



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

UK Faculty of Public Health response to *Review of the regulation of public health professionals*

Introductions

About the UK Faculty of Public Health

The Faculty of Public Health (FPH) is the standard setting body for public health in the UK, maintaining professional and educational standards for specialists in public health and quality-assuring the profession. FPH provides professional advice to employers and others on statutory and good practice procedures for senior public health appointments. In addition, FPH advocates on key public health issues and provides practical information and guidance for public health professionals, aiming to advance the health of the population through three key areas of work: health promotion, health protection and healthcare improvement.

Key messages

FPH strongly supports the recommendation of the independent *Review of the Regulation of Public Health Professionals*¹ commissioned by the Chief Medical Officer (CMO) for mandatory regulation for public health consultants. There is serious concern about the initial response of Government² that its preferred approach is not to adopt the review's recommendation. This places the public at unnecessary risk of harm.

- FPH has taken this opportunity to:
 - clarify specialist public health.
 - define the three domains of public health and explore the risk of poor public health practice.
- Statutory regulation is the most effective regulation for public health specialists from a background other than medicine in order to reduce risk to both the public and employers.

¹ Department of Health. *Review of the Regulation of Public Health Professionals*. London: DH, 2010.

² Department of Health. *Healthy Lives Healthy People: Our Strategy for Public Health in England*. London: TSO, 2010.

- There should be statutory recognition to use an agreed protected title such as ‘public health specialist.’;
- The Advisory Appointments Committee process must be preserved and extended into new employment settings for public health specialists in order to quality assure the workforce;
- Defined specialists should be regulated.
- Specialists from a background other than medicine should be revalidated.
- The Health Professions Council should become the statutory professional regulator for public health professionals who are not regulated. Consistency across registers is vital.

General comments

Public health has been recognised as a specialist field of practice since the mid-nineteenth century. FPH was established in 1972 following The Royal Commission on Medical Education (1965-8) which recognised the growing need to treat public health practice as a distinct specialty.³ Later, public inquiries recognised the importance of professional competence with the recommendation of the establishment of directors of public health and consultants in communicable disease control.⁴

In 2001, the Department of Health’s vision to include public health specialists from backgrounds other than medicine in the consultant workforce was identified in a report from the Chief Medical Officer for England⁵ and subsequently implemented. This welcome development has, however, led to a situation where many individuals working at consultant level in public health are not on a statutory register, re-opening the risks to public health and safety from the possible appointment of unregulated consultants. This risk is heightened by the proposed transfer of public health responsibilities and staff to local authorities where the appointments procedure used for consultant posts in the NHS does not apply. The *Review of Regulation of Public Health Professions* which investigated whether statutory regulation was needed for this new group of individuals operating at consultant level in public health, concluded that: “public expectation is such that, without the introduction of mandatory regulation of public health consultants and specialists by statutory health professional regulatory bodies, confidence would be lacking in public health professionals engaged at a high level in public health policy, planning and actions”.⁶ FPH strongly endorses this view and is concerned by the initial response by the Government to ignore the review’s findings, which would seem to put the public health at unnecessary risk, particularly at a time when established mechanisms of ensuring professional competence and ethical practice are likely to be disrupted by

³ Royal Commission on Medical Education (1965-8), Lord Todd, London HMSO 1968 Cmdn 3569

⁴ Acheson D. *Public Health in England. The Report of the Committee of Inquiry into the Future Development of the Public Health Function*. London: HMSO, 1988.

⁵ Chief Medical Officer *The Report of the Chief Medical Officer’s Project to Strengthen the Public Health Function*, DH, 2001.

⁶ Department of Health. *Review of the Regulation of Public Health Professionals*. London: DH, 2010.

the extensive re-organisation of the public health function in England and the movement of functions out of the NHS. The risks of poor public health practice are outlined in this response.

Review of the regulation of public health professionals

Consultation question: If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

Clarifying specialist/consultant level public health

Public health is an EU defined specialty of medicine which operates across three domains in the UK, concerned with health protection, health improvement and health services. Therefore, consultants in public health medicine are regulated by the General Medical Council (GMC) and public health dentists by the General Dental Council (GDC). In the UK, the specialty is also open to those from a background other than medicine and, with the exception of some specific clinical roles requiring a medically qualified professional, these specialists are employed in identical employment settings and roles to their medical counterparts. Typically, training takes five years. This usually includes a year (or two years part-time) of academic study leading to the award of a masters degree in public health, followed by practical training, examinations and assessments of competence against a set of public health standards. Once the standard of competence has been reached, a candidate is eligible for entrance onto the relevant statutory register or the UKPHR voluntary specialist register and employment as a consultant in public health. The assessment of a portfolio of relevant experience offers an alternative route for very experienced, senior practitioners for whom the normal training route is inappropriate.

Public health specialists have a range of roles and are responsible for such diverse areas as screening programmes, immunisation programmes, the introduction and decommissioning of new treatment initiatives, emergency preparedness and response to public health risks such as *E. coli*, pandemic flu and natural disasters. Public health specialists are responsible for the health of populations and, although in many cases specialists do not have direct patient contact, they will almost inevitably have contact with, and will give public health advice to, medical and other health professionals who do have direct patient contact, and their professional probity and competence are of paramount importance. Such advice may consist, for instance, of giving advice to a general practitioner responsible for the care of a meningitis contact about whether antibiotic prophylaxis is appropriate or not. Incorrect advice in this case may result in further cases of a dangerous and

possibly fatal disease. Consultants or specialists on call, who will be placed in this position, may come from either a medical or other professional background.

The health consequences for a population resulting from an incompetent or inappropriate public health intervention can range from increased health inequalities and higher incidences of obesity, alcohol and tobacco dependence in the domain of health improvement, to increased infection rates where immunisation programmes are lacking and increased cases of undetected cancer where screening programmes fail. Public health specialists also have a large role in disaster and emergency planning and responses to issues such as flood or pandemic. As these impacts can affect many thousands of people, public health specialists can have a greater overall impact on health outcomes for individuals than healthcare professionals with direct patient contact. It is vital for the protection of the public that all public health specialists attain and maintain the same high, clearly defined standard of practice and are subject to a robust system of regulation with fitness to practise sanctions. Fitness to practise regulations also govern professional conduct, which is essential for public trust and confidence in those with responsibility for the health of populations. Medical public health consultants are subject to the obligations of *Good Medical Practice*⁷ and this has been extrapolated by FPH for public health professionals from other backgrounds into *Good Public Health Practice*⁸ (see appendix A).

Impact and risk associated with poor public health practice across the three public health domains

Public health decision making can be a matter of life and death. There are examples in all the domains of public health practice.

Health protection

A significant proportion of the specialist public health workforce in the UK are involved in health protection functions on a day-to-day basis and most of the rest (including, in recent years, those not on the GMC Register) are involved in covering the function out of hours and in the response to outbreaks and other emergency incidents. The risks involved in health protection are often comparable to those in clinical specialties (see appendix B) and can lead to significant unnecessary mortality and morbidity.

Failings in the public health response to health protection issues have led to high profile inquiries. For example, a *Salmonella* outbreak at the Stanley Royal Hospital in Yorkshire, which resulted in the deaths of 19 elderly patients and the infection of many others, led to the commission of a

⁷ *Good Medical Practice* 2009 www.gmc-org.uk/guidance/good_medical_practice/contents.asp

⁸ *Good Public Health Practice* 2009 www.fph.org.uk/updates/B_GPHP.pdf

formal Public Inquiry, which identified critical failures. The Stafford Legionnaires outbreak, resulting in 28 deaths, also led to a committee of inquiry; the findings of which concentrated on the failings of the investigation and the control of the outbreak. The failures of public health in these two outbreaks led to a third inquiry on the state of public health in England led by the then CMO, Donald Acheson,⁹ in order to rectify the professional failings identified and ensure a competent workforce was in place to meet future risks. However, the continuing risk to the public from failings in the public health response is evidenced by more recent inquiries in each of Scotland, Wales and England into the response to *E. coli* O157 outbreaks.

Health improvement

There is much evidence pointing to the need for three synergistic types of intervention to improve health: education, enablement and enforcement. Enforcement is not always needed, but education without enablement is unlikely to be effective. Yet much activity aimed at improving health targets addresses only the first of these, and much money is wasted on ineffective education campaigns. Public health specialists are trained to be able to interpret such evidence and design effective interventions combining all necessary elements in improving health.

In the local authority context, major decisions made by local authorities are normally assessed for their potential to improve or damage health. Such activity requires the application of public health expertise to determine the risks and how these can be mitigated; examples include risk assessments for building chemical plants, airport runways and mobile phone installations.

Similarly, professional expertise is needed to determine the maximum health benefits, or minimisation of risk from local authority choices of investment or disinvestment. For example, if housing investment is reduced, how can the impact of poor housing on winter deaths, falls and fracture be limited? Poor advice can have significant financial and health implications.

Health services

Historically, many healthcare interventions have been introduced without adequate evidence of their effectiveness. Ineffective medications and procedures still form a major part of unnecessary NHS expenditure. Part of the role of health services public health specialists is to prevent such spending and to ensure that maximum gain is achieved for every pound spent in the NHS. Not to have this input can result in spending on new and untested treatments in an unchecked fashion. In assessing and responding to care health needs, the correct interpretation of health data is vital if the correct actions are to be taken to save lives and prevent ill health and disability. A public health example from New Zealand was published in the *Lancet* in 2001.

⁹ Acheson D. *Public Health in England. The Report of the Committee of Inquiry into the Future Development of the Public Health Function*. London: HMSO, 1988.

“From a public-health perspective my major error was epidemiological. In 1981, we identified an epidemic of asthma deaths in New Zealand and pointed to a recent change in drug management as a likely cause. Instead of conducting a large-scale case-control study of medical therapy and asthma, I became involved in a large and detailed case study and a small case-control study run by clinicians. By the time the appropriate studies were conducted and the role of fenoterol clarified, many preventable deaths had occurred. The abiding lesson for me from this episode is the importance of focused and well-designed studies of adequate power.”¹⁰

This example demonstrates the specific nature of the skills required and illustrates the importance of authoritative, informed public health management.

Screening offers another example. Public health specialists plan, implement and quality assure screening services. Poor planning by unregulated public health specialists could lead to inappropriate programmes being introduced which divert healthcare resources from other areas. Such programmes could also lead to false reassurance to some patients or to unnecessary interventions and anxiety to others. Entire system failures in programmes that have been implemented can impact on individuals where appropriate quality control issues have not been put into place, leading to significant resource implications in correcting the situation and in treating those patients whose diagnosis has been missed. At present, screening programmes are closely considered by public health specialists but, without such expert oversight, there is a significant risk of less appropriate systems being put into place with consequent harm to patients from inappropriate intervention or opportunity costs.

By contrast, good public health practice can make a significant impact. Tom Marshall's Sandwell model of risk assessment for cardiovascular disease has demonstrated the difference between knowing what is wrong with people and implementing an appropriate risk assessment tool and intervention to ensure the people most at risk get treated first. Using exactly the same resource available to primary care practices – practice nursing, diagnostics and prescribing – Dr Marshall demonstrated that using the risk algorithm combined with nurse intervention was up to three times more effective than just giving information to practices and waiting for patients to attend for their health checks. This model of investigation has informed NICE guidance and the national health checks programme.¹¹

¹⁰ Beaglehole, Robert, Uses of Error Clinical and Epidemiological, *Lancet*, Volume 357, Issue 9250, Page 140, 13 January 2001

¹¹ Marshall T, Westerby P, Chen J, Fairfield M, Harding J, Westerby R, Ahmad R, Middleton J. A controlled evaluation of a programme of targeted screening of cardiovascular disease in primary care. *BMC Public Health* 2008; 8:73.

The case for statutory regulation of all public health specialists

Based on the very significant risks of poor practice outlined above, FPH wholeheartedly supports the recommendation made by Dr Gabriel Scally, author of *the Review of Regulation of Public Health Professionals*, that all qualified public health specialists should be placed on a statutory register, underpinned by a single set of specialist FPH standards. This is the most effective and appropriate form of regulation in this case. A statutory register is independent of professional background and will encourage a multidisciplinary workforce, whilst providing a robust way of ensuring the competence of consultants in the new and more complex public health system promoted by the Government's white paper, *Healthy Lives, Healthy People*.

Robust and proportionate systems of professional regulation are essential in quality-assuring specialists and safeguarding employers, patients and the public. FPH is fully committed to multidisciplinary public health with parity of standards and status across the specialty. A statutory register for specialists from a background other than medicine would help to achieve parity with medical specialists, ensuring that they share common standards. A statutory register would pave the way for consistency between training routes and for quality assurance of training across all training placements and across all training providers, rather than just for those occupied by doctors, which is the current position. Although it is of course the case that the training itself can be adapted to meet local needs, the standard of that training must be quality assured. Statutory registration and the parity this affords with other colleagues are also important for the careers of individual specialists, their professional development and future opportunities.

This recommendation does not seek to grow the regulation framework and is in the spirit of the Command Paper *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*.¹² This Command Paper recognises that professional regulation brings important safeguards to users of health and social care services and states that "the right balance needs to be achieved between national regulation and effective local governance and scrutiny". Statutory regulation of public health specialists after CCT would only extend existing regulation to those performing the same tasks as their regulated medical and dental counterparts and would not extend regulation to new groups of the workforce. This recommendation is in line with 4.12 of the Command Paper as "there is a compelling case on the basis of a public safety risk and where voluntary registers are not considered sufficient to manage this risk."

¹² Department of Health *Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff*, DH 16 February 2011 14799, CM 8008

Recommendation:

- Statutory regulation is the most effective regulation for public health specialists from a background other than medicine in order to reduce risk to both the public and employers.

Protection of title

A related point which should be highlighted is that of 'protected titles'. The current position is that the title 'public health specialist' is not protected. This is a complex area: while medical doctors wishing to become NHS consultants in public health cannot be considered for these posts unless they are on the GMC specialist register, the same is not true for non-medical specialists since there is no statutory registration. Statutory regulation is therefore important in order to clarify this matter. FPH would call for the agreed title to be protected to individuals who are registered on a statutory register in public health specifically in order to aid employers in making appointment selections. This is consistent with the White Paper recommendation concerning consistency across GMC/GDC/Nursing and Midwifery Council (NMC) and Health Professionals Council (HPC) registers.

It is also vital both for public protection and for the reduction of risk to employers that employers themselves are encouraged to reserve roles and posts with titles such as 'public health consultant' or 'public health specialist' to those who have a protected title linking back to registration. This would reduce risk where public health positions will be moving out of NHS into a local authority setting, or be employed by other 'willing providers' where understanding of the breadth and depth of the public health specialist role and its impact on populations and individuals may be limited. It would enable employing bodies to effectively quality assure their workforce and ensure local needs are met.

Recommendation:

- There should be statutory recognition to use an agreed protected title such as 'public health specialist'.

Advisory Appointments Committees (AACs)

When considering the risks to the public and the employer in appointing a non-regulated individual, it is also worth highlighting that another safeguard and quality assurance step in the form of the AAC process could potentially be removed as public health moves out of NHS settings

The appointment of consultants to NHS Trusts, primary care trusts and strategic health authorities is regulated by statutory instrument,¹³ The Department of Health's *Good Practice Guidance (GPG)*, outlines the key steps necessary to ensure that the appointment processes are in line with the statutory instrument.

The GPG is intended only for medical and dental consultant posts. However, the guidance states that posts that are open to both medically qualified people and to people qualified in disciplines other than medicine (for example, the majority of appointments in public health) should follow similar processes, even though they fall outside the regulatory framework. In this case, employers are advised to consult FPH for the process.

FPH has developed its own good practice guidance which extrapolates the GPG to reflect the multidisciplinary nature of public health. The guidance is intended to help ensure that standards for good public health practice are applied to the appointment of all senior public health posts in the UK, thereby reducing the risk both to the public where an appointed person is not competent and to employers of legal challenge about recruitment procedures or of making an inappropriate appointment. The FPH Adviser checks and approves the job description, essential and desirable elements of the person specification and recruitment literature to ensure compliance with FPH key competencies and accountabilities for consultant level posts. FPH supplies a medical assessor and a second assessor from a background other than medicine. The assessor is a member of the AAC panel and contributes to shortlisting candidates and is present at interviews. The role of the assessor is to ensure that candidates are 'above the line' in terms of qualifications, training and experience.

It is therefore essential that, as well as statutory regulation, that the AAC process is preserved in new settings where public health specialists are employed.

Recommendation:

- The Advisory Appointments Committee (AAC) process must be preserved and extended into new employment settings for public health specialists in order to quality assure the workforce.

Defined specialists in public health

Defined specialists are eligible for appointment to consultant posts. Therefore, the element of risk is comparable as for generalist specialists (possibly more so, as many defined specialists

¹³ NHS (Appointment of Consultants) Regulations 1996, as amended. (S.I. 1996/701 as amended by S.I. 2002/2469, S.I. 2003/1250, S.I. 2004/696 and S.I. 2004/3365.)

specialise in health protection). Therefore FPH strongly recommends that this group is also subject to the same regulation.

Recommendation:

- Defined specialists should be regulated.

Revalidation of public health specialists from a background other than medicine

A complementary issue to regulation is that of the revalidation of public health specialists from a background other than medicine. The two issues of regulation and revalidation complement each other and all specialists in public health should not only be statutorily regulated, but also be required to revalidate along similar systems underpinned by a single set of standards. Establishing a proportional and effective system for these individuals is essential for maintenance of standards and the protection of the public.

Recommendation:

- Specialists from a background other than medicine should be revalidated.

Principles of regulation

FPH supports the Hampton principles of regulation as expressed in *Enabling Excellence*,¹⁴ that regulation should be proportionate, accountable, consistent, transparent and targeted. For the reasons above, FPH believes that in the case of public health, statutory regulation is proportionate. Current best practice dictates that there should be a separation between the regulator and the standard setter. The current position for doctors is that the GMC's statutory standard setting function is delegated to the relevant medical royal colleges and faculties for each of the specialties. FPH would expect any register for specialists from a background other than medicine to emulate this successful and robust model.

Any register must have clearly defined routes of access assessed against one set of common standards developed by FPH. All routes to registration must be equivalent and maintained and regulated according to the five Hampton principles. Mechanisms for challenge and appeal must be independently scrutinised.

¹⁴ Department of Health *Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff*, DH 16 February 2011 14799, CM 8008

Any register for specialists from a background other than medicine must be able to publish robust fitness to practise expectations and subsequently undertake disciplinary proceedings and sanctions, remediation strategies and a revalidation programme to ensure continued competence of its registrants. Ideally, such a register should provide access to services such as those offered by the National Clinical Assessment Service. It is also noted that these essential functions would require adequate and continuing resources.

Any register for those from a background other than medicine must also be open and accessible to those who work outside mainstream service public health. This may include those who work in academic, international and local authority settings as well as independent contractors and those with portfolio careers.

Based upon these criteria and the options contained in the *Review of the Regulation of Public Health Professionals*, the body most equipped to register non-medical public health specialists in FPH's view would be the Health Professions Council (HPC). FPH agrees with the white paper 'Option 6' with regulation for the public health workforce split between the GMC, GDC and HPC with proper coordination. It is essential that clear lines of communication be established between the various registers, for example to disseminate any fitness to practise decisions. This is especially important where specialists hold dual registration across multiple registers. This also highlights FPH's vital role as the single standard setter in promoting a consistent approach to the multidisciplinary workforce.

Recommendation:

- The Health Professions Council should become the statutory professional regulator for public health professionals who are not regulated. Consistency across registers is vital.

The wider public health workforce

FPH defines the non-specialist level public health workforce as both practitioners and the wider public health workforce as demonstrated in the 'Public Health Skills and Careers Framework'.

Voluntary self-regulation for the wider public health workforce is beneficial to the capacity and capability of the public health function. It has supported this development through its practitioner development workstream. The definition of competencies and a career framework along the lines of the 'Public Health Careers and Skills Framework' will not only aid the development of individual careers but also the wider public health team and support specialists. FPH, as the standard setter for public health, would be the appropriate body for the development and ongoing review of standards for the wider public health workforce.

Appendix A – *Good Medical Practice*¹⁵ and *Good Public Health Practice*¹⁶

These documents cover broader issues of high standards of personal conduct expected of regulated professionals. These include, but are not limited to:

Relationship with patients/public:

- Good communication
- Open and honest communications
- Dealing with complaints
- Maintaining trust in the profession
- Consent
- Confidentiality
- Ending professional relationships

Working with colleagues:

- Working in teams
- Conduct and performance of colleagues
- Respect for colleagues
- Taking up and ending appointments
- Sharing information with colleagues
- Delegation and referral

Probity:

- Being honest and trustworthy
- Providing and publishing information about your services
- Writing reports and CVs and giving evidence and signing documents
- Research
- Financial and commercial dealings
- Conflicts of interest
- Health

¹⁵ *Good Medical Practice*. 2009. www.gmc-org.uk/guidance/good_medical_practice/contents.asp

¹⁶ *Good Public Health Practice*. 2009. www.fph.org.uk/updates/B_GPHP.pdf

Appendix B – The health protection function in public health

Consultants in health protection (eg. consultants in communicable disease control) are public health specialists whose work involves:

- Obtaining medically confidential information from patients and other healthcare professionals.
- Making a diagnosis from signs and symptoms reported by patients.
- Ordering more diagnostic tests.
- Occasionally taking diagnostic samples themselves.
- Advising groups whether to take medicines (eg. antibiotics, antidotes, vaccines).
- Advising difficult individual cases (eg. pregnant women, co-existing disease) as to the risks and benefits of the medicine for them.
- Advising on difficult immunisation cases in children.
- Occasionally dispensing or administering medicines as a last resort.
- Providing advice to individuals on how not to spread or contract disease.
- Providing advice to institutions (eg. care homes) on how to limit spread.

These actions occur in response to individual cases (eg. meningitis, TB, typhoid) or outbreaks (eg. Legionnaires' disease, *E. coli* O157, avian/pandemic flu).

Health protection consultants also handle confidential data as part of surveillance (eg. to detect outbreaks) as well as in responding to individual cases with public health implications – some of these data can be highly sensitive (eg. diagnoses of HIV/syphilis/TB or risk factor data such as sexuality/intravenous drug use/asylum status).

Although the large majority of public health consultants who specialise in health protection are still from a medical background, in the modern multidisciplinary workforce, some of the above functions are being undertaken by individuals who are not on the GMC Specialist Register, including:

- Consultants in public health currently employed by primary care trusts (who may be non-medical) currently cover these functions out-of hours.
- All public health consultants can be involved in the response to outbreaks, incidents and emergencies.
- Some consultants who specialise in health protection may be from a non-medical background (often, but not always, from another healthcare background).
- The response to chemical and environmental hazards may be lead by non-medical specialists (eg. from a toxicology, environmental health background).

- Surveillance and outbreak investigation may be led by public health specialists with a scientific background.

The public are entitled to expect the same degree of protection when these staff are delivering health protection functions as they are when they are delivered by medical doctors.