Submission from Professor Bryan Stoten, Chair of UKPHR

Original 2 February submission (before the SI was laid)

I currently chair the Board of the UK Public Health Register which regulates the Specialist Public Health workforce which in not holding medical qualifications are not regulated by the General Medical Council.

Since 2003 UKPHR has successfully registered over 600 Directors, Consultants and Specialists in Public Health. Over half of all DsPH in England are on our Register.

Public Health as a result of UKPHR's work is no longer seen as primarily a medical issue but, in line with Government Report after Report, a matter for social and public policy more generally.

There has however been an attempt to turn back the clock to the days when the Faculty of Public Health was known as the Faculty of Public Health Medicine. Part of that campaign has involved seeking to effectively close down UKPHR as a regulator of senior PH professionals and transfer them to a generic regulator - the Health and Care Professions Council which regulates over 300,000 front line health and social care staff. We fear the Public Health Specialists will be lost in such a setting. Equivalence with their medical colleagues, currently requiring the same revalidation and professional development will cease and their current adherence to the standard set by the Faculty - Good Public Health Practice - will no longer be required.

The DH proposal to transfer all these registrants will remove the current career path from Practitioner (whose own Register was opened by UKPHR in 2012) to Specialist and do grave damage to the development of Public Health throughout the UK.

This view is shared by Unite the Union, the Royal Society for Public Health, ROSPA, the Professional Standards Authority, the UK Health Forum, the GMC and countless UKPHR registrants. Despite this the DH has indicated its intention to transfer our Registrants to HCPC and thus effectively close UKPHR despite our success in creating this skilled, effective professional workforce over the last decade.

I believe this will be a disaster at a time when the NHS, as its new Chief Executive has just pointed out, requires a fundamental change in the emphasis it places upon Public Health improvement.

I believe this instrument should be re-examined and withdrawn in the interests of maintaining a decade and a half of progress in developing a multi-disciplinary workforce as indicated by the widespread opposition to these proposals from the bulk of Public Health organisations across the UK. Respectfully

Professor Bryan Stoten, BAHons, MSocSc, D Uni (hc), FFPH, CIHM Chair UKPHR

Follow up 3 March submission

Thank you for this notification,

My only further observation is that the changes in the final version do leave grounds for concern:

The issue of revalidation (originally a central aspect of the concern to establish "equivalence" between medical and non medical Specialists in Public Health) remains unresolved and the SI suggest "work something out" as a solution The generality of the phrase "Public Health Specialist" as the form for the protected title lends ambiguity to the role rather than clarity The SI now creates six potential regulators where currently there are three, adding, I believe, further confusion to the question of professional accountability rather than the clarity we have suggested a single Public Health specialist Register would bring.

I believe these issues are indicative of legislation in a hurry, when more time and thought would produce a far more robust solution.

Kind Regards

Professor Bryan Stoten