



# Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## **Response from the Faculty of Public Health to the Department of Health's *Responsible officers and their duties relating to the medical profession***

### **The UK Faculty of Public Health**

The Faculty of Public Health (FPH) is the leading professional body for public health specialists in the UK. It aims to advance the health of the population through three key areas of work: health promotion, health protection and healthcare improvement. In addition to maintaining professional and educational standards for specialists in public health, FPH advocates on key public health issues and provides practical information and guidance for public health professionals.

### **Response to the consultation**

The FPH welcomes the proposals laid out in the consultation document, as well as the supporting legislation in the *Health and Social Care Act 2008*. Whilst we have submitted the requested comments via the online response system (also attached in Appendix A), the FPH would like to take this opportunity to raise several important issues not addressed by the consultation survey.

The Local Responsible Officer (LRO) function has the potential to be an effective and robust mechanism for the protection of the public and the maintenance of professional standards. It will also aid the efficacy of the revalidation process, and with the requisite level of specialist knowledge and skills, especially the recertification element of the process.

While a great deal of thought seems to have gone into certain specific aspects of these proposals, the FPH is concerned that fundamental questions remain unanswered. In particular, it is clear how doctors in acute care sectors could potentially sit under a single hierarchical LRO employed in the same trust, but the same cannot necessarily be said of healthcare professionals who may or may not work in clinical settings. A recent survey of the FPH's membership revealed that up to 45% of respondents work outside traditional NHS settings<sup>1</sup>. This reveals the scale of the complexity inherent in implementing any new system.

The FPH strongly supports the view that in order for the responsible officer to be able to undertake their duties in a robust and effective manner, they must have at least some level of specialist knowledge. This would ideally apply to all specialties, but is particularly true for those which are primarily non-clinical (eg public health) as the care quality markers are not necessarily as easy to benchmark. A LRO based at SHA/regional level could provide geographic cover for all doctors working primarily in that specialty, regardless of employer.

The FPH would also like to raise concerns about the fees for the responsible officers, and the general lack of funding for the LRO role and necessary support mechanisms. There is a strong possibility that doctors would object to potentially paying three bodies for the revalidation process (LRO/college or faculty/GMC), or that different policies could arise between employers or regions on any issue, including LRO fees. Any regional differences between NHS organisations would be cause for concern, from a quality assurance point of view. We recognise that there will always be some disparity between those employed by the NHS and those doctors working as independent contractors or self employed, which is an inevitable consequence on independent working.

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<sup>1</sup> FPH membership consultation on revalidation (closing date 17/10/2008)