 Regulatory Policy Committee	Validation of the One-in, Two-out Status and the Net Direct Impact on Business
Validation Impact Assessment (IA)	Statutory Regulation of Non-Medical Public Health Specialists
Lead Department/Agency	Department of Health
IA Number	8054
Origin	Domestic
Expected date of implementation	April 2015 (SNR 9)
Date of Regulatory Triage Confirmation	30 May 2014
Date submitted to RPC	8 December 2014
Date of RPC Validation	16 January 2015
RPC reference	RPC14-FT-DH-2099(2)
Departmental Assessment	
One-in, Two-out status	IN
Estimate of the Equivalent Annual Net Cost to Business (EANCB)	£0
RPC assessment	VALIDATED
Summary RPC comments The Validation IA is fit for purpose. The IA says that this is a regulatory proposal that would impose a cost on business (an 'IN') with an estimated equivalent annual net cost to business of £739, which has been rounded to £0 for OITO purposes. This appears to provide a reasonable assessment of the likely impacts.	
Background (extracts from IA) What is the problem under consideration? Why is government intervention necessary? <i>“Around 50% of public health specialists are ‘non-medical’ public health specialists (NMPHSs). Unlike medical PHSs, their practice is not subject to statutory regulation although their job does not usually differ from that of medical PHSs. NMPHSs are invited to register voluntarily with the UK Public Health Register as a way of demonstrating their competence and fitness to practise. Although there is no evidence that NMPHSs have yet acted in a manner which has put the public and their health in danger, the risk of this happening currently exists. While the scale of this intervention is relatively small, Government intervention would provide more consistent and rigorous public protection than the current system”.</i> What are the policy objectives and the intended effects?	

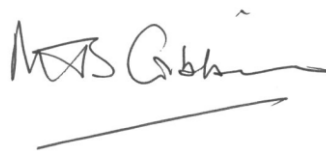
“The policy objective is to extend the public protection that currently applies to specialists from a medical or dental background to NMPHSs; to ensure a consistent approach to regulation and standard setting; and to realise cost savings from increased efficiency of back office functions. The intended effect of the policy is that all practising NMPHSs will be registered with a statutory regulator. This will increase efficiency and reduce the risks of inconsistent approaches to preventing disease, protecting and improving general health, promoting healthy lifestyles and improving healthcare services”.

RPC comments

The Department proposes that non-medical public health specialists will be required to register with the Health and Care Professions Council in line with the public health specialists. Non-medical public health specialists (NMPHS) are those that specialise in professions such as environmental health, nursing or microbiology. The Department says this requirement will provide a consistent approach and that non-medical public health specialists will have the same competences and standards as medical and dental public health specialists. The IA explains that the proposal will only have an impact on an estimated 12 private sector non-medical public health specialists. This will be from the cost of registering, which will be £80 per year and, in the first year, scrutiny fees of £56. We note the IA explains that there is currently no evidence that NMPHSs have acted in a manner to endanger the public (page 2). Given what therefore appears to be a very small risk to the public, the IA would benefit from further narrative on this point to support the proposals.

The IA says that this is a regulatory proposal that would impose a cost on business (an ‘IN’) with an estimated equivalent annual net cost to business of £739, which has been rounded to £0 for OITO purposes. This is consistent with the current Better Regulation Framework Manual (paragraph 1.9.10) and, based on the evidence presented, appears to provide a reasonable assessment of the likely impacts.

Signed



Michael Gibbons, Chairman