



Chartered
Institute of
Environmental
Health

Consultation on proposed statutory regulation of public health specialists

Response from the Chartered Institute of
Environmental Health (CIEH)

November 2014

The Chartered Institute of Environmental Health

As a **professional body**, we set standards and accredit courses and qualifications for the education of our professional members and other environmental health practitioners.

As a **knowledge centre**, we provide information, evidence and policy advice to local and national government, environmental and public health practitioners, industry and other stakeholders. We publish guidance notes and magazines, run educational events and commission research.

As an **awarding body**, we provide qualifications, events, and trainer and candidate support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice in volunteers, employees, business managers and business owners.

As a **campaigning organisation**, we work to push environmental health further up the public agenda and to promote improvements in environmental and public health policy.

We are a **registered charity** with over 10,000 members.

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1.0 Summary

- 1.1 The Chartered Institute of Environmental Health (CIEH) welcomes this consultation and the broad proposals contained therein.
- 1.2 The proposal to establish the Health and Care Professions Council (HCPC) as the national regulator for non-medical specialists in Public Health is broadly supported by us and we believe that this will provide some stability and resolution to long-standing uncertainty regarding the regulation of non-medical specialists in public health.
- 1.3 The CIEH remains a long-time supporter and partner of the UK Public Health Register (UKPHR) but our primary duty is to our members and to the promotion and enhancement of public health. The vast majority of our members are public health practitioners and only a tiny minority are public health specialists and are affected by these proposals. Currently, UKPHR provides the public health registration facility for the small minority of our members and we accept that, in the future, HCPC will fulfil this role. We, therefore, take the view that it is important for us to work towards supporting the majority of our members in their public health practitioner roles as well as promoting their interests more generally in public health. The responses from the CIEH to the questions posed in the consultation reflect this position.
- 1.4 Bearing in mind the view we have expressed in 1.3 above and upon the resolution of the question regarding the registration of non-medical specialists, the CIEH takes the view that appropriate and 'fit for purpose' systems and procedures need to be developed as a matter of some urgency in respect of the voluntary registration of Public Health Practitioners. The CIEH therefore intends to support the majority of our members in this respect by developing proposals to establish a new register to achieve this outcome.
- 1.5 The Environmental Health Registration Board (EHRB) has a long history of acting as a non-statutory register for the environmental health profession in the UK. It is the intention of CIEH to support the long-standing and enduring role of our members in public health by developing the role of EHRB to provide voluntary registration facilities for those same members as Public Health Practitioners. It is our intention that the systems developed to achieve this will map to national systems and to nationally agreed standards. We also intend to provide an explicit link between the achievements of registration as a public health practitioner with the award of 'Chartered' status by the professional body.

2.0 Answers to the consultation questions

Question 1: *Do you agree with the Department's decision that the HCPC should be the statutory regulator for public health specialists from backgrounds other than medicine or dentistry? If not, why not?*

Yes.

HCPC is widely experienced and has the capacity and credibility to do this. The CIEH takes the view that what is required is a central regulator that works closely with professional bodies to not only set clear standards but to also provide stability within a diverse landscape.

Question 2: *Do you think that public health specialists should be regulated by another body? If so, who and why?*

No.

The CIEH recognises the existing role that regulators such as the GMC and GDC play in respect of medically trained specialists in public health.

In respect of non-medical public health specialists then our answer to question 1 applies and we believe that HCPC should be the appropriate regulator.

Whilst CIEH has, over the years, worked with, supported and even provided a home for UKPHR, we have done so in the belief that over time, a significant number of our own members would seek voluntary registration with them; however, that has not proved to be the case and it is now clear that voluntary registration as Public Health Practitioners is the most appropriate option for the vast majority of CIEH members.

Having concluded that HCPC are the most credible registration body for non-medical specialists in public health going forward, the CIEH, is now choosing to focus its attention on registration systems for Public Health Practitioners and, in this respect, we are seeking to establish a new Register for Public Health Practitioners that will draw upon our existing expertise and registration frameworks and modify them to ensure that they are fit for purpose and provide the most appropriate 'home' for Public Health Practitioners.

Question 3: *Do you agree that outstanding UKPHR fitness to practise cases at the time of transfer should be investigated and determined by the Health and Care Professions Council in accordance with the Health and Social Work Order 2001 (S.I. 2002/254)? If not, why not?*

If the transfer is implemented, yes.

Question 4: *Do you agree that the grand-parenting period for registration as a public health specialist should be two years?*

If the transfer is implemented, yes.

Two years is a reasonable period within which members of the public health workforce could be expected to commence an application for registration as a public health specialist if their applications were not to be already underway at the time of the transfer.

Question 5: *Is the impact of these public health specialists being required to register with the HCPC of significant consequence?*

No.

Once it is clear that HCPC are the official registration body and their procedures and systems are transparent, then there are no reasons why any adverse consequences should flow from this.

Question 6: *Do you agree that "public health specialist" should become a protected title?*

Yes.

CIEH also supports the introduction of additional protected titles:

Director of Public Health

Consultant in Public Health

Public Health Specialist.

Chartered Public Health Practitioner

The latter of these additional protected titles relates specifically to our proposal detailed in our response to question 2.

Question 7: *Which of these options for defined specialists, if either, do you think is appropriate?*

CIEH supports the option whereby defined specialists transfer to the HCPC and are separately distinguished via a protected title for defined specialists with standards of proficiency relating to the defined areas of specialism. We also firmly support this route remaining open after the transfer to HCPC

Question 8: *Do you agree that the requirement for a Council member to chair Registration Appeal Panels should be removed?*

Yes.

Question 9: *Do you agree that a HCPC panel should have the power to make a striking-off order in a health or lack of competence case provided the registrant has been the subject of a continuous substantive suspension or conditions of practice order for at least two years?*

Yes.

Question 10: *Is our estimate of the numbers of non-medical public health specialists working in the independent or private sector reasonable?*

From the evidence that is available to us, then, yes.

ENDS, CIEH 2014