



Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Dr L J Somerville
Chadwick Court
15 Hatfields
London
SE1 8DJ

26 February 2009

UK Public Health Register's Development of Regulation for Public Health Practitioners

Dear Lillian

The Faculty of Public Health (FPH) welcomes the opportunity to comment and provide feedback on the draft consultation documents provided by the UK Public Health Register (UKPHR). The work on practitioner development is one of the primary goals of FPH and the work of UKPHR is closely related to the development of an assessment framework for retrospective and prospective applicants and the development of a CPD framework being conducted by FPH. The importance of this work to FPH has led to a number of the committees and members within FPH being offered and taking the opportunity to provide thoughts, comments and feedback on the draft consultation documents.

FPH is the standard-setting and assessment body for Public Health Specialists and consequently the majority of the comments from FPH members and committees relate to the draft standards and assessment procedures.

Firstly, it is generally felt that the assessment process must be consistent, robust and accountable in order for the regulation of practitioners to be successfully implemented. Secondly, it is generally felt that there should be obvious parallels from the Public Health Skills and Career Framework (PHSCF) to the eventual practitioner standards. The PHSCF is a tool that all major Public Health stakeholder and professional bodies have officially endorsed and FPH feels this is something that should be used more extensively.

FPH very much support the work taking place in practitioner development and the role of UKPHR in this is seen as key in the work being successfully implemented throughout the four UK devolved nations. We believe that the engagement and regulation of the practitioner workforce is of high importance in the UK-wide development of the public health workforce and that it is imperative that this work is conducted to the highest of standards.

Yours sincerely,

Alan Maryon-Davis
President

Response from the Faculty of Public Health (FPH) to the UK Public Health Register's *Development of Regulation for Public Health Practitioners*

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.

The engagement and regulation of the practitioner workforce is one of the primary goals of FPH. As part of the UK-wide initiative taking place in practitioner development, FPH welcomes the draft documents provided by the UK Public Health Register (UKPHR) and supports strongly the underlying principles and objectives of this consultation and its content. As part of the feedback to UKPHR, the consultation has been circulated to a number of FPH committees that are either directly involved in practitioner development or oversee its progression of work. Below are constructive comments from the various committees to input into the development.

FPH Education committee

The Education committee is responsible for developing, maintaining and monitoring educational standards in the specialty, including curriculum development and review, the standards of programme delivery and assessment. It is chaired by the Academic Registrar. Members of the education committee felt it important to highlight the following points,

- It would be very hard to prove and assess the competences of practitioners using these draft standards as the group felt there was not enough detail.
- The document needs to be clear that registration will/may not necessarily lead to an increase in salary and/or grade.
- The impacts of registration on workforce planning need to be identified through this consultation document e.g. How many practitioners are expected to be registering?
- It is unclear if the intention is that everyone working in a PH department should be registered. If this is the case, the benefit related to all this workforce needs clarification as there may be staff from other fields in the department.
- There should be multiple verifiers and assessors in the proposed assessment process.
- The proposed method of assessment will need considerable funding as will the training of assessors.

FPH Practitioner Development Working Group (PDWG)

Through the Practitioner Development Working Group, FPH is working in partnership with other standard setting and public health stakeholder organisations to focus on the education training and assessment mechanisms for public health practitioners, both prospective and retrospective. Members of the PDWG felt it important to highlight the following points,

- As it is laid out in Page 11 of the PHSCF, the standards need to be explicit that these are the competencies for level 5 and that in addition lower level competences (Levels 1-4) need to have been demonstrated. For example, within Levels 1-4 of the PHSCF, surveillance and assessment competences; the standard states: "identify mistakes in data recording, quality and/or analysis". This is not in Level 5 in the PHSCF as it is accumulative. This has been omitted from the draft standards and it is not made clear enough that these competencies are

still expected. This could lead a practitioner or an assessor to believe that this is not a requirement at level 5.

- Would a specialist as opposed to the generalist model be more suitable?
- The statement on page 14, paragraph two is not clear. What does “competence statement in own area of work” relate to? Is the knowledge required by all and the competence only in some areas, if so, which?
- The standards as set down within the document do not provide enough detail to assess competence.
- It is not clear where the competences 1-4 link in. Verifiers will need training in portfolio assessment including evidence, what is sufficient, appropriate etc.
- If a triangulated approach is used, which would be preferential, both assessors/verifiers should be specialists.
- Have the specialists been consulted about assessing the practitioners. If the UKPHR expect thousands of practitioners this could be potentially a lot of work. Would assessors be happy with this arrangement?
- At least initially, the same people who assessed the specialists should ideally be used to assess the practitioners to avoid a dilution or loss of consistency.
- Concerns have been raised about the HR implications of registration in the NHS and perhaps other organisations. If practitioners become registered with a professional body that may entitle them to a pay increase and depending on the numbers could be a significant cost to employers.

FPH Knowledge and Standards committee

The Public Health Standards and Knowledge Committee was established to recommend the structures and processes by which high quality public health practice can be achieved through public health governance and develop standards and audit for public health practice. In addition, the committee offers guidance on how best to achieve CPD and audit and propose principles and mechanisms for appraisal and revalidation in public health practice. The committee will also ensure the membership is fully informed of all its recommendations. Members of the Knowledge & Standards Committee felt it important to highlight the following points,

- The consultation addresses the generic standards for practitioners working in generic public health. It does not cover the sub-specialties in which many practitioners work, e.g. health protection or health promotion, so the standards would be of limited value to these audiences.
- It is felt that not all the assessment processes are covered and that it is important that triangulation be used.
- There was concern that some of the standards have been set too high.
- Many practitioners may wish to remain as level 5 practitioners. It is important that regulation is not just seen as a step to defined specialist.
- It must be ensured that all of the standards set out in the consultation document are the same as the Public Health Skills and Career Framework.
- The focus is very much on public protection.
- It would need to be clear how the standards would be assessed and by whom.
- The committee felt that the assessment should be undertaken by a specialist.
- There are doubts about the relevance of the document to the public health scientists working within the Centre for Infection. The document focuses on “hands-on public health practitioners” which could exclude public health scientists within the Health Protection Agency (HPA), and especially those at Centre for Infection (CfI). Firstly, it is expected that most CfI public health scientists will seek registration as an advanced practitioner rather than a practitioner as HPA seem to recruit mostly people with MSc plus experience. Secondly, although the standards appear to be focussed on knowledge rather than experience, there are

some of the competencies that scientists at CfI might have difficulty in demonstrating, as they would not be in their normal remit of work.

- The principle of equivalence should be applied so that the option of registration by retrospective submission of portfolios is maintained (something not done with the specialist registration). This will make it coherent with the Modernising Scientific Careers (MSC) agenda. This will mean that a full suite of training courses are made available to those wishing to prepare their candidature.
- Availability of training – there is very little discussion to ensuring an adequate availability of courses, particularly in the light of the research undertaken by FPH.
- A harmonisation of structures and competencies with other relevant frameworks (e.g. Modernising Scientific Careers, recently published NOS's for Health Protection) would be useful.