



Public Health
England

Protecting and improving the nation's health

Review of the Public Health Skills and Knowledge Framework (PHSKF) Report on a series of consultations Spring 2015

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Public Health has been defined by WHO as:

‘the art of applying science in the context of politics so as to reduce inequalities in health while ensuring the best health for the greatest number’

WHO Report 1998 – Life in 21st Century: A vision for all

UK Faculty of Public Health definition of Public Health:

‘The science and art of promoting and protecting health and wellbeing, preventing ill-health, and prolonging life through the organised efforts of society’

http://www.fph.org.uk/what_is_public_health

Executive summary

In the Spring of 2015, representatives of the **UK-wide public health workforce** were consulted on the skills and knowledge they think they need for their current and future practice, and in particular how well they feel these are currently captured in the key reference document, the Public Health Skills and Knowledge Framework (**PHSKF**) (2008). The consultation was in the form of local workshops (c.**180** attendees); an on-line survey (>**520** respondents), and through a trial of an on-line e-portfolio (skills passport) prototype (n.**100** participants). *(total reach 800 – double counting not quantified).*

Workforce engagement involved **all levels and sectors** of the workforce, from all four UK countries. Despite the range and diversity of those involved, clear and consistent themes emerged from the process. There was an appetite for **significant changes** to be made to **modernise** the Framework so that it reflects the impact of changes in structures and policy, resulting from legislation in England, and other reforms (some ongoing) elsewhere in the UK. Additionally, the workforce would welcome more **effective governance** arrangements for the Framework and wide-spread **'buy-in' from employers**, to support links between workforce competence, regulation and other frameworks that have developed since 2008.

There was a clear call for a better articulated **'purpose'** to the Framework, and for it to be **simplified** in language and presentation, and **condensed** through use of single statement competences, and a reduced number of worker levels. This sets a foundation for the development of a **'Public Health Competences Framework'**. Details of the views expressed by consultees, in context, are provided throughout the report, with supporting documentation in the appendices.

Recommendations from the consultation include the need for a **UK-wide lead agency** to be identified as responsible for the governance, management and implementation of a revised Framework, as a matter of priority. Findings also suggest that the **purpose of the Framework** should be geared primarily towards **employers** to assist in their public health and wider workforce planning and capacity building for health and wellbeing. As cited as a deliverable in the 2013 workforce strategy¹, the structure of the Framework should be suitable to form the foundation of an **on-line e-portfolio** (skills passport) for personal use for public health workers developing a career in public health.

To progress towards an improved framework a **functional mapping exercise** should be commissioned from an appropriate agency, with input from representatives of both workforce and employers. Work should commence to identify ways to **engage employers** for the testing of a new framework; to establish the requirements for a **'tool-kit'** to support its application; and to identify the best ways to ensure the Framework becomes **embedded** into organisational processes.

Introduction

This report presents the outcomes of the first stage of the review of the UK Public Health Skills and Knowledge Framework (referred to herein as ‘the Framework’).

Why we are reviewing the Framework

In April 2013 a public health **workforce strategy** was published in England by the Department of Health (DH), Public Health England (PHE) and the Local Government Association (LGA)¹. The strategy supports the implementation of the ‘Healthy Lives, Healthy People’ public health strategy published in 2010², and the delivery of public health outcomes described and monitored through the Public Health Outcomes Framework (PHOF) (Jan 2012)³.

The workforce strategy presents those deliverables that will assist the public health community in better understanding the workforce; giving a clearer roadmap for future career pathways and skills development; assuring the competence and professionalism of all public health specialists; improving connections between commissioners of education and training and the end users; promoting leadership skills; and embedding public health knowledge and capacity across the healthcare workforce.

In response to the Health and Social Care Act 2012⁴, and the transfer of public health teams from the NHS to local government, the workforce strategy also sets a focus on the workforce development role of **local authorities**. Changes in the public health system in England have presented the opportunity to take stock of the current workforce, and **to consider the skills and competences that will be needed** for the future; to address the inequalities in health outcomes discussed in the 2010 Marmot review⁵; and, more recently, to deliver on the imperatives set out in the **NHS Five Year Forward View (2014)**⁶.

To support capacity building the workforce strategy promises to review the Framework **to make it more streamlined and relevant to the new system**¹.

How we are reviewing the Framework

The Framework is used **UK-wide** with relevance and resonance with the public health systems of all four UK countries. It is important to ensure that the Framework continues to transcend organisational structures and remain relevant to the public health commitments across the UK, reflecting the workforce needs behind:

- the Welsh public health Strategy ‘A healthier, happier, fairer Wales’⁷;
- ‘Making Life Better: a whole system strategic framework for public health 2013-2023 (Northern Ireland 2014)’⁸; and

- the ongoing review of Public Health in Scotland⁹ that sets out to answer the question *‘how can we be more effective in tackling health and social inequalities and increasing healthy life expectancy in Scotland in a sustainable way?’*

The review of the Framework is being steered by a sub-group of the People in UK Public Health (PIUKPH) group with representatives from **England, Northern Ireland, Scotland and Wales**, which convenes quarterly. The Steering Group has set out the principles for the review (see pages 32/33) and the project delivery is managed within the national workforce development team in PHE.

The Steering Group has identified several phases for the review to enable the full consultation and engagement of the public health workforce across the UK (see slide 6 page 36). The first of these phases was a **‘listening exercise’** to determine what changes should be made, conducted through the delivery of workshops UK wide, and accompanied by an open access on-line survey. This document reports on that first phase and offers itself as a vehicle for further consultation.

Background to the Framework

The Framework was originally launched as the Public Health Skills and Career Framework (PHSCF) in April 2008¹⁰. It was developed as a tool to describe the skills and knowledge needed across all groups, domains and levels of the UK public health workforce, including the wider workforce. It's intended application and relevance was to be independent of sector, employer, individual background and level of work, and to support anyone who might be making a contribution to the delivery of the public health agenda.

The development of the Framework was informed by:

- National Occupational Standards, specifically those for public health (2007)
- NHS Agenda for Change (AfC) job profiles
- The NHS Knowledge and Skills Framework (NHS KSF)
- The Faculty of Public Health's curriculum for higher specialist training
- The defined specialist portfolio framework for the UK Voluntary Register
- Curricula provided by the Chartered Institute of Environmental Health, the Health Protection Agency, Health Protection Scotland and the Nursing and Midwifery Council
- Skills for Health work on qualifications and job roles

The Framework has been endorsed by the Department of Health in England and the devolved administrations and almost 50 organisations and professional bodies. It was developed with the support of the skills council Skills for Health, and the Public Health Resource Unit (known as Solutions for Public Health from 2009).

Structure of the Framework

The Framework is structured around the **Skills for Health nine levels of competence** and knowledge, starting at level 1 (little previous knowledge, skills or experience in public health), rising *cumulatively* to level 9 (setting strategic priorities and direction and providing leadership to improve population health and wellbeing). This implies a career ladder. The structure is represented visually as a three dimensional cube¹¹ (see slide 1 page 35).

These levels are set against the **nine areas of the Faculty of Public Health curriculum (2007)** for higher specialists identifying four core areas of public health, and five non-core or 'defined' areas of public health. When applying the Framework the expectation is that public health workers are equally competent (at the same level) in the four core areas of public health, as they are in the level of their defined competence (see page 35).

Previous review of the Framework in 2012/13

In 2012 PHORCaST (Public Health on-line Resource for Careers Skills and Training) were commissioned by a national workforce advisory group to revisit the Framework, and to make recommendations for further work. PHORCaST recommended a change of name from a Knowledge and Careers Framework to a Knowledge and *Skills* Framework to more accurately reflect the content. They also conducted and reported on a 'refresh' of levels 1-4 of the Framework¹². (See page 34 for recommendations).

Other recommendations made from the 'refresh' were that the Framework should refer to skills and knowledge throughout, rather than skills and competence; to expand the wording in areas of descriptors, roles and glossary to add clarification and consistency; to prepare new guidance on how to use the Framework; to add an area around ethical practice that was actively excluded in the original Framework; and to develop an illustrative 'pocket' or reduced size version for people new to public health. Subsequent actions are documented and stored on the PHORCaST website.

Developments in UK public health since the launch of the Framework

Since 2008 a number of developments have taken place in the delivery of public health services and the career milestones available to public health workers:

- The embedding of **Health Trainer Services** across England, first described in the public health White Paper Choosing Health (2004)¹³. This introduced a new strata of public health worker, operating at levels 3/4 of the Framework, with clearly articulated national competences and a role specific City and Guilds level 3 qualification
- The development of **level descriptors** for higher education **qualifications** by the Qualifications Assurance Agency for Higher Education (QAA) in 2008, published again in 2014¹⁴
- Defining of **core competencies for public health epidemiologists** working in the area of communicable disease surveillance and response, in the European Union 2008 (second edition 2010)¹⁵
- The set up of **Public Health Wales** as a national NHS Trust in October 2009¹⁶
- The commissioning, development and implementation of UK-wide **practitioner standards** for those working between levels 5-7 of the Framework (2010).

Practitioners successfully assessed against these standards can become registered 'Public Health Practitioners' with the UK voluntary Public Health Register (UKPHR)¹⁷ providing additional protection to the public

- **The Health and Social Care Act 2012**⁴ that transferred statutory public health duties, and accountabilities for population health and wellbeing from the NHS to local government in England (affecting c.4,500 public health workers). The Act also required the formation of Public Health England (affecting c.5,500 public health workers).
- Developments towards the recognition of **Advanced Practitioner** status ie: consultation on criteria for the accreditation of UKPHR registered practitioners operating at Advanced Practice level, led by Public Health Wales (2014)¹⁸, and the piloting of accelerated pathways into the FPH specialist training scheme for UKPHR registered practitioners working at Advanced level in Wessex and the West Midlands.
- The 2015 **review of the Faculty curriculum** (FPH) for higher specialist training¹⁹
- The 2015 **review of public health in Scotland**²⁰ (on-going)
- **The review of local government in Northern Ireland**²¹ (reducing the number of local authorities from 26 to 11) and the raised expectation for them to collaborate to improve the health and wellbeing of their communities through the new duty of community planning (April 2015)
- The Health Education England (**HEE**) **Strategic Framework** (2014-2029)²², including the Prevention and Public Health Action Plan (England)
- DH (England) commissioning of the **Public Health Minimum Data Set**, working with the Health and Social Care Information Centre (HSCIC)²³, to support high quality education and training commissioning
- **Workforce mapping**, and early classification of the **core public health** workforce²⁴; mapping of the **wider workforce** contributing to public health outcomes²⁵; and specific groups eg: public health knowledge and intelligence workforce study²⁶, and public health scientist stocktake²⁷; commissioned by DH (England), PHE, and HEE, from the Centre for Workforce Intelligence (CfWI)

Consultation Methods

The activities below took place during February and March 2015 to:

- raise the profile of the Framework review process
- explore current use and application of the Framework, and
- hear ideas from the frontline workforce about how it could be further developed to reflect current and future public health practice

The consultation events were advertised through internal communications at PHE; through PHE bulletins to DsPH; and also via key websites eg: Faculty of Public Health, Royal College of Nursing, Royal Society of Public Health, UK Public Health Register and PHORCaST. Events were also promoted at a local level through PHE Centre workforce development networks.

Consultation workshops across the UK

Eight workshops were delivered across the UK, led by the PHE programme management team. These were organised through the local workforce development leads based in Wales, Scotland, Northern Ireland, and the four PHE regions (North, Midlands, South and London). The local leads were able to identify appropriate venues, corral an audience of local public health workers representing a range of backgrounds and levels, and provide a local context regarding workforce development issues. An estimated **180** individuals attended these events (132 evaluation forms completed).

On-line survey across the UK

An on-line survey was opened to explore current awareness; views on the use and application of the Framework; and around certain features that might be provided by an on-line skills passport for public health, that would be based on the Framework. This on-line survey was made available to public health workers in all four UK countries (with options to skip questions on the skills passport for those not based in England, should they wish to). The link had >1880 visits, and over **520** surveys were completed.

Trial of a 'skills passport' prototype in England

During the same period a prototype of a skills passport, built around the existing Framework, was tested with **100** users – a mixture of those actively recruited and some self-selected. Targeted participants were from a cluster of local authorities in the North East, a drug and alcohol team based in a PHE Centre, and an NHS Community Provider Trust Health Trainer team, to ensure a range of employers and roles were represented in the sample.

Setting the scene for the workshops

Describing the current Framework

As some preliminary work with front-line staff had taken place, the project management team were aware that not everyone attending the workshops would be familiar with the Framework. The original documentation was reviewed to prepare an introduction for the workshops. This revealed some of the inconsistencies within the current Framework eg:

- the name had been changed from a skills and *careers* framework to a skills and *knowledge* framework, yet within the materials the descriptors remain titled knowledge and *competences*. Competences, by definition, are a combination of the knowledge, understanding and performance required to complete a particular task or job²⁸ (see page 37)
- the knowledge descriptors are preceded by either ‘awareness of’, ‘understanding of’ or ‘knowledge of’ at varying points in the Framework – awareness more towards the lower levels, and understanding more often towards the higher levels, but not always, and with no reference to boundaries of knowledge, or critical analysis
- the skills and knowledge Framework is structured around a learning *curriculum* that is specifically designed to develop trainees to operate at the most strategic levels of the professional group

In terms of being clear in form and application, the current Framework offers *skills*, *knowledge*, *competences*, and a particular *curriculum*, so an open question at the workshops was whether these are all achievable from a single Framework, and whether this lends it readily to application in work based settings.

Desk-based review of other frameworks

To place the UK Framework into a wider European and global context, and to offer scope to the review process, other frameworks around public health functions and workforce competences were identified to compare how areas of public health expertise, and different levels of the workforce, are described in other parts of the world (see page 35/36 for relevant slides). These were presented at the opening session to the workshops and included:

- Public Health competences, Canada 2008²⁹
- Public Health competences, USA, 2014³⁰
- The CompHE Core Competencies Framework for Health Promotion, 2011³¹
- Global Public Health Functions (draft paper) 2014³²

Experiences of applying the Framework for team skills audit

The introductory presentation also described experiences of team-based application of the Framework, reported during the pilot of the on-line survey questionnaire with front-line workers; and from a report from the PHORCaST team who had been commissioned to conduct a local authority department skills audit. It was found that:

- the Framework is very long and complicated and has to be significantly edited to develop a workable audit tool
- individuals are not clear on which areas of the Framework are relevant to them
- workers are regularly using skills that are not captured in the Framework
- the wording of the descriptors are not user-friendly and lack context
- the guidance documents are helpful but the Framework itself could be more intuitive

Presentations in the localities

Event Schedule

Eight consultation workshops were held across the UK:

Location	Opening Address
• East of England (Cambridge)	Functional Mapping Advisor, East Midlands LETB
• Northern Ireland (Belfast)	Assistant Director of Public Health, Health and Social Wellbeing Improvement, Public Health Agency, Northern Ireland
• North of England (Leeds)	Morning of speakers including local HEE, Talent Management, PHE function leads
• London and South (London x2)	Chief Executive, RSPH /Chief Executive, CIEH
• Scotland (Glasgow)	Public Health Network Coordinator, NHS Highland
• Wales (Caerphilly)	Head of Professional and Workforce Development, Public Health Wales
• West Midlands (Birmingham)	Executive Director, UK Public Health Register

Local workforce development leads were given the opportunity to provide a local context for workforce development, to which the Framework review could be linked. Examples of this local input are given below:

Cambridge (East of England) Event

The first event took place in Cambridge where the local **Functional Mapping** Advisor for the East Midlands LETB gave a presentation on the mapping of work-based functions³³ (see page 38). This methodology is adopted by several skills councils in the

UK, and the activity links to the extensive provision of **national occupational standards (NOS)** (over 2,000), which form suites of competences for different occupations. The Public Health NOS were developed in 2007³⁴ and are overseen by Skills for Health.

Discussions at the Cambridge event triggered the consideration of **'form follows function'**, and offered a pathway for a **function-led approach** to the review of the Framework, and the potential to revisit and embrace the national occupational standards (NOS) for public health, and other related occupations, as the underpinning competences.

Glasgow (Scotland) Event

The opening presentation at the Scotland event was given by the Public Health Network Coordinator, NHS Highland. The speaker highlighted the differences in the delivery of public health in England and Scotland, and the immediate uncertainty around the configuration of public health delivery in Scotland. Regarding the Framework review, a revisit to 'the basics' was recommended. In particular the **'principles and values'** of public health practice were considered to be of the highest importance, and requiring mechanisms to **sustain their profile** for the future. The speaker made reference to the principles and values underpinning the Code of Conduct for Health Education and Promotion Specialists that was produced by the The Society of Health Education and Promotion Specialists (SHEPS)(1997), and the foundations for **ethical practice** in public health.

Reference was made to the **Ottawa Charter**³⁵, the pre-requisites of health promotion, ie: to advocate; enable; and mediate; and the five areas of health promotion action i) build healthy public policy; ii) create supportive environments; iii) strengthen community actions; iv) develop personal skills; and v) reorient health services. The speaker also talked about the focus on **tackling inequalities** and building **sustainability** into public health action and intervention.

Additional references were made to the **competencies for health promotion practitioners** developed by NHS Scotland in 2005³⁶, (see page 48) and the valuable role that UKPHR **practitioner registration** could play in quality assuring the currently unregulated public health workforce, for the future of public health in Scotland. It was felt that all of the issues raised in the opening presentation should be given consideration in the review of the Framework.

Key Findings

Consultation workshops

During the workshops, delegates were asked to review materials relating to the current Framework including print-outs of each of the 9 levels, and each of the 9 core and defined areas. They were asked to conduct a S.W.O.T analysis (strengths, weaknesses, opportunities and threats) to identify the potential risks and rewards of reviewing the Framework. The workshop outcomes have been collated to produce the following:

Strengths of the current Framework



Firstly, the Framework was perceived to be a **good thing**, and having a Framework was considered valuable. As the word cloud shows¹, the workshop delegates described the current Framework as detailed and **comprehensive**, recognisably academic, highlighting core public health. They saw strength in the provision of a **credible, national, and standard description** of public health, providing a ‘golden thread’ or a **benchmark** for multi-agency practice. They felt that the Framework gave a sense of **progression** career-wise, and presented the specialist public health knowledge and skills.

Weaknesses of the current Framework

By the same token, the level of detail in the Framework was also seen by many as a weakness making it **complex, overwhelming, and inaccessible**. It was seen to be NHS-centric, with **too many levels**, and with some skill-sets missing (**gaps**), or descriptors missing in areas that were included. Also noted was a **lack of alignment**

¹ The size of the words in the word cloud reflects the frequency of that word appearing in the feedback collected at the workshops. If the word appears twice, it is because the system is case sensitive and some entries started with a capital letter while others did not.

with other frameworks – either around registration standards, national qualification frameworks, or other workplace competency frameworks. Some of the lower level descriptors seemed **vague**. For some delegates, it was the first time that they had been exposed to the Framework. See the word cloud summary below.



Opportunities presented by the review

Delegates saw the review as an opportunity to **simplify** the Framework, by **reducing the number of levels**, introducing more **universal language** in the areas and descriptors, and providing **single competence statements** rather than separate knowledge and skills descriptors. Some highlighted the chance to catch up with changes in public health practice and career development since 2008, and to find ways for the Framework to more visibly reflect **other frameworks** (regulatory, organisational,



qualifications), and career levers now in the system. There was some exploration of whether the Framework is indeed *cumulative*, or whether different skill sets prevail at different levels and areas of the workforce so a ‘**matrix**’ model may better reflect practice in future. It was suggested that up-to-date **examples of roles** at different levels would assist individuals in identifying skill sets for their current level of work, making the Framework more accessible. **Commissioning** came up as an area not currently

prominent in the Framework but a significant part of public health work. Also the Framework could inform the specification of skill sets when commissioning public health services, and it was mentioned in both contexts. Finally, the review was seen as an opportunity to re-introduce **ethical practice** into the Framework.

Threats to consider during the review process

Delegates expressed a number of concerns – the uncertain political/policy context; the **budget** available to make the Framework work and the security of public health budgets generally; the **lack of ownership** to lead on the Framework; the difficulty of alignment with other frameworks without **adding extra work** (bureaucracy and ‘noise’) to the system; the **lack of buy-in** thus far, and the risk that the **lack of use** and application of the current Framework will not be overcome. There were also pockets of concern about striking a balance between the **professionalisation** of public health practice, and the inclusivity of a Framework for the **wider workforce** and wider health and wellbeing community.



PURPOSE

To close the workshops, delegates were asked to think about what they felt the purpose of the Framework could be. Comments revolved around the provision of a **consistent or standard skill set** that provides a **clear definition of public health roles** for employing organisations, and complements other organisational and regulatory frameworks. With traction in the system, and the right guidelines and tools to support its application, the Framework could be used to support workforce planning, professional development and recruitment processes as well as personal c



On-line survey

A similar question was asked through the on-line survey showing similar findings (see table 2 page 39) ie: that though the majority of public health workers have heard of the Framework, two thirds have never used it, and only 16% having used it to support career development.

Other findings from the on-line survey

(See tables/figures on pages 39-43)

The on-line survey was accessed by public health workers across the UK though the majority (81%) were based in England. Just under a third were based in PHE, 38% in local authorities, 13% NHS. Over half identified their main focus as health improvement, with 35% in health protection and 30% in health intelligence (respondents were able to tick more than one). Over 10% of the respondents were Directors, Consultants and/or Specialists, the remainder distributed across other levels.

Workers were asked to provide details of their job title, highest qualification, and registration details. This enquiry would highlight representation and reach, and provide data to inform potential 'levels' of worker for a revised Framework. Responses have been categorised for the presentation of the data (Table 3/page 41) and levels of worker were not options in the survey (ie: not self-selected). Respondents have been allocated to the groups based on the wording contained in the job title, confirmed by different categories of professional membership in some instances. The groups formed show some parallels with levels used for workforce minimum data sets (see page 42). The data showed that many scientists were qualified to PhD level, and level 7 qualifications were distributed across the workforce, suggesting wide variation in the enabling properties of either level of qualification or different professional memberships as levers for career progression. See page 44 to see the full range of the professional memberships demonstrated.

The workforce were asked to identify from a list provided, those skill sets that they use most often day to day. The figures show that 90% of respondents are using their partnership, time management and organisational skills frequently. Although expressed differently in the questionnaire, many of the areas listed (Table 5/page 41) reflect the 'CORE' areas of the FPH curriculum that forms the current Framework structure.

One of the survey questions asked respondents to *'please describe any changes that you think are needed to the PHSKF'*. The comments, from **176** responses, could be divided into three groups:

- Those unfamiliar with the Framework who felt unable to comment (**53**)
- Those who felt that nothing needed to change (**24**)
- Those who had something to say (**99**), examples of the comments given below:

'I am not sure it is applicable to everyone working in public health'

'simplify, simplify, simplify'

'more operational to take into consideration theory and application'

'I feel these schemes should be more closely aligned (eg: CIEH Portfolio of Professional Practice) to allow cross references between them instead of running completely independently'

'remember that public health also includes environmental hazards and people who work outside the medical field'

'they are general descriptions that hardly match the actual work I carry out'

'too long and complex'

'needs to be more user-friendly and straight forward to match ourselves against'

'just ensure clear, unambiguous, quick and simple to use'

'More alignment is required between PHSKF and organisational objectives'

Skills passport trial

During February and March 2015 a prototype skills passport was trialled with 100 public health workers across England. The prototype was built around the current Framework, and required users to conduct a self-assessment against the Framework to:

- Identify what level they are working at generally
- Identify what level they are working at against the four CORE areas of public health as described in the Framework, and against any number of the DEFINED areas
- Identify areas where they would like to be working at a higher level, and to set themselves time-specific targets to help them to develop further

The trial was evaluated by an external agency and the outcomes will be reported in a separate bulletin later in 2015. However, the evaluation did involve some assessment of the suitability of the Framework for this purpose.

General findings echo the appraisal of the Framework in other parts of the consultation. Examples of user observations were:

- the **differences in the descriptors between levels are too subtle**, or they sound very similar. Users found they could fit into a number of the levels so the **process was confusing**

- the self-assessment process seemed very **subjective** if un-supervised
- **examples** against the levels/competences would have been helpful
- **not all of the roles in public health seem to fit** into the Framework so users couldn't 'see themselves' within it
- the Framework can only be used once people have a **good working knowledge** of it, and ideally it should be done with management/mentor/supervisor support and built into the CPD process

In the absence of 'ethical practice' in the current Framework, an additional Professional and Ethical Practice Framework (PEPF) was developed from the common areas of a range of professional codes of conduct, against which the skills passport users could self-assess (see pages 45-47 for the skills passport front page and PEPF).

Other considerations for the Framework

Setting public health expertise in context

A recurring concern expressed at the workshops was that some distinctive aspects of public health practice were at risk of being eroded as a result of the organisational transitions that have taken place, or are still in progress. The unique characteristics of public health practice that were felt to warrant clear iteration for the future included:

- the focus on tackling health **inequalities**, and the social determinants of health
- the importance of the **evidence-base** to inform effective planning and intervention
- the value and importance of **evaluation** and audit as integral to informed practice
- the underpinning philosophy, **principles and values** that equip public health workers in their day to day judgements
- **community** asset, social capital building and community planning elements

In several workshops, the links between **competence** and **regulation** were raised, and the need for any future Framework to reflect the same requirements as those described for the regulation of public health workers across the system. This was considered particularly important for those workers for whom there is no professional registration in public health currently available.

Some groups also requested that a revised Framework should be extended to represent not just their public health 'technical' skills, but also the transferable skills that public health workers put to frequent use in their day to day work eg: commissioning skills, programme/project management skills, financial management skills, systems leadership skills. This would also serve to:

- demonstrate the **full skill-set** (set of functions) that is required within a public health organisation or department
- provide connectivity with **existing competency frameworks** used by employers
- embrace other workers in the system who are not core public health workers, but who contribute to the delivery of public health outcomes at all levels in the system (ie: the **wider workforce**).

The interests expressed have been captured under the four headings on the next page (see diagram on page 24). The Framework currently represents the technical competence, and some of the context and delivery areas.

Behaviours

- Principles and values
- Ethical and reflective practice
- Compliance with workplace legislation and corporate policy and protocol

Technical Competence (Public Health specific)

- Measure, monitor and report population health, wellbeing and health inequalities (*Health Assessment and Surveillance*)
- Promote population and community health and wellbeing, and address social determinants and health inequalities (*Health Promotion*)
- Protect the public from risks to health and wellbeing (*Health Protection*)
- Work to, and for, the evidence base, conduct research, and provide expert advice (*Evidence-based Practice*)
- Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities (*Service Re-orientation*)

Context

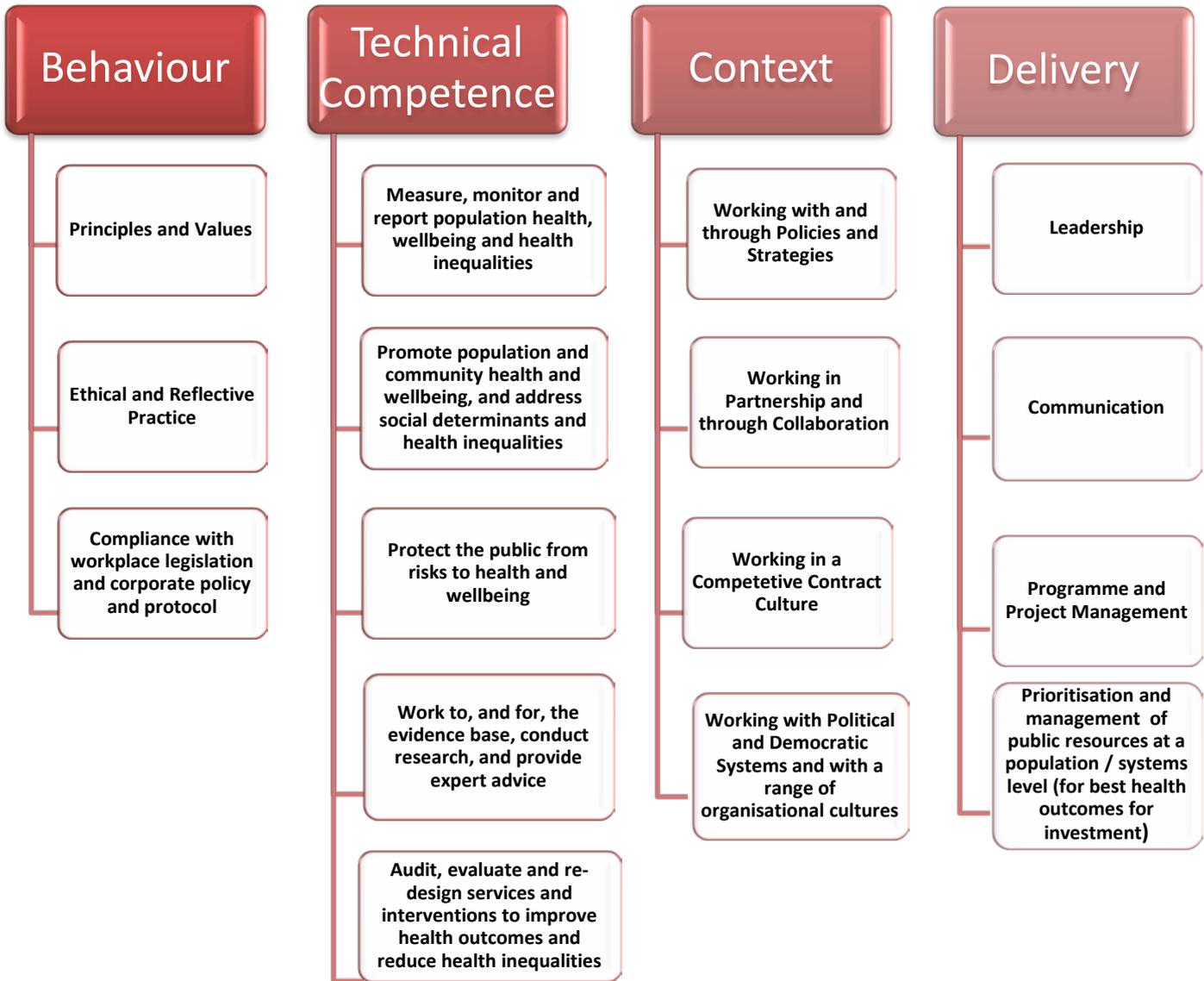
- Working with and through policies and strategies
- Working in partnership and through collaboration
- Working in a competitive contract culture
- Working within political and democratic systems and with all organisational cultures

Delivery

- Leadership
- Communication
- Programme and project management
- Prioritisation and management of public resources at a systems/population level

The groups above are shown in the diagram on the next page, and represent what people working in public health think they ‘do’, rather than focusing on what they might ‘know’, ie: they link to **service functions**. This does not discount the underpinning knowledge and expertise in public health, because this knowledge is a key component of an individual’s competence. While functions under context and delivery might be shared with people specialising in other areas, public health workers will **perform these functions through the lens of their technical skills and expertise**, and in a manner that reflects their **principles and values**. There is an understanding in the workforce consulted, that a function-led approach may lend itself more readily to the workplace and to workforce development processes, and that the next stage of

the Framework’s development should involve a mapping of the public health functions, to explore these further, and to identify the accompanying competences.



Clarifying the purpose of the Framework for the future

The need for **clarity on the purpose** of the Framework was a recurrent theme in the workshops, and there was some concern that it currently attempts to be ‘all things to all people’, ultimately being of limited value to anyone (though there were exceptions amongst those groups who used the Framework regularly eg: higher education sector).

There was recognition across the workforce that the current Framework has lacked ‘buy-in’ from employers, and the absence of ownership has allowed the Framework to lose widespread traction. While it is frequently quoted as underpinning academic curricula and professional

standard setting, it still lacks its full utility with employers and individuals. The engagement of employers in the recognition and appreciation of the full range of public health expertise was considered important by workers across the UK.

In line with the PHORCaST recommendation for better guidance on use, it was also suggested that a **'tool-kit'** is developed to support employers in the application of the Framework. To facilitate this, funding will need to be identified for the **marketing** of the Framework, and **engagement of the key employers** in the UK to secure the 'buy-in' that the current Framework has yet to achieve.

If employers find the Framework sufficiently relevant and valuable to make regular use of it, then individuals will in turn see its value and relevance within their workplace. This will prepare the ground for the proposed introduction of a public health on-line e-portfolio tool (skills passport), and the application of the Framework **at a personal level** for public health workers.

Higher Education Institutions (HEI) who currently use the Framework as a basis on which to design undergraduate and postgraduate courses in public health, public health nursing, and environmental health could continue to use the Framework as they will have done previously.

Sharpening the focus

Clarity of **Purpose** for the Framework

To help the Framework to develop traction across the public health system in the future, it is suggested that the following are the three primary functions against which the success of the Framework will be measured:

1. **For Employers:** to provide a **benchmark** for organisations recruiting and employing public health workers and delivering public health services, informing team/department skills analysis, and the development of roles and job descriptions
2. **For Individuals:** to form the **foundation for an on-line public health e-portfolio tool** (eg: skills passport) for use by individual public health workers for self-assessment and skills gap analysis to inform personal development
3. **For Education and Training providers:** to inform the development of **education, training and other development programmes** for the public health workforce enabling application of the Framework by the full range of workforce development providers

Measures of **Success** for the Review

Clarity on the success criteria for the review itself was requested by some taking part in the consultation. The markers of success for the review will be the delivery of:

- an accessible and illuminating Framework that has **traction and application for employers** ie: is demonstrably in use
- a **modern and relevant** Framework that is **accepted by the public health community** and demonstrably embraced by individuals, teams and departments
- a named UK-wide organisation or **agency assigned ownership**, with a leadership role in the implementation and maintenance of the Framework

Conclusions

That the Framework:

- remains true to its **original principle** in that it remains independent of sector, employer, individual background and level of worker, and is able to support anyone who might be making a contribution to the delivery of the public health and wellbeing agenda
- maintains a robust representation of **public health specialist expertise** while recognising the expertise and contributions at other levels of the workforce and those in the wider workforce
- presents a function-led, competence based approach (single statement rather than separate knowledge statements and skills statements), so that it becomes a **Public Health Competence Framework**
- presents the workforce at **fewer levels**, reflecting other levers in the system such as registration programmes, and the categories proposed for the minimum data set (see page 42)
- uses existing (and develops new) **role templates** and job profiles to illustrate the revised framework (Skills Council/PHORCaST) at each new level
- offers the **full suite of skills** used by the public health workforce, including transferable skills, representing the ‘fully rounded’ practitioner/service

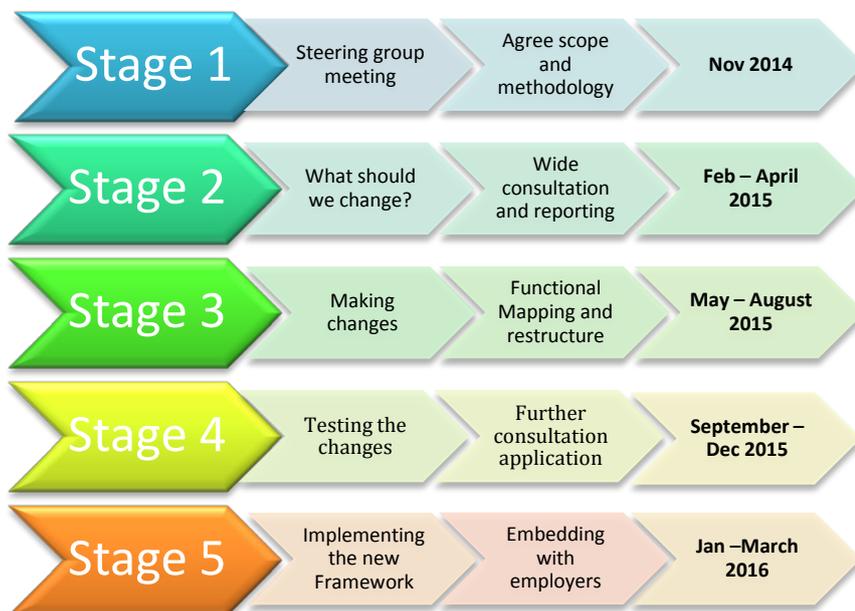
That the review process:

- sets out a methodology for **‘testing’**, working closely with the workforce and employers
- ensures that it **includes all stakeholders** in the ongoing process of consultation and development
- includes an appraisal of the existing **national occupational standards (NOS)** for public health considering the merits of commissioning a **review** and writing of additional NOS to reflect current and future practice

Recommendations

- report to the UK People in Public Health group requesting that the issue of **governance and ownership** is addressed as a matter of priority, to support onward development, and the ‘placing’ of the Framework in the system
- commission a **functional mapping exercise**³³ and populate a new structure with existing national occupational standards (competences)
- **consult** further with the **workforce and employers** on the re-formed Framework
- identify networks and mechanisms to **test** a revised Framework with a number of key employers eg: local authorities, PHE/PHW/PHANI, NHS Scotland
- work with partners to develop up-to-date **role templates** for each level of the new Framework to support employers in role definition and job evaluation/description
- produce a ‘**tool kit**’ including interactive tutorials/guidelines linking to mechanisms in the workplace (eg: PDR), (working closely with employers and their supporting agencies such as the LGA in England), acknowledging parallels with other frameworks (eg: registration, qualifications, organisational competence, knowledge and skills frameworks)
- continue to test the concept and sustainable provision of a **public health skills passport** which could form part of the ‘tool kit’ for employers/individuals

Revised Actions and Timescale



Changes have been made at **Stage 3**, where a functional mapping exercise is now recommended to inform the new structure and arrangement of competences.

An additional **Stage 5** has been added to account for the partnership work that will need to be carried out to ensure that the Framework is embedded with employers and sufficiently supported.

Web links/references

(accessed May 2015)

- 1 Healthy Lives, Health People: A public health workforce strategy (April 2013)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/204792/2900899_28781_Healthy_lives_v0.8.pdf
- 2 Health Lives, Healthy People: Our strategy for public health in England (2010)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf
- 3 Public Health Outcomes Framework for England 2013-2016 (January 2012)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf
- 4 Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- 5 Fair Society, Healthy Lives; A strategic review of health inequalities in England (Feb 2010)
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
- 6 Five Year Forward View (Oct 2014)
<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- 7 A healthier, happier, and fairer Wales: Public Health Wales Strategy
<http://www.wales.nhs.uk/sitesplus/888/page/70467>
- 8 Making Life Better: a whole system strategic framework for public health 2013-2023 (June 2014)
<http://www.dhsspsni.gov.uk/print/mlb-strategic-framework-2013-2023.pdf>
- 9 The Scottish Government Public Health Review (2014/15)
<http://www.gov.scot/Topics/Health/Healthy-Living/Public-Health-Review>
- 10 Public Health Skills and Career Framework (April 2008)
http://www.phorcast.org.uk/document_store/1318857881_bNPm_public_health_skills_and_career_framework.pdf
- 11 PHSKF outline with Cube, PHORCaST
http://www.phorcast.org.uk/page.php?page_id=44
- 12 PHORCaST refresh of the PHSCF
http://www.phorcast.org.uk/page.php?page_id=313
- 13 Choosing Health: Making healthy choices easier (2004)(archived)
http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4094550

- 14 UK Quality Code for Higher Education PART A: Setting and Maintaining Academic Standards (2014)(page 17)
<http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2843>
- 15 Core competencies for public health epidemiologists working in the area of communicable disease surveillance and response, in the European Union (second edition 2010)
http://ecdc.europa.eu/en/publications/_layouts/forms/Publication_DispForm.aspx?List=4f55ad51-4aed-4d32-b960-af70113dbb90&ID=10
- 16 Public Health Wales organisational history
<http://www.wales.nhs.uk/sitesplus/888/page/44961>
- 17 UKPHR Practitioner Registration
<http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/>
- 18 Consultation on Advanced Practice for public health, Public Health Wales (2014)
<http://www.wales.nhs.uk/sitesplus/888/news/35099>
- 19 FPH Curriculum Review
http://www.fph.org.uk/curriculum_review
- 20 Scotland Public Health Review – ongoing proceedings (May 2015)
http://www.scotphn.net/projects/current_projects/public_health_review_engagement
- 21 Local Government Reform, Department of the Environment, Northern Ireland
http://www.doeni.gov.uk/local_government_reform
- 22 Health Education England Strategic Framework (Framework 15)
<https://hee.nhs.uk/work-programmes/strategic-framework/>
- 23 Workforce Minimum Data Set (wMDS), Health and Social Care Information Centre
<http://www.hscic.gov.uk/wMDS>
- 24 Mapping the Core Public Health Workforce, Centre for Workforce Intelligence, (2014)
<http://www.cfwl.org.uk/publications/mapping-the-core-public-health-workforce>
- 25 Understanding the wider workforce in public health, Centre for Workforce Intelligence, November (2014)
<http://www.cfwl.org.uk/our-work/public-health/understanding-the-wider-workforce-in-public-health>
- 26 The public health knowledge and intelligence workforce, CfWI, March 2015
<http://www.cfwl.org.uk/publications/public-health-knowledge-and-intelligence-a-study>
- 27 Public Health scientist stocktake, CfWI, March 2015
<http://www.cfwl.org.uk/publications/public-health-scientist-stocktake>
- 28 UK Commission for Employment and Skills, National Occupational standards
<http://nos.ukces.org.uk/Pages/index.aspx>

- 29 Core Competencies for Public Health in Canada: Public Health Agency of Canada (2008)
<http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>
- 30 Core competencies for Public Health Professionals (USA, June 2014)
http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf
- 31 The CompHP Core Competencies Framework for Health Promotion (2011)
http://www.iuhpe.org/images/PROJECTS/ACCREDITATION/Competencies_Handbook_s hort_ENG.pdf
- 32 A Global Framework for Public Health Functions, World Federation of Public Health Associations [draft] (2014)
http://www.who.int/workforcealliance/media/news/2014/consultation_globstrat_hrh/en/
- 33 Functional Mapping User Guide, Skills for Health
<https://tools.skillsforhealth.org.uk/documents/userguides/HealthFunctionalMapUserguide.pdf?PHPSESSID=00da12bba00fdd45835aef28ce4c2fb5>
- 34 National Occupational standards for Public Health (2007)
<http://nos.ukces.org.uk/Pages/results.aspx?u=http%3A%2F%2Fnos%2Eukces%2Eorg%2Euk&k=public%20health>
- 35 Ottawa Charter, World Health Organisation, first international conference on Health Promotion (1986)
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- 36 Competencies for Health Promotion Practitioners: report of a working group NHS Health Scotland (2005)
<http://www.healthscotland.com/uploads/documents/5128-CompHPP130206.pdf>
<http://www.healthscotland.com/documents/2140.aspx>
- 37 The ten essential public health operations, WHO regional office for Europe
<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/policy/the-10-essential-public-health-operations>
- 38 Nursing and Midwifery PH competences (2004)
<http://www.nmc.org.uk/globalassets/sitedocuments/standards/1/nmcstandardsofproficiencyforspecialistcommunitypublichealthnurses.pdf>

Appendices

Steering Group Membership (November 2014 – April 2015)

Organisation	Representative
Association Directors Public Health	Director Public Health, Hampshire and Director Health Improvement, Lancashire
Brighton University	Senior Lecturer, Public Health
Chartered Institute of Environmental Health	Head of Policy and Education
Department of Health	Public Health Workforce Policy/Legislation
Faculty Public Health	Head of Professional Standards
GSI Scotland	Chief Medical Officer
Health Education England, East Midlands	Faculty Advisor
Health Education England, Wessex	Public Health Workforce Development Manager
Kent County Council	Workforce Development Manager
Local Government Association	Senior Advisor, Workforce Policy and Strategy
PH Wales	Head of Professional and Organisational Development
PHA Northern Ireland	Health and Wellbeing Improvement Manager
Public Health England	Head of National Workforce Development (Group CHAIR)
Public Health England	Programme Manager (s)
Public Health England	Head of Education, Workforce Development
Public Health England	Deputy Director Workforce, North of England Region
Royal College Midwives	Director for Midwifery
Royal College Nursing	Professional Lead for Public Health Nursing
Royal Society for Public Health	Education and Development Director
UK Public Health Register	Executive Director

Principles for the Review process (adapted from FPH review of the curriculum)

These principles should be considered by the Steering Group, developed through the consultation workshops, and kept in mind when evaluating which changes should be considered. They are not intended to be overly prescriptive but should be used as guidance.

1. The current review of the PHSKF was pledged in the 2013 paper 'Healthy Lives, Healthy People: a public health workforce strategy' (DH/PHE/LGA) The review will be **governed by** the UK People in Public Health Group in which all four UK countries, and key UK-wide public health organisations are represented. The task and finish PHSKF 'Steering Group' will be made up of representatives from this group. The Terms of Reference for the Steering Group will clearly identify lines of **accountability and ownership** regarding the review.
2. The PHSKF represents the full range and scope of public health competences, at all levels of the PH workforce, and encompasses four different countries with different public health arrangements, management structures and settings. Any proposed change to the framework **should ensure that it remains applicable to the various countries, regions and settings where PH workers operate.**
3. Structures of public health delivery will change over time and the systems across the UK are susceptible to reorganisation. Therefore changes need not necessarily be specific to the current structures in England, Northern Ireland, Scotland and Wales and should be **future proofed over a 5-10 year period** and meet the test of **fitting in with further workforce requirements** to meet the needs of the public.
4. The consultation process should facilitate the widest possible engagement at **all levels of the workforce**, and through a broad range of **employers, regulatory bodies and education providers**. Any proposed change should take account of whether there has been a wide ranging call for it in the consultation responses. However, wide ranging support should not determine acceptance.
5. The review and implementation of changes should be conducted in a manner that promotes equality and values diversity
6. Any proposed change ultimately endorsed by the Steering Group should be accompanied by **clarity about how the change would impact on its current use and application**, and how the framework will service this use in other ways.
7. Processes of consultation and engagement should include **employing organisations** so that proposed changes to the framework ultimately **assist them in supporting public health functions**, ensuring that the PHSKF has utility in the **workplace**.
8. Proposed changes should take into account the need to **simplify and remove obsolete skills/competences**, and the need to **introduce new ones** not previously recognised in the framework.
9. The implementation should be at a pace and time that supports all those likely to be affected and facilitates management processes to support it.
10. The implementation and delivery of changes should capitalise on existing resources and capacity, adding value as much as possible.

PHORCaST 'refresh' recommendations 2012

Recommendations to PHWAG for Next Stage:

- Accept the outputs from the project to date:
 - the refreshed skills and knowledge framework – updated levels 1-4, 5-9 unchanged from the 2008 framework
 - the revised introduction
 - the structure for guidance on use as a precursor to an interactive
 - expanded glossary of technical terms
- Recommend that these are circulated to all those attending the 1 November workshop and members of the two working groups for a final check over the next 2 weeks, then formally submitted to DH as the final products from the project by the end of March 2013.
- Recommend that DH England:
 - develop and fund an implementation plan for the next phases the revised introduction
 - commission development work:
 1. to embed, as soon as possible, the framework and guidance within PHORCaST as an interactive version
 2. to develop statements on ethical practice to underpin the framework, particularly following the Francis Inquiry – one of the outputs from the project is an illustrative statement
 3. to develop a “pocket guide” to public health skills and knowledge – one of the outputs from the project is an illustrative guide
 - link any further work on the skills and knowledge within framework to forthcoming national work to develop a minimum data set for public health professionals including practitioners and functional mapping of roles. This relates to all 9 levels.
 - Circulate final report, outputs and outline implementation plan to the following:
 1. Devolved administrations, 4 UK country CMOs
 2. PHE, PH Wales, NHS Health Scotland, PH Agency for Northern Ireland
 3. LGA
 4. HEE etc.

Other suggestions from the project:

1. When the refreshed framework is launched, offer 4 Regional workshops on how to use it
2. PHORCaST team to provide links to new frameworks as they emerge such as the forthcoming civil service framework, local government frameworks etc.; the education and training section will need updating to reflect new structures.
3. The new public health workforce leads in the PHE Centres could, as part of their role, map local courses and link to the PHORCaST education and training section
4. Ask SfH and SfC to undertake map the 1-4 level skills and knowledge to their revised standards for the wider workforce

Extract from slides presented at the Workshops as part of the introduction

The current PHSKF

The framework defines **nine levels of competence and knowledge** in each of the nine areas of public health (both **core and defined**). Those at **level 1** will have little previous, knowledge, skills or experience in public health, while those at **level 9** will be setting strategic priorities and direction and providing leadership to improve population health and wellbeing.

http://www.phorcast.org.uk/page.php?page_id=44

Canadian PH core competencies

- competency statements with practical examples
- 2 levels – Front line Provider and Consultant/Specialist

<http://www.phac-aspc.gc.ca/php-ppsp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>

USA PH core competencies

- competency statements
- 3 levels – Front line / Management / Senior or Exec

http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf

European Health Promotion competencies

Enable change	Advocate for health	Mediate through partnership
Communication	Leadership	Assessment
Planning	Implementation	Evaluation and research

- competency statements, knowledge and skills required, performance criteria – no levels
- professional and ethical practice

4

http://www.iuhpe.org/images/PROJECTS/ACCREDITATION/Competencies_Handbook_short_ENG.pdf

Global framework for PH Functions [draft]

A Global Framework for Public Health Functions (Draft 2014)
 Estimated proportion of public health workforce required to address challenges

World Federation of Public Health Associations
 (% of the workforce needed)

5

http://www.who.int/workforcealliance/media/news/2014/consultation_globstrat_hrh/en/

Review process

Stage 1	Steering group meeting	Agree scope and methodology	Nov 2014
Stage 2	What should we change?	Wide consultation	Jan - March 2015
Stage 3	Making changes	Focus groups subject experts	April – June 2015
Stage 4	Testing the changes	Further consultation & application	July – September 2015

6

Defining Competence

NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of **competence**. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively. They cover the key activities undertaken within the occupation in question under all the circumstances the job holder is likely to encounter.

(Definition supported by UK Commission for Employment and Skills)

<http://nos.ukces.org.uk/Pages/index.aspx>

- Skills for Health use the terms **competence** and **competences** rather than competency and competencies as the term competencies/competency is often used to describe behaviours and attitudes as well as knowledge and skills.
- Competences (NOS) do not come in different 'levels', but some competences may be relevant to one level of operation, and not to another.

<http://www.skillsforhealth.org.uk/standards/item/215-national-occupational-standards>

Screenshot from a functional mapping tool (Skills for Health)

Functional Mapping User Guide, Skills for Health

<https://tools.skillsforhealth.org.uk/documents/userguides/HealthFunctionalMapUserguide.pdf?PHPSESSID=00da12bba00fdd45835aef28ce4c2fb5>

Findings from the workshop evaluation form

**TABLE 1: Awareness and use of the Framework
Workshop evaluation form (n.132)**

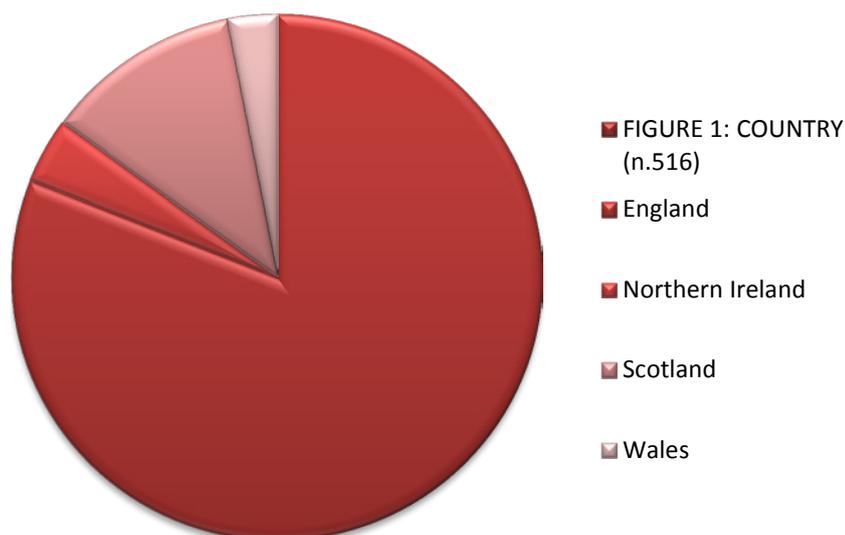
Totally unaware	8%
Heard of it but not aware of content	23%
Aware of content but not applying it	39%
Aware of content and applying it	30%
Post Workshop:	
More aware of it, the detail and the application	89%

Findings from the on-line survey

**TABLE 2: Awareness and use of the Framework (n.438)
On-line Survey**

STATEMENT	Agree	Disagree
I know what the PHSKF is	72%	28%
I have seen the PHSKF	59%	41%
I have used the PHSKF	34%	66%
I know what level (s) of the PHSKF I am operating at	33%	67%
I know what areas (core and defined) of the PHSKF that are applicable to me	40%	60%
I have assessed myself against the PHSKF	24%	76%
I have used the PHKSF to help plan my career development	16%	84%

Respondent details:



Respondent details:

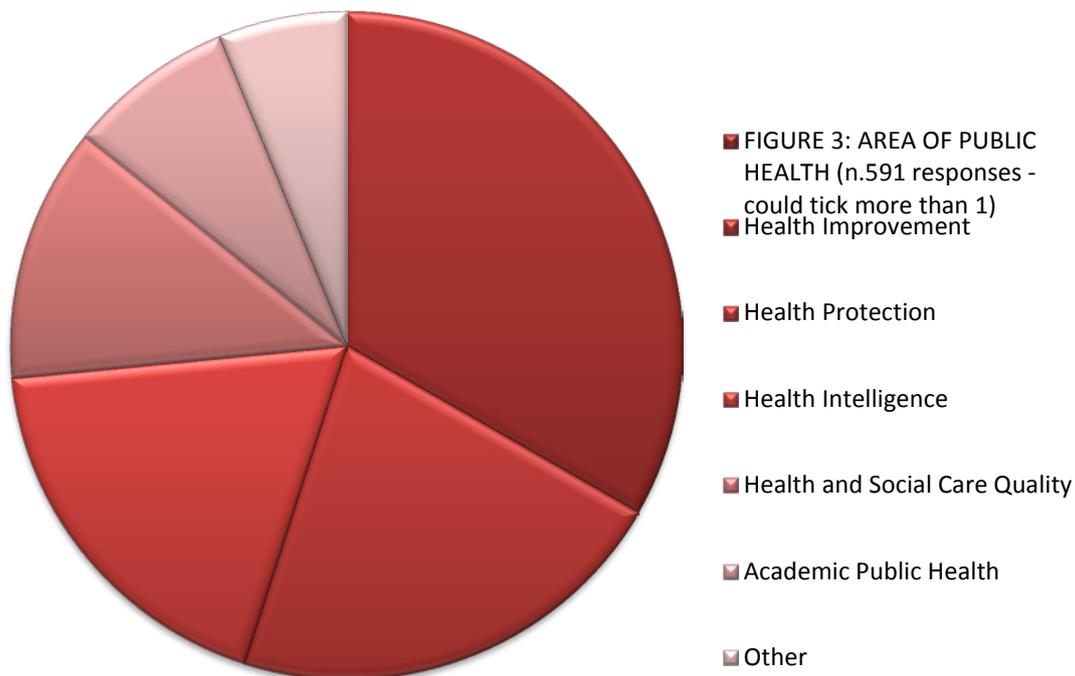
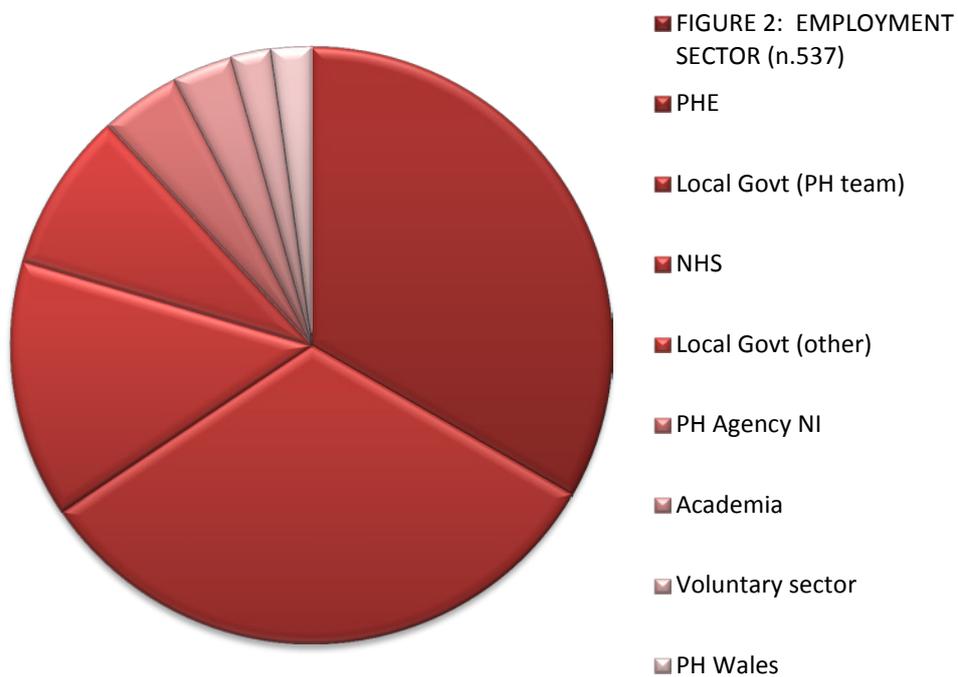


TABLE 3: ROLES Level of operation (n.523)	
DPH/Consultant/Asst. or Assoc. DPH/Professor	10%
Specialist (eg: others with FPH membership not in consultant posts, SpRs, research fellow)	8%
Advanced Practitioner (post titles including words – lead, senior, specialist (eg: nurse), manager, principal)	34%
Practitioner (coordinator, advisor, officer, worker, nurse, dietitian, scientist, analyst)	35%
Other	5.5%
Other: Workforce Development, Support Workers/Admin	

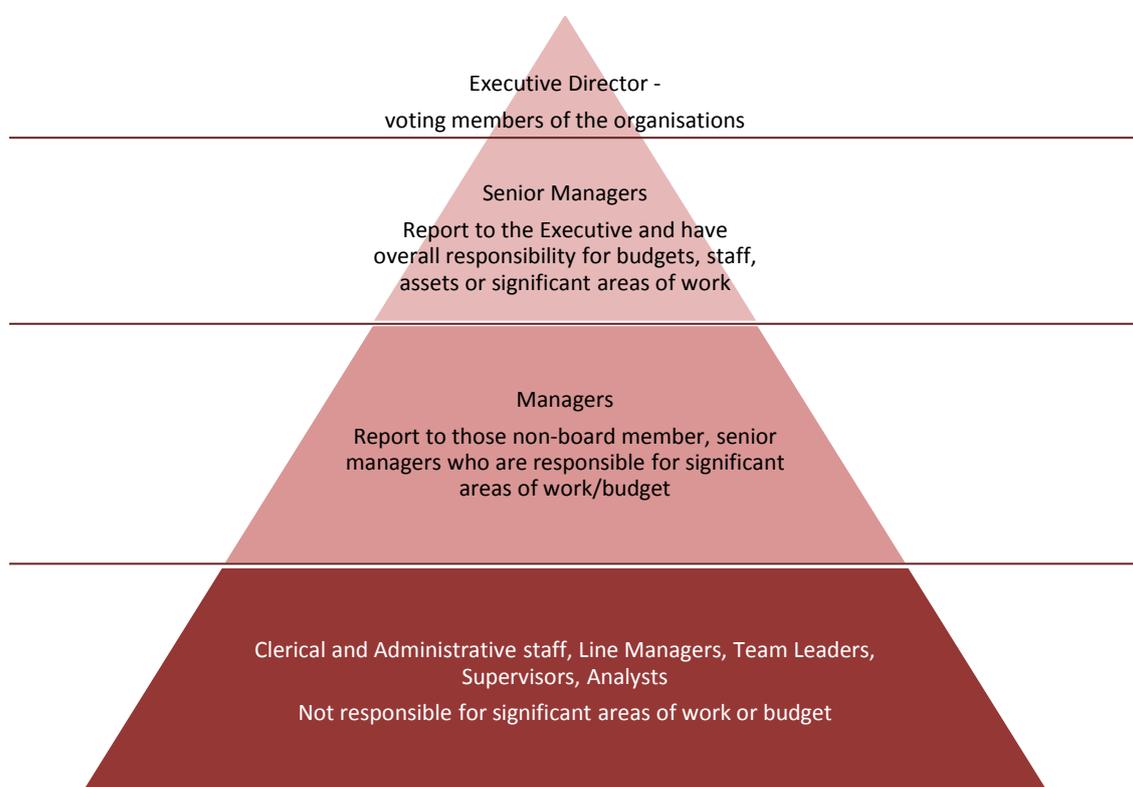
TABLE 4: Highest Level of Qualification (QAA levels) (n.516)	
PhD (QAA level 8)	8%
Post graduate/Masters (QAA level 7 inc. MBBS, BDS, MPhil, MPH)	55%
Degree (QAA Level 6)	22%
Foundation Degree (QAA level 5)	3%
QAA Level 3/4 (Level 3 – ‘A’ level)	3%
Below QAA level 3	2%

TABLE 5: Top-scoring SKILLS used in day to day public health work (n.451) <i>Please indicate which of the following skills you use in your day to day PH work</i>	
SKILLS	%
Working in partnership with external teams/organisations	90%
Time management skills	90%
Organisational skills	90%
Working collaboratively with other disciplines/sectors	86%
Interpersonal skills	86%
Communicating to audiences	85%
Professional skills (dress, language, behaviour, ethics, loyalty, respect)	84%
Data management (collecting, interpreting and applying data)	82%
Persuading, influencing and negotiating	80%
Evaluation skills	77%
Analytical skills	75%
Knowledge/information management	73%
Leadership skills	71%
Appraising evidence	71%
Interpreting and implementing policies and strategies	70%
<u>Other:</u> commissioning, procurement; facilitation, training, coaching, mentoring; strategic management and management of change	

Worker levels and corresponding roles/qualifications

TABLE 6: (functional levels reflect those being considered for the PH minimum data set)

Current PHSKF level	Possible level for renewed Framework	Functional level (regulation (statutory/voluntary) and professional membership to support practice)	Example	QAA/FHEQ* Educational level acquired
9	Strategic direction and leadership (<i>setting the vision</i>)	Consultant (GMC/GDC/UKPHR registration and professional membership (FPH))	Consultant in Communicable Disease Control (CCDC)	Level 7
8		Specialist (GMC/GDC/UKPHR registration) (<i>proposed</i> protected title through HCPC statutory registration)	Commissioning Lead for Sexual Health Services	Level 7
7	Implementation and Management (<i>operationalising the vision</i>)	Advanced Practitioner (<i>proposed</i> voluntary accreditation for UKPHR registered practitioners)	Knowledge and Intelligence Principal	Level 7 (Post-grad)
5/6		Practitioner (UKPHR voluntary registration)	Health Promotion Advisor	Level 6 (Graduate)
3-4	Implementation Support (<i>delivering the vision</i>)	Assistant Practitioner	NHS Health Trainer, Environmental Health Technical Officer	Level 4/5 (Foundation/Under-grad)
1-2		Trainee Apprentice	<i>In development</i>	Level 3



Adapted from the National Data Set Manual http://www.hscic.gov.uk/media/13060/NHS-Occupation-Code-Manual/pdf/NHS_Occupation_Code_Manual_Version_13.1.pdf

***Frameworks for Higher Education Qualifications - Levels:**

TABLE 7

Typical higher education qualification	FHEQ level
Doctoral degrees (eg: PhD/DPhil/EdD/DBA)	8
Master's degrees (eg: MPhil/MLitt/MRes/MA/MSc)	7
Integrated master's degrees (eg: MEng/MChem/MPhys/MPharm)	
Primary qualifications (or first degrees) in medicine, dentistry and veterinary science (eg: MB, ChB, MB BS, BM BS, BDS, BcSc, BCMS)	
Postgraduate diplomas	
Postgraduate Certificate in Education (PGCE)/Postgraduate Diploma in Edn (PGDE)	6
Postgraduate certificates	
Bachelor's degree with honours (eg: BA/BSc Hons)	
Bachelor's degrees	
Professional Graduate Certificate in Education (PGCE) in England, Wales and NI	5
Graduate diplomas and certificates	
Foundation degrees (eg: FdA, FdSc)	4
Diplomas of Higher Education (DipHE)	
Higher National Diplomas (HND)	
Higher National Certificate (HNC)	4
Certificate of Higher Education (CertHE)	

See link below for UK-wide equivalences re: qualifications/levels:

UK Quality Code for Higher Education PART A: Setting and Maintaining Academic Standards (2014) (page 17)

<http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2843>

Professional Memberships of PH workers participating in the on-line survey

Professional Memberships of the 520+ respondents to the on-line survey showing the multi-disciplinary range of workers in public health:

AAT – Association of Accounting Technicians
ADCS – Association of the Directors of Children’s Services
APM – Association of Project Management
APMP – Association of Bid and Proposal Management Professionals
BACP – British Association for Counselling and Psychotherapy
BAOT – British Association of Occupational Therapists
BDA – British Dietetic Association
BPS – British Psychological Society
CCA – Chartered Certified Accountants
CIEH – Chartered Institute of Environmental Health
CILIP – Chartered Institute of Library and Information Professionals
CIM – Chartered Institute of Marketing
CIPD – Chartered Institute of Personnel and Development
CMI – Chartered Management Institute
EPS – Emergency Planning Society
FDS – Faculty Dental Surgery
FPH – Faculty Public Health
FRCPCH – Faculty Royal College Paediatrics and Child Health
FRCPsych – Royal College of Psychiatrists
FSRH – Faculty of Sexual and Reproductive Health
GDC – General Dental Council
GMC – General Medical Council
GPhC – General Pharmaceutical Council
HCPC – Health Care Professionals Council
HEA – Higher Education Academy
IBMS – Institute of Biomedical Science
IHM – Institute of Healthcare Management
IHPE – Institute of Health Promotion and Education
ILM – Institute of Leadership and Management
IOP – Institute of Physics
IOSH – Institute of Occupational Safety and Health
IQA – Institute of Quality Assurance
NMC – Nursing and Midwifery Council
RCGP – Royal College of General Practitioners
RCOG – Royal College of Obstetricians
RCP – Royal College of Physicians
REHIS – Royal Environmental Health Institute for Scotland
RCM – Royal College Midwives
RGN – Royal College of Nursing
RSA – Royal Statistical Society
RSPH – Royal Society of Public Health
RTPI – Royal Town Planning Institute
UKCP – UK Council for Psychotherapy
UKPHR – UK Public Health Register
UKVRN – UK Voluntary Register of Nutritionists (Association for Nutrition)

Skills Passport

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public health skills passport

PHSKF

Map your current level of work against the levels of the Public Health Skills and Knowledge Framework (PHSKF).

Set targets for your progress through

PEPF

Identify areas of the Professional and Ethical Practice Framework (PEPF) that you wish to evidence, and upload workbased examples that demonstrate your knowledge and competence an

CPD

Load evidence of experience, training and events that contribute to your continuing professional development (CPD). Store this evidence and produce a report that shows how many hours of

Help!

If you get stuck just press on the help button. There is a separate help button for each page.

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Professional and Ethical Practice Framework (PEPF) - all levels
[produced for the SKILLS PASSPORT TRIAL Feb/Mar 2015]

Areas of ethical practice	Overview of Knowledge needed in this area	Overview of competence needed in this area
Knowledge, skills and performance	Knowledge of existing and emerging legal and ethical issues in your own area of work	Proactively address ethical/legal dilemmas and issues in an appropriate way
	Awareness of the theory base behind ethical approaches to public health work, and how these relate to medical ethics	Apply public health ethics to own area of work
	Knowledge of the use of ethical frameworks in public health work	Application, or recognition of the application of, an ethical framework in own area of work
	Understanding of the importance of remaining competent as a public health worker, and the risks associated with complacency	Keep knowledge and skills up-to-date by recognising the need for, and accessing opportunities for your own development
Safety and Quality	Recognition of the boundaries of your own role and the limits of your own competence	Act within the limits of your own competence and seek advice when needed
	Understanding the process of reflection and the importance of being a reflective public health worker	Reflect on your own behaviour and practice and identify where it can be improved
	Full understanding of the legislation underpinning behaviours and actions in your work place, outside it, and in relation to your work, and how these inform local policy and protocol	Act in ways that comply with legislation, policies and governance frameworks and systems in your area of work and in your workplace
	Knowledge of the importance of an evaluative work culture and the different evaluation methods used day-to-day in public health practice	contribute to the review of your own effectiveness, and the effectiveness of your own area of work, in an objective and constructive manner. Apply the findings to make improvements
	Understand where accurate and up-to-date records, audit trails, and data capture are required in your own area of work, and why	Keep clear and accurate records of your activity, storing this information in compliance with all relevant legislation eg: data protection and confidentiality; safeguarding.
Communication, partnership and teamwork	Awareness of how your own behaviour may influence others within and outside your team/agency	Seek and act on feedback with regard to your personal impact on others
	Knowledge and understanding of your employers code of behaviours for employees, and the principles of teamwork	Show respect for, and tolerance of, the view and perspectives of colleagues and partners, acknowledging diversity of opinion
	Understanding of the social, cultural, spiritual and experiential influences on the choices that people make and the actions they may take	Act in ways that acknowledge and recognise people's expressed beliefs and preferences
	Understanding of the role of public health in the support of the learning of others, and the different ways in which people may learn	Develop and improve others knowledge and understanding in relation to the public's health and wellbeing, capitalising on opportunities to support the development of others

Maintaining trust	Understanding of the need to be above reproach, and the seven principles of public life	Act in an open, honest way and with integrity – upholding the reputation of your profession, other professional groups, and your employer
	Understanding of the ways to treat individuals/groups fairly, and the underpinning legislation eg: equality and diversity	Act in ways that value people as individuals
	Understanding of the principles of empowerment and enablement	Establish and maintain trust by listening and respecting the views of others and promoting the ability of others to make informed decisions
	Knowledge and understanding of your local guidance and protocols on the spending of public finance/deployment of resources	Demonstrate probity in the allocation and application of resources in your area of work

Sources:

UKPHR Practitioner Standards: see Framework and Guidance for Practitioners, Assessors and Verifiers, December 2013

<http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/>

GMC: Good Medical Practice (2013)

http://www.gmc-uk.org/guidance/good_medical_practice.asp

CIEH: Code of Professional Conduct of Members and operation procedures (2012)

<http://www.cieh.org/assets/0/72/76/69346/96284/4f8eb304-8e67-4ccc-9331-bd46405a1325.pdf>

NMC: The code: standards of conduct, performance and ethics for nurses and midwives

http://www.nmc-uk.org/Documents/Standards/nmcTheCodeStandardsOfConductPerformanceAndEthicsForNursesAndMidwives_LargePrintVersion.PDF

FPH: Ethical management of self and professionalism

http://www.fph.org.uk/ethical_management_of_self_and_professionalism

PHE: Code of Conduct: Public Health England

<https://www.gov.uk/government/publications/code-of-conduct-public-health-england>

The 7 Principles of public life (the ‘Nolan principles’)

<https://www.gov.uk/government/publications/the-7-principles-of-public-life>

AREAS/functions/competences of public health represented in various schemes/programmes
(NB: no L-R read-across)

WHO Public Health Operations³⁷ (office for Europe)	FPH Curriculum (2015): competences for consultant practice	Defined Specialist Portfolio (2008) (Show Hows)	Competencies for Health Promotion Practitioners (2005) NHS Health Scotland	Standards for Specialist Community Public Health Nursing (SCHPH) (2004)³⁸	Public Health Practitioner Standards (2010)
EPH01: Surveillance of population health and wellbeing	KA1: Use of public health intelligence to survey and assess a population's health and wellbeing	Core Area 1: Surveillance and assessment of the populations health and wellbeing	Surveillance and assessment of the populations health and wellbeing	Surveillance and assessment of the populations health and wellbeing	AREA 1: Professional and Ethical Practice (4 standards)
EPH02: Monitoring and response to health hazards and emergencies	KA2: Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations	Core Area 2: Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services	Promoting and protecting the populations health and wellbeing	Collaborative working for health and wellbeing	AREA 2: Promote the value of health and wellbeing and the reduction of health inequalities
EPH03: Health protection including environmental, occupational, food safety and others	KA3: Policy and strategy development and implementation	Core Area 3: Policy and strategy development and implementation	Developing quality and risk management within an evaluative culture	Working with, and for, communities to improve health and wellbeing	AREA 2: Obtain, verify, analyse and interpret data and/or information to improve health and wellbeing outcomes
EPH04: Health promotion including action to address social determinants and health inequity	KA4: Strategic leadership and collaborative working for health	Core Area 4: Leadership and collaborative working for health	Collaborative working for health and wellbeing	Developing health programmes and services and reducing health inequalities	AREA 2: Assess the evidence of effective interventions and services to improve health and wellbeing
EPH05:	KA5:	SHA/B:	Developing health	Policy and strategy	AREA 2:

Review of the Public Health Skills and Knowledge Framework

Disease prevention, including early detection of illness	Health improvement, determinants of health and health communication	Health Promotion	programmes and services and reducing inequalities	development and implementation to improve health and wellbeing	Identify risks to health and wellbeing, providing advice on how to prevent, ameliorate or control them
EPH06: Assuring governance for health and wellbeing	KA6: Health Protection	SHC: Change management and organisational development	Policy and strategy development and leadership	Research and development to improve health and wellbeing	AREA 3: Work collaboratively to plan and/or deliver programmes to improve health and wellbeing outcomes for populations/communities/groups/families/individuals
EPH07: Assuring a sufficient and competent public health workforce	KA7: Health and Care Public Health	SHD/E/F: Community engagement, development and advocacy	Collaborative working with communities	Promoting and protecting the population's health and wellbeing	AREA 4: Support the implementation of policies and strategies to improve health and wellbeing outcomes
EPH08: Assuring sustainable organisational structures and financing	KA8: Academic Public Health	SHG/H/I/J/K: Health Protection and emergency planning	Research and development	Developing quality and risk management within an evaluative culture	AREA 4: Work collaboratively with people from teams and agencies other than one's own to improve health and wellbeing outcomes
EPH09: Advocacy communication and social mobilisation for health	KA9: Professional personal and ethical development (PPED)	SHL/M: Health inequalities and the prioritisation of resources	Ethical management	Strategic leadership for health and wellbeing	AREA 4: Communicate effectively with a range of different people using different methods
EPH10: Advancing public health research to inform policy and practice	KA10: Integration and Application of Competences for Consultant Practice	SHN/O/P/Q: Public Health Research		Ethically managing self, people and resources to improve health and wellbeing	
		SHR: Teaching and training			
		EMS: Ethical Management Self			

