

Fighting for our rights, fighting for our future

Public health medicine report

In 2021-22, the Public Health (PH) workforce has continued to respond to the Covid-19 pandemic, alongside major restructuring in England and more recent proposals for restructuring in Wales and Scotland and in the context of widening health inequalities in the populations we serve. Public Health (PH) doctors have continued to make an invaluable contribution to the work of the BMA. The PHMC (public health committee) has taken clear and decisive action to assert and future-proof the working conditions of PH specialists, to advocate for public health services that can ensure the primacy of the public's health in policy making, and to protect and improve the health and wellbeing of the most vulnerable and disadvantaged in society.

Workforce and restructuring in England

The PHMC and its executive, particularly the officers, have worked tirelessly, including supporting the very dedicated PHE (LNC) Local Negotiating Committee and Industrial relations officer, to ensure that the transition of the PHE workforce to UKHSA, OHID and NHSE in England went smoothly. This included continuity of the clinical ringfence for medical pay, terms and conditions and appraisal and revalidation, as well as future collective representation through the establishment of distinct LNCs for the new organisations. We maintained pressure to ensure backdated PHE Clinical Excellence Awards were paid and are seeking assurance that Academic PH consultants will continue to have honorary contracts (with either UKHSA or OHID) and that Registrars will have honorary contracts, including in local authority settings, which are fit for purpose. We engaged with local government employers through the NJC Public health working group, making the case for a comprehensive public health workforce strategy to them and other stakeholders. We have worked closely with the BMA consultants committee, raising issues around pay disparities and the need to consider the wider workforce in non-NHS settings in policy decisions. Building on motions passed at last year's PHM Conference, we prepared a proposal for the GMC to regulate all PH consultants and trainees, whether from a medical or non-medical background and the implications of

extending to this group of specialists, medical terms and conditions and a potential role within the BMA. This proposal has been accepted in principle by the professional regulation committee and became PHMC policy at our conference in June 2022.

Public health specialists' manifesto

In 2021, we surveyed BMA members working in PH and found very high levels of stress, burnout, mental health problems, unpaid over-time, inadequate leave, a lack of consultation and perceived appreciation, and alarmingly high levels of potential attrition. We have translated the key findings into a *Public Health Specialists' Manifesto*, now published and spanning recommendations for PH funding and workforce capacity – including retention and returners, negotiating rights in the new employer organisations, future employment arrangements, contracts, additional hours payments, indemnity, pandemic preparedness and an adequate range of support services for specialists, through both training of managers and enhanced signposting to providers of psychological support of various kinds. This last aspect was followed up with a motion at the PHM conference in 2022, supporting the provision of longer-term counselling for all doctors. The “Manifesto” received a warm welcome from the BMA wellbeing stakeholders group and its recommendations became PHMC policy in June 2022.

Integrated care system (ICS) in England

We worked with others in the BMA, to campaign for improvements to the provisions of the Health and Care Bill, specifically to include the appointment of appropriately trained and registered Public Health specialists to Integrated Care Boards, who are free from political interference and able to ensure that the needs of the whole ICS population are made central to commissioning decisions. This proposal gained traction among some members of the Lords but ultimately failed and we are continuing to lobby ICSs on this matter directly and via our constituents and in collaboration with other branch of practice colleagues and patient representatives.

Pandemic response

In 2021-22, the PHMC Executive and I have contributed to dozens of BMA public-facing statements and press releases during the pandemic spanning many aspects. This has included the content and timing of the implementation and lifting of protective measures, changes in the availability of testing for Covid-19 and the requirement for and length of isolation, vaccination policy and administration and response to new variants, as well as public health restructuring, funding and PH Consultants' independence to advise and publish, as well as on health inequalities. Many of these statements were picked up by the national media and the Executive also provided briefings and input to inform BMA policy, most recently on aspects of the Government's “living with Covid” policy. In 2021, the PHMC established policy supporting a public inquiry, also adopted by last year's ARM, to look at the Government's management of Covid-19 and has provided a key input into the BMA Covid-19 Review, particularly report 4 on the Government's public health policy during the pandemic.

Policy and advocacy

Despite the demands of contributing to BMA policy and response during the pandemic, we have made notable progress on a number of key public health issues, including building on motions agreed at last year's PHM conference: on support for pilots on Universal Basic Income, resulting in a recent joint round-table with the (BoS) Board of Science, with speakers from Finland, Wales and Scotland; on the regulation of gambling, again working jointly with the BoS, developed into a motion passed at the 2022 PHM conference; on advocating for equal protection from assault for children in England and Northern Ireland, supported by UK council and now an 'A' motion at this ARM. We also took forward policy from last year's PHM conference including: on investment to reduce childhood poverty – to inform wider BMA work on health inequalities and levelling up; on health in all policies - as part of the Presidential project; and on active transport and physical activity – informing the Committee's engagement with the Partnership for Active Travel, Transport and Health; as well as policy on reducing plastic waste. This year's PHM conference was themed "Healthy Planet, Healthy Humans: Global Health and Climate Change" and featured PH experts in this area and in addition to those already mentioned, motions were passed on: combatting climate change; PH funding and professional independence; training; restructuring in Wales; pandemic measures; the impact of austerity; and affordable housing.

Future plans

We will continue to work with others in the BMA and in collaboration with PH partners, such as the Faculty of Public Health and the BDA, through the Public health medicine consultative committee and other fora, to advocate for public health systems in all the UK nations, which are integrated, have sufficient capability, funding and specialist staffing, at local, regional, national and international levels and are able to work with key partners and agencies, including the NHS and the new Integrated Care Structures in England. We will strive to ensure that all PH specialists and trainees are offered NHS or NHS-equivalent terms and conditions and pay, to facilitate movement around the system and that they are free to speak, advise and publish on matters of professional concern at any time, without seeking their employer's consent.

Through the BMA, the PHMC will contribute to the public inquiry on the pandemic and campaign for key lessons to be learnt and action taken, to ensure properly funded public health systems and a professional public health-led response to any future pandemics, as well as ongoing surveillance and data sharing, surge capacity and effective measures to address the urgent issue of health inequalities, including through mitigating the impact of the escalating cost of living.

I look forward to continuing to collaborate with members of the PHMC and colleagues across all branches of practice, as well as patient representatives, on a range of issues of significance to our profession and the public we serve.

Penelope Toff

Chair, Public Health Medicine Committee

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