

Master or Apprentice? Rethinking entry points and training in Public Health

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- Interviewees

- Push Factors
 - Do young people know what Public Health is?
 - Will they realise there are degree courses in Public Health?
 - Will they realise there are careers in Public Health?
 - Are there careers in Public Health?
- Pull Factors
 - Do employers want graduates with BSc in Public Health degrees?
 - Would they prefer graduates with more specific degrees eg in psychology, epidemiology, statistics

- Fourteen interviews were conducted in total
 - 12 local authorities (2 were conducted in 1 Council)
 - 1 Public Health England
- Interviews conducted between May and October 2016
- Either by telephone or in person
- Interviews lasted between 25 and 60 minutes
 - mean 41 minutes, median 40 minutes
- Some Directors of Public Health also selected other team members to participate in the interviews
- Between 1 and 10 people contributed to each interview
 - mean 4, median 2

- Even though there had been significant upheaval for Public Health staff in recent years, further change was expected
- In light of past and potentially future changes in Public Health working, a stocktake of the workforce was needed
- Recent documents were seen as helpful but as one interviewee said
 - “the onus is on folk like me to get our act together and work out what we want the Public Health workforce to look like, and how it fits in the broader council”

- The Masters in Public Health (MPH) qualification was still seen as an important symbol of professional status:
 - “At some point along the line they’re likely to need a degree and probably a Masters. I do think we should resist the pressure to deprofessionalise to the point at which everyone’s generic, or Public Health will disappear”

- However, the importance placed on an MPH may need to change:
 - “My Public Health colleagues say that ‘if you’ve got a Masters in Public Health it demonstrates competency’ and I said ‘that doesn’t demonstrate competency, it demonstrates the ability to learn or an ability to pass exams’. Job descriptions, within councils especially, are much more about the competency and skills framework that you need to deliver the job”

- Practical experience was seen as vital for fulfilling Public Health roles:
 - “Sitting in the classroom learning stuff is fantastic but it would be difficult to then come in to local authorities. It’s always valuable having a Masters, I’m just not sure it would add an extra layer of employability”
- Some Human Resource departments in local authorities are challenging the need for an MPH
 - ““why are you asking for a Masters when there’s an undergraduate out there that can do the same?””

- For the more specialised technical roles, it was thought more important to have more depth e.g. via human geography or statistics degrees.
- However, there were risks to appointing people with narrow skill sets both for the organisation and the individual:
 - “We have got some absolutely brilliant epidemiologists, but if I ask them to go to a meeting on behalf of the Public Health team to discuss some commissioning issues, then they go to take the data. It’s challenging to ask them to be a representative of the Public Health team and think more broadly”

- All interviewees highlighted that local authorities
 - “are actually looking for somebody who has a broader understanding. The number of roles in local government that contribute to public health outcomes are diminishing in numbers, and so what local authority and Public Health need are a cadre of people who have a broader Public Health skills set”

- An ability to only critically appraise papers and identify evidence was not sufficient, Public Health staff also needed to:
 - “convince people to do something, find the resources, find the right time, find the right way of making it happen, and that’s the new skills that I think are required. You’ve got to demonstrate that yes you’re competent in a Public Health sense but [the council] wants to know you can deliver”

- There was a drift away from PH consultant led services
- One interviewee identified 3 types of person that Councils were looking for as part of their Public Health function:
 - “Adult social care, children’s services, still want people to do public health to advise the commissioner, to do the needs assessment part of the commissioning cycle, the monitoring and evaluation part etc. Other parts of the organisation want people that can help advise and shape policy with regards to parks and open space, poverty, housing etc. A third part of the organisation want and value really ‘techy’, ‘geeky’ skills. So health consequences of air pollution, for instance, is a very niche skill set”

- There was still a strong belief in value of Public Health thinking within local government and other sectors because:
 - “as Public Health professionals, we’re curious, we dig, we don’t take anything at face value do we? And it’s that curiosity that I think is the difference”
- One interviewee was told by his chief executive that:
 - “my job is ‘to improve healthy life expectancy. I don’t care how you do it, but get on with it and use whatever skills you want’”



- The biggest issue was decreasing local authorities funding
 - “Public Health skills can get watered down in local authorities”
 - “I am getting a little bit anxious about where our Public Health consultants are going to come from in future. Certainly over the last decade people have come into Public Health from a wide variety of different routes, but a lot of those routes are disappearing, because the nature of the public sector is changing”

- “There’s a general dumbing down of, for example, Public Health intelligence. Five, ten years ago, the people that were working at even junior level in Public Health intelligence were really smart people. They knew what to do with the data... they told you what the graphs actually meant. Now you’ll get someone very junior who hasn’t got lots of experience, and that is the rate of pay which is set by the market norm in local government. Local government just want someone to crunch some numbers but the Public Health function is spread so thin that we haven’t got the capacity to add ‘intelligence’ to work out what the graph means as [Public Health consultants] have got much more ‘interesting’ things to do”.



- Financial restrictions were limiting ability to fund courses and to release staff for training
- Budgets were being used to develop skills across the wider team rather than individuals
- Contrasts were made between the relatively well resourced training for specialist registers and training opportunities for other staff

- There was also a concern that the predominant local authority culture is not professionally orientated or supportive of professional identities.
 - “We’re in the midst of a restructure, and certainly the senior posts are much more difficult to argue for their sort of grades and salaries. Some of that is because our job evaluation scheme doesn’t recognise specialisms, it tends to recognise the number of people that you manage and the size of your budget”

- Many job applicants with an MPH had limited ‘hands on’ experience and needed significant support and supervision
- It was pointed out that such people might benefit from starting in a more junior role, but that Public Health teams don’t generally have many junior posts.
- It was recognised that
 - “our vision is coloured by thinking about this from a mature student perspective and really we should be thinking about this as being an option from leaving school”

- Whether entry is via undergraduate or postgraduate route there was a desperate need for a better career structure:
 - “If you’re somebody who goes on to the Public Health training programme you’re either in medical training or you’re already at that sort of level. But the rest of it feels as if it’s kind of opportunistic. I’m married to a teacher and he sometimes says ‘I’ve got a load of students that are interested in Public Health, what do they do after they’re 16?’ And I was saying they could do a whole load of things, but it isn’t as clear as if you want to be a nurse or a policewoman or whatever”

- A common theme was the desire within local authorities to:
 - “grow their own, to develop the workforce from an earlier point in their career ... having a longer term investment in individuals”
- There should be career progression options starting with:
 - “someone working in their community who wants to work as a community health volunteer worker, who may then get a job as a health trainer, or working in their local leisure centre and getting involved in supporting people”
- Although another interviewee pointed out that:
 - “what local authorities will have difficulties with is that that doesn’t mean that those people can be DPHs or consultants”

- Interviewees suggested apprenticeship schemes as a way of developing their own staff as this involves:
 - “starting earlier with somebody and supporting them from an early stage in their career”
- This fits with local authority commitment:
 - “to having all its entry level jobs as apprenticeships”
- Interviewees stressed that Public Health practitioner apprentices would need degree level training to influence policy and lead service improvement

- Hitherto there was limited experience of apprenticeships in Public Health and local authorities may not be accustomed to employing apprentices:
 - “who have ‘A’ levels, certainly not good ‘A’ levels and certainly aren’t going through universities”
- The scheme would have advantages for both apprentices and employers:
 - “At the end of it they’ve got a generic degree so if they don’t like Public Health and something else comes along they’ve got a degree. It also can fire an enthusiasm, so they really know what Public Health is and want it. Or it will help to sieve out some of those who actually aren’t ever going to make the transition”

- One interviewee struggled:
 - “with the idea that we might get them fresh out of school on day one of their university degree, they will end up being given admin. and making the tea ... [rather than] get something under their belt, come in when they’re more attractive to us, a little bit more mature as well”
- It was also recognised that providing good apprentice training was a significant commitment:
 - “Some of my colleagues could be thinking that’s extra capacity, but that’s not how I would want to buy in to this scheme. Either we do it properly or we don’t do it at all”

- From April 2017, all UK employers with annual salary bills of more than £3 million must pay a 0.5% wage bill levy which employers can offset against training apprentices
- Government contributes 10% top-up to the fund
- Employers with wage bills below levy threshold able to access Government subsidies for employing apprentices
- The hope is that financial incentives will increase both the quality and quantity of apprenticeships
- 7 levels of apprentice, with increasing entry requirement
- 1 to 4 years to complete depending on the level, leading to various exit qualifications including degrees

- PHE to decide in February whether it will be lead employer for apprenticeship and chair the Trailblazer group
 - 10 employers within the Trailblazer group including 2 smaller employers
- Need to define Level 5 Public Health Practitioner Apprenticeship Standard
 - What is a Public Health Practitioner?
 - Teenage Pregnancy Coordinator, Smoking Cessation advisor etc
 - Public health practitioner working in teenage pregnancy service or smoking cessation service



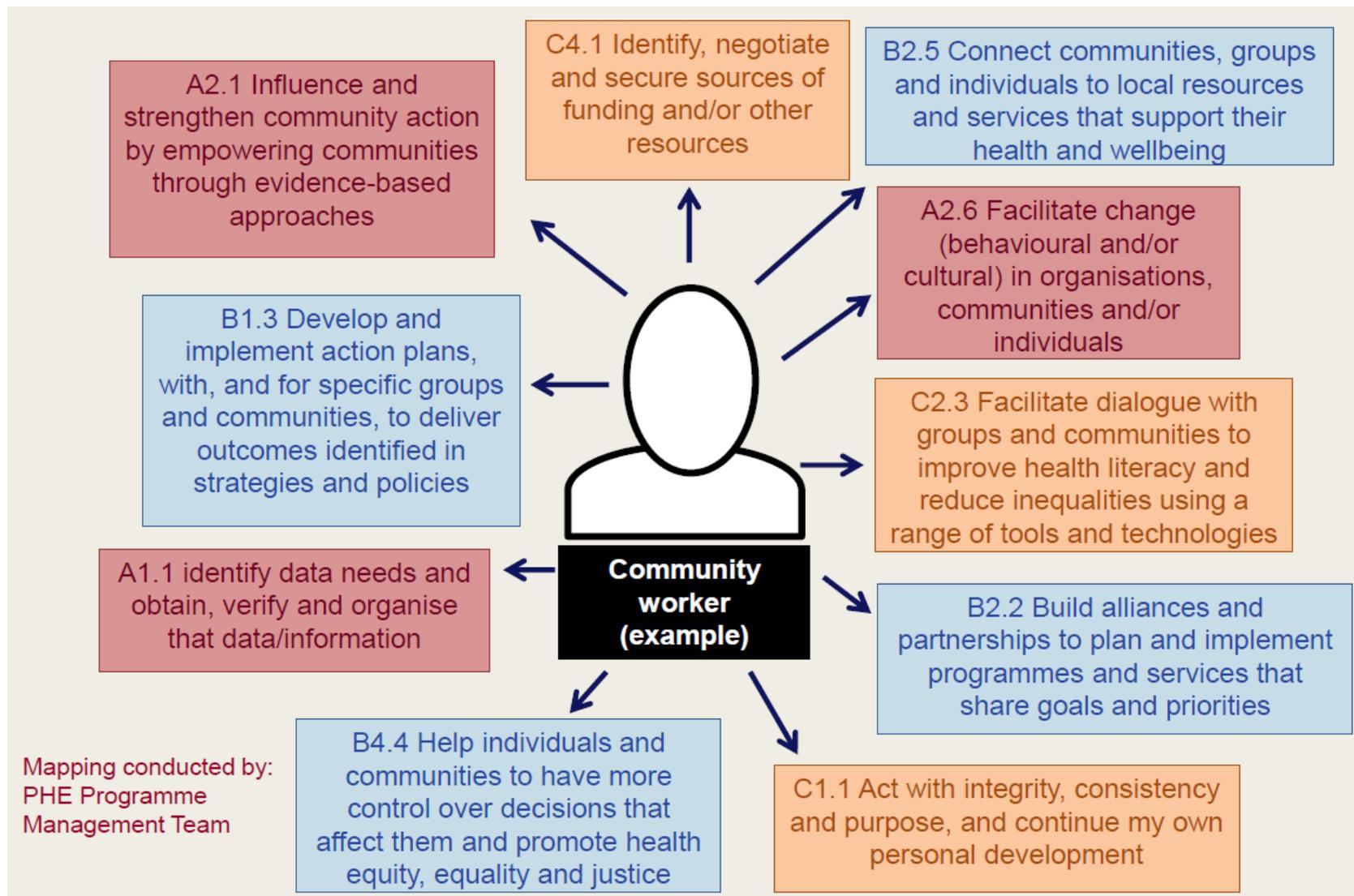
Public Health Skills and Knowledge Framework 2016

- Not benchmarked to levels like the old PHSKF
- Is all the public health workforce expected to be able to demonstrate all of the competencies?
 - Probably not

Mapping the PHSK Framework onto the wider public health workforce



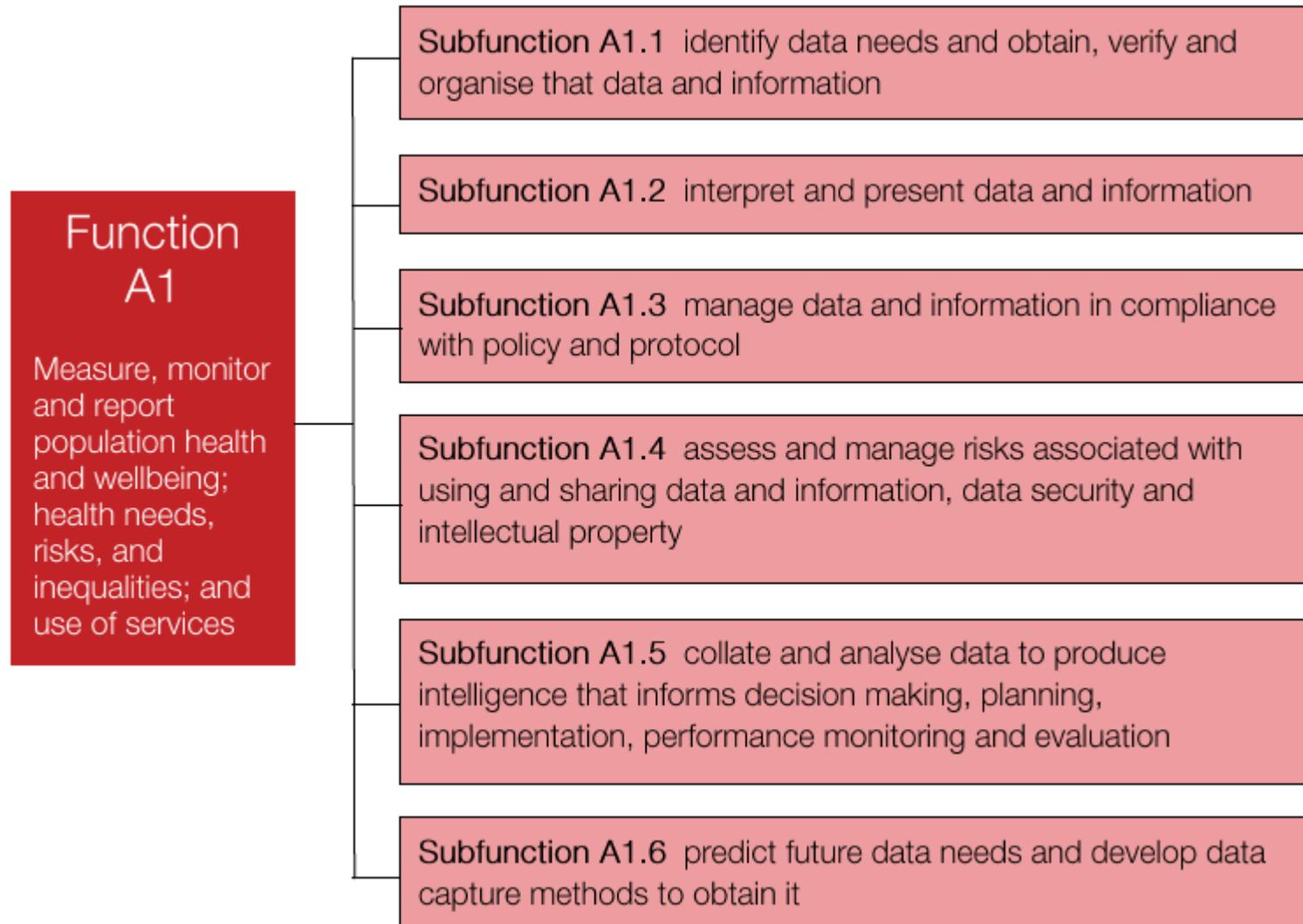
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Public Health Skills and Knowledge Framework (70 competencies)



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A1.1 Identify data needs and obtain, verify and organise that data and information



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- Some practitioners will have data analysis as a central part of their role
- However, it is important that all public health practitioners, as a minimum, are able to perform a simple health needs assessment and where to obtain and utilise routine data
- This includes understanding the limitations of the data that they might use, for example if there are data quality issues

A3.1 Analyse and manage immediate and longer-term hazards and risks to health at an international, national and/or local level



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- Public health practitioners are not expected to be involved in international or national analysis/management of risks
- It is likely that they will not have involvement with this at a local level either
- However, there are hazards and risks, to some extent within everyone's public health practice, and this should be reflection upon in this competency
- For example, as a minimum, public health practitioners are expected to comply with health and safety training in their organisation e.g. for fire safety, manual handling and be aware of major incident plans



- Public health practitioners are not expected to have a health protection element of their role, although some will
- However, all public health and clinical professionals must be aware of their legal obligations in terms of health protection e.g. in relation to notifiable diseases
- Public health practitioners are expected to know who to contact for advice on a health protection matter and to cooperate with outbreak investigations etc.

- Interviews with Public Health practitioners to understand how the competencies needed for their existing role map onto Public Health Skills and Knowledge Framework
- Interviews will also help benchmark PHSKF to the level expected of a PH practitioner
- National online survey
- Set up a Trailblazer Group
- Develop a Level 6 PH Practitioner Apprentice Standard and other paperwork to submit to Government
- Use PHSKF to map onto a BSc in Public Health curriculum

- Despite numerous reorganisations, Public Health functions continue to be delivered in England, although recent changes have been particularly challenging
- Budget cuts and different organisational cultures may see a reduction in senior Public Health specialists
- However, professionalization of the practitioner workforce may strengthen and diversify knowledge and skills, and finally recognise the important contribution of this cohort of staff

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