Service extended to cover non-medical specialists in Public Health.

5. How such a unified approach is achieved will depend upon the legislative changes that become necessary to implement other changes that follow the consultation. If a device such as a regulatory reform order was used, for instance, then it would be necessary to add in appropriate places phrases such as 'and other professionals with identical specialist qualifications' where medical and in some cases dental professionals were mentioned.

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Other medical specialties such as pathology have also become multidisciplinary to some extent and such a change in wording of the various statutes covering the GMC, PMETB and other relevant bodies might assist these specialties as well as public health.

Specific comments on the *Regulation of the non-medical health care professions*

6. Rec 2: We support the use of a single definition of "good character" as part of the single approach to regulation that we seek.

7. Rec 4: We support the need for revalidation based where possible on existing employer appraisal processes.

8. Rec 8: We were disappointed that the issues related to registration of specialist status across professions were not explicitly addressed. The logic applied to regulating new roles (Rec.15) would seem to apply, and there is a strong case for the medical regulator taking on this unified role for specialist public health practice.

9. We would welcome urgent clarification of the Department's position on the development of the UK Voluntary Register. It has played a vital role in the development of multidisciplinary Public Health, yet its future would appear to be challenged by the policy approach (Rec. 25) which seeks to restrict or reduce the number of existing regulators. Changes such as we suggest in 5 above would deal with this issue.

Specific comments on *Good Doctors, Safer Patients*

10. Recs 2-10: The Faculty shares the widespread doubts that have been cast on the practicality of the concept of GMC affiliate. An affiliate covering Public Health practice would need to relate to a wide range of organisations across a large geographical area (perhaps the SHA in England) and have a clearly defined relationship with the RDPH (or their equivalent in other countries).

11. Rec 13: We support making full use of the expertise of the National Clinical Assessment Service and would like to see its remit broadened to cover Public Health specialists from backgrounds other than medicine.

12. Rec 17: We support the proposals that clear and unambiguous standards should be set for each area of specialist practice and for recertification to be based on those standards. We support the concept of recertification and would accept the challenge of developing robust procedures to enable the Faculty to provide the required "positive statements of assurance" for all those practising at specialist level irrespective of professional background. However we feel there is need for greater clarity on:

    - the balance between a process designed to ensure that minimum standards are achieved and one which aims to raise standards generally;

    - who the process is designed to benefit and therefore who should be responsible for funding the process;

    - whether recertification should be based on standards of practice in the post currently held or a continued ability to meet a set of general standards equivalent to achieving a CCT.

13. Rec 30: The Faculty sees 360-degree feedback as a potentially important component of the recertification process, and would be concerned if its use was confined to relicensing. The proposed standard tool should allow an optional additional section to cover specialist practice, to avoid the need to duplicate the whole process.

14. A high proportion of the Faculty's membership works as independent practitioners, often in overseas locations. It will be important to enable such individuals to remain in good standing, not least to facilitate their return to practice in the UK. The Faculty will be keen to ensure, as detailed methodologies are developed, that processes can cover this group satisfactorily.

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