



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

UK Faculty of Public Health response to *Liberating the NHS: developing the healthcare workforce*

Introduction

About the UK Faculty of Public Health

The UK Faculty of Public Health (FPH) is the leading professional body for public health specialists in the UK. It aims to advance the health and wellbeing of the population through three key areas of work: health improvement, health protection and health services. In addition to maintaining professional and educational standards for specialists in public health, and providing practical information and guidance for public health professionals, FPH advocates on key public health issues, influencing policy change at the highest level, and working closely with policymakers, professionals and the public to make a positive difference to people's health and wellbeing.

In addition to this overall response, FPH has responded separately to each of the individual consultations relating to the public health white paper, *Healthy Lives, Healthy People – our strategy for public health in England*. These are available at: www.fph.org.uk

Key messages

- The public health workforce should remain fully integrated with the healthcare professions.
- Specialist public health workforce planning should be undertaken alongside medical specialties.
- Training of public health specialists should be undertaken alongside that for other medical and healthcare specialties.

- There must be expert public health understanding and input into Health Education England.
- Public Health England should have a key role in workforce planning.
- Local authorities, GP Consortia, higher education institutions and the private sector must be included as part of the skills network.
- The current functions of postgraduate deaneries must be preserved during the transition.

FPH supports the five overarching objectives that *Liberating the NHS: developing the healthcare workforce* attempts to deliver:

- security of supply, having people with the right skills in the right place at the right time.
- responsiveness to patient needs and changing service models.
- high quality education and training that supports safe, high quality care and greater flexibility.
- value for money.
- widening participation.

However, much will depend on how these principles are implemented and delivered.

General comments

It is imperative to plan the future workforce with as much accuracy as possible, to avoid any significant over- or undersupply; and to commission and manage high quality education and training that meets the evolving needs of the public, patients and clinicians. There needs to be clarity on what is intended to be delivered within the workforce in order to be able to plan for how this will be delivered.

Mechanisms should be established to ensure that planning for the public health workforce takes into account the whole public health workforce, and not just those that are employed within NHS settings.

The objectives and design principles outlined in *Liberating the NHS: developing the healthcare workforce* are broadly right in terms of scope and coverage. In particular, the strong emphasis on the importance of high quality commissioning and planning of services, based on the needs of the public and patients as key stakeholders, is welcomed.

The new framework must build on robust and established processes to ensure that all healthcare workforce planning is integrated, regulated and closely overseen.

There should also be a co-ordinated and structured approach to continuing professional development (CPD) to re-emphasise the effectiveness and importance of continued learning. However, reassurance is required to ensure that provision of, and focus on, CPD activity is continued by a strong commitment from employers. CPD support needs to be in line with any future revalidation practices and requirements.

Health Education England

FPH welcomes and supports Health Education England (HEE) as an autonomous body to cover the range of functions outlined. The advisory role and the synthesising of local workforce plans will be an invaluable function in the new framework. It is important that the work of all healthcare providers is scrutinised and supported in a standardised form. However, there must be both public health input and an understanding of public health in HEE; not only in terms of the development of the public health workforce but also in the wider operating functions of HEE.

The functions outlined for HEE can only be achieved if HEE remains autonomous and provided with the ability to be responsive to meet the needs of the workforce.

Strong relationships must be established to ensure that both healthcare providers and HEE are clear on their individual responsibilities, and that expectations of both parties have absolute clarity. To ensure agreement is reached, there should be close consultation between both bodies; this relationship must allow for constructive scrutiny of, and collaboration on, workforce plans. The input of Public Health England and local authorities into this matrix of workforce planning is essential.

There must also be clear delineation of the role, functions and accountability of HEE in relation to the responsibilities of the Centre for Workforce Intelligence (CfWI). Both bodies will need to clarify links and closely collaborate on issues regarding the healthcare workforce. An effective model would be HEE commissioning the work of an organisation such as CfWI. To enable CfWI to operate effectively they should also work collaboratively with FPH to develop recommendations on the public health workforce.

It is essential that links are made between HEE and the NHS Commissioning Board. Future business plans for both organisations should be developed in conjunction to help to bring together sector wide alignment of education and training plans.

Recommendations:

- There must be public health input to, and an understanding of public health in HEE.
- Strong relationships must be established to ensure that both health service providers (including PHE) and HEE work collaboratively.
- There must be clear delineation of the role, functions and accountability of HEE in relation to the responsibilities of the Centre for Workforce Intelligence.
- Links must be made between HEE and the NHS Commissioning Board.

Healthcare provider skills networks

The provider-led and locally-based healthcare service development model is welcomed. However, it is essential that public health input and understanding is firmly embedded into the local provider skills networks.

One area of concern that will need resolving is the concept of 'local'. Within the healthcare sector a local service may well be one designed for a range of populations in excess of a million in order to address issues of maintenance of skills and capability, and of effective resource use. For local authorities a local service will usually be for a smaller population than this, perhaps significantly so. This is not an unresolvable issue but it does need to be specifically addressed so that there is clarity for all involved

It is currently unclear as to how these skills networks will be constructed and how they will engage with Royal Colleges and Faculties – the specialist standard setting bodies. FPH is uniquely placed to advise and collect data to accurately inform any recommendations on the public health workforce – there is a wealth of specialist public health activity undertaken by FPH members working outside of the NHS. There will be a need to engage and work with Royal Colleges and Faculties to ensure professional standards are delivered and maintained. This will provide a mechanism for the provider skills networks to fully contribute to national policies and professional standards.

Within public health there are other dimensions that need to be considered in relation to local delivery. If the proposed changes to public health in England are implemented there will also be a national body involved in delivering public health services – Public Health England

(PHE). Consideration needs to be given around how to integrate PHE with both national and local workforce arrangements. It is important that the public health requirements for workforce planning at all levels are undertaken with specialist advice from PHE. These requirements must be fed into the skills networks in a collective way. It should be the responsibility of the local director of public health to ensure the necessary input of public health issues into workforce planning.

The current functions of postgraduate deaneries must be included in the responsibilities of the Provider Skills Networks. Deaneries provide important functions that must not be lost or overlooked in the new framework:

- **Human resource management** – the strategic and coherent approach to the management of specialty registrars (registrars).
- **Recruitment** – deaneries ensure registrars are recruited appropriately into training. Public health has successfully co-ordinated a process of national recruitment across the specialty. This involves close collaboration and co-ordination between postgraduate deaneries to deliver a robust and intricate series of assessment and selection processes.
- **Organising training infrastructure and managing progress** – setting up rotations in training posts to ensure registrars are able to obtain the range of learning outcomes in the curriculum within the varied contextual remits of public health practice.
- **Quality management of training programmes** – this is a key responsibility of deaneries, giving essential assurances to the General Medical Council (GMC), UK Public Health Register (UKPHR) and FPH as outlined in the *Gold Guide*. The processes have been agreed with the statutory regulator (GMC) to ensure checks are undertaken to confirm that registrars make continual progress in training, and that any additional educational/experiential support needed is identified. Deaneries also work with these arrangements to standardise assessments and the multitude of evidence collected and reviewed during training.
- **Accrediting training placements and supervision arrangements** – ensuring there is adequate and appropriate supervision in place across the programme, and that trainers are appropriately recruited and trained to be accredited against the GMC, UKPHR and Royal College/Faculty standards. These training programmes, which are organised and delivered by postgraduate deaneries, include elements such as helping registrars in difficulty, mentoring and remediation. Provider skills networks should be accountable for

- **Coordination of workforce plans** that are integrated into the wider workforces.
- **Future responsibilities for revalidation** – those involved in the provider skills networks will need to ensure they have designated body status to have a Responsible Officer in order to undertake their statutory responsibilities.

Healthcare providers should have a clear duty and responsibility to consult with staff, patients and the public in relation to the provision of information and co-operation in workforce planning, and providing education and training. Without the participation of all providers and input from the relevant stakeholders, workforce planning and the provision of education and training cannot be effective. Wide and complete consultation will ensure there is transparency and confidence in the process of developing these plans. The accuracy and timing of reporting on workforce data is vital and collection of data on the current workforce must be built into a regular cycle of reporting.

As well as patients, the public and staff, there must be an explicit commitment in the role of healthcare providers to also seek the views of specialty registrars currently in the system as these are a valuable and insightful body of knowledge.

It is absolutely fundamental that workforce plans are communicated widely. With workforce planning being undertaken via a 'bottom up' approach it is imperative that future needs of the workforce are published so the system is able to respond, and also to identify and consider the implications of such recommendations. Private sector organisations must also contribute fully to the responsibilities of the healthcare provider skills networks including around workforce planning areas by engaging in the provision and delivery of specialty training (providing training environments), workforce planning and financial support. To ensure this is managed effectively a transparent tariff should be implemented and levied.

The skills networks may need to vary in size depending on what specialty or profession they are dealing with. However, the skills networks overall should not cover too narrow a population range. There is a particular risk that the quality of effective specialist public health training will be seriously compromised and requirements in the public health curriculum not delivered, if the population coverage of the skills networks is too narrowly defined. For

example, the health protection on-call assessment is a fundamental element of the curriculum, and to be carried out effectively would require a broad population base of around two million. For small networks it would be essential for seamless collaborative working to ensure effective public health training is coordinated and delivered.

The size of the skills network will also determine the ability to make collective decisions on the workforce of all specialties. There will be specialties other than public health that will require skills networks to be broad in their coverage eg. cardiothoracic and neurosurgery, or possibly speech and language therapy.

The outcome of current discussions on how the public health workforce will be constructed is yet to be determined, and as a consequence workforce planning will need to be undertaken on a national level as well as being locally focussed in terms of covering the skills network boundary, initially. This needs to feed into HEE in order to enable it to undertake its roles and responsibilities in terms of workforce planning.

Training must continue to be delivered across a range of training environments including local authorities, GP commissioning consortia, Public Health England, higher education institutions, third sector organisations and the private sector.

Within GP commissioning consortia, training could be delivered to support the local commissioning and the QIPP agendas. Local authorities will be working closely with public health specialists and training in this area would help in their role in delivering public health.

Recommendations:

- Public health input and understanding should be firmly embedded into the provider skills networks.
- Public Health England must integrate with both national and local workforce arrangements.
- The DPH should have responsibility for providing input to the Skills Networks from Public Health England.
- The current functions of postgraduate deaneries must be included in the responsibilities of the Provider Skills Networks.
- Consideration must be given to the size of the skills networks to ensure they are able to deliver workforce planning and training for a range of specialties.

- GP commissioning consortia, local authorities and private sector organisations must be included in the skills networks.

Implications for public health training

To maintain professional confidence and to remain attractive to the widest possible range of applicants, public health training must continue to be delivered alongside that for other medical specialties and healthcare professions, with similar arrangements for access and quality assurance.

Public health is broad in its content and scope, covering three domains: **health improvement** (including people's lifestyles as well as inequalities in health and the wider social influences of health), **health protection** (including infectious diseases, environmental hazards and emergency preparedness) and **health services** (including service planning, efficiency, audit and evaluation). Public health training must remain firmly embedded within the NHS, local authorities, third sector and private healthcare systems to ensure that competence in all three domains of public health are delivered.

Public health workforce planning must be integrated and conducted alongside that for other healthcare professions. It is however, essential that the public health workforce strategy includes an appreciation of the wealth of public health work that is delivered outside of the NHS system.

The planned changes in the delivery of training must not have negative implications for the quality of training and the key relationship required between educational supervisors and specialty registrars. The framework should therefore build on the wealth of existing expertise and infrastructure currently demonstrating good practice in the healthcare training delivery system. This will need to be developed to incorporate new training organisations that will be involved in public health training in future (such as local authorities and GP commissioning consortia).

Consideration should be given to the situation of current public health trainees, and particularly those approaching the end of their training. Due to the separate consultation and consideration of public health systems in general, there is a hiatus on appointments to specialist public health roles. As a result there is a danger that fully trained specialists will be unable to find employment just at a time when the public is in need of their work.

The current roles and responsibilities of postgraduate deaneries are key to the quality assurance and quality management of public health training in the UK. They monitor delivery within the frameworks and expectations of the GMC and the UKPHR (the two regulators). Liaison and contact with FPH must be maintained to ensure effective delivery of the curriculum and assessment system. It is imperative that these responsibilities are maintained in any new system.

Statutory responsibilities:

- **Implementation of the GMC, UKPHR and FPH standards on training.** Deaneries are currently accountable for providing the structure, organisational and delivery components to maintain these standards.

Adding value to postgraduate training:

- Deaneries provide effective **liaison between other specialty schools and professions** to share progress and innovation to benefit postgraduate and inter-professional training.

Recommendations:

- Public health training must remain firmly embedded within the NHS, local authorities and private healthcare systems.
- Public health workforce planning must be integrated and conducted alongside the rest of the healthcare professions.
- The public health workforce strategy must include an appreciation of the wealth of public health work that is delivered outside of the NHS.
- Consideration must be given to public health specialty registrars who are just about to complete their training before new national systems are put in place.

Consistency across the UK

One area of concern relates to co-ordination of education and training across the whole of the UK. Most of the healthcare workforce is regulated on a UK-wide basis. This has relevance to the standards that they have to demonstrate initially, and how they maintain their capability within their professional area. In some professions the training arrangements are also standardised across the UK. This is the case for public health specialists. It is

unclear from the consultation documents how the UK-wide aspects of education and training will be delivered, but this will need to be addressed.

Recommendation:

- Workforce planning and thus the education and training of the workforce must continue to be coordinated, standardised and delivered across the UK.

Funding arrangements

Funding arrangements for education and training proposed in the consultation documents raise significant concerns. We fully support the principle that those organisations that benefit from the product of training should contribute to the cost of training. However, the level of understanding of this amongst all prospective employers of public health specialists is not certain, nor is it clear if the implications of these proposals are being built into plans for future services. Major changes are proposed around the structure of public health specialist services which will, in future, involve employers who have not previously been involved in employing this workforce. As a consequence, they are unlikely to be aware of their proposed responsibilities around education and training funding.

To address this it will be necessary to explicitly identify these new roles to future employers. It will also be necessary to identify appropriate funding to accompany any transferred workforce, along with clarification that any education, training and recruitment budgets, currently managed by deaneries are included and protected within the remit of the ring-fenced public health budget. As an interim arrangement it may be appropriate to place this funding directly with a national body with an appropriate responsibility such as either Public Health England, or Health Education England.

Recommendation:

- The new roles of future employers of public health specialists need to be identified, including clarification that any education, training and recruitment budgets are included and protected within the remit of the ring-fenced public health budget.

Timescales

It is important that a measured approach is taken to implement the new framework. Appropriate interim measures must be in place during the transition. There are risks involved with making changes in multiple areas of a system that have interdependencies. There may

be significant benefits to taking a phased approach in which the wider changes to the healthcare system have an opportunity to bed down, and then update the education and training elements in order to meet the new requirements. Otherwise there is a possibility of making multiple, sequential changes, year by year, with the consequent disruption to delivery and additional costs.

This could be addressed by temporarily taking the current roles and responsibilities of deaneries and placing them in an existing organisation. This would enable the provider skills networks to be securely set-up, and for the other healthcare changes to take place. The deanery roles could then be transferred to the skills networks in a year or so.

Recommendation:

- Adequate transitional and interim arrangements are put in place to ensure that deanery functions are well placed to ensure public protection.