ARM2023

BMA

Public Health Medicine Committee (PHMC)
Written report to the ARM 2023

Overview

Since the last ARM in 2022, the public health workforce that the PHMC represents, has worked tirelessly for the populations we serve, continuing to respond to COVID-19 and other infectious disease outbreaks of national concern, despite withdrawal of additional pandemic funding and posts across the public health system. At the same time, the PHMC's constituents have had to cope with major public health restructuring in England and Wales, continued lack of devolved government in Northern Ireland, political instability in England and Scotland and the health impact on populations, of the devastating cost-of-living crisis across the UK. We have supported our members and worked with others in the BMA to ensure continuity of representation through establishing LNCs in the new organisations.

Within the context of widening health inequalities and stalled or falling life expectancy, the reality of sustained cuts to general and public health funding, have left local authorities in England unable to provide all the basic public services and primary and secondary prevention required, at a time of desperate need. As the PHMC and together with partners in the public health medicine consultative committee (PHMCC), including the Faculty of Public Health, Association of Directors of Public Health and other unions, we have focused first and foremost on addressing this double crisis - in the population's health and the PH workforce. Despite the increased demand, large numbers of PH consultant posts remain vacant or modified, so that less qualified people can be recruited, particularly in local authorities. In the last few years, insufficient numbers have been trained in PH and it is welcome that HEE has significantly increased the numbers this year and we are seeking assurances that this increase will be sustained. Many of those newly qualified as consultants are leaving for better paid and more flexible work and a significant number are retiring early, with insufficient efforts to facilitate willing "returners." We and our partners have gathered the data which show a workforce which feels exhausted and unappreciated, and which highlights the reality and impact of the lack of pay parity across the public health system. There is urgent BMA work to be done to achieve collective negotiating rights in local authorities, or improved arrangements with partners from unions which have these rights, so that we can access these processes on behalf of public health doctors.

The committee has spoken out on these issues affecting both those working in the specialty and the population as a whole, particularly those who are most vulnerable and disadvantaged. We have highlighted the connection between these two areas of concern and advocated for solutions, within and outside of the BMA, through a variety of forums, in briefings and blogs, PRs, media interviews and longer articles in national publications, including on issues such as exercise on prescription and the impact of austerity on the public's health. We have advised individual members, including referring the Ranson case to the cases committee and made an invaluable contribution to the wider BMA: playing a very active role in the BMA's COVID-19 review, where evidence for the current public inquiry was gathered; in the recent health inequalities campaign; and in discussions about pay restoration, where we have also sought and shared expert advice on the position of public health doctors in the ballot and strike action.

Since the last annual representative meeting (ARM) in 2022, it has been official BMA policy to support better public health funding across the system, health in all policies, public health consultants' right to advocate for the population's health and the appointment of public health specialists to all Integrated Care Boards and we have been working actively with others in the BMA to progress these issues.

Largely thanks to the sterling efforts of Tamasin Knight, deputy chair for policy and advocacy, we have been able to continue and gradually increase, our work on a range of issues affecting the population's health, including in effective partnership with the BMA board of science and supported by the phenomenal BMA policy team. This work has stimulated discussion, fed into national debate and helped to bring about welcome changes in legislation. Recently, for example we have been quoted in the national media in support of reducing access and harm from e-cigarettes/vapes, particularly in children and in responding to the public affairs committee report on alcohol treatment.

The PHMC has met three times so far this session. We were delighted that our first meeting was in Edinburgh in

November, where we were fortunate in hosting Professor Mary Black, the previous evening, to deliver the 2022 Sandy Macara memorial address, providing much food for thought, with her talk on the arts, medicine and healing – tools for challenging times. We welcomed a number of new PH members to the committee, as well as new representatives from other BMA branch of practice committees and outside organisations. There was one change among the deputy chairs, as Emma Pearce decided not to stand for re-election and Youssof Oskrochi, was duly elected as the new deputy chair for workforce and regulation. We have been privileged to have Professor Martin McKee as BMA president for this session and this has added another vital expert PH voice to the PHMC and BMA conversation.

Public health medicine conference 2023

Our annual conference in March was skilfully chaired by Sushma Aquilla and Ishani Kar-Purkayastha and focused on poverty in the 21st century and the role of public health and we heard keynote speeches from Professor Martin McKee, who gave us a global, "long-view" on the subject, Professor Maggie Rae on reducing health inequalities at regional level and from Allison Duggal, DPH and Sue Frossell, consultant, on this work in Coventry, a "Marmot City." An expert panel addressed the issue from the perspectives of a mental health trust, general practice, housing, hygiene and food poverty.

Through debate of motions, we adopted a raft of new policy, including on the regulation of e-cigarettes; a public health approach to drug policies; strengthening gambling regulation and other measures to prevent gambling harms; addressing income and wealth inequality; establishing the living wage as the minimum wage; affordable "green" housing; UK-wide "wellbeing of future generations" legislation; employment of all PH registrars and consultants on contracts, pay, terms and conditions equivalent to those for NHS doctors and recognition of seniority of PH consultants across all employing organisations; workforce involvement in developing improved PH structures and workforce planning; an employment rights bill; investment in dental services, improved dental access and workforce planning; investment in career structure for social care workers; establishment of a universal workplace occupational health service as part of the NHS; and better access to global health placements for PH trainees.

Workforce and restructuring in England

The PHMC and its executive, particularly the officers, ably led by Emma Pearce, then deputy chair for workforce and regulation, worked hard alongside and in support of the very dedicated PHE local negotiating committee (LNC) and industrial relations officer, Patrick Boardman, to ensure that the transition of the PHE workforce to UKHSA, OHID and NHSE/I in England, went smoothly, with continuity of the clinical ringfence for medical pay, terms and conditions and appraisal and revalidation, as well as to ensure future collective representation through the establishment of distinct LNCs for each of the new organisations.

We maintained pressure, so that backdated PHE clinical excellence awards were paid and persistently sought assurances that academic public health 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. An honorary contract has now been agreed with OHID, however we are aware of individuals who have either lost their contract or the associated funding. We are supporting the individual members affected and working together with the BDA on a collective response.

Heather Grimbaldeston, PHMC deputy chair for local authorities led our engagement with local government employers, through the NJC public health working group (PHWG), persistently making the case to them and to other stakeholders, for a comprehensive public health workforce strategy. The NJC PHWG also enables us to work with the other trades unions active in the local government sector. We are hoping for renewed activity in this area, at the same time as working closely with other public health partners and senior BMA colleagues on these and other related issues. We have worked closely with the BMA consultants committee, raising issues around pay disparities across the public health system and there and elsewhere, highlighting the need to consider the wider workforce in non-NHS settings, in BMA policy decisions.

Building on motions passed at the PHM conferences and the ARM, within the BMA, we are sharing and discussing our policy for the GMC to regulate all public health consultants and trainees, regardless of background. Since all public health consultants have the same specialist training, this consistency of standards and regulation makes sense and once achieved, could be followed by associate BMA membership. This proposal has received initial support from the BMA's professional regulation committee.

Pay and contracts

On grounds of equity and to facilitate movement around the PH system, we continue to work towards all PH doctors, regardless of their public sector employer, being offered NHS or NHS-equivalent terms and conditions and pay, as well as - and in line with existing BMA policy - the same pay and conditions for all public health

specialists and trainees, regardless of professional background, once there are equivalent appraisal and revalidation processes in place. We, alongside the BMA as a whole, have continued to advocate that PH specialists should be free to speak, advise and publish on matters of professional concern at any time, without seeking their employer's consent and must be free from political interference or censorship.

We are working with BMA colleagues to ensure that PH registrars are eligible for any pay awards or other benefits arising from the junior doctors' industrial action and we have been in active dialogue with the junior doctors committee (JDC) throughout. We appreciate that some PH trainees were disappointed not to be able to take part in the ballot and in direct industrial action. The legal advice we received indicated clearly that their participation would pose a significant risk to the integrity of the ballot and might open this and subsequent industrial action to legal challenge. As is the case for all employees, where there is collective union representation, PH doctors are able to take strike action against an employer, but this must be the employer with whom they are in dispute – in this case the NHS in England - and not a host organisation, where they have contractual obligations and where strike action would be regarded as "secondary" and thus illegal. With respect to the consultant's ballot, some PH consultants faced similar issues, however most of those who work within UKHSA, OHID and other parts of the DHSC are eligible and have been balloted.

We have shared the UK consultant committee's rate card, which advises on pay for non-contractual work and which may prove helpful, particularly for those working in UKHSA and we continue to feed PH workforce-specific concerns into discussions on pay, including the importance of pay parity for consultants employed outside of the NHS.

Public health specialist's manifesto

We surveyed BMA members working in public health in 2020-2021 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 translated the key findings into the public health specialists' manifesto, which was endorsed at the 2022 public health medicine conference, welcomed by the BMA wellbeing stakeholder group and brought to the attention of the 2022 ARM. The manifesto includes 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 is reflected in PHMC policy established in 2022, supporting the provision of longer-term counselling for all doctors. We are continuing to work on the manifesto's implementation, through lobbying key bodies and collaborative work within the BMA, including with the consultants committee, who have produced a consultants charter with many areas of synergy with the PH manifesto.

Integrated Care Systems (ICS) in England

During the first half of 2022 we worked with others in the BMA to campaign for improvements to the provisions of the Health and Care Act. In particular, we called for the mandatory appointment of appropriately trained and registered PH specialists to Integrated Care Boards - PH professionals 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 to be included in the Bill. The BMA policy team surveyed ICSs to ask whether they had an independent PH specialist on their board. Disappointingly, few did and the policy team, has worked with the PHMC on a follow-up letter to the boards asking them, amongst other questions, how they intend to obtain the independent public health advice needed to inform their decision-making. We have also reported our concerns to the chairs of the BMA's regional councils, who have a key role in liaising with ICBs on the association's behalf and are currently developing a strategy to carry this out at local level.

Policy and advocacy

The PHMC has continued to play an active role in the BMA's response to the pandemic and all related matters, which is now the role of a newly convened cross branch of practice and four-nation COVID-19 steering group. In 2021, the PHMC established policy supporting a public inquiry to look at the management of Covid-19 by the governments of the UK and we provided key inputs into the BMA COVID-19 Review - which has now informed BMA input into the public inquiry - particularly Report 4 on the Government's public health policy and response during the pandemic. The BMA has been granted core participant status for some of the inquiry's modules, has begun to give verbal evidence and the PHMC will continue to assist the policy team and others with the BMA's response.

Despite the demands of contributing to BMA policy and response to the pandemic, the PHMC has made notable progress on a number of key public health issues. This includes building on a motion agreed at last year's PHM conference on support for pilots on Universal Basic Income, resulting in a recent joint roundtable with the board of science (BoS), with speakers from Finland, Wales and Scotland. This and motions passed at the 2022

conference led to a wide-ranging discussion of the impact of economic inequalities on health which, in turn, led to a major BMA campaign on health inequalities in the run-up to December 2022. Work has continued on the regulation of gambling, again working jointly with the BoS, building on a motion passed at the 2022 PHM conference, with a further motion now passed at the 2023 conference. Following our support to the successful legislation in Scotland on equal protection from assault for children, followed by the adoption of similar legislation in Wales, the PHMC has advocated for this to be passed in England and Northern Ireland and wrote to the then chair of the Commons education committee supporting his call for a Commons debate. The 2022 motion was passed at UK Council and the BMA will now be writing to the new education committee chair and to relevant spokespeople in the opposition parties.

Public health training

Through the members of the public health registrars subcommittee, we continue to review and discuss the concerns of trainees regarding the training programme. Youssof Oskrochi, chair of the subcommittee, met with the then lead dean for public health in 2022 and with staff from the lead employer for the North-West and elsewhere and continues to attend the faculty's specialty registrars committee (SRC) on our behalf. Through them he raised concerns about the Gold Guide and managed to achieve some changes that were of benefit to PH registrars.

We aim to develop a working relationship with the new lead dean for public health, build on the positive relationship with the faculty SRC and continue to inform the JDC of the interests of PH registrars. The chair of the subcommittee was also involved, along with the PHMC chair, in seeking and reviewing the legal advice regarding PH registrars' participation in the junior doctors' ballot and industrial action and in agreeing the ensuing guidance and communications.

The PHMC, its executive, officers and registrars' subcommittee are very grateful for all the support received from BMA staff but especially that of David Cloke, Chris Fosten, Winifred Annan, Nikki McIntosh and Holly Senior.

Future plans

We will continue to work with others in the BMA and in collaboration with public health partners, through the public health medicine consultative committee (PHMCC) and other forums, to advocate for the key issues described here and for public health systems in all the UK nations to be designed to follow the required functions and established in full consultation with their workforces, to be integrated within and across nations, to be able to work seamlessly with key NHS and wider healthcare, commissioning and other agencies and to have sufficient capability, funding and specialist staffing, at local, regional, national and international levels. Above all, that these systems are designed to address the health and wellbeing needs of the population and to reduce health inequalities and that public health professionals are free to advocate for these needs wherever they work, free from political interference.

The PHMC will work with colleagues and partners to continue to highlight the links between the economy and health and to advocate and lobby for effective measures to address the wider determinants of health and health inequalities, through a health in all policies approach.

Through the BMA, the PHMC will continue to 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 reinstated surveillance and data sharing, surge capacity and ongoing appropriate training and education across the public health workforce.

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

Penelope Toff
Chair, BMA PHMC
BMA public health medicine committee overview