MULTI-SECTORAL
PUBLIC HEALTH\textsuperscript{1} PRACTITIONER
TRAINING & DEVELOPMENT PROGRAMME
2010-12

Providing opportunities to develop knowledge and skills
and
Piloting a process for assessment

OXFORD AND WESSEX DEANERIES’
SCHOOLS OF PUBLIC HEALTH

A PUBLIC HEALTH PRACTITIONER WORKFORCE – WHY IS IT NEEDED?

Context
The practice of public health at a level below specialist and consultant has become more important recently with the publication of the recent health White Paper\textsuperscript{2} and associated documents. Ensuring the supply of PH skills and competencies will be essential as described in the NHS South Central Workforce Strategy 2010-15\textsuperscript{3}. The white paper describes how “local health staff and local communities will have more clout and fewer decisions will be taken by Whitehall and by politicians. Health staff will have to account for the quality of their work and the results they achieve, not the quantity of their work”. The Quality, Innovation, Productivity and Prevention (QIPP) and Transforming Community Services (TCS) initiatives both emphasise the need for improved quality. The white paper describes a central role of GPs for commissioning healthcare and emphasizes the greater responsibility for health improvement of local authorities.

As the new national Public Health Service proposed in the White Paper is being designed, we believe we need to continue to build the public health workforce by offering a broad range of training, education and development opportunities, including the means to become recognized as a “Public Health Practitioner” in South Central.

Currently there are PH specialists who are trained through the national training programme provided by deaneries across England and registered and regulated as PH specialists with either the GMC (for medically qualified specialists) or the UK Public Health Register (for non medical specialists). In addition there are PH specialists who are registered with the UKPHR through retrospective portfolio submission. However, there is no easily identifiable workforce at levels below this, although there are many such practitioners who work to promote, improve and protect health through the wide range of multi-sector organizations providing services to develop the health of communities and populations.

\textsuperscript{1} The term public health in this document includes the breadth of health improvement, health intelligence, academic public health, health protection and health and social care quality.
\textsuperscript{2} Equity and Excellence: Liberating the NHS DH (2010)
\textsuperscript{3} Shaping the Future: The Workforce Strategy NHS South Central (2010-15)
Background

The need to develop the capacity and capability across three levels of the public health workforce (specialists, practitioners and wider workforce) was first clearly stated in the Chief Medical Officer’s report of 2001\(^4\). Since that report a number of important developments have taken place. In November 2001, the government’s intention to establish a voluntary register for public health specialists from backgrounds other than medicine was announced by Lord Hunt.

This was followed by the establishment of the UK Public Health Register (UKPHR) in 2003. UKPHR regulation was extended in 2006 to Public Health Specialists practising in ‘defined’ areas of public health. The development of the Public Health Skills and Career Framework (PHSCF) and its subsequent publication and launch in 2008 followed. Recently standards have been developed for Public Health Practitioners through wide-ranging consultation across the UK.

This set of standards for Public Health Practitioners, agreed across professional groups and organisations, including the Nursing & Midwifery Council (NMC), Chartered Institute of Environmental Health (CIEH), Royal Society of Public Health (RSPH), Faculty of Public Health (FPH) and others, will form the basis of this programme of development. The Public Health Practitioner Standards are based on the National Occupational Standards for Public Health (NOS PH), the NHS Knowledge & Skills Framework (KSF) and the PHSCF. These competency and knowledge statements set a consistent standard to be attained for all those working at the level of autonomous practice. Importantly, the standards provide quality assurance at entry to the professional PH practitioner level; the specialist register is at consultant level.

One of the programme goals, therefore, will be to identify, recruit, develop and assess a number of practitioners who can be described as such through evidence collated and presented by portfolio within a quality-assured process. Knowledge and skills for public health practice are described in the PHSCF which are related to the PH Practitioner Standards subsequently developed. We will be undertaking work to make that relationship clear.

This structured development programme is one of several opportunities for practitioners to develop public health competence within South Central including:

- the Defined Specialist Development Programme and
- the Public Health Talent Management Scheme

which we encourage to develop existing senior PH professionals to ensure they maintain standards to meet re-validation requirements.

The programme will be open to anyone who wishes to develop this level of competence and/or considers themselves to be, or would like to become, a “Public Health Practitioner” and who wants to gain local recognition through a quality-assured process of assessment and verification. Settings will include all public sector organizations involved in health and social care as well as local authorities and the voluntary sector.

The features, benefits and process for delivery of this programme are described within this document. This and other related documents will be available on the following South Central workforce & education website: http://www.workforce.southcentral.nhs.uk

It is understood there are many people working in more senior roles for whom this recognition may be valuable as a systematic baseline demonstration of competence. Through offering this comprehensive programme, we aim to create an identifiable and valued “Public Health Practitioner workforce”.

---

\(^4\) Report of the CMO’s project to strengthen the public health function, DH (2001)
### BENEFITS OF THE PROGRAMME

<table>
<thead>
<tr>
<th>To strategic, commissioning and employing organizations:</th>
<th>To Practitioner Applicants:</th>
<th>To Practitioner Managers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributes to improved workforce planning to achieve public health outcomes</td>
<td>Collates a body of evidence to demonstrate competence - useful for career development and job applications</td>
<td>Demonstrates quality-assured professional development and standard of PH practice to sustain and win new contracts for service delivery</td>
</tr>
<tr>
<td>Contributes to recruitment and retention of skilled professionals within South Central</td>
<td>Provides direction for appraisal and professional development plans</td>
<td>Contributes to the achievement of public health outcomes through effective and quality-assured practice</td>
</tr>
<tr>
<td>Provides information about employing organizations of practitioners</td>
<td>Increases networking and career opportunities</td>
<td>Creates a recognisable PH practitioner workforce retained within the area to a common standard</td>
</tr>
<tr>
<td>Enables improved education commissioning to increase knowledge and skills for health improvement/public health</td>
<td>Offers an opportunity to be in the “vanguard” of this essential and emergent workforce</td>
<td>Supports more effective recruitment to public health and wellbeing roles</td>
</tr>
<tr>
<td>Working with the UK PHR ensures this programme is in alignment with similar developments elsewhere, such as Wales.</td>
<td>Working with the UK PHR ensures this programme is in alignment with similar developments elsewhere</td>
<td>Standards help to define development needs of workforce to practice effectively in public health including health promotion.</td>
</tr>
</tbody>
</table>

### FEATURES OF THE PROGRAMME:

**Target Audience**
Learning and development in public health at this level is open to anyone employed in health and social care organizations including local authorities, other public and voluntary sectors as well as the NHS.

**Aim and Objectives:**
- To provide a training and development programme for anyone practising in public health to achieve competence at a level equivalent to autonomous practice.
- To assess practitioners through a systematic baseline demonstration that meets the PH Practitioner Standards of the UK PHR
- To provide an assessed and verified fit for practice workforce with competence equivalent to the autonomous practice level of other “practitioners” in health and social care organisations.

**Quality Assurance & Control:**
The UK PH Register developed the PH Practitioner Standards over several years, having been commissioned by the Department of Health. Widespread engagement and consultation was achieved with professional bodies and groups, including the NMC, CIEH, RSPH, FPH etc and also with potential practitioners themselves, taking into account other workforce developments for public health. The programme is designed to synchronise with:
- a) whatever national developments emerge as a result of the DH Review of Public Health Regulation and
- b) other areas across the country providing or developing similar programmes, such as Wales and the West Midlands.

The PH Practitioner Training & Development Programme provided by the Schools of Public Health of the Wessex and Oxford Deaneries will be overseen through the Management Boards of each School.
Working collaboratively with the UKPHR, the two Schools of Public Health will provide and ensure:

- Leadership and adherence to the standards through UKPHR quality assured processes
- Building this work into mainstream workforce planning and educational commissioning/provision
- Assessor training and support (UKPHR)
- Verifier training (UKPHR) and establishment of verification panel process
- Development of Wessex & Oxford Deanery local certificate/verification of fitness to practice as a PH practitioner
- Development of a transition process to move to national registration as / when available
- Explore the feasibility of drawing on existing good practice of electronic submission of portfolios and other related electronic tools

In addition the programme will seek to ensure:

- Career pathways by linking this work to pre and post-practitioner level development (eg Defined Specialist, specialist training recruitment and Assistant Practitioner for Staying Healthy levels 1-4)
- Alignment with specialist training programmes and drawing on their expertise to support practitioners
- The provision of workshops, masterclasses, seminars, etc in response to learning needs assessments identifying gaps in knowledge and skills
- Mentoring scheme (drawing on the SC PH Talent Management Scheme and specialist trainees)
- Bursary scheme for academic courses which meet PH competence requirements
- Funding and support for placements/fellowships in health and social care organisations

Timeframe and Duration:
September 2010-March 2012; Applicants will be recruited to the programme this autumn by the Schools of Public Health and offered support locally depending on their existing level of knowledge, skill and commitment. It is anticipated that practitioners who are able to be successfully assessed and verified within the first year are likely to have: qualifications in PH/H&WB, experience of recognised public health practice, systematically assessed their own PH skills and competence and started compiling a portfolio of evidence. Practitioners selected for the Structured Programme will be expected to submit portfolios, signed off by their assessors, to the Verifier Panel in September 2011.

Introductory Workshops:
The programme will be presented and provide participants with the opportunity to understand PH practitioner development, review the standards and consider the appropriateness of this programme for them. It will seek to begin to assess learning needs and also introduce/sign post to other resources for developing in public health. By the end of the workshop participants should have a sense of their strength and growth areas for public health practice. Workshops will be offered according to perceived levels of interest locally.

Recruitment & Selection:
PH Development Leads will market and distribute information across their local networks for public health as appropriate. Recruitment will take place in September/October. Applications are likely to be filtered dependent on how much development is considered to be required to achieve the standards. Selection of the number of applicants recruited to the first year assessment pilot element of the programme will depend on the capacity of trained local Assessors. Recruitment will be encouraged through PHD Leads and be dependent on local PH Development workforce strategies. Deanery panels will be established for selection.

UKPHR Trained Assessors:
Assessor Training will take place this year in October/November. Assessors will be trained and certified by the UKPHR to work with each School of Public Health and allocated to support the practitioners expected to submit in the first year pilot. Each Assessor will support one or two practitioners only each year. Assessors could be in roles such as : senior PH specialist trainees, Defined Specialists or senior PH Practitioner managers. In future years it is expected that certified PH Practitioners will become Trained Assessors to support upcoming practitioners.
UKPHR Verification Panel:
The panel will meet annually and comprise three GMC / UKPHR registered Public Health Consultants.

Appraisers:
The Schools of Public Health PH Practitioner Programme Lead, PH Development Leads and associated PH colleagues will follow up all applications and advise appropriately. It is our intention to support as many people as possible, helping with the identification of learning needs and starting to meet them within existing resources.

Learning Groups:
Local learning groups in each “health economy” area will be established for practitioners involved in the programme with the principal goal of supporting the development of portfolios, including reflective practice and summary writing. Facilitated sessions will be provided in person three/four times in one year, with teleconferences arranged in between as required. Informal “buddies” may also be identified through the learning group.

Portfolio Preparation Time:
Participants on the Structured programme will be required to attend four formal learning days; in addition to this there will be opportunities to attend additional CPD events. As a guide for employers, it is advised that these participants are allowed up to a total of eight days protected learning time to attend formal learning sessions, additional CPD events and have some allocated writing time for portfolio development. For the Informal programme up to four days’ allocated time is recommended.

TRAINING AND DEVELOPMENT PROGRAMME

Workshops, master classes, courses:
Once learning needs are identified, these will be collated and learning events provided to meet the prioritized knowledge and skills gaps.

Placements:
In time, placements will be identified and formal agreements established which can provide learning opportunities to achieve competence to meet the standards.

Bursary Scheme:
Priority will be given to practitioners who need academic qualifications to enable them to complete their portfolios to achieve the standards. Opportunities to apply for bursaries will be available twice per year.

Mentoring:
A group of mentors will be trained, alongside the Appraisers, to support practitioners as their competence and knowledge progresses.
UKPHR documentation
includes the following five papers adapted for South Central:

1. Framework and Guidance for Applicants, Assessors and Verifiers
2. Demonstration of Competence - Supporting Information for Applicants & Assessors
3. Standards for Assessment – Supporting Information – also attached here as Appendix
4. Assessment Log – Supporting Information
5. Glossary of Terms – Supporting Information

South Central Workforce & Education website: Public Health Development pages:
NHS White Paper
CMO’s report
SC Workforce Strategy
http://www.nesc.nhs.uk/about_nesc/workforce_strategy.aspx
PH Skills & Career Framework
http://www.phru.nhs.uk/pages/phd/public_health_career_framework.htm

APPENDIX: UK PHR Public Health Practitioner Standards
Development of a regulatory framework for public health practitioners (currently unregistered) aims to protect the public via the development of agreed professional standards which will:
- provide quality assurance of the workforce to a common and agreed standard
- provide quality control of the workforce by placement onto a professional register.

This framework of standards for public health practitioners should become an integral part of the career development pathway and skills escalator, developing the public health workforce and supporting the most effective delivery of the disease prevention and health improvement agenda.

**Principles in developing the registration framework**
- Robustness
- Simplicity
- Capable of cost-effective implementation
- Clear focus on public health practice linked to the assessment of risk
- Feedback from practitioners and employers as to what is needed to ensure safe practice.

The standards have been developed using the Public Health Skills and Career framework as the source document. They have also drawn from both the Knowledge and Skills framework used in the NHS, and the National Occupational Standards for Public Health. The standards have been subject to two rounds of extensive consultation and we are grateful to all who have contributed to this process.

Upon final publication links will be provided between the standards for registration and all three source documents.

**Areas of Public Health Practice for registration as a public health practitioner**
Required skills and knowledge have been framed around four areas of practice on which a practitioner needs to provide evidence to be registered as a public health practitioner.

1. Professional and ethical practice – this should be at the heart of everything a public health practitioner does.
2. Technical competencies in public health – covers the essential knowledge and skills that anyone working in public health needs to have.
3. Application of public health competencies to public health work – this relates to the specific functions that public health practitioners undertake.
4. Underpinning skills and knowledge – needed by all public health practitioners to act effectively and achieve improvements in population health and wellbeing.

These four areas can be thought of as:

![Diagram showing underpinning, professional & ethical, technical competencies, and application]

Each area is then further described by indicators of effective practice.

Assessors will seek evidence of effective practice and the associated application of knowledge from the individual’s work. Where it is not possible to identify sufficient public health knowledge from the work presented, further evidence of public health knowledge will be sought separately.

The indicators do not necessarily repeat the phrase ‘own area of work’ in each statement as it is assumed that the applicant will be demonstrating / providing evidence from their own area of practice.

**Advanced practice in Public Health**

During the scoping, development and consultation phases of this work, the need for both practitioner and advanced practitioner registration ‘levels’ was identified. In the latter part of the development, work on advanced practice registration was suspended in light of the national work being undertaken by CHRE on advanced practice in regulation. The report from that work has now been received.

The purpose of the CHRE work was to establish whether ‘advanced practice’ is a regulatory issue. Although relevant to the UKPHR its focus was on the statutory healthcare regulators. CHRE emphasised the need for regulators to focus on the core of regulation, ensuring fitness to practice, and warned that much of what is currently called advanced practice represents career progression within a profession and not such a fundamental break of practice such that risks to the public are not adequately captured by existing standards of proficiency and ethics. Robust and well-enforced CPD requirements targeted to relate to a professional’s current scope of work, together with organisational governance frameworks, provide mechanisms to ensure safe practice as professionals develop their professional knowledge, skills and behaviours beyond initial registration levels.

The UKPHR will for the time being, focus attention on practitioner registration and will look to the review of regulatory frameworks applied to public health professionals, scheduled for autumn/winter 2009 and led by the English Department of Health, to consider this further.

---

5 Advanced Practice: Report to the four UK Health Departments 17/2008 July 2009 Council for healthcare regulatory excellence
Assessment

Considerable constructive feedback has also been received during the consultation on the proposed devolved method of assessment for registration. The UKPHR will be testing out the details of this process, including training for both assessors and verifiers, in the New Year following the publication of the DH led review on public health regulation.
Area 1: Professional and ethical practice

1. Recognise and address ethical dilemmas and issues - demonstrating:
   a. Knowledge of existing and emerging legal and ethical issues in own area of practice
   b. The proactive addressing of issues in an appropriate way (eg challenging others’ unethical practice).

2. Recognise and act within the limits of own competence seeking advice when needed

3. Act in ways that:
   a. acknowledge and recognise people’s expressed beliefs and preferences
   b. promote the ability of others to make informed decisions
   c. promote equality and value diversity
   d. value people as individuals
   e. acknowledge the importance of data confidentiality and disclosure, and the use of data sharing protocols
   f. are consistent with legislation, policies, governance frameworks and systems.

4. Continually develop and improve own and others’ practice in public health by:
   a. reflecting on own behaviour and practice and identifying where improvements should be made
   b. recognising the need for, and making use of, opportunities for personal and others’ development
   c. awareness of different approaches and preferences to learning
   d. the application of evidence in improving own area of work
   e. objectively and constructively contributing to reviewing the effectiveness of own area of work.
Area 2: Technical competencies in public health practice

5. Promote the value of health and wellbeing and the reduction of health inequalities - demonstrating:
   a. how individual and population health and wellbeing differ and the possible conflicts between them
   b. knowledge of the determinants of health and their affect on populations, communities, groups and individuals
   c. knowledge of the main terms and concepts used in promoting health and wellbeing,
   d. knowledge of the nature of health inequalities and how they might be monitored
   e. awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing.

6. Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group - demonstrating:
   a. knowledge of the importance of accurate and reliable data / information and the anomalies that might occur
   b. knowledge of the main terms and concepts used in epidemiology and the routinely used methods for analysing quantitative and qualitative data
   c. ability to make valid interpretations of the data and/or information and communicate these clearly to a variety of audiences

7. Assess the evidence of effective interventions and services to improve health and wellbeing – demonstrating:
   a. knowledge of the different types, sources and levels of evidence in own area of practice and how to access and use them
   b. the appraisal of published evidence and the identification of implications for own area of work

8. Identify risks to health, wellbeing and safety, providing advice on how to prevent, ameliorate or control them - demonstrating:
   a. knowledge of the risks to health, wellbeing and safety relevant to own area of work and of the varying scale of risk
   b. knowledge of the different approaches to preventing risks and how to communicate risk to different audiences.
Area 3: Application of technical competencies to public health work

9. Work collaboratively to plan and / or deliver programmes to improve health and wellbeing outcomes for populations / communities / groups / families / individuals – demonstrating:

   a. how the programme has been influenced by:
      i. the health and wellbeing of a population
      ii. the determinants of health and wellbeing
      iii. inequalities in health and wellbeing
      iv. the availability of resources
      v. use of an ethical framework in decision making/ priority setting.

   b. how evidence has been applied in the programme and influenced own work

   c. the priorities within, and the target population for, the programme

   d. how the public / populations / communities / groups / families / individuals have been supported to make informed decisions about improving their health and wellbeing

   e. awareness of the effect the media has on public perception

   f. how the health concerns and interests of individuals groups and communities have been communicated

   g. how quality and risk management principles and policies are applied.

   h. how the prevention, amelioration or control of risks has been communicated
Area 4: Underpinning skills

10. Support the implementation of policies and strategies to improve health and wellbeing outcomes – demonstrating:
   a. knowledge of the main public health policies and strategies relevant to own area of work and the organisations that are responsible for them
   b. how different policies, strategies and priorities affect own specific work and how to influence their development or implementation in own area of work
   c. critical reflection and constructive suggestions for how policies, strategies and priorities could be improved in terms of improving health and wellbeing and reducing health inequalities in own area of work
   d. the ability to prioritise and manage projects and/or services in own area of work.

11. Work collaboratively with people from teams and agencies other than one’s own to improve health and wellbeing outcomes – demonstrating:
   a. awareness of personal impact on others
   b. constructive relationships with a range of people who contribute to population health and wellbeing
   c. awareness of:
      i. principles of effective partnership working
      ii. the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes
      iii. the different forms that teams might take

12. Communicate effectively with a range of different people using different methods.