South Central Public Health Practitioner Training Scheme

First Annual Report
October 2007 to September 2008

Executive Summary

- The first cohort of five trainees completed their placements with partner organisations during the summer recess from university and are now into their second year on the scheme.

- All five have successfully gained the first post graduate modules of the MSc Public Health & Health Promotion at London Southbank University.

- A second cohort of 5 practitioner trainees started the scheme in October 2008.

- Both cohorts are currently planning their placements for summer 2009

- These 10 PH practitioner trainees are developing portfolios in preparation for registration on the UK PH Register when available later in 2009.

- Meetings are now arranged regularly with the Mentors/Educational Supervisors of the Practitioner Trainees to discuss issues arising from the Scheme.

- The Advisory Group has agreed to review and revise if necessary the arrangements for recruitment and placements.

- An abstract has been accepted and a poster presentation will be made at the UK Public Health Association Annual Forum in Brighton in March 2009.

Joanna Chapman-Andrews
Head of Public Health Development Programmes
1. Introduction/Background

The need for a training scheme for Health Promotion Specialists was recognised by Hampshire Health Promotion Managers and a proposal drawn up with Public Health Development in 2004. The original proposal was broadened to keep up with the changing environment following subsequent NHS reorganisations and progress in public health workforce developments.

The final proposal was for a scheme which would be broader than health promotion specialists only and relate to the Public Health Competency Framework and the NHS Career Framework. It proposed recruiting trainees who are in Band 5 or 6 posts, without postgraduate qualifications and developing their knowledge and competence towards Band 7 and potential registration as a PH practitioner with the UK PHR.

This proposal was one of several submitted to the South Central SHA for funding in January 2007 which was finally agreed in July 2007.

Implementation started immediately. It was a challenge to get the scheme running quickly enough to meet the start of the courses at the beginning of the academic year.

Anticipated benefits

PH Practitioner Trainees (five to eight per annum) and their Managers, colleagues and the PH workforce will benefit in the following ways.

- Additional MSc’s in Public Health and Health Promotion gained
- Practical experience undertaken and reflected on in at least two partner health organisations
- Portfolios built based on the PH Skills & Career and the PH Defined Specialist Frameworks
- Significant contribution made to local, regional and national PH practitioner workforce development and progress
- A network of PH practitioner colleagues will have been established
- A major London university will have learned from the experience of participating in the Scheme
- Main stakeholders will appreciate the benefits of the Scheme and continue their support.
- Ten PH practitioners are in a strong position to submit to the PH Register for registration when it becomes available
- The organisations from which the practitioners are recruited and those with whom they undertake their placements gain further understanding and knowledge of public health from their PH Practitioner trainee colleagues.

2. Achievements in first year
   (1st Cohort on PHP Training Scheme from Oct 2007- Sept 2009)

All planned elements of the Public Health Practitioner Training Scheme have been established and achieved. In addition to the master’s course in Public Health and Health Promotion, learning sets, workshops and placements have all been provided which met the specific learning needs of the trainees on the scheme identified through a learning needs assessment and learning contract agreements. Line
managers and Trainers/Educational Supervisors have played an active and supportive role in the scheme.

The Advisory Group has met four times and supports the Project Manager and Project Sponsor (PHD in NESC). Terms of Reference (ToR) were agreed at the first meeting; ToR and membership is reviewed annually.

- **Trainees:** The first cohort of five trainees was recruited for secondment to the scheme by September 2007 along with a project manager. All five trainees opted to apply for the course at London South Bank University and secured places. The University course started in late September and the trainees met for their first Learning Set on 2nd October 2007.

- **Learning Sets:** The trainees agreed ground rules and a schedule of monthly meetings for the first year. Agreement on how the Learning Set should be organised, its process and style and the roles and responsibilities of the members agreed. Trainees completed a Training Needs analysis and a Learning Contract with their line managers. This helped to inform the planning for the LS and workshops. The Learning Set (LS) has met eight times over the 12 month period.

- **Workshops:** One workshop on Time Management and two on Portfolio Building have been held. A series of three workshops on teaching small groups has been planned.

- **Advisory Group:** The group was set up and met for the first time on 30th October 2007. It is representative of the main stakeholders of the scheme and includes a trainee representative. It has commented on and endorsed the principles and much of the documentation developed to help the scheme progress.

- **Placements:** All trainees have been on a placement during the university summer break. The placements are selected to give the trainee a different working environment and culture to that which they have experienced to date and to develop new skills to add to their portfolio of Shows How competencies. The placement host organisations were Hampshire PCT, Southampton University, Portsmouth City PCT, Berkshire East PCT and Portsmouth City Council. All trainees are being visited along with their placement managers and a semi structured interview conducted to find out if the experience has benefitted all parties and how the process can be improved for next year. The findings appear as recommendations in appendix C.

- **Trainers/Educational supervisors/Mentors.** A meeting was held in July and was found to be helpful. A second meeting will be held in December or January jointly with the Trainers/Educational supervisors of the second cohort.

### 3. Progress and Plans for the second year (Oct 2008 to Sept 2010)

- **Recruitment:** Five trainees have been recruited to the second cohort. There were only six applicants in total and all met the minimum criteria. However one applicant did not achieve support from her head of service. (This will be commented on later). Four of this group will be attending London South Bank University (LSBU) and one will study at Kings College, University of London. The recruits are employed by Berkshire West PCT, Berkshire East PCT, Hampshire PCT, Portsmouth City Council and Southampton City PCT.
• **Learning Sets:** The first meeting will take place on 7th October 2008. Line Managers and Trainers/Educational Supervisors have been invited to attend. Two more meetings will be arranged for November and December after which it is planned to run joint sessions with the first cohort.

• **Workshops:** These will be planned to meet the common needs of the trainees. Where appropriate they will be run jointly for both cohorts. Time is allocated for trainees to attend other workshops to meet their needs if these are not shared with the others within the Learning Sets.

4. **Budget**

<table>
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<tr>
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<th>07/08 actual 6 months only 5 trainees</th>
<th>08/09 estimated Apr 08 – Mar 09 10 trainees</th>
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<tbody>
<tr>
<td>Project Management</td>
<td>£7,982.00</td>
<td>£14,000.00</td>
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<tr>
<td>Admin Costs Rooms &amp; catering</td>
<td>£350.00</td>
<td>£550.00</td>
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<tr>
<td>Backfill payments to employers</td>
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<td>£178,000.00</td>
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<tr>
<td>University course fees</td>
<td>£7,500.00</td>
<td>£15,450.00</td>
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<tr>
<td>Trainer fees for workshops</td>
<td>£2,300.00</td>
<td>£4,000.00</td>
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<tr>
<td><strong>Total</strong></td>
<td>£63,880</td>
<td>£212,000</td>
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5. **Review and Recommendations**
The following recommendations need to be considered alongside those from the formal evaluation in section 7

<table>
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<tr>
<th>Review</th>
<th>Recommendations</th>
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<tr>
<td>The process of completing the training needs assessment and identifying Trainers/Educational Supervisors for each trainee took longer than expected and delayed the planning of some of the learning opportunities</td>
<td>This has been addressed for the second year by including it in the recruitment process.</td>
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<td>A shared on-line working space would improve the efficiency of working between those involved in the Scheme.</td>
<td>PHD web pages now being developed NESC / PHD to set up sharepoint, moodle or something similar</td>
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<td>The scheme has not yet managed to attract interest from Oxfordshire, Milton Keynes, Buckinghamshire or the Isle of Wight PCTs. This may be due to lack of capacity to promote and recruit, travel, lack of interest.</td>
<td>Undertake review with relevant DsPH and PHD Leads. Issues over equity of access will be identified and if possible addressed this year.</td>
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<td>The role and experience of the trainers/ educational supervisors</td>
<td>This is being addressed by ensuring they are involved from the early recruitment phase and</td>
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required greater attention. invited to attend part of the first Learning Set meeting along with the trainees’ line managers. In some cases this is the same person. Exploration will also be undertaken of potential to link the development of such roles to the specialist training scheme “Train the Trainers” events, provided in a collaboration between Oxford and Wessex Deaneries.

Recruitment of third cohort in 2009-11; Workforce planning

Decision needs to be taken as to who are to be the primary target group; existing post holders or new recruits into the workforce?
Is there a need/potential to set up 2 year supernumerary half time posts to increase capacity?

Consideration to be given to whether there should be a version of the scheme offering half time trainee posts for those with Masters degrees in PH/HP, but no work experience in Public Health in order to increase capacity.

Experience of establishing, commissioning and providing this programme to be disseminated

PHD/NESC to present the work at public health conferences, disseminate reports and findings at national and regional meetings and publicise locally in newsletters.

Review placement planning and management processes in light of recommendations in appendix C

Review existing placement documents and draft others
Ensure the LS programme for trainees takes these issues into account

6. Evaluation

The scheme has been evaluated over this 12 month period by Dr Olga Zolle of NESC. See appendix B for the report on the first year. The full evaluation will cover the three years of the scheme.

The objectives of the evaluation are to ascertain the overall impact that the training scheme may have on:

- the professional practice of the trainees,
- impact on their current roles and career progression,
- impact on the team dynamics, where the trainee works as part of a team eg PCT/LA
- impact on the broader PH community

Recommendations from the evaluation and the project management experience are included below.

7. Recommendations from Evaluation

7.1 Exploration of an increased awareness of the PH competencies framework
The scheme offers to increase the ‘knows how’ as well as the ‘shows how’ of the PH competencies framework. It may therefore be of great benefit for those wishing to gain both a wider knowledge and experience of PH. The scheme in its current form, and due to the high demand of time spent outside work, does not serve trainees that wish to apply new knowledge and skills to their current jobs.

It would be beneficial to follow the progression of the trainees throughout the scheme with respect to their initial learning needs assessment that is mapped to the competencies framework.

7.2 Increase the choice for placements offered by the scheme in PH and health promotion

One of the strengths of the scheme (appendix B) is the potential it offers to expand the trainees’ awareness of PH and health promotion roles that are available in the field. There is scope for including more placements in other areas. This would also create a bank of placements and supervisors attached to each that could be tapped into in the future either as part of the scheme or for any other similar type initiative.

Ideally these opportunities should become available to them as early as possible in the academic year. The MSc could then be more fully integrated to assist with the more practical side of the placements.

7.3 Open up the scheme to new PH and health promotion practitioners

The scheme offers an invaluable opportunity for development of PH and health promotion competencies for those willing to embark on a career in PH and health promotion. Trainees will have a ground understanding of the knowledge and skills required for the implementation of novel PH strategies.

7.4 Integrated Workforce

The scheme may have implications on the shaping of the current workforce. An integrated approach, where the skills and knowledge gaps are identified in the field prior to the advertising of the programme, could help inform the recruitment strategy.

Since the scheme prepares trainees to the skills and knowledge equivalent of a band 7 post, it would be useful to analyse the workforce consequences that this may have. Does this serve as an enticement to leave current jobs and seek more appropriate employment elsewhere? There may be a need to look for strategies for retaining these trainees in their current jobs.

A workforce gaps evaluation would establish whether there is a need in certain type jobs to further the skills and knowledge of the trainees to this level, and hence perhaps offer an appropriate progression for these trainees in the future, when the training has been completed.

This strategy could also inform recruitment.
7.5 Increase the communication between managers, trainers and supervisors on the scheme

There is a need to inform line managers, trainers and supervisors more thoroughly about the exact requirement of their roles on the scheme. Trainees felt that it was necessary to have a communication strategy in place that would be a transparent process to avoid any future misinterpretations on the work and study demands of the scheme. This is so as to establish a clarification of the roles, and offer a wider sharing of information on the progression of the trainees on the scheme.

7.6 Increased flexibility

The scheme as it stands, and due to the heavy commitment of learning and work based placements, does not allow for the recruitment of part time practitioners. Since a wide proportion of the current PH and health promotion workforce works on a part time basis, it would be useful to consider how this workforce could access the training.

8. Appendices

A Advisory Group membership and Terms of reference
B Evaluation Report
C Recommendations from placement visits reports
D Trainees on the scheme – first cohort 2nd cohort too>
E Documents available on website
F Distribution list for this report
Advisory Group Membership and Terms of Reference

Terms of Reference

SOUTH CENTRAL PUBLIC HEALTH PRACTITIONERS TRAINING SCHEME (PHPTS) ADVISORY GROUP

Purpose
To act as an advisory and reference group to support the implementation of the South Central PHPTS and Project Plan.

Meeting frequency
Quarterly in person
By teleconference as required

Membership
- PHPTS Project Manager
- Head of Public Health Development Programmes, NHS Education South Central
- Course Lecturer/ Director, academic representative
- Director of Public Health PCT/Council rep. SC PH Exec
- PH Specialist Training Programme Director, NESC
- PH Practitioner Trainee representative
- Health Improvement Practitioner, representative of a South Central PCT
- Observer, NESC

Members are asked to invite a deputy to attend the meetings if they are unavailable

Chairing Arrangements
Provided by NESC by agreement

Administrative Support
Provided by NESC Public Health Development

Terms of Reference Review Arrangements
Annually in October or sooner if needed to reflect any major changes in public health arrangements locally or nationally.

Communication:
Meetings quarterly in person; correspondence by email; teleconferences as required

Meeting venue
NESC offices, Southern House, Otterbourne, Hampshire

Revised February 2009
Evaluation Report


This project report covers the pilot evaluation of the first year cohort of 5 trainees registered on the Public Health Practitioners Training Scheme (PH PTS). The aim of this report is to inform the advisory group team and other interested parties, of the main findings. The method used for the evaluation is as stipulated on the evaluation proposal document (attached as an appendix on this report). In addition to this, the opinions on the scheme from a control MSc group were also sought to provide an outsider’s viewpoint and to inform future recruitment strategies.

Please note that this report corresponds to a summary of the findings from the first year pilot.

Aims of this Interim report

There were three distinct aims from the first year of the evaluation;

1. Provide a set of recommendations that inform the development of the training scheme. These were in the form of update reports and oral recommendations at meetings.

2. Inform the strategy employed for the robust evaluation that is to follow throughout the duration of the scheme. The first year has incorporated a number of ongoing changes to the scheme hence the evaluation for the year is seen as a pilot evaluation.

3. Formulate a forecast of the potential impact that the training scheme may have on the multi-professional public health skills and careers framework and public health workforce (with respect to the trainees’ experiences and competencies achieved by the scheme).

Objectives and Pilot Questions

The pilot evaluation was set to achieve the following objectives:

1. Ascertain the trainees’ reasons for undertaking the scheme – what are the perceived benefits and ‘value added’ of the scheme?

2. Follow the trainees’ educational pathway on the scheme – what does the scheme actually offer trainees?

3. Ascertain the impact that the scheme may have on others – what do others think of the scheme?
Main Findings

1 – Perceived benefits of the Scheme

The training scheme is seen by trainees as an opportunity to advance their knowledge and understanding of PH and their overall PH competences. Trainees frequently refer to the ‘knows how’ and the ‘shows how’ of the skills and careers competence framework, to describe their learning experiences. There is a general view that PH projects are carried out without much knowledge and understanding of what PH is about. Some feel that they have been managing projects on a ‘gut feeling’ as opposed to having a real insider’s knowledge.

Some trainees on the scheme expected to gain insights into the ‘Knows how’ element of the competencies as they had a large amount of practical experience in dealing with PH projects, but no knowledge base to underpin it. These trainees looked back at their previous PH project experiences as the training progressed and began asking questions regarding PH project implementation and delivery. Other trainees were hoping to increase their practical experience (or ‘shows how’) of PH through the work based placements as well as their ‘knows how’.

All trainees were hoping to gain a wider understanding of the career opportunities available in PH. This point appears to be a critical difference between the expectations of trainees on the scheme and those MSc students on similar type PH courses.

Our control group of MSc students expressed that they would not have undertaken the training scheme. MSc students are PH or health promotion practitioners interested in learning more about the theory behind their practice and feel motivated in their current PH jobs. These learners have no intention to change jobs at present and wish to apply the skills gained through an MSc to their immediate work environment. Some PH PTS trainees are hoping to move up the PH careers ladder, or enter the PH career market as a result of the training. An MSc is perceived as providing practitioners with the ‘knows how’ that they feel they lack as PH practitioners. In general practitioners on MSc courses and the practitioners on the training scheme hope to feel more ‘equipped’ for the job.

The reasons for embarking on the practitioners training scheme are therefore mainly related to career progression, experience or find out about a range of different PH roles, and a desire to enter the PH field. The recruitment strategy employed is very important for the selection of trainees on the scheme. One of the main appealing aspects of the scheme is the work based placement experience in two distinct PH placements.

The comparison between the control group and trainees on the scheme shows that MSc courses cater for the need to extend a learner’s ‘knows how’ of skills and competencies whereas a training scheme offering work based placements provides the ‘shows how’ of skills and competencies on the framework. The combination of theoretical and practical knowledge attained through the scheme is therefore adequate for practitioners wishing to extend their ‘shows how’ and ‘knows how’, and for practitioners that are perhaps hoping to expand their current notion of PH roles available to them.

2. Following the educational pathway of the trainees on the scheme

Southbank University collects feedback from all the trainees after each MSc module has been completed. This information is used for curriculum development purposes. One of the objectives of the pilot evaluation is to look at broader aspects of the trainee’s educational progression such as gaining confidence for the application of theory to practise and the ability to relate practice to theory as perceived by trainees.
There was a noticeable increase in perceived confidence from December to June. In December many trainees commented on becoming more inquisitive about the way the theory was being applied to current PH and HP practice which in some cases was not directly linked to their jobs. None of the trainees however felt ready to apply the theory learnt to practise. By June, the trainees’ perceptions had changed becoming noticeably more confident and some even commented on taking on more active PH roles (not on their current job description) as a result of having open discussions with PH colleagues on the subject. Trainees felt ready to put their theory to practise. Other trainees provided clear examples of PH activities that they had undertaken in the past which had not had a good theoretical basis.

‘May look back and see how things may have been done differently.’

Trainees were therefore also able to discern between good and not so good PH practice.

The scheme is composed of a number of different educational components;
- Learning sets and workshops
- MSc
- Work based placements
- Portfolio of evidence

The pilot evaluation focused initially more on the learning sets. In December these were thought of as being difficult to fit in with the MSc requirements;

‘…doing an MSc is really hard work and I am not entirely sure how the learning sets fit in with what we are doing at the moment, and my work commitments, but I also know that this will change as they are being developed…’

By June the trainees felt these provided a good learning support, and particularly enjoyed learning sets with invited speakers and found those on regulation of practitioners as having a particular added value to their learning experience. Learning sets were however in constant development and in their current state they take into account dates for submission of assignments so as not to interfere with MSc impositions on the learners. This may however change as it may become more difficult to accommodate the academic calendars of more than one Higher Education establishment accessed by the trainees for the acquisition of the MSc part of the training.

3. Impact that the scheme may have on others

The fact that the scheme offers some training opportunities through placements and work based learning means that there must be an important level of commitment by the managers and learners that are on the scheme. Problems encountered by the trainees include backfilling and funding issues that have had repercussions on their current jobs, having to delegate more and in some cases seeing how other team members were given some of their work responsibilities. This means that trainees had noted important changes in their current roles as a result of participating on the scheme.

One of the weaknesses of the scheme is also that the needs of the learners (protected time for study, time on work based placements, etc.) must be accommodated for by their managers and the trainees’ wider team. This, together with a misunderstanding by others of the demands that a postgraduate course may impose on the learners such as deadline submissions for assignments, time needed to write assignments, etc. has been the cause of some conflict at work. Some managers, particularly those with a postgraduate level
qualification appear to be somewhat more understanding of the learner’s needs, but this is not always the case. Other managers have provided as much support as possible.

Some trainees are looking to further their careers in PH and have already attended job interviews. This means that the PH and health promotion workforce is gaining skilled practitioners as a result of the training. The training seems like an ideal package to attract more practitioners into the PH and health promotion arenas.

**Strengths and Weaknesses**

1. **Strengths**

1.1 The scheme appears to be a great vehicle of support for practitioners that are hoping to expand their current knowledge and expertise in PH and health promotion.

1.2 It also serves the purpose of non practitioners willing to enter the field of PH.

1.3 The scheme offers a full understanding of the new PH competencies, which is crucial for the development of the trainees’ own career pathway.

1.4 The MSc and other aspects of the scheme such as the learning sets are fully assimilated to account for the submission of assignments and other events that could potentially increase the demand of the learning commitment to the scheme.

1.5 In the long run the scheme establishes a network of placements and placement supervisors that could be trained for the purpose of this and other similar type educational initiatives.

1.6 It provides an excellent networking platform for trainees that will allow an expansion of their roles, establishing links, programmes and also career pathways.

1.7 It offers excellent educational support through the MSc, placement training supervision, project management and advisory group established for the whole duration of the scheme.

1.8 The scheme allows trainees to feel valued in their PH roles and confident in expressing their views on a variety of PH concepts and implementation of projects.

1.9 The scheme allows trainees to take ownership of their learning experience through establishing their own placement contacts, sharing of their experiences during learning sets, etc. Some trainees have established a ‘buddy’ relationship with other trainees on the scheme to offer advice about certain roles of which they have no direct experience.

2. **Weaknesses**

2.1 The scheme does not currently appeal to practitioners that are in established managerial positions involved in heading teams for the implementation of PH initiatives. This is due to the heavy commitment required for the completion of the scheme. These trainees seek to expand their knowledge in current roles and are not enticed to explore other PH roles.

2.2 There needs to be more flexibility for part time students.

2.3 Line managers need to be better informed of the scheme and of what this entails in terms of any potential repercussions that it may have on the wider team.

2.4 For recruitment purposes there must be full commitment from both line managers and trainees to the scheme.
2.5 Without an integrated workforce approach to the scheme trainees may consider leaving their current roles to a band 7 equivalent on completion of the training.

3. Research Proposal

Title

South Central Public Health Practitioners Training Scheme

Aim

To evaluate the SC Public Health Practitioners Training Scheme and its overall impact if any on the PH teams.

Objective

To ascertain the overall impact that the training scheme may have on;
- the professional practice of the trainees,
- impact on their current roles and career progression,
- impact on the team dynamics, where the trainee works as part of a team e.g. PCT/LA
- impact on the broader PH community

Background

The experienced and senior health promotion workforce is gradually reaching retirement age. There is no provision for the training of new entrants. The new training scheme should allow the recruitment of trainees from a diversity of backgrounds as well as be suitable for public health practitioners willing to gain qualifications and experience in health promotion and public health.

Professional performance should comprise a mixture of knowledge and skills hopefully gained through this scheme. There are several elements to the training scheme; the MSc providing the ‘knows how’, the work based placement providing the ‘shows how’, learning sets providing a forum for group discussion as well as additional professional development, and the e-portfolio. A large part of the training scheme is competency based and learners must keep an e-portfolio as part of the training scheme.

The scheme as yet is still being constructed and modified. This first year is an initial pilot. The first cohort of five trainees has just been recruited on the scheme through nomination by Directors of Public Health. The scheme takes a total of two years and the five trainees are expected to undertake two different work placements. These could be in Local Authorities, NHS and other regional organisations. There will be a new cohort of trainees recruited to begin the two year training in 2008.
Method

The researcher will attend advisory group meetings as an observer to keep informed of the progress of the scheme and of the reasons behind any changes to it.

This research will be carried out in different stages;

1. **Stage 1. Year 1. Initial perceptions from the first cohort and from their employers/mentors. (2007-2008)**

The project will evolve and be adapted as it is being developed. The first cohort is in training since September 2007 and this group will be interviewed as a focus group to obtain their initial perceptions on the training, an idea of their expectations on the training and after the training, and reasons for embarking on the scheme. A control group of about three students on MSc courses that are not on the training scheme will be established.

Another focus group session towards the end of the first year with PTS trainees should reveal any changes in perception, and it should be possible to collect their perceptions from the work base placement element of the experience. Or depending on when this occurs, it may be possible to collect their views using a quantitative and qualitative approach by the design of a purpose-specific questionnaire. It is particularly important to ascertain whether there have been any changes in professional practice or team culture as a result of the training. Educational Supervisors and/or managers may also be invited to focus groups or to complete a questionnaire that may be mapped to the trainees’ perceptions.

Similarly the educational supervisors on the scheme will be asked to fill in a questionnaire towards the beginning of the next academic year. This will focus around their perceptions on the training and on the impact that it has and/or could have on the local public health team and PH community.

The trainees’ reflective journal maintained as part of the e-portfolio will be accessed for additional research on the impact of the training scheme.

2. **Second Stage – Year 2. Initial perceptions from the second cohort and from their employers/mentors. (2008-2009.)**

Recruitment and selection of trainees will be undertaken differently and it is possible that the training scheme might have changed from year 1. The research strategy outlined above for the first cohort will be implemented also for the second cohort of trainees. This will include obtaining the perceptions of their employers and/or mentors.

Another two sets of focus groups and/or follow up questionnaires will also be used with the first cohort as in the first year to ascertain any perceived differences in the training from year 1 to year 2 and in their own professional practice.

3. **Third Stage – Career progression – adaptation of the whole learning experience to the work environment.**

Responses on how the trainees see themselves as PH practitioners and the impact that the training could have on their careers and current working environment will be examined.
The same evaluation on the training as for the second year will be completed.

**Timescale**

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<tbody>
<tr>
<td>1st year cohort</td>
<td>5 trainees</td>
<td>5 trainees</td>
<td>5 trainees</td>
<td>finished</td>
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<tr>
<td>2nd year cohort</td>
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<td>X trainees</td>
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<td>finished</td>
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<td>3rd year</td>
<td>Y trainees?</td>
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There will be two main points of contact for each cohort; a) at beginning of academic year (between October and December) and b) at end of academic year including placement (between August and September).

It may be necessary to follow up this initial focus group contact with questionnaires if specific issues regarding impact of the training or issues on specific areas arise.

The control group will be contacted for either interviews or to complete a semi-structured questionnaire after the main group of trainees has been contacted. It is impossible to know at this stage whether there will be another control group to measure against the second cohort starting in 2008.

**Project Outputs**

1) Report at the end of the first academic year on the training and possible impact.

2) Conference attendance – poster or presentation.

3) Report/publication of the impact of current training on current professional practice - at the end of training for first cohort. Comparison with control group. Possible quantitative element if questionnaires are used. Independent t-tests possibility but very small n numbers.

4) Report/Publication of impact of training on multi-professional teams.

5) Report/Publication of possible impact as a whole on the larger PH community (particularly since the training includes work based placements in local authorities and NHS).

6) Large dissemination of findings, perhaps after publication. Organising a 2 day conference either specific to PH training or on general multi-professional training for SC SHA
Summary of Possible Project Outcomes

1. Comparison control group PH MSc learners with PH PTS – first cohort – following them up in their first and second academic years
2. Comparison control group PH MSc learners with PH PTS – second cohort – following them up in their first and second academic years
3. Capturing changes on perceptions on the scheme as training progresses from both learners and educational supervisors – first cohort
4. Capturing changes on perceptions on the scheme as training progresses from both learners and educational supervisors – second cohort
5. Comparison of perceptions between first and second cohorts and educational supervisors
6. Impact of the scheme on careers and professional practice – first cohort – after finishing training scheme

Olga Zolle,
Research and Development Manager,
Innovation, Development and Wider Workforce,
Recommendation from Placement visits

Planning
- Start the negotiations and planning of placements after the Learning Set has met in January.
- Allow for annual leave in the planning of the placement project.
- Earlier planning of the placement is needed where there will be a need for Ethical Committee clearance. This can be eased if the placement is split in two blocks.
- The Learning Contract for Placements should be used right from the very start of setting up the placement. This would have made a link between the T/ES and the placement manager/supervisor.
- A list of potential placements should be developed to help trainees find a suitable placement.
- Planning should included a pre-placement meeting on organisational culture and structure.

Setting up/getting started on a suitable piece of work
- Remind placement managers to use departmental induction programme and check lists where these exist. Provide list of areas this should cover.
- The placements should build on the MSc knowledge and assignments of the previous year.
- The existing competencies of the trainee and those to be developed need to be understood by all parties.
- Key to success is matching the trainees development needs to the piece of work.

Supervision and support
- Arrange for another staff member to act as a buddy, so that the day to day support does not fall to the manager.
- The pros and cons of a job swap should be carefully considered before ageing to.
- Consideration should be given to developing ‘practice teachers’.

Communication
- Rec: Early and sustained contact with placement managers should be maintained. Provide a proforma for the placement supervisors report.

Suggestions for future placements
- Placements around transport and HIA, noise and air pollution would also be appropriate for a university placement.
- Health Protection Agency, going through the Imperial College Leadership programme for contacts.
- Settings such as a hospital trust should be considered.
Trainees on the scheme, first cohort - 2007 to 2009

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louise Bevan</td>
<td>Project Team Manager – Health Trainers</td>
<td>Portsmouth Teaching PCT</td>
</tr>
<tr>
<td>Peter Cornish</td>
<td>Public Health Information Specialist</td>
<td>Hampshire PCT</td>
</tr>
<tr>
<td>Wendy Hislop</td>
<td>Health Improvement Manager (Projects)</td>
<td>Southampton City PCT</td>
</tr>
<tr>
<td>Matt Pickerill</td>
<td>Public Health and Primary Care Information Manager</td>
<td>Portsmouth City Teaching PCT</td>
</tr>
<tr>
<td>Chris Stannard</td>
<td>Public Health Development Manager</td>
<td>Berkshire West PCT</td>
</tr>
</tbody>
</table>

Trainees on the scheme, second cohort - 2008 to 2010

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debi Joyce</td>
<td>Health Improvement Practioner</td>
<td>Berkshire East PCT</td>
</tr>
<tr>
<td>Dan King</td>
<td>Public Health Information Specialist</td>
<td>Southampton City PCT</td>
</tr>
<tr>
<td>Indy Malhi</td>
<td>Health Promotion Cordinator</td>
<td>Berkshire East PCT</td>
</tr>
<tr>
<td>Rebecca McDonnell</td>
<td>Chlamydia Screening programme nurse</td>
<td>Hampshire PCT</td>
</tr>
<tr>
<td>Andrea Wright</td>
<td>Health Development Officer</td>
<td>Portsmouth City Council</td>
</tr>
</tbody>
</table>
APPENDIX E

Documents available on website
(http://www.nesc.nhs.uk/professional_resources/public_health/ph_practitioner_training.aspx)

First Annual Report of the Project Manager
Public Health Practitioner Training Scheme – Briefing Paper
Application/ nomination form: Public Health Practitioner Training Scheme

Calculation and Allocation of Annual Hours of Trainees on secondment
Learning Contract
Learning Contract for Placements

APPENDIX F

Distribution list for this report

John Newton, Regional Director of Public Health South Central SHA/GOSE
South Central Public Health Executive Committee (including DsPH)
PH TED Strategic Advisory Board
PH Development Leads and their managers
Joanna Chapman-Andrews, Head of PHD Programmes, NESC
(Sponsor of the PHPTS)
Public Health Practitioner Trainees