Practitioner Registration Launch – 29th January 2014

Centre for Life, Darwin Suite, Newcastle

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UKPHR's development to date

In 2003 the Department of Health and public health partners set up a voluntary register for multi-disciplinary public health specialists.

The rationale was that doctors and dentists were regulated but other public health leaders were not. A voluntary register for public health specialists filled a regulatory gap.

The register was set up UK-wide. Although voluntary, it became so effective that today recruitment of public health specialists requires applicants to be registered.

The register has approximately 550 specialists on it out of an estimated 1,200 in the UK.

UKPHR always envisioned that the register would extend to embrace all the public health workforce – practitioners as well as specialists.

In 2011, seven pilot local schemes of practitioner registration commenced: some names have changed overtime but today the schemes cover:

Kent, Surrey & Sussex; Oxford; Wales; Wessex; West of England, West Midlands; West of Scotland

The first 100 practitioners have successfully achieved registration and around 400 more are in the process of registering.

We have evaluation reports for the pilot schemes and from these we judge that practitioner registration is effective, valued and useful to practitioners and their employers alike.

As a result, our ultimate ambition is to roll out practitioner registration UK-wide. In the meantime, we intend to encourage the setting up of more and more local schemes.

This is why we supported the launch of a new North-Central and East London scheme in November. And it is why we are supporting the launch of this North-East England local scheme today.

We anticipate a new South-West England local scheme in April.

We are working with local partners to set up a new East of England local scheme this year.

In addition to these geographic expansions of practitioner registration, we are also examining the introduction of provisional registration (for example, for specialty trainees) and Advanced Practitioner. We are not planning that Advanced Practitioner will be a separate category of registration, but being on the register will be a pre-condition for seeking recognition.

Public health workforce - big picture

UKPHR holds a voluntary register.

This is different from statutory regulation but it is a form of regulation.

Hence UKPHR regards registration as first and foremost for public protection.

Of course, the standards required to gain registration (evidence of competence) and to remain on the register (continuing professional development) have other values, too.

For individuals wishing to make a career in public health and for public health employers registration offers assurance of competence and support for individual professional development.

Currently, UKPHR is the only, single and knowledgeable regulator of the public health workforce.

As a voluntary register the only other step we can take to assure the public and the public health workforce and their employers that we meet objectively assessed standards of regulation is to achieve accreditation.

The law has provided a route for accreditation by the Professional Standards Authority and UKPHR has therefore made an application to PSA for accreditation of our register.

In our view, a single, knowledgeable regulator for all the public health workforce fits fully with last year's Public Health Workforce Strategy.

It fits with the expectation of CPD and revalidation for all public health professionals.

It fits with the continuing reliance on and development of the Public Health Skills and Knowledge Framework.

It fits with the ambition to develop a Skills Passport for the workforce.

But the Government's intention to introduce statutory regulation of public health specialists (who are not doctors or dentists) by the Health and Care Professions Council cuts across UKPHR's view of what is best for the workforce.

We will argue against this particular Government policy proposal.

However the regulation of specialists unfolds, the Department of Health says that it wants there to be a UK-wide voluntary register of practitioners and that this is a continuing role for UKPHR.

It is also where your work to establish this local scheme fits in.

Future of practitioner registration

For the time being, UKPHR will continue to support the incremental spread of practitioner registration to more and more parts of the UK by the setting up of additional local schemes.

This model is completely devolved. It means that, crucially, the funding for operating local schemes has to be raised locally. Directors of Public Health have always been supportive and have been creative in identifying funding for our pilot schemes.

More recently, the new bodies Health Education England and Public Health England have been supportive of local schemes in England.

UKPHR wants to agree standards for this support with HEE and PHE, perhaps through a joint Memorandum of Understanding.

In this way, we can perhaps make more predictable and reliable the support, including financial support, which local schemes can expect from all three partners.

The significance of setting up new schemes like the recent North-Central and East London scheme and this scheme covering North-East England is momentum.

The pilots have proved that practitioner registration adds value to the public health workforce and its critical mission to improve people's health and reduce health inequalities. By their endurance and development they have blazed a trail for others to follow.

Now with these experiences in London and Newcastle I can see that others are on the same path. The expected schemes to come in East of England and South-West England demonstrate that the path is going to be well trod.

So I think we can conclude that there is a place for widespread practitioner registration across the UK. It is likely that it will in due course cover thousands of the members of the public health workforce.

I will be proud and honoured if UKPHR contributes to a movement that raises the profile of the public health workforce and gives voice to the importance of the work it carries out on behalf of all of us.

For our part, UKPHR is committed to protecting the public from harm while promoting continuous improvement in the practice of public health in the UK.

For today, I thank you all for your commitment to the same cause and for your determination and ingenuity in setting up your local scheme.

I congratulate you on reaching this stage successfully and launching your scheme today. I wish you every success in the months and years to come and I offer you UKPHR's support for all that you seek to achieve locally.

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