

Public Health Advanced Practitioner Development Project:

Summary of Final Report

This document provides a summary of the Public Health Advanced Practitioner Development Project. The full final report is available on the UK Public Health Register (UKPHR) website.

Project Background

The Public Health Advanced Practitioner Development Project [hereafter referred to as ‘the project’] was commissioned by the People in UK Public Health (PiUKPH) Group and funded by Health Education England (HEE) South East. This UK-wide project sought to gain insights into the public health advanced practitioner workforce and to offer evidence-based recommendations for appropriate career development interventions.

Context

Core public health roles, in which public health is the main part of the role, are divided into two categories: specialists and practitioners. Specialists have higher qualifications, training and professional registration in public health. These individuals occupy senior level positions exclusively or substantially focused on public health in roles such as Public Health Consultant or Director of Public Health.

The public health practitioner workforce comprises many disciplines and professions from health visitors and school nurses to health promotion practitioners, smoking cessation advisers and environmental health officers. Practitioners operate at all levels from front-line operational roles to middle and senior management and they work across all domains and employers across the public health system. However, prior to this project there was no agreed definition to describe when a practitioner reaches an ‘advanced’ level of practice and there was little workforce intelligence.

Scope

The project aimed to produce workforce intelligence, including develop a definition for ‘advanced practitioner’; understand the key characteristics of the workforce; identify the recruitment and retention challenges faced by their employers; and understand the development needs of the workforce, including their access to development opportunities.

Approach

The project adopted a four-stage approach to the research, as shown in Figure 1.

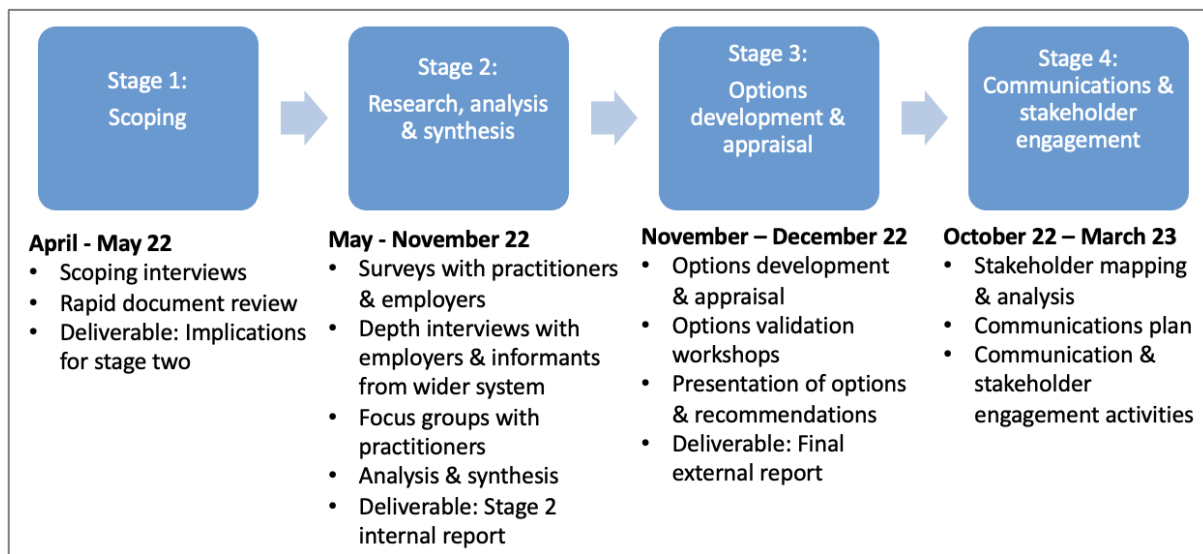


Figure 1: The project's four-stage approach

Key findings

Definition

A definition for public health advanced practitioners was developed and tested throughout the project. The final version of the definition is:

Public Health Advanced Practitioners identify public health as being the main part of their role and work in one or more of the following public health domains and cross-cutting functions: health improvement, health protection, healthcare public health, academic public health, public health intelligence, public health science and/or workforce development. They possess a range of technical and leadership skills; and their level of practice is usually characterised by a high degree of autonomy, complex decision making and innovation, often applied in a complex and unpredictable environment. This is underpinned by a relevant master's level qualification or equivalent qualification and/or experience, and they may hold professional registration with a relevant regulator.

Feedback on the definition suggests that it would benefit from accompanying guidance and a visual representation, along with standardised job descriptions.

Characteristics

Thirty-five per cent of public health practitioners who responded to the practitioner survey identified as being advanced practitioners. Overall, this portion of the workforce was found to have greater length of service and breadth of experience and have higher levels of responsibility in their job roles compared to their peers. Advanced practitioners were also more likely to hold a master's in public health and UKPHR registration.

The majority of advanced practitioners were female, aged over 45, white, educated to master's level or higher and working full-time. Just over a quarter had caring responsibilities for individual/s with long-term physical or mental health conditions or illnesses, or problems related to old age. More than half worked in England, the majority for the NHS or local government employers, and health improvement was the most common public health domain.

Recruitment and retention

The Covid-19 pandemic led to an increase in advanced practitioner positions, largely filled through a combination of internal and external recruitment. Employers acknowledge the value of a master's in public health when recruiting at this level, but relevant work experience and non-technical skills were also important criteria. Similarly, UKPHR registration was supported by employers but was not generally stipulated as an essential requirement. In relation to both the masters in public health and UKPHR registration, employers recognised that making them mandatory for recruitment into advanced practitioner roles at this time would be a risk. Doing so would considerably reduce their potential recruitment pool and also impact workforce diversity in relation to professional and educational backgrounds, something that they consider a key strength of the advanced practitioner workforce.

Challenges in recruiting advanced practitioners included a lack of non-technical skills and experience in applicants, leading to a drive in some local authorities to 'grow their own.' Retaining advanced practitioners was generally not a challenge, although maintaining their motivation and engagement was considered to be affected by a lack of career progression opportunities.

Development Needs

Development needs were found to focus on the skills and knowledge required to operate effectively at a senior level within complex systems. These included acquiring broad knowledge across public health domains; leadership and management skills; associated non-technical skills such as project management, decision making, political awareness, influencing, and communication; and higher-level analytical/data literacy skills (the ability to be an 'intelligent customer' in relation to research and data).

Development Opportunities

A large proportion of advanced practitioners were dissatisfied with their access to development opportunities. Individual, organisational, and systemic barriers were found to work against them accessing appropriate opportunities. Balancing work, CPD, and personal life; time and money; support from managers and organisations; lack of clarity and understanding about CPD requirements for advanced practitioners; and lack of accessible and appropriate technical training were identified as common barriers. Structural barriers to accessing work experience opportunities, such as shadowing and secondments, were also found to hinder development. Access to development opportunities was largely dependent upon organisational factors, including having protected time and budget, a supportive line manager and/or team, and supportive organisational culture.

Development interventions

The Advanced Practitioner workforce is facing skill gaps and current CPD provision and career development support is not consistently meeting the development requirements. Opportunities to develop both technical and non-technical skills are needed, alongside more comprehensive career development support. A coherent and structured approach is required to address these gaps, and there is demand for a system-wide strategy to advanced practitioner development.

Recommendations and next steps

On the basis of the research findings, evidence-based recommendations were developed. During the appraisal process, there was consideration of capacity and resource requirements for implementation, and how the recommendations could be taken forward in an impactful way in support of the development of the public health workforce across the four nations.

On this basis, it was agreed with the PiUKPH Group that the selected recommendations in Table 2 (below) will be implemented during Phase Two of the project. It is anticipated that this approach will enable Phase Two to progress in a sustainable way, whilst minimising impact on resources and capacity.

| Recommendation | Proposed lead organisation/s | Support organisation/s | Priority |
|---|---|------------------------|----------|
| Recommendation 1: Continued investment and leadership to identify, develop and retain Public Health Advanced Practitioners | | | |
| 1.a. Agree preferred option to take the work forward - COMPLETED | PiUKPH | NA | NA |
| 1.c. Identify senior champions for the project | Monitoring of Phase 2 will be under the remit of PiUKPH Group | NA | NA |
| 1.d. Identify a Senior Responsible Officer (SRO) to provide governance and leadership | | | |
| 1.e. Establish mechanisms for continuing to coordinate with related/inter-dependent interventions within the system <i>(e.g., Support for portfolio application; APPH; UKPHR value of registration; enhanced HEE workforce data survey; OHID national workforce stocktake)</i> | | | |
| Recommendation 2: Professional identity | | | |
| 2.a Commit to building a more coherent and inclusive professional identity for public health practitioners, and scope how this could be done/achieved | FPH | UKPHR PH Employers | High |
| Recommendation 3. Defining advanced practitioners | | | |
| 3.a. Develop underlying guidance for the definition, including providing clarity on role and purpose of existing practitioner/professional registration; defining all terms; how it links to the definitions of related roles | FPH/UKPHR | To be agreed | High |

| Recommendation | Proposed lead organisation/s | Support organisation/s | Priority |
|--|--|--|-----------------|
| 3. b. Develop role profiles to accompany the definition | FPH | ADPH UK PH Employers | Low |
| Recommendation 4: Career development structure & pathways | | | |
| 4. b. Explore whether existing guidance on CPD is fit for purpose for practitioners and their managers and the extent to which it is embedded into practice | OHID/NHSE PH Scotland PH Wales PH Northern Ireland | FPH UKPHR | High |
| Recommendation 5: Training provision | | | |
| 5. b Explore the feasibility of developing and maintaining a system for publicising regional and national training opportunities (a 'one stop shop') | FPH OHID | HEE OHID PH Scotland PH Wales PH Northern Ireland | Medium |
| Recommendation 6: Access to wider experience | | | |
| 6.a Develop guidance for employers to support them to provide on-the-job development opportunities in the workplace and to have more effective career conversations | OHID/HEE PH Scotland PH Wales PH Northern Ireland ADPH | FPH UKPHR | High |
| Recommendation 7: Career development support | | | |
| 7.a Raise awareness of existing coaching and mentoring schemes and use this existing infrastructure to increase the pool of mentors and coaches from the public health workforce | Regions | NHS Leadership Academy UKPHR PH Mentor Scheme Local/regional coaching and mentoring programmes | Medium |
| 7. b. Develop and establish peer networks and/or raise awareness of existing peer networks | Regions | Local UKPHR Practitioner Schemes Other cross-sectoral peer networks | High |

Table 1: Recommendations to be taken forward in Phase 2 of the project

6. Conclusion

The Public Health Advanced Practitioner Development Project aimed to address the lack of understanding and consensus regarding the public health advanced practitioner workforce. Prior to the project, there was no agreed definition for advanced practitioners, and various job titles were used interchangeably. The lack of a clear definition hindered workforce intelligence and the ability to accurately assess the characteristics of the workforce.

The project's research involved surveys, interviews, and focus groups with practitioners, employers and wider key informants from the public health system, to gather insights on the characteristics, recruitment and retention challenges, development needs and opportunities for advanced practitioners. The findings revealed that advanced practitioners had greater experience, responsibility, and educational qualifications compared to their peers. The COVID-19 pandemic led to an increase in advanced practitioner positions, but challenges in recruitment were identified, such as the lack of non-technical skills and experience in applicants. Development needs focused on senior-level skills, including leadership, management, and analytical abilities. The project highlighted the dissatisfaction among advanced practitioners regarding access to development opportunities and the need for a coherent and structured approach to address skill gaps.

Based on the research findings the project developed evidence-based recommendations to support the development of the public health advanced practitioner workforce. Selected recommendations will be implemented in Phase Two of the project, with identified lead and supporting organisations responsible for each recommendation.

Overall, the project emphasised the need for continued investment, collaboration, and coordination within the public health system to effectively address the challenges and opportunities related to advanced practitioner development.