

Capacity, Competence and Standards in Public Health

Issue

1. Ensuring that the public health workforce, now and in the future, demonstrates the standards of conduct, competence and professional performance that the public have a right to expect.

Background

2. This is a time of significant change in the organisation and delivery of public health (PH) services. Change necessarily brings challenge. It is essential that, under the coming new arrangements, a PH capacity is created which is genuinely fit for future purpose; and that it delivers consistently across the UK.

3. The PH sector is diverse, encompassing both healthcare professionals whose standards are monitored by statutory regulators such as the GMC, NMC and GDC; and specialists and practitioners from other backgrounds, for whom regulation has been provided since 2003 by the UK Public Health Register (UKPHR).

4. Registration with UKPHR is open to all professionals working in PH whether or not alternative regulation is available for them as individuals. Registration is 'voluntary' but, increasingly, those employing PH professionals, or commissioning their services, require those appointed to particular positions to be registered with UKPHR. Those who have been through the registration process testify to its rigour and challenge: registration with UKPHR is seen as a prize and the retention rate is high.

5. In October and November 2011, UKPHR hosted two workshops at the King's Fund. The aims were to clarify:

- the direction in which PH is perceived to be heading as the new arrangements for organisation and delivery approach
- the shape the PH workforce needs to be in the future
- the attitudes, knowledge and skills that will be required of them in the future
- how professional infrastructures can effectively support this in the future
- what is needed to make the regulatory framework fit for purpose.

6. The workshops were attended by a wide range of representatives from within and around the PH workforce and its leadership. Two full days of analysis and discussion stimulated both radical thinking and specific action planning. A full report is in preparation. Meanwhile, and to capitalise on the momentum generated, this early paper is presented as a practical contribution to the intensive work now under way to establish what the future PH workforce can be expected to do; to what standards; and how those standards can be assured.

Discussion

7. There is a clear, shared need for competent and skilled PH capacity if population health outcomes are to be improved in line with local and national priorities. This new capacity will need to be looked at differently – as being much more diverse, embracing current PH professionals from a range of backgrounds as well as health and social care professionals and others from very different disciplines, working for a variety of employers and commissioners. Indeed, the new PH capacity should be seen as including the public themselves.

8. A key challenge is the forthcoming shift in PH responsibilities from the NHS to local government. Two cultures will need to be merged. Financial pressures will be intense. Professional skills will need to be maximised and capacity built rapidly across diverse workforces. The need for a comprehensive framework for regulation and quality assurance has never been greater.

9. The prize of a larger, distinctively multi-professional capacity must drive a *unified* approach to future delivery, with a cohesive leadership providing clarity about how this capacity will be nurtured, developed and supported; how new and established agendas will be blended convincingly; and how the public can be reassured that high standards will be met and poor practice dealt with effectively. This is essential because the emerging new arrangements challenge historic definitions and divisions and established ways of doing things.

10. Participants in the workshops welcomed the work already under way to secure the new PH arrangements in England. The key issues to be addressed are:

- the identification of what constitutes competence in PH
- how that competence is to be attained consistently across the workforce
- how the workforce as a whole can be reliably regulated across the board, including assessment, revalidation and effective fitness to practise procedures
- securing recognition, among all employers and contractors, of the risks attached to PH practice and the need for those risks to be effectively managed through a proper system of quality assurance and regulation.

11. These issues are much more important than professional titles, agencies, or the ways in which PH services are organised and delivered. If the public cannot rely on PH professionals to practise safely and competently then the risks to the whole population are significant and manifest. Effective regulation of individual PH professionals is essential. Whether or not a register has statutory backing is less important than whether it has teeth: a voluntary register that can, in practice, end an individual's career is in most respects just as effective as a statutory one; and is likely to have the significant advantages, often denied to statutory regulators, of flexibility and nimbleness in response to change.

12. There are many organisations who have, or will have, a remit for particular aspects of either regulation or competence development in PH; but there is as yet no agreed UK framework within which they can operate. There are of course many policy, strategic and

operational initiatives going on or about to emerge. But there is too little evidence of integrated, purposeful, UK-wide leadership for PH; and little sense of a clearly defined plan of action to which national PH organisations and relevant regulators can sign up.

13. This has for some time been the private view of a number of key individuals and organisations. The frank recognition of the issues at the UKPHR workshops, which included many of the key stakeholders for the future, opened the way to state them unequivocally and to identify a positive route forward to which policy makers, pivotal organisations and individuals can commit.

14. The workshops certainly exposed a sense of frustration with fragmentation and lack of clarity; but they also revealed a sense of optimism. This was both because of future opportunities for high-impact PH and because of the demonstrable appetite to address, head on, the longstanding obstacles to progress.

Leadership responsibility

15. The UK Chief Medical Officers acting collectively are uniquely placed to provide the right type of overall focus and to generate the kind of impetus needed across the UK. Participants in the workshops would ask them now to take a decisive leadership role by

- setting a confident and clear direction for PH capacity which is fit for purpose
- breaking away from further incremental change and confusion.

16. Clear leadership of this kind is essential. Many agencies, both existing and emerging, have roles and responsibilities which will be critical to the future of PH capacity. Without a definite lead from the top, answers to fundamental questions are likely to fall between them or remain unresolved.

Agenda for action

17. The UKPHR workshops identified priorities for action. The first three items specified below are seen as critical to those that follow; and therefore the most urgent.

1. To clarify what we mean by **public health workforce and public health capacity** in the UK for the next generation. This is needed to provide missing clarity to employers, commissioners, regulators and the public. It would also have to provide the definitional rigour and spine needed to underpin other strategic action.
2. To develop a **viable regulatory framework** for PH practitioners and specialists for the shorter and longer terms. This is needed to cut through longstanding issues of disagreement, which have been a source of frustration not just to PH but to others interested in its future. The process should be led by the CHRE, working with standards-setting and regulatory bodies and building on the head start given by the establishment of UKPHR and the progress it has made to date. Commitment by the

CMOs to issue Guidance subsequently would be important to provide bite and urgency to the process.

3. To review **competencies and training** for the PH workforce, building a consistent and up-to-date framework which recognises the sector's multi-professional nature; and against which the future effectiveness of PH training arrangements can be examined. This is essential if we are to embrace skills and capacity across the diverse landscape as it is developing – the specialist, practitioner and wider workforce irrespective of employer or commissioner. The Public Health Skills and Career Framework is one of a number of existing tools which may provide starting points from which something clearer and more flexible can be distilled.

18. In addition there are a number of other strategic interventions which require identified leadership and clear timescales for delivery, if they are not to fall between different agencies:

1. To establish a **UK/national training and workforce plan** for PH, providing coherence across the broader PH capacity and addressing issues of succession planning; supply and demand; careers and entry routes for younger people.
2. To secure a properly-funded UK-wide plan for **growing public health awareness**. This is needed to ensure that equipping key members of society and of the wider professional workforce with PH skills they need is central to commissioning and professional development priorities and accountability.
3. To engage with **employers and commissioners** on the PH workforce. This would involve guidance and support, co-produced with them. It is needed to ensure there is understanding of the risks attached to PH and the need for defined competencies, standards, regulation, training and development of the workforce at local level.
4. To future-proof **quality assurance systems** for PH. This must be sufficiently detailed to assess and address the risks of a wider PH system spanning new employers and commissioners of public health services. This might lend itself to national-level support or peer review processes in each country for the duration of transition.

Next Steps

19. This paper is designed to provide a high-level stimulus and outline framework for generating the right leadership and strategic action now required to deliver PH capacity fit for the future. The hope is that all those committed to creating a sustainable, high-impact future will move quickly to support the plan; and that by the spring of 2012 action will be seen on all seven areas.

20. The UKPHR workshops ranged widely and provided a comprehensive picture of current and future issues facing PH skills and capacity. The full report, now in preparation, will summarise the discussion in much greater detail and will be widely circulated.