



FACULTY OF
PUBLIC HEALTH

UKPHR
Public Health Register

Protecting the public – improving practice

05 December 2017

Report of the joint FPH/UKPHR working party
Responding to Recommendation 5.1 in Public Health England's report
Fit for the future: public health people, a review of the public health workforce May 2016

Introduction

This is a report from the UK Faculty of Public Health (FPH) and the UK Public Health Register (UKPHR) jointly to Public Health England (PHE).

When we say “this report” we mean this, our joint report to PHE.

In this report, we shall be referring to Public Health England's May 2016 report *Fit for the future: public health people, a review of the public health workforce* as the “FFF Report”.

In PHE's FFF Report, Recommendation 5.1 was directed to FPH and UKPHR specifically.

Recommendation 5.1 states:

*Explore the viability of a more responsive approach to public health training and accreditation, (e.g. a 'fast track' 2-year training scheme) to enable those with experience (e.g. existing local authority directors with some public health skills and experience) to become fully trained in public health, via a conversion course or 'top ups'. This would sit alongside the existing training scheme and be integrated into current routes to specialist registration – relevant organisations (lead in bold): **FPH, UKPHR***

This report responds to Recommendation 5.1.

Process

After considering Recommendation 5.1, FPH and UKPHR agreed to set up a joint working party containing equal representation of both organisations. Its brief was to investigate and make recommendations to the Boards of both organisations. The purpose was that FPH and UKPHR would be enabled to provide PHE with a joint response to Recommendation 5.1

The composition of the joint working party is set out in a table in the Appendix to this report.

This joint working party held five meetings between September 2016 and October 2017.

In addition to the discussion that took place at these five meetings, the joint working party also:

- Engaged a research contractor;
- Surveyed all UKPHR-registered public health practitioners;
- Identified 15 individuals in senior positions relevant to Recommendation 5.1 for the contractor to interview;
- Organised and held a full public health stakeholders' seminar; and
- Commissioned and received a written report from the research contractor.

The joint working party discussed the written report received from the contractor, deliberated further on the issues raised by Recommendation 5.1 and subsequently made recommendations to the Boards of FPH and UKPHR to inform the decisions by those Boards to approve and send to PHE this report.

This report has been approved by the Boards of FPH and UKPHR and represents our two organisations' joint response to Recommendation 5.1.

We also take the opportunity in this report to comment on other recommendations contained in PHE's FFF report where these are relevant to our response.

Outcome

We have concluded that there is not support amongst stakeholders for a new dedicated fast-track training route to specialist registration. We therefore do not recommend that further work should be undertaken to investigate the setting up of a 'fast track' 2-year training scheme, a conversion course or 'top up' training.

We have found that there is strong agreement on the need to describe and market existing routes to registration more clearly and, within this, to take action to make better and more consistent use of existing flexibilities and opportunities within the standard training route.

At the stakeholders' seminar which we organised, all participants were particularly impressed by a presentation from Dr Irfan Ghani. All agreed that this presentation was an excellent foundation for work to raise awareness of existing routes to registration and flexibilities and opportunities already available.

We have included Dr Irfan Ghani's presentation in this report as an Annex.

We strongly believe that this presentation provides a great basis for work which needs to be undertaken to raise awareness of existing routes to registration and flexibilities and opportunities already available.

There were a number of recommendations in the research contractor's report which we agree with and wish to adopt.

We have set out in full our recommendations to PHE in the Recommendations section of this report below.

Recommendations

We commend to PHE and other stakeholders in the UK's public health system the following recommendations:

- There is currently not the demand for a 'fast track' 2-year training scheme, a conversion course or 'top up' training.
- There is strong agreement on the need to market existing routes to registration more clearly and make better and more consistent use of existing flexibilities and opportunities.
- There is an identified need for more access to career advice for individuals at any career stage and from any professional background wishing to pursue or develop a Public Health career.
- Further work is needed to describe career pathways to expand upon the current practitioner and specialist/consultant dichotomy.
- There is a need to understand better the pinch points and gaps in skills and knowledge in staffing of Public Health teams.
- There is strong agreement that the outcomes of all training and registration routes should be demonstrably equivalent even where the methods differ.
- The development of new approaches to Public Health advancement via CESR (Certificate of Eligibility for Specialist Registration) and/or credentialing should be in the context of career development across the pathway.
- Within this the description and position of 'Advanced Practitioner' status within the public health career pathway needs further consideration.
- There is a need for more access to, and more equitable provision of support for all routes to registration including the portfolio route and potential developments via CESR and/credentialing.
- Responses need to consider the different and changing public health workforce contexts that exist across the four nations of the UK.

With regard to public health careers advice, we call on all organisations forming the UK's public health system to work together to help ensure that the brightest and best talent is attracted into public health practice. For this to be realised, we need to have in place a range of career choices in public health that are perceived to be attractive, achievable and offer reasonable prospects for career progression.

There are a number of recommendations in PHE's FFF Report intended to help make careers in public health practice more attractive, but no single recommendation directly addresses the need for careers advice.

With regard to CESR (Certificate of Eligibility for Specialist Registration), a registration route operated by the General Medical Council (GMC), it is pertinent for us to point out that UKPHR has made the decision to move to a single retrospective portfolio assessment route, alternative to the Standard Route (satisfactory completion of the Public Health Specialty Training Programme), for public health specialist registration.

This *Specialist Registration by portfolio* route will be a closer equivalent of GMC's CESR route.

GMC also operates a hybrid registration route called CESR (CP), with CP standing for *Combined Programme*. By this route, a combination of assessment of knowledge and competence and entry part way into the Specialty Training Programme offers a flexibility which it may be possible to reproduce in public health, in part meeting the thrust of Recommendation 5.1.

A related flexibility is currently in operation in two regions of England offering support for UKPHR-registered public health practitioners to prepare for a sit the PART examinations and thereby secure entry part way into the Specialty Training Programme (ST3). It may be possible to develop and expand the operation of this flexibility.

With regard to credentialing, and the added flexibility that this approach might bring in public health, this is covered in a separate recommendation in the FFF Report¹. FPH is leading an investigation into the scope for introducing credentials as an additional form of recognition of advanced skills and knowledge in discrete areas of public health practice. We are open to pursuing credentialing as part of a strategy for developing career pathways in public health and recognising the contributions that all of the workforce can offer.

In a similar vein, Public Health Wales helped to develop a possible model for recognising Advanced Practice in public health. We would also welcome further development of the concept of the Advanced Practitioner as part of the same strategy.

With regard to the need for more equitable provision of support for all routes to registration, it is noticeable that access to support is patchy, in terms of geographic availability, and is not currently underpinned by any standards for support or resources agreed within the public health system. We very much hope that this report will focus attention on these inconsistencies and allow for a comprehensive approach for support to be devised and delivered in future.

With regards to differences in public health practice and organisation within the four nations of the UK, we have been impressed by a commonality of purpose and commitment across the UK. We recognise that differences in approach have become established and there are lessons for all of us engaged in public health practice to learn from each other. It is important that we avoid making assumptions about public health practice and workforce development in the four nations and that plans for action should be sufficiently sensitive to differences.

Reasoning

In reaching our conclusions and making recommendations in response to Recommendation 5.1, we have been greatly assisted by the work of our joint working party. Discussions at the five meetings of the joint working party have helped clarify thinking on key issues.

Views of stakeholders were sought and obtained in what we believe are excellent quantity and quality.

The joint working party was able to rely on the survey results, the interviews and the stakeholders' seminar and was particularly helped by the subsequent report received from its research contractor, London Southbank University.

¹ Recommendation 5.2. Review the potential of credentialing schemes as means of nurturing sub-specialisation as appropriate, building on core competences.

The joint working party approached the question of whether there was a need for a new dedicated fast-track training route to specialist registration, whether or not involving a conversion course or 'top up' training, with an open mind. There was a willingness to go on to explore this further if necessary.

However, the results of the research, and engagement with stakeholders, has led the joint working party to conclude that there is not the support that would justify developing a further route to specialist registration. We have accepted this conclusion.

The research contractor and the joint working party found that there were low levels of awareness and understanding of existing routes to specialist registration. Some existing flexibilities designed to help public health personnel (in the widest sense) to achieve specialist registration were not known to most people.

Consequently, take-up of these existing flexibilities is disappointingly low.

There is clearly work to be done within the public health system to educate and raise awareness about these flexibilities. There is also a strong case for policy-makers to look at how these flexibilities might be refined, improved, added to and made more accessible to all who might be eligible.

Flexibilities to which we are referring here include:

- Portfolio assessment routes operated by UKPHR. Currently there are two, RSS (Recognition of Specialist Status) and defined specialist, but as noted above there is an intention to move to a single Specialist registration by portfolio route, more nearly equivalent to the GMC's CESR route, over the next couple of years.
- The potential for introducing a "Combined Programme" hybrid route enabling a combination of portfolio assessment and completion of parts of the Specialty Training Programme.
- The ST3 pilots of support for UKPHR-registered public health practitioners to enter the Specialty Training Programme.
- The potential adoption of a role of Advanced Practitioner.
- Development of credentialing.

We encourage innovative thinking in the making of connections between wider workforces and the public health core workforce to enable the above flexibilities and further flexibilities to be fully deployed.

We are also aware of some initiatives relating to the public health contributions of others:

- Allied Health Professionals;
- Registrants of Accredited Registers;
- Engagement of the wider workforce through programmes like MECC (Make Every Contact Count); and
- Sector-specific initiatives such as those of the emergency services, especially Fire & Rescue, and work to develop a Graduate Public Health Apprenticeship.

Implementation proposals

In deciding to express our support for greater use of existing flexibilities, and in calling for structured support for those who might wish to benefit from them, we have had regard to limitations of capacity in respect of education and training.

We are convinced that our recommendations are necessary, and that their implementation would be beneficial, but we recognise that key organisations who would be responsible for implementing our recommendations may find it a struggle to implement our recommendations within existing resources.

We have therefore drafted **an action plan**, setting out what we believe to be the required actions and the organisations who would be expected to carry them out, and began a conversation with relevant organisations to examine what might be practicable measures and timescales for achieving implementation.

We have also given consideration to existing education and training programmes and noted the valuable contributions that many institutions are already making. For example, many Universities offer Degree and Masters qualifications in public health, and often these qualifications are useful measures, for the individuals who obtain them and their current or prospective employers, of public health competence.

Some, but not all, of these formal qualifications are based on course curricula that are explicitly mapped to recognised public health standards, such as the Specialty Training Programme Curriculum of UKPHR's practitioner registration standards. We welcome this approach and encourage more Higher Education Institutions (HEIs) to take this approach.

Looking ahead, more HEIs might prepare those wishing to become public health specialists for the Part A examinations.

In examining the potential usefulness of credentialing in public health, we have considered whether a modular approach to achieving recognition through credentials might provide building blocks towards specialist registration. We hope that the consideration of the FFF Report's recommendation 5.2 in relation to credentialing will bring into focus whether this might be a realistic future approach.

In considering whether a recognised role of Advanced Practitioner is practicable and would be useful, we have also examined whether there might be linkages between Advanced Practice and credentialing going forward.

We think it would be worthwhile to examine whether areas of practice attracting advanced practice recognition might also be areas of practice in which credentialing might apply.

In summary

We have been mindful in writing this report that some of our recommendations range more broadly across public health than the scope of our remit in responding to recommendation 5.1. Our response, if it were to be suggested that we have gone too wide, is that these matters are interconnected and they cannot be addressed in isolation. For example, we strongly believe that our recommendation for improved careers advice is fundamental to developing the public health workforce of the future.

We have also noted, in the case of careers advice specifically, that no other recommendation in the FFF Report covers this point.

We have also been mindful that others have been engaged in developing workforce strategies for the public health workforce, for example FPH.

In England, the Standing Group on Local Public Health Teams is developing recommended standards for employers.

In Northern Ireland, structural change affecting public health is planned.

In Scotland, work is underway to implement the Public Health Review.

In Wales, work to embed public health practice across health and social care is underway. We commend these initiatives and offer our support for their implementation.

Actions for ourselves and others

We have drafted an action plan in which we make proposals for actions in accordance with recommendations we are making.

These proposals require attention from ourselves, FPH and UKPHR, from other key public health organisations and from the public health system generally.

We will consult separately with organisations named in our draft action plan and we will only publish the action plan when its content has been agreed by all concerned.

Suggested next steps

We are sending this report to Public Health England in response to Recommendation 5.1.

We were the named leads for addressing Recommendation 5.1 in PHE's FFF Report. We are also sending PHE the report of the contractor we engaged.

We recommend to PHE that this report and the contractor's report should be published but we seek PHE's agreement before we take any steps to publish them ourselves.

We will engage with those organisations named in our draft action plan next.

We believe that all those who participated in the research and deliberations for this report should be advised of the outcome of the work of the joint FPH/UKPHR working party and it may enable further engagement with those participants and help promote the aims of the FFF Report and this report.

We, FPH and UKPHR, will in any event carry out work to raise awareness of, market and make best use of existing flexibilities and help to develop career pathways and ways to advance careers in public health.

Other FFF recommendations

With regard to other recommendations contained in the FFF Report, which we have considered because they have a bearing on our work, we suggest (numbers are the numbers of the recommendations in the FFF Report):

- 1.3 There are opportunities for FPH and UKPHR to help clarify entry points and career milestones for those working in public health through their respective publications and other communications and in particular to be clear about when individuals might be ready to utilise the flexibilities that already exist.
- 2.5 FPH and UKPHR are open to considering potential levers for making prevention everybody's business through registration and revalidation.
- 3.1 There has been movement already to ensure that healthcare public health skills, and the infrastructure to support application of those skills, will remain embedded in the public health core workforce.
- 4.3 Multidisciplinary training and other integrated approaches to training are the norm in Specialty Training but FPH and UKPHR support system-wide efforts to ensure that there should become the norm throughout the public health workforce and wider workforce.
- 5.2 Clarity is awaited on what credentialing might come to mean in relation to the public health workforce. FPH and UKPHR are supportive of exploring the concept and its possible application.
- 5.5 FPH and UKPHR would be supportive of work with key employers of public health specialists to examine the balance between more generalist and sub-specialist job roles, to ensure future workforce mobility and flexibility, while retaining a skilled workforce. Hence the importance of a clear registration process with unambiguous competencies.

Conclusion

We have found this to have been a valuable exercise and we hope that PHE finds this report helpful and useful.

We wish to remain involved in consideration of the matters we raise in this report and we commend our recommendations to all those who can influence future workforce developments in relation to public health practice.

Our thanks

We are grateful to, and record here our thanks to:

- All members of the joint FPH/UKPHR working group for their commitment and the high quality of their work;
- All registered practitioners who participated in the survey of their views;
- All the interviewees who gave freely of their time and expertise in their responses to our contractor;
- All the individuals and the organisations they represent who participated in the stakeholders' seminar and shared with us their views;
- Susie Sykes and Viv Speller, the researchers who carried out so diligently and skilfully all the work we asked of them for the preparation of the report we obtained from our research, London Southbank University;
- The Chartered Institute for Environmental Health for accommodating our stakeholders' seminar in their sustainable conference venue; and
- Public Health England for its support, patience and a most welcome resourcing of the research and stakeholder engagement aspects of the work undertaken by the joint working party.

Appendix

Composition of working party

NAME	REPRESENTING	START DATE	END DATE
Patrick Saunders	FPH and UKPHR ²	30.09.2016	
James Gore	FPH	30.09.2016	
Frances Haste	UKPHR	30.09.2016	
Judith Hooper	UKPHR	04.05.2017	
David Kidney	UKPHR	30.09.2016	
Alyson Learmonth	UKPHR	30.09.2016	04.05.2017
Brendan Mason	FPH	30.09.2017	
Maggie Rae	FPH	26.06.2017	
Peter Sheridan	FPH	30.09.2016	26.06.2017

Annex

Dr Irfan Ghani's presentation

Joint FPH/UKPHR report to Public Health England 05 December 2017

*For correspondence or queries about this report, CONTACT:
David Kidney, Chief Executive, UKPHR d.kidney@ukphr.org
18c McLaren Building, 46 Priory Queensway, Birmingham B4 7LR
Tel. 0121 296 4370*

² Patrick ceased being a Director of UKPHR on 28 September 2017