

General Pharmaceutical Council

November 2014

GPhC response to The Health and Care Professions (Public Health Specialists and Miscellaneous Amendments) Order 2015 consultation

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?

The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy. We welcome the opportunity to respond to The Health and Care Professions (Public Health Specialists and Miscellaneous Amendments) Order 2015 consultation.

The GPhC believes that patient and public safety can only be assured if health and social care professionals are subject to appropriate standards of education and training, conduct and performance and continuing fitness to practise. However, we trust that reasonable tests should be applied whenever a new layer of regulation is added, to consider its feasibility, regulatory and bureaucratic burden, and implications for other professionals and the public. Consequently, we have significant concerns about the prospect of dual registration and regulation for some professionals, including current and future GPhC registrants.

We disagree that our registrants (who are part of the "non-medical public health consultants" category), "fall outside the statutory regulatory system", as in order for them to practise lawfully in Great Britain, pharmacists are subject to statutory regulation by the GPhC. We do not find sufficient

GPhC response to The Health and Care Professions (Public Health Specialists and Miscellaneous Amendments) Order 2015 consultation

justification for their dual statutory regulation with the GPhC and the HCPC, on the basis of either the consultation document or the Scally Review that it draws on. Many pharmacists are already involved in public health as part of their regular professional practice; it is not a separate profession and they are already regulated by the GPhC for the extent of their work. The Government itself has previously highlighted both the need to avoid costly dual regulation and reduce regulatory burden. Therefore, we do not see the need for dual regulation for what is essentially the same professional role.

Furthermore, dual registration could become an impediment to effective regulation by:

- Increasing and possibly duplicating the regulatory and bureaucratic burden – something that goes against the Government’s commitment to reducing unnecessary regulation.
- Complicating the practical dimensions of fitness to practise proceedings by blurring the borders of responsibility between the two regulatory bodies and potentially resulting in conflicting investigations.
- Confusing other healthcare professionals and members of the public in terms of their understanding of what they can expect from the professional and who they can complain to if something goes wrong.
- Creating additional registration and regulatory requirements for an individual in order to practise their chosen specialism when it does not amount to a separate profession.

In summary, the dual regulation of pharmacists who are also public health specialists is not supported by the GPhC as we are not convinced that it would enhance patient and public health, safety and wellbeing.

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

Please refer to the answer above.

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?

Providing that the process is appropriately managed and overseen, we believe that it is reasonable for outstanding UKPHR fitness to practise cases, at the time of transfer, to be investigated and determined by the Health and Care Professions Council (HCPC) in accordance with the Health and Social Work Order 2001 (S.I. 2002/254).

GPhC response to The Health and Care Professions (Public Health Specialists and Miscellaneous Amendments) Order 2015 consultation

We believe that failure to deal with the legacy fitness to practise cases in a timely and effective manner would present risks to public safety and public confidence in the profession and could also impact adversely on the credibility of both the UKPHR and the HCPC.

We would welcome engagement with you, including sharing information about investigations and ongoing legacy cases when the individual concerned might also be registered with the GPhC.

Drawing on our own experience in this area, we would like to highlight the GPhC's Just Disposal of Legacy Cases Policy¹ and the [Just Disposal of Legacy Cases Guidance](#), both published in 2010.

The purpose of the policy was to set out the approach we would take to the cases that were transferred to the GPhC. It was developed prior to the transfer of regulatory powers from the RPSGB to the GPhC to meet the transitional provisions contained within the Pharmacy Order 2010. The policy applied to the following categories of cases:

- all cases that had not yet progressed to Investigating Committee including cases awaiting listing before the Investigating Committee;
- all cases where a decision has been taken by the Investigating Committee; or Disciplinary Committee (DC)/Health Committee (HC) in respect of interim order applications or otherwise by way of direct referral from the Registrar;
- all part-heard cases where the final decision has not been communicated to the pharmacy professional; including Disciplinary Committee and Health Committee decisions.

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

We cannot advise on the specific length of a grand-parenting period as this will differ according to organisational need and requirements. However, we can share the GPhC's experiences of the grand-parenting period for pharmacy technicians, which covered a two year period, if this would be helpful.

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

The GPhC's role in protecting, promoting and maintaining the health, safety and wellbeing of members of the public and maintaining public trust in pharmacy is only possible if pharmacists and

¹ Available on request.

GPhC response to The Health and Care Professions (Public Health Specialists and Miscellaneous Amendments) Order 2015 consultation

pharmacy technicians are regulated according to our standards and fitness to practise requirements. This means being subject to statutory regulation by the GPhC.

As far as we are aware, there are only a small number of GPhC registrants who are currently on the UKPHR register. However, given that public health currently falls within the professional practice of a pharmacist and that this focus is increasing, we have concerns about the number of pharmacists who might potentially be subject to dual regulation.

As detailed in our response to question 1, we have significant concerns about the potential dual registration and regulation of pharmacists going forward. Therefore, we suggest that professionals, who are already regulated by an existing health or social care regulator for their work in that profession, should be excluded from any requirement to register with the HCPC.

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

The GPhC does not have a view on this. However, HCPC might want to consider how the protected title relates to statutory regulation. Furthermore, if the protected title implies a set of competencies and characteristics that the professional holds in order to be on the register, then consideration should be given to how this is communicated to the public, including any expectations of that professional.

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

We do not have a view on this issue. However, we trust that the rationale for separately distinguishing one part of the register should be based on a careful consideration of the size of the register and the ability to justify and explain this distinction to the public.

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

The GPhC is committed to a clear separation of duties between its operational and governance functions and is keen to ensure impartiality in the delivery of all of its functions. We believe that Council should have oversight of the process, but not an actual involvement in the process.

In fact, there is an explicit requirement for such a separation of duties, contained in the [Pharmacy Order 2010](#). Under its Schedule 1, the Order states that:

(4) Rules under this paragraph must provide that—

(a) no person may be both a member of the Council and of the Appeals Committee or the Fitness to Practise Committee; no person may be both a member of the Council and of the Appeals Committee or the Fitness to Practise Committee;

The suggested removal of the requirement for a Council member to chair the Registration Appeal Panel is in line with these rules and principles. We are thus supportive of this proposal.

We also agree with the point presented in the consultation document that, “Appeal panel hearings would be dealt with more swiftly by not having to rely on the availability of a limited number of trained Council members.”

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?

The GPhC believes that the outcome of a hearing should always be proportionate to the seriousness of the case at stake and consistent with the practice observed by other health and social care regulators.

In respect of health related cases, we would also highlight the requirements of the Equality Act 2010, specifically the provisions relating to disability (including the duty to not discriminate and to make reasonable adjustments). Some health cases (e.g. mental health impairments) will inevitably involve long term issues that may not be addressed within a two year period and removal from the register would have a significant impact on a registrant’s ability to return to practise once any issue is addressed.

We would be happy to share our experience of exercising the power to suspend ‘indefinitely’ in relation to these issues.

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

The wider work of the Centre for Workforce Intelligence (CFWI) suggests that the lack of consensus around definitions and limited data availability are key challenges in mapping the core public health workforce².

Our own experience of identifying the number of pharmacists who would need to be registered with the HCPC under the proposals has been challenging, although we are aware of a small number of pharmacists currently registered with the UKPHR. However, we have significant concerns about the potential number of pharmacists affected by a requirement for dual registration, particularly given that public health is an increasing part of a pharmacist's professional practice.

² [CFWI \(2014\) Mapping the core public health workforce - Final report](#)