PHWAG TASK GROUP ON REGULATION\(^1\)

**Recommendations with regard to GENERALIST SPECIALISTS in public health**

The Public Health Workforce Advisory Group (PHWAG) advises the four UK countries on current issues and future planning for the public health workforce. It has a comprehensive membership of stakeholder groups who are concerned with, or have an interest in workforce planning and development.

It is in the process of developing a suite of papers that will clearly state PHWAG’s views on a number of specific issues related to workforce development. Each paper should be read in conjunction with others issued, depending on the area of guidance required. The papers have been developed in such a way as to make them acceptable to all four of the devolved administrations of the UK.

PHWAG commissioned a task group to consider and agree core principles around issues relating to regulation which includes, but is not limited to, the reasons for regulation, routes to registration, chartering, future competencies and standards applied, the role of Advisory Appointment Committees (AACs) and sub specialties. The remit of the task group is to agree principles of regulation for the UK public health workforce, including both specialists and practitioners and disseminate its finding UK health departments, regulators, employers, professional bodies and others with an interest in protecting and improving the health of the public.

The group has agreed the following statements:

- **The UK Public Health Specialist workforce should be regulated. This should include not just initial registration but revalidation to ensure the maintenance of standards and continuing professional development.**

- **That FPH is the professional standard setting body for specialist public health practice.**

- **The Group supported in principle the idea of Public Health practitioner registration.**

- **An Advisory Appointment Committee (AAC) should be a requirement for all Public Health Specialist appointments.**

It was agreed that the group would initially focus on generalist specialists: the routes to become a generalist specialist and the standards that define a generalist specialist in public health.

\(^1\) The group is chaired by Professor Lindsey Davies, President of the Faculty of Public Health (FPH), in her capacity of Chair of PHWAG. Currently represented on the group are FPH, the Royal Society for Public Health, the UK Public Health Register, the General Medical Council, the Chartered Institute of Environmental Health, the Association of Directors of Public Health, the Royal College of Nursing, the Nursing and Midwifery Council and the Royal Environmental Health Institute of Scotland. Observers include the General Dental Council, General Pharmaceutical Council and the British Medical Association. It is hoped that the Council for Health Regulatory Excellence will also have representation at future meetings.
Background

A generalist specialist in public health is defined as a public health professional competent across all nine key areas of public health and Good Public Health Practice.

There are two main routes to specialist registration as a generalist: the prospective training route lasting around five years, and a route based on previous experience.

The training route is based on learning outcomes approved by the Faculty of Public Health and agreed by the General Medical Council (GMC) and the UKPHR. The training programmes are delivered by deaneries and for some years have been identical for both those who are medically qualified and for those from a background other than medicine. For medically qualified doctors, successful completion of an approved UK training programme leads to the award of a Certificate of Completion of Training (CCT). CCTs are awarded by the GMC.

There are statutory routes – in the sense that the GMC and General Dental Council (GDC) are statutory regulators – and non-statutory routes to registration with the UK Public Health Register (UKPHR). These currently differ in regards to the non-training routes to registration. In particular the assessment for the ‘Recognition of Specialist Status’ (RSS) is undertaken by the UKPHR. The FPH assesses, on behalf of the GMC, medical applicants for the GMC’s Certificate of Eligibility for Specialist Registration (CESR) applications. In dentistry, CSTs are issued by the GDC. Work is currently ongoing by both the UKPHR and GMC to review both regulators’ exceptional routes to their respective registers, and to ensure that there are consistent approaches.

The standards required to become a generalist specialist are described in the PH training curriculum, written by FPH and approved by the GMC, GDC and the UKPHR, containing 121 Learning Outcomes based around 9 Key Areas.

Recommendations

The PHWAG Task Group on Regulation recommend:

• There should be consistency and transparency within each Register’s routes and between the Registers, for registration and for the maintaining of standards.

• There should be consistency of standards and their application across registers for generalist specialists; the same standards regardless of route and all assessed to these standards.

• To become a generalist specialist someone must have met all the learning outcomes described in the PH training curriculum; the fundamental principle being that they should be competent in all areas of public health practice.

• All regulators should adopt the same, quality assured learning outcomes for recognition of generalist specialist status. All regulators should be assured of the assessment processes in place.
• All regulators should require that all generalist specialists comply with a relevant system of revalidation.