June 2023

PUBLIC HEALTH ADVANCED PRACTITIONER DEVELOPMENT PROJECT: PHASE ONE FINAL REPORT

Dr Genevieve Groom

On behalf of the project working group

Foreword from the People in UK Public Health Group

The People in UK Public Health Group tasked a four nations working group to scope and gather intelligence with regards to public health advanced practitioners, with the aim of informing possible solutions to address development needs of this section of the public health workforce. The final report has been produced which includes a set of agreed recommendations to take this work forward.

On behalf of the People in UK Public Health group I am pleased to endorse the findings and recommendations of the Public Health Advanced Practitioner Development Project. As a system leader and Chair of the People in UK Public Health Group, I recognise the value of this report in bringing to light the challenges and opportunities in developing this crucial section of the public health workforce.

We recognise that there has been a gap between practitioners and specialists and a need to understand the development needs of this section of the workforce for a while now. This was further magnified during the Covid-19 pandemic, when practitioners were required to step-up in ensuring collective efforts in the prevention, control, and management of a global pandemic. It is also pleasing to know that, today, there is access to public health practitioner registration schemes in all parts of the UK, creating strong foundations to build upon and explore the opportunities to develop public health advanced practitioners.

The report provides important insights into the characteristics, recruitment and retention challenges, development needs and gaps of public health advanced practitioners. The findings highlight the critical role that these practitioners play in delivering public health, particularly in light of the Covid-19 pandemic. It acknowledges the importance of developing their skills and knowledge to enable them to operate effectively within increasingly complex systems.

The People in UK Public Health Group recognises that there is a state of change taking place across the system, meaning that resources and capacity are stretched. However, I am pleased to see that we have engagement of key partners in taking forward some of the recommendations. I believe this will help in continuing to keep this important work going.

On behalf of the People in UK Public Health Group, I urge public health employers and institutions to act on the report's recommendations. The report outlines opportunities for

development interventions that could enhance the skills and knowledge of public health advanced practitioners, increase their access to development opportunities, and ensure that their skills are recognised and supported. In doing so, we can ensure that public health advanced practitioners continue to be a valuable asset to the public health workforce, enabling them to respond effectively to public health challenges both now and in the years to come.

Sally Pearson, Chair of PiUKPH Group

Foreword by the UK Public Health Register

The UK Public Health Register, as the Regulator for the public health workforce welcomes the work and findings of the Public Health Advanced Practitioner Development Project. The report begins to grapple with the challenges in supporting the gap between practitioners and specialists, describes the support that's already available, and starts to identify what further work needs to be done. The findings reflect what we've heard from our registrants and partners in relation to the value of practitioner and specialist registration- that a strengthened offer to support and providing a path between practitioner and specialist status will benefit the profession as a whole.

As the regulator for registered public health practitioners, we work closely with locally devolved public health practitioner schemes in assuring equity of access in all parts of the UK and we feel the findings outlined in this report create a strong baseline which public health advanced practice can build upon.

We support the recommendations and will review how we can actively contribute to this important area of workforce development.

Andrew Jones, Chair of UK Public Health Register

Foreword by the Faculty of Public Health

As the standard-setting body for public health, the Faculty of Public Health welcomes the work commissioned by the People in UK Public Health (PiUKPH) in exploring the development of Public Health Advanced Practitioners. The FPH recognises that a well-trained and regulated workforce is vital to the improvement of the public's health and the reduction of health inequalities.

The Faculty has always had a key role in the specialist public health workforce, but has increasingly been involved with developing the public health practitioner workforce. For example, in developing a practitioner membership category, opening up the DFPH exam to be taken outside specialty training programmes and running Masterclasses to help develop practitioners working towards registration.

The recommendations identified in the report provide a helpful start to further exploring and developing this area of public health practice and we will consider this in identifying how the FPH can support this work and facilitate the development of Public Health Advanced Practitioners.

Professor Kevin Fenton, FPH President, Faculty of Public Health

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Executive Summary

The Public Health Advanced Practitioner Development Project was commissioned by the People in UK Public Health (PiUKPH) Group in September 2021 to gain insights into the public health advanced practitioner workforce and provide evidence-based recommendations for appropriate career development interventions. The project was funded by Health Education England (HEE) South East[1] and supported by a working group of public health workforce development experts.

The project addressed the need for a working definition of a 'Public Health Advanced Practitioner', an understanding of the workforce's characteristics, and the development of options for advanced practitioner development. Previous initiatives lacked an agreed definition for advanced practitioners, leading to a lack of workforce intelligence and limited understanding about this key portion of the workforce. The project aimed to bridge this gap in knowledge, and support practitioners in transitioning to, and developing in, advanced roles.

The research followed a four-stage approach: scoping, research and analysis, development and appraisal of recommendations, and stakeholder engagement. The research methods included online surveys, focus groups, and interviews with employers, practitioners, and key informants. However, the project faced limitations in reaching certain segments of the workforce, particularly those working in higher education, the third sector, and private sector, as well as practitioners in specific public health domains.

The project's outputs include a finalised definition of public health advanced practitioners, which highlights their main role in public health and the domains and functions they work in. The characteristics of advanced practitioners revealed their greater experience, responsibility, and educational qualifications compared to their peers. Recruitment and retention of advanced practitioners was influenced by the COVID-19 pandemic, with an increase in positions filled through a combination of internal and external recruitment.

[1] On the 1st April 2023, Health Education England merged with NHS England and NHS Digital. This means that NHS England has assumed responsibility for all activities previously undertaken by Health Education England. This includes planning, recruiting, educating and training the health workforce, ensuring that the healthcare workforce has the right numbers, skills, values and behaviours in place to support the delivery of excellent healthcare and health improvement to patients and the public.

Challenges in recruitment included a lack of non-technical skills and experience in applicants.

Development needs of advanced practitioners focused on skills and knowledge required to operate at a senior level in complex systems, including leadership, management, and analytical/data literacy skills. Access to development opportunities was hindered by individual, organisational, and systemic barriers, highlighting the need for a structured approach to address skill gaps and provide comprehensive career development support.

Based on the research findings, eight evidence-based recommendations were developed to address the identified challenges. These recommendations include the development of guidance and visual representations for the definition, improved access to development opportunities, and the establishment of a system-wide strategy for advanced practice development. The implementation of these recommendations will be carried out in Phase Two of the project, with lead organisations and supporting organisations identified for each recommendation.

In conclusion, the Public Health Advanced Practitioner Development Project has provided valuable insights into the advanced practitioner workforce, including a working definition, recruitment and retention challenges, development needs, and opportunities for intervention. The project's evidence-based recommendations will guide future efforts in supporting the career development of public health advanced practitioners and improving the overall public health workforce.

1. Background

The Public Health Advanced Practitioner Development Project [hereafter referred to as 'the project'] sought to gain insights into the public health advanced practitioner workforce and to offer evidence-based recommendations for appropriate career development interventions. The project was commissioned in September 2021 by the People in UK Public Health (PiUKPH) Group, an advisory group which provides independent, expert advice on the public health workforce to the governments of the four UK nations (see Annex A for Terms of Reference). The research was funded by Health Education England (HEE) South East[2] and supported by a working group of public health workforce development experts (see Annex B for a list of the working group members and their respective organisations).

The PiUKPH Group requested that the project addressed the following:

- Develop and test a working definition of a Public Health Advanced Practitioner that translates across organisations and sectors.
- Apply the definition to provide a snapshot to help understand the size and composition of the public health advanced practitioner workforce, to include retention, turnover and vacancy rates, and their learning needs.
- Development of proposed options which explore risks, challenges, and opportunities for advanced practitioner development.

In May 2022, the working group commissioned an external consultant to lead the research component of the project (see Annex C for the project brief and response).

2. Context

Public health advanced practitioner development has been debated for some time, and previous projects and initiatives have attempted to understand and address the issue.[3] Prior

[2] On the 1st April 2023, Health Education England merged with NHS England. This means that NHS England has assumed responsibility for all activities previously undertaken by Health Education England. This includes planning, recruiting, educating and training the health workforce, ensuring that the healthcare workforce has the right numbers, skills, values and behaviours in place to support the delivery of excellent healthcare and health improvement to patients and the public.

[3] Thorpe, A. (2015). *Developing advanced practice for public health: Results of a consultation exercise with Directors of Public Health and practitioners in Kent, Surrey and Sussex; West Midlands and Wessex.*

to this project, there was no agreed definition as to when a practitioner is 'Advanced'. There are also a number of terms used to describe this level of practice and numerous job titles are in use. Beyond public health practitioner registration with the UK Public Health Register (UKPHR), there are no specific qualifications,[4] although practitioners may have a Masters in Public Health (MPH) or other Masters level qualification and may also choose to sit the Faculty of Public Health (FPH) Diplomate (DFPH)/Final Membership (MFPH) examinations.

The lack of an agreed definition meant there was also little workforce intelligence, however, there was anecdotal evidence that the group expanded during the COVID-19 pandemic. Whilst there was no indication of difficulty filling these posts, feedback from Directors of Public Health prior to this project highlighted that individuals needed support to develop into their 'Advanced' role and move effectively from operational to strategic working.

3. Project approach, methodology and limitations

This section outlines the overall approach and methodology of the project.

Thorpe, A. (2016). *A qualitative study of the proposed UK advanced practitioner standards: Establishing relevance, scope and level.*
Biddle, S. (2019). *Public health strategists: Career and development aspirations*

[4] HEE is developing a qualification in Public Health Advanced Clinical Practice https://www.hee.nhs.uk/our-work/advanced-clinical-practice/what-advanced-clinical-practice aimed at registered clinicians likely to be of interest to the wider public health workforce so not directly relevant to advanced practitioners.

Project approach

The project adopted a four-stage approach to the research, as shown in Figure 1 and described below in more detail below.

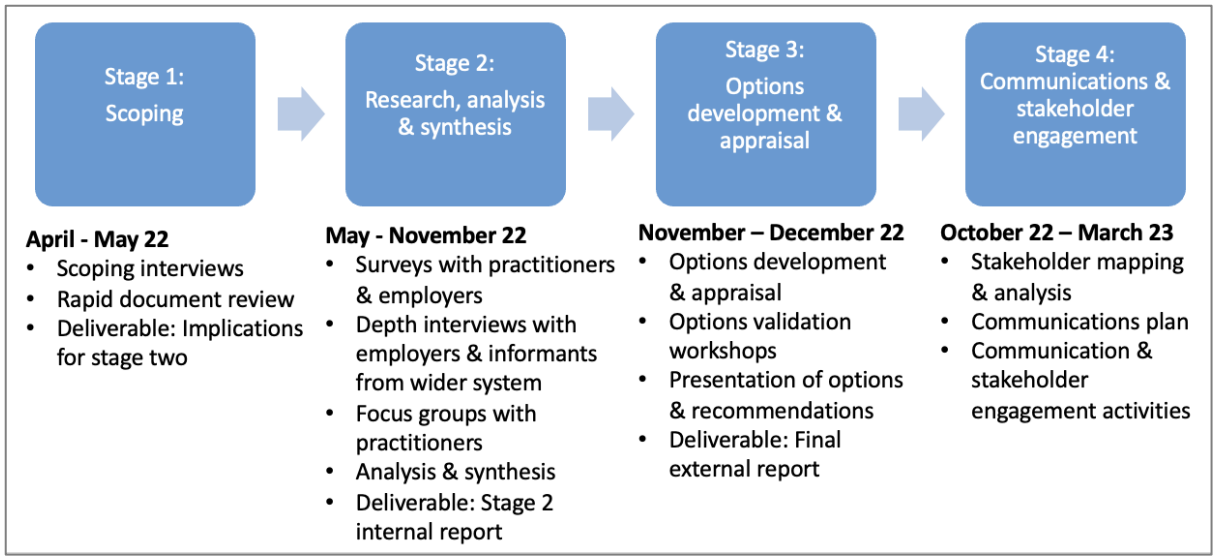


Figure 1: The project's four-stage approach

Stage 1

Stage 1 was a short scoping phase which included eight scoping interviews with key informants and a rapid document review. The purpose of this stage was to build understanding of the context to inform stage 2 and develop an initial working definition for advanced practitioners.

Stage 2

Stage 2 involved the research, analysis, and synthesis. The research aimed to answer the following research questions proposed by the working group:

1. What are the key characteristics, functions, and contributions of a Public Health Advanced Practitioner?
2. What is the estimated size of this workforce? Where do they typically work? What are the recruitment and retention challenges now or in forecasted?
3. What are the common development needs of this workforce as identified by employers and employees? How, if at all, are these development needs met?

4. What types of interventions would make a positive difference to employees' development as Public Health Advanced Practitioners?
5. What impact do Public Health Advanced Practitioners have in delivering the public health function? What is the added value of Public Health Advanced Practitioners?

A mixed-method approach was taken to address the questions, including online surveys with practitioners and employers; in-depth interviews with employers and key informants from the public health system; and focus groups with practitioners (see Annex D for details of the research participants). The outputs from this stage included internal research reports and an internal summary report.

Stage 3

Stage 3 involved the development and appraisal of recommendations and options. The approach taken included five validation workshops with research participants from stage 2 (see Annex E for details of the workshop participants) in addition to discussions at working group meetings and PiUKPH Group meetings. The outputs were an options and recommendations paper and this final report.

Stage 4

Stage 4 was the engagement and communication with stakeholders, involving the development of a communications plan for disseminating the findings and embedding the adoption of the agreed recommendations within the public health system.

Interdependencies with concurrent, related projects were also identified. Where possible, the working group members and research lead collaborated with those projects to ensure inter-project learning and to reduce duplication. A compilation of current initiatives relating to public health workforce and qualifications, including this project, can be found at Annex E.

Methodology

The research was conducted online and used a mixed-methods approach, including surveys, focus group discussions and semi-structured interviews. Table 1 outlines the three research methods, the participants and the sampling approach taken for each.

Method	Participants	Sampling approach	Notes
Online surveys	Employers (n=32) Practitioners (n=236)	Snowball sampling via networks & social media recruitment	JISC survey software was used
Online focus group discussions	Practitioners (5 groups, n=26)	Opted in via online survey	Focus groups were organised around five public health domains
Online semi-structured interviews	Employers (n=8) Practitioners (n=5) Wider informants (n=15)	Opted in via online survey Purposive sampling	Interviews were offered to practitioners who were unable to attend the focus groups

Table 1: The project's mixed methodology

Limitations

A key limitation in relation to the practitioner survey and focus groups, was that the project did not have access to, and could not construct, a contact list for all of the public health practitioners and public health advanced practitioners in the UK i.e., the target population was unknown and could not be described. Therefore, as outlined in Table 1, the sampling approach used was snowball sampling, via employers and individual networks. As a result, there are groups of the workforce who were not reached effectively, notably practitioners working in higher education, third sector and private sector and practitioners working in the domains of academic public health, public health science and public health intelligence. Also, it is likely that, of the practitioners who were reached, those with strong views on the issue selected themselves into the survey and focus groups. A limitation of the practitioner survey itself was that respondents were asked to self-identify as being public health advanced practitioners using the draft definition developed during the scoping stage. Therefore, the findings cannot confidently be generalised to the entire public health practitioner workforce nor to the public health advanced practitioner workforce.

Overall, although it was intended to be UK-wide, the project struggled to engage with public health colleagues in Northern Ireland and no individuals from the country participated

directly in the research. Therefore, the findings cannot claim to reflect the situation within Northern Ireland. Recommendation 8a is to repeat the scoping research in the Northern Ireland public health system.

4. Findings

This section will present the high-level findings from the research, including the finalised definition, the characteristics of public health advanced practitioners, recruitment and retention issues, development needs, opportunities, and possible interventions.[5]

Definition

A definition for public health advanced practitioners was developed and tested iteratively 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

[5] Individual research reports (practitioner and employer survey findings, focus group findings and interview findings), and/or a detailed slide pack of the overall findings are available on request from the Chair of the working group, Sarah Hassell (Sarah.Hassell@dhsc.gov.uk).

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 and interventions

A large proportion of the advanced practitioners were dissatisfied with their access to development opportunities. Individual, organisational, and systemic barriers were found to prevent advanced practitioners from accessing appropriate opportunities. Balancing work, continuing professional development (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.

The advanced practitioner workforce is facing skill gaps, and the project found that current CPD provision and career development support is not consistently meeting the development requirements. There is a need for opportunities to develop both technical and non-technical skills, alongside more comprehensive career development support. It was identified that a coherent and structured approach is required to address these gaps, and there is demand for a system-wide strategy to advanced practice development.

5. Recommendations and next steps

On the basis of the research findings, eight overarching, evidence-based recommendations and associated sub-recommendations were developed (see Annex F). During the appraisal process, consideration was given to the 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. Lead organisations

and supporting organisations responsible for each recommendation have been identified, and the PiUKPH Group will maintain oversight of progress. It is anticipated that this approach will enable Phase Two to progress in a sustainable way, whilst minimising the 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 Group	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 *(e.g., Support for portfolio application; APPH; UKPHR value of registration; enhanced HEE workforce data survey; OHID national workforce stocktake)*			
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			

Recommendation	Proposed lead organisation/s	Support organisation/s	Priority
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
3. b. Develop role profiles to accompany the definition	FPH	ADPH UK[6] 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[7]/NHSE PH Scotland[8] PH Wales[9] PH Northern Ireland[10]	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] Association of Directors of Public Health
[7] Office for Health Improvement and Disparities
[8] Public Health Scotland
[9] Public Health Wales
[10] Public Health Agency

Recommendation	Proposed lead organisation/s	Support organisation/s	Priority
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 2: 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 assess the size and composition of the workforce accurately.

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 eight 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 public health advanced practitioner development.

Annex A: PiUKPH Group Terms of Reference

1.0 Overview of the People in UK Public Health Advisory Group

An Advisory Group to the governments of the Four Nations of the United Kingdom, focusing on matters pertaining to the public health workforce.

The group is chaired by Sally Pearson (Faculty of Public Health) and includes representation from key organisations with existing or future roles in public health.

It was established in 2014 and continues the work of the Public Health Workforce Advisory Group (PHWAG).

2.0 Objective and role

2.1 Objectives

People in UK Public Health (PIUKPH) is an advisory group to provide independent, expert advice to the four UK countries on the public health workforce, supporting the health and care workforce strategy, with the goal of improving the public's health in the UK.

The group's membership is based on both organisational representation and individual expertise enabling PIUKPH to an open forum for considering issues, developing opportunities, guidance and knowledge which will be useful for shaping the public health workforce to meet future challenges.

The group will help to shape the vision and future priorities for a multi-disciplinary public health workforce with the recognition that improving the public's health involves a broad range of people in a variety of professions, including a focus on the role of other public

sector services in community settings e.g., care services, education and early years, housing and the “Blue Light” services and with academia.

The group will act as a forum for key organisations to share perspectives and expertise on issues affecting the public health workforce, across the UK and provide advice on delivering the workforce that will achieve the public health outcomes and will provide expert input into the national workforce strategy for the UK.

It is important to note that we need to ensure that the work of the People in UK Public Health advisory group contributes to achieving the level of attention that public health needs in order for progress to be made. This means that the topics and work which the group chooses to focus on will need to create tangible outcomes that can be directly used to influence policy decisions across the UK public health workforce. The membership will reflect the group’s priorities at a given time and membership will be periodically reviewed and updated to reflect the changed landscape.

2.2 Role

The People in UK Public Health Advisory Group will:

- be a place where system-wide discussions can take place on issues which impact the public health workforce across all UK countries, in particular as regulation and registration of PH workers are UK-wide.
- create synergy between the workforces of all 4 nations, which is essential to the success of UK public health; this group needs to ensure that each system can be joined up and understand our shared issues.
- work with other workforce-focused groups to ensure join-up and avoid duplication.
- include the wider public health workforce as this has received little attention and there is a need to look at the scale of scope of this group especially as we seek to look across all those involved in delivering public health outcomes.
- consider what skills and competencies will be needed the future public health workforce and how it may need to be structured to deliver in a changing landscape.

- monitor and promote the usefulness of the revised *"Public Health Skills and Knowledge Framework"* and Public Health Apprenticeships in aiding career development of the public health workforce.

3.0 Scope and influence

PIUKPH acts as an Advisory Group to the governments of the 4 nations and can influence and help to shape the direction of public health in the 4 nations.

The group will focus on topics of importance to public health workforce matters.

4.0 Membership

4.1 Members

Chair: Sally Pearson, FPH

DHSC/OHID representative: Richard Jarvis

Representatives from the following sectors/organisations:

- Academia
- Association of Directors of Public Health
- Chartered Institute of Environmental Health
- Department of Health and Social Care England (Office for Health Improvement and
- Disparities)
- Department of Health Northern Ireland
- Faculty of Public Health
- Greater Manchester Fire & Rescue Service
- Health Education England (will become part of NHSEI)
- Local Government Association
- NHS England and NHS Improvement (NHSEI)
- NHS Providers
- Public Health Scotland and NHS Education for Scotland
- Public Health Wales
- Royal Society for Public Health
- Royal College of Nursing
- UK Public Health Register

- UK Health Security Agency

4.2 Membership changes

Membership should be reviewed once every 3 years, or at the request of the Chair. The next review of membership is due Dec 2024. Any proposed changes to membership should be approved by the PIUKPH Chair.

5.0 Roles and responsibilities

A summary of responsibilities for Chair, Secretariat, PIUKPH members, etc are outlined below:

Role	Responsibilities
Chair (or deputy- Chair in Chair's absence)	o Chairing meetings o Development and approval of meeting agendas, minutes and actions o Informing agenda forward look o Approval of guest attendees o Leading membership reviews and approving any membership changes
Secretariat	o Maintain and update the PIUKPH agenda forward-look o Support administration of PIUKPH meetings o Schedule meetings o Coordinate and circulate PIUKPH agendas, meeting papers and minutes according to agreed timeframes o Monitor and update progress of actions o Update the PIUKPH Terms of Reference according to any changes or annually o Maintain membership list and review regularly
All PIUKPH Members	o Attend and contribute to PIUKPH meeting discussions o Identify relevant PIUKPH agenda items on behalf of their organisation o Lead relevant agenda items, including developing and approving any accompanying materials o Actively support communication and engagement on behalf of PIUKPH

6.0 Meetings and administration

6.1 Frequency

Meetings will be held every 3 months, with the option to schedule additional meetings where requested by the group or the Chair.

6.2 Agenda planning

Agenda items will be planned at scheduled pre-meeting with the chair, OHID Workforce Development lead and secretariat and be informed by:

- Member organisations (who will have the opportunity to propose new items at a standing agenda item at each meeting)

- Emerging issues affecting PH workforce

6.3 Chair

Meetings will be chaired by the Chair (or nominated deputy where appropriate).

6.4 Attendance

Meetings will be held remotely using the MS Teams platform. If face-to-face meetings are planned, these will include a facility for remote participation.

Members unable to attend should submit their apologies to the secretariat and, where possible and appropriate, identify a deputy to attend on their behalf and inform the Chair and secretariat.

Meetings will be restricted to members (or their deputies) and the secretariat unless prior approval is granted by the Chair (see below under 6.5 'Guests').

6.5 Guests

Members may nominate guests with particular expertise or knowledge to attend agenda items. Approval can be given by the Chair. Nominating members are responsible for the quality and content of any written or oral submissions or presentations supporting the item.

6.6 Administration

Secretariat will be provided by OHID on an interim basis.

Minutes should be shared with the Chair within 2 weeks of the meeting, then circulated to group members for information or action.

Agendas and meeting papers should be circulated to members at least 1 week in advance of the meeting.

Anna Sasiak
Specialist in Workforce Development, OHID March 2022

Annex B: Members of the working group

Member of working group	Organisation
Sarah Hassell (Co-Chair)	Office for Health Improvement and Disparities
Em Rahman (Co-Chair)	Health Education England
Julie Davies (Secretariat)	Office for Health Improvement and Disparities
Heidi Breed	Health Education England
David Chappel	Faculty of Public Health
Janet Flint	Health Education England
Lara Hogan	Health Education England
Louise Holden	Office for Health Improvement and Disparities
Sally James	Health Education England
Jessica Lichtenstein	UK Public Health Register
Fiona MacDonald	Public Health Scotland
Kelly McFadyen	Public Health Wales

Annex C: Project brief and proposal

Project Brief

1. Introduction

Health Education England (HEE) supports the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values, and behaviours, at the right time and in the right place.

A key part of HEE is the public health development of the workforce in delivering population health outcomes and addressing inequalities of health.

2. Context

Core public health roles, in which public health is the main part of the role are conventionally 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 work across all areas of the health sector, local and central government, independent and voluntary sectors.

There is no definition as to when a practitioner is 'Advanced' with many terms (Senior, Advanced, Principal) and job titles (Manager, Strategist) in use. In 2014, CFWI estimated there were up to 10,000 practitioners [level 5-7 of the health careers framework: excluding specific roles such as Health Visitors, School Nurses, and Environmental Health professionals]. They also found 600-1,200 "Public Health Managers" operating at levels 8-9 of the health careers framework. These are probably Advanced Practitioners as we might describe them now. Advanced Practitioners are found in all domains and all employers across the public health system.

With no definition, there is little workforce intelligence, but it does appear that this group expanded during COVID with some higher-level posts which were mostly filled by internal promotion. A working definition might be those with 'practitioner' in their title working at Agenda for Change NHS banding 8 a/b/c; Civil Service Grade 7 or 6; or equivalent in local authorities (LAs). However, it is recognised that this definition may be limiting and may exclude a number of roles. There is currently no evidence of difficulty filling these posts.

Initial feedback from Directors of Public Health has highlighted that support and development is needed to support individuals to develop into their 'Advanced' role moving from operational to strategic working.

There are no specific qualifications[11] beyond public health practitioner registration with the UK Public Health Register (UKPHR) although many have an MPH/MSc and may (rarely) sit the DFPH/MFPH exams. There have been attempts to develop some sort of registration: notably in Wales and West Midlands in 2015 but this work was halted through lack of employer interest and neither a need for an additional tier of registration beyond practitioner. Concerns are raised intermittently by APs themselves about lack of recognition, and by others concerned that such senior public health posts have so little requirement for qualification (compared e.g., to specialists).

3. Project Proposal

The People in UK Public Health (PiUKPH) has supported and tasked a small working group to scope and gather intelligence with regards to Advanced Public Health Practice and inform possible solutions to address any development needs. To date, the working group has:

- Engaged with all four nations who are supportive and representation from the four nations has been identified to support this work.
- Engaged with HEE's Advanced Clinical Practice for public health work. Whilst it is clear that Advanced Clinical Practice in Public Health is for the wider clinical workforce to develop public health skills, and Advanced Public Health Practice, whilst currently not defined, is assumed as being the for the core public health workforce working between

[11] HEE is developing a qualification in Public Health Advanced Clinical Practice https://www.hee.nhs.uk/our-work/advanced-clinical-practice/what-advanced-clinical-practice aimed at registered clinicians likely to be of interest to the wider public health workforce so not directly relevant to APs

practitioner and specialist levels, continued engagement between the two workstreams will support effective join up where this will be useful for the workforce.

- Identified the need to scope out formally the need for advanced public health practice and understand the issues which need to be addressed which will help inform any future development.

Phase 1 – Research and Scoping

The key issues to be addressed during phase 1, to inform a robust options appraisal for the People in UK Public Health Group, include the following:

- Developing and testing a working definition of a Public Health Advanced Practitioner that translates across organisations and sectors.
- Applying the definition to provide a snapshot to help understand what the size and composition of the public health 'advanced practitioner' workforce is to include retention, turnover and vacancy rates, and their learning needs.
- Development of proposed options which explore risks, challenges, and opportunities for advanced practitioner development.

4. Project Deliverables (Phase 1 only)

Public Health Advanced Practitioner Definition: Using existing documentation and evidence to develop a working definition of Public Health Advanced Practice. And including testing and retesting of the definition informed by primary workforce intelligence that is collected.

Workforce Intelligence: Utilising a mixed methods approach to address the following research questions:

- What are the key characteristics, functions and contribution of a Public Health Advanced Practitioner look like?
- What is the estimated size of this workforce? Where do they typically work? What are the recruitment or retention challenges now or in forecasted?
- What are the common development needs of this workforce as identified by employers and employees? How, if any, are these development needs met?
- What types of interventions would make a positive difference to employees' development as a Public Health Advanced Practitioner?

- What impact does a Public Health Advanced Practitioner have in delivering the public health function? What is the added value of a Public Health Advanced Practitioner?

5. Project Outputs and Timescales for Phase 1

The Phase 1 Project outputs will include the following:

- Definition of Public Health Advanced Practitioner (including summary report of the process to development)
- Slide deck presenting the process, findings, and options (including any relevant case studies).
- Summary report of the scoping and research work.
- Options appraisal paper for Public Health Advanced Practitioner development for consideration by the working group and the People in UK Public Health.

6. Timescales

The project will be delivered between February 2022 to September 2022 with the following milestones:

Milestone 1: Development of the working definition – March 2022

Milestone 2: Quantitative results, analysis, and findings – June 2022

Milestone 3: Qualitative results, analysis, and findings – September 2022

7. Project Delivery Proposal

- A detailed proposal and plan to be provided.
- A detailed list of tasks and expectations of the working group to be included alongside the plan ensuring the working group are clear on what their role and contribution will be to delivering this project.

Public Health Advanced Practice Development: Phase 1 Research Support Proposal

Background

The People in UK Public Health Group (PiUKPH) tasked a working group (the Advanced Practitioner Working Group) to gather intelligence with regards to advanced public health practice and inform solutions to address possible development needs. Subsequently, the group identified a need to carry out a research project (Phase 1) to address the following key issues:

- Developing and testing a working definition of Public Health Advanced Practitioner that translates across organisations and sectors.
- Applying the definition of Public Health Advanced Practitioner to provide a snapshot to help understand the size and composition of the workforce, to include retention, turnover and vacancy rates, and their learning needs.
- Development of proposed options which explore risks, challenges, and opportunities for advanced practitioner development.

Research Support Proposal

This is a proposal for research support for Phase 1 of this project. The research will aim to answer the following research questions proposed by the working group:

6. What are the key characteristics, functions, and contributions of a Public Health Advanced Practitioner?
7. What is the estimated size of this workforce? Where do they typically work? What are the recruitment or retention challenges now or in forecasted?
8. What are the common development needs of this workforce as identified by employers and employees? How, if at all, are these development needs met?
9. What types of interventions would make a positive difference to employees' development as Public Health Advanced Practitioners?
10. What impact do Public Health Advanced Practitioners have in delivering the public health function? What is the added value of Public Health Advanced Practitioners?

A three-stage structure is proposed: Stage 1: Scoping (including development of working definition); Stage 2: Primary research, analysis, and synthesis; Stage 3: Options development and appraisal.

Assumptions underpinning this approach include:

- A delivery window six months in duration.
- Researcher available 2-3 days in any week and overall LOE capped at 36 days maximum.
- Support and input from the working group throughout.
- Research participants will include in-service Public Health Advanced Practitioners and their employers.

Stage 1: Scoping

Stage 1 will deliver a scoping exercise to inform the subsequent stages.

1a – Inception meeting & detailed plan. This will be held with the Chair and HEE lead to ensure consensus on the approach and agree arrangements for ways of working, including regular progress reporting. Following the meeting, a final plan will be produced.

1b – Rapid evidence review. A time-limited rapid review of recent, available literature on public health advanced practice workforce development will be conducted. This will include any background documentation provided by the working group.

1c – Key stakeholder scoping interviews. To support familiarisation and build understanding of the context, semi-structured telephone or virtual scoping interviews will be conducted with a key stakeholder from each country of the UK.

1d – Development of working definition of 'Public Health Advanced Practitioner'. An initial working definition will be produced with input and review provided by the Advanced Practitioner Working Group.

1e – Reporting. The primary output from Stage 1 will be a slide pack on the activities above, including tabulated evidence from the rapid review as an annex.

Stage 2: Primary Research, Analysis and Synthesis

Stage 2 will deliver quantitative and qualitative primary research to gather workforce intelligence and undertake a learning needs analysis.

2a – Sample frame development. By applying the working definition and drawing upon Stage 1, internet search and the PiUKPH group, a sample frame of employers of APs will be constructed. Given that the overall population is unknown, the sample frame will not be representative, however, it will include employers from the four countries of the UK and from a range of sectors.

2b – Online survey. Informed by Stage 1, an online survey will be developed (along with accompanying materials such as an invitation, briefing and privacy statement), aimed at Public Health Advanced Practitioners and their employers. The questionnaire will be primarily composed of closed questions, although a limited number of open questions will be included. The sample frame of employers will be used as gatekeepers to access APs, in combination with purposive/snowball sampling via PiUKPH networks. Advance respondent communication and follow-up will be used to maximise the response rate. This could include the use of social media tools, such as LinkedIn and Twitter. The survey will ask AP respondents if they would be willing to take part in follow-up focus groups.

2c – Depth interviews with employers. A topic guide for semi-structured, telephone or virtual interviews with employers of APs will be developed, adapted to the unique context of each country as necessary. Circa twelve, one-hour interviews will be conducted (approx. three per country), with participants purposively selected from the sample frame. These interviews will be conducted during the live survey period. Notes will be taken during the interviews. At the end of the interviews the participants will be asked to share any relevant documentation, such as competency frameworks, job specifications etc.

2d – Interim presentation. Key emerging findings from the online survey and depth interviews with employers will be presented to the June meeting of the People in UK Public Health Group.

2e – Focus groups. Drawing on the high-level findings from the online survey, a semi-structured topic guide for virtual focus groups with Public Health Advanced Practitioners will be developed. Four focus groups of circa 90 minutes will be delivered, one per country. The participants will be selected from the survey respondents who agreed to taking part in follow-up research. Notes will be taken during the focus groups if a second facilitator is in attendance (if not, they will be recorded and transcribed).

2f – Depth interviews with key informants. Topic guides for semi-structured, telephone or virtual interviews with contacts from comparator interventions and Directors of Public Health will be developed. A maximum of six, one-hour interviews will be conducted, with participants purposively selected. Notes will be taken during the interviews.

2g – Analysis. The online survey will be analysed according to a pre-agreed data analysis plan. Interview notes and focus group transcripts will be analysed using framework analysis in relation to key research questions.

2h – Refine definition of 'Public Health Advanced Practitioner'. The working definition will be refined by applying the findings of the primary research.

2i – Reporting. The primary output from Stage 2 will be a summary report of the process, findings, and synthesis, including copies of data collection tools in an annex. Raw datasets will be provided in excel format.

Stage 3: Options development and appraisal

Stage 3 will draw upon the findings from Stages 1 and 2 to propose potential options for Phase 2 of the project. The risks, challenges and opportunities for advanced practitioner development will be considered for each option.

3a – Options development and evaluation. Using the learning from Stages 1 and 2, potential options for Phase 2 of the project will be proposed, and the risks, challenges and opportunities for each option will be considered. A 'do nothing' option will be included.

3b – Options validation workshop. Research participants from Stage 2 and members of the working group will be invited to take part in a one-hour, interactive online workshop. The purpose of the workshop will be to present the findings from stage 2 and get feedback and advice in relation to the options appraisal.

3c – Reporting. There will be two primary outputs from Stage 3: i. an options appraisal paper for consideration by the Advanced Practitioner Working Group and the People in UK Public Health; and ii. a slide deck presenting the process, findings, and options.

Project Management

Throughout the three stages the following processes will be in place to manage the project:

Weekly emails to the working group. Starting on Friday 22 April, GG will circulate a brief weekly email to members of the Advanced Practitioner Working Group. The purpose of the emails will be to provide a progress update (including updated project plan), upcoming tasks

for the following week and input required from the working group during the following week, if any.

Fortnightly project management meetings. Starting during the week beginning 18 April, fortnightly 30-minute project management meetings will be held with the Chair of the Advanced Practitioner Working Group (SH), the HEE Lead (ER) and other attendees as required. The purpose of the meetings will be to discuss the risks and issues and ensure the progression of the project.

Monthly working group meetings. Starting in May, GG will attend the monthly Advanced Practitioner Working Group meetings.

Risks

	Risk	**Mitigation**
1	Input from working group not timely or not forthcoming	Clear guidance provided by GG to working group about required inputs and timings for inputs. This will be managed through: • Weekly emails to the working group • Fortnightly project management meetings • GG's attendance at the monthly working group meetings where possible
2	Potential participants have low interest in phase two research	• Appropriate interviewee and focus group lists. • Well-designed participant communication materials. • Working group members using networks to 'warm up' potential participants. • Promotion of research via appropriate channels. • Use of senior-level champions.
3	Low response rate to survey	• Creation of good quality sample frame. • Well-designed participant communication materials. • Working group members using networks to 'warm up' potential participants. • Promotion of research via appropriate channels. • Well-designed survey to minimise attrition. • Follow-up communication to increase response. • Use of senior-level champions.

4	Time slippage	• Good project management, including project plan being reviewed and updated weekly and shared with working group. If time slippage occurs, options include: • Drawing on more support from working group. • Reducing the scope of the project.

Annex D: Details of the research participants

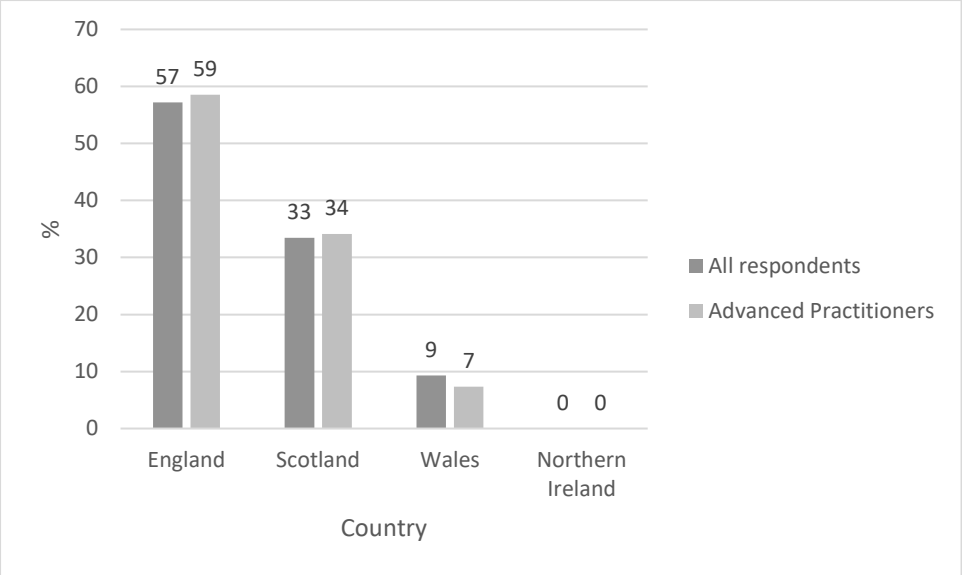
Practitioner survey:

236 respondents completed the survey, of whom 82 identified as being a public health advanced practitioner.

Country of work

Chart 1 shows 57% (135) of respondents work in England, 33% (79) work in Scotland and 9% (22) work in Wales. There were no respondents who worked in Northern Ireland.

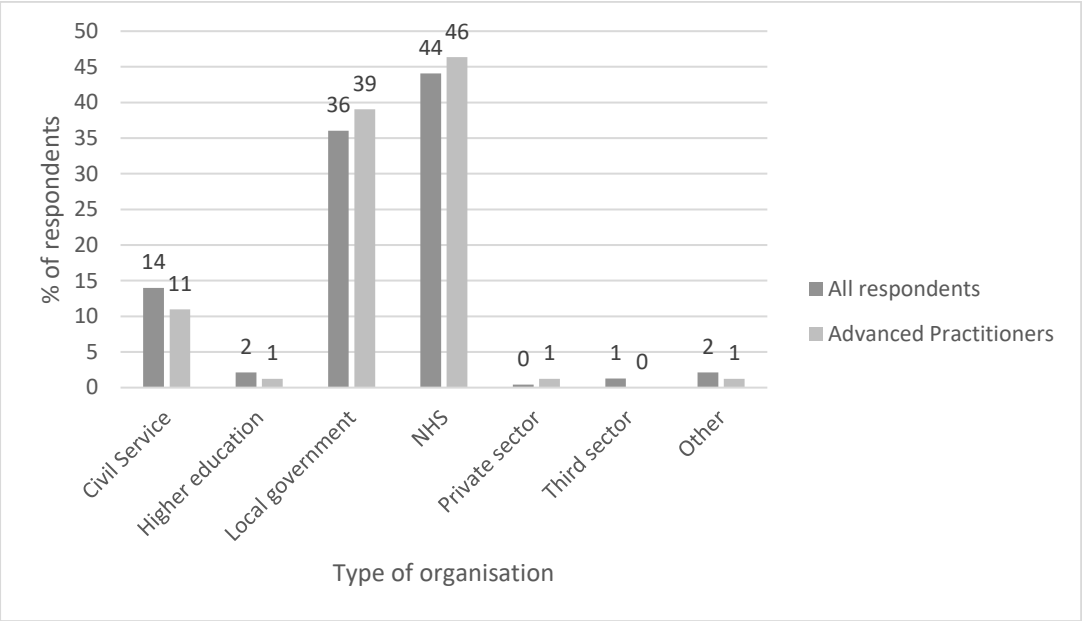
Chart 1: Respondent's UK Country of Work



Type of organisation

Chart 2 shows 44% of respondent's work for the NHS, 36% work for local government and 14% work in the Civil Service. Very few worked for organisations in higher education (2.1%, n=5), the third sector (1.3%, n=3) or the private sector (0.4%, n=1).

Chart 2: Type of organisation



Practitioner focus groups:

Twenty-six practitioners took part in online focus groups, from the following public health domains and employers:

Focus Group	**Organisations represented**
Health Improvement x 2 (n=12)	North Northamptonshire Council NHS Grampian (n=2) Kent County Council (n=2) Oxfordshire County Council European Healthy Stadia Project Oxfordshire County Council Portsmouth City Council NHS Wales (n=2) Nottingham City Council
Health Protection (n=4)	NHSE UKHSA NHS Lothian PH Wales
Health Care Public Health (n=4)	NHSE

	North East and North Cumbria ICS Liverpool City Council Isle of Wight Council
Academia & PH Intelligence (n=6)	Birmingham City University Aberdeen University Hertfordshire Council London South Bank University Cardiff Metropolitan University NHS Highland

Employer survey:

There were 32 responses to the employer survey, from the following types of organisations and employers:

Name of employer	Type of employer		
	CS	LG	NHS
Aneurin Bevan Gwent Public Health Team	0	0	1
Aneurin Bevan Gwent Public Health Team	0	0	1
Birmingham City Council	0	1	0
Blackburn with Darwen Borough Council	0	1	0
Buckinghamshire Council	0	1	0
Bury Council	0	1	0
Cambridgeshire County Council	0	1	0
Derbyshire County Council	0	1	0
Devon County Council	0	1	0
Durham County Council	0	1	0
East Sussex County Council	0	1	0
Herefordshire Council	0	1	0
Lambeth Council	0	1	0
Lincolnshire County Council	0	1	0
NHS Highland	0	0	2
NHS Lothian	0	0	1
NHSE Screening QA Service	0	0	1

Northumberland County Council	0	1	0
Nottinghamshire County Council	0	1	0
Oxfordshire county council	0	1	0
Portsmouth City Council	0	1	0
Public Health Scotland	0	0	1
Public Health Wales	0	0	2
Southwark Council	0	1	0
Swindon Borough Council	0	1	0
Thurrock Council	0	1	0
UKHSA	3	0	0
Wirral Council	0	1	0
TOTAL RESPONSES	**3**	**20**	**9**

Employer interviews:

Interviews were conducted with representatives from the following eight employers:

Bury Council

Buckinghamshire County Council

Northumberland County Council (two interview

Portsmouth City Council

Lincolnshire County Council

Nottingham University

Public Health Scotland

NHS Highland

Wider informant interviews:

Interviews were conducted with the following fifteen public health experts:

Name	**Organisation**
John Battersby	DHSC
Susan Biddle	Freelance consultant
Hannah Burns	Office for Health Improvement and Disparities
Jennifer Champion	NHS Forth Valley

Dr David Chappel	Faculty of Public Health
Professor David Evans	University of the West of England
Rachel Flowers	Croydon Council
Karen Hicks	Queen Margaret University
Andrew Jones	Public Health Wales
Jessica Lichtenstein	UK Public Health Register
Dr Joanne Morling	Nottingham University
Dr Richard Pinder	Imperial College
Matt Lowther	Public Health Scotland
Claire Sullivan	Office for Health Improvement and Disparities (NE)
Allison Streetly	NHS England

Annex E: Details of the validation workshop participants

Validation workshop	Organisations represented
Employers (n=7)	Derbyshire County Council Lincolnshire County Council Nottingham City Council Office for Health Improvement and Disparities Salford City Council
Public Health Intelligence (n=5)	East Sussex County Council Office for Health Improvement and Disparities Reading City Council
Wales (n=9)	Aneurin Bevan Health Board Public Cardiff and Vale Health Board Public Health Wales
Practitioner – Two workshops (n=32)	Birmingham City University Cardiff Metropolitan University Derby City Council Foundation Trust Greater Glasgow and Clyde NHS Trust Healthy Stadia Hertfordshire County Council Liverpool City Council Midlands Partnership University NHS Newcastle City Council NHS Lanarkshire NHS Lothian NHS Scotland OHID Portsmouth City Council Public Health Scotland Public Health Wales Sunderland County Council Tower Hamlets UKHSA

Annex F: Current initiatives relating to public health workforce and qualifications

(Produced by Dr David Chappel, Academic Registrar, Faculty of Public Health)

Support for Portfolio application:

Purpose: To ensure equitable and practical support to appropriate people applying for specialist registration retrospectively (SRbPA and CESR)

Lead: OHID Hannah Burn/ Richard Jarvis *[England with UK links]*

There is a serious shortage of consultants in many parts of the country which has been exacerbated by reductions in numbers coming through UKPHR portfolio routes following recent changes. There is much variation across the country in terms of support for individuals seeking registration via retrospective portfolio submissions (the GMC's Certificate of Eligibility for Specialist Registration (CESR) and the UKPHR's Specialist Registration by Portfolio Assessment (SrbPA).

This time limited project aims to understand what can be established to ensure a consistent and quality assured programme in all regions for SRbPA (and CESR) to address the current capacity issues of a specialist workforce.

Development of new routes to specialist registration:

Purpose: To increase the flexibility of routes to the specialist register

Lead: GMC *[UK]*

GMC is looking to develop further routes to registration, which may include fellowships and sponsorship as well as current CCT, CESR and CP routes. They are currently putting together proposals for consultation following several workshops, but this will require legislation, so timescale is unclear.

Using the 'Combined Programme':

Purpose: To develop a combined programme for UKPHR registrants alongside the CCT route

Lead: UKPHR and FPH *[UK]*

The GMC has rules to allow people on training programme with significant PH experience and DFPH to progress more quickly through a 'combined [retrospective + prospective] programme'. This is rarely used, so we need to make its availability more prominent. This is not currently available for UKPHR-track trainees, but UKPHR and FPH have agreed in principle that the curriculum for SRbPA should match that of CCT when the new curriculum is implemented. This should allow us to develop an equivalent route.

Dual accredited training in GP-PH:

Purpose: To streamline the route to full accreditation in General Practice and Public Health

Lead: HEE with RCGP and FPH *[UK]*

People can fully accredit in both Public Health and General Practice sequentially or in a small number of regions through an 'interdigitated programme'. The GMC has given the go ahead to a group to explore whether there is sufficient overlap between the curricula to create a formal dual accredited programme which could be available in all regions. If so, it is hoped to start in August 2023, using GP placements.

Development of the Public Health Advanced Practitioner workforce:

Purpose: To understand this sector of the workforce, and develop a plan for support

Lead: OHID/ HEE Sarah Hassel/ Em Rahman *[UK]*

This is a key, but ill-defined section of the core public health workforce. It appears that this group expanded during COVID with some higher-level posts which were mostly filled by internal promotion. This project will explore from the perspectives of the APs and employers; what we know about workforce intelligence; career progression; qualifications; general recognition and support. It will consider next steps including any need for developing standards or frameworks.

Credential in Advanced Clinical Practice with expertise in Public Health:

Purpose: To develop an advanced level practice credential for registered health professionals who want to take on more significant public health roles while maintaining clinical role

Lead: HEE Kate Lees/ Linda Hindle *[England]*

HEE are developing a suite of endorsed, standardised, structured units of assessed learning at advanced level (advanced level practice credentials) to develop practitioners in a range of fields including public health. It will be available to those on one of the current statutory registers, who have developed or want to develop, public health skills while maintaining their core discipline. Learning will be at Level 7 (Masters) as well as practical experience and should become available by the end of 2022.

[Note the term 'Advanced Practitioner' is often used by HEE which may lead to confusion with Public Health Advanced Practitioner]

Public Health Practitioners:

Purpose: To develop this sector of the workforce

Lead: Multiple

- *Apprenticeships*: Employers/ universities
- *Practitioner registration support schemes*: UKPHR/ HEE
- *Masterclasses*: FPH,
- *Enumeration*: HEE/ OHID

Annex G: Full set of recommendations

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	PiUKPH		High
1.b. Establish Phase Two of the project, with the remit of refining and mobilising the final recommendations	NA to Option 3	To be agreed	Dependent on preferred option
1.c. Identify senior champions for the project	Monitoring of Option 3 progress will be under the remit of PiUKPH Group		
1.d. Identify a Senior Responsible Officer (SRO) to provide governance and leadership	Monitoring of Option 3 progress will be under the remit of PiUKPH Group		
1.e. Establish mechanisms for continuing to coordinate with related/inter-dependent interventions within the system *(e.g., Support for portfolio application; APPH; UKPHR value of registration; enhanced HEE workforce data survey; OHID national workforce stocktake)*	Monitoring of Option 3 progress will be under the remit of PiUKPH Group		

Recommendation	Proposed lead organisation/s	Support organisation/s	Priority
1.f Identify expert/s to provide input on mainstreaming EDI across Phase Two	NA to Option 3		
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 (as regulator for practitioners) 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
3. b. Develop role profiles to accompany the definition	FPH	ADPH UK PH Employers	Low
3. c. Explore and scope the extent to which the development of a minimum level of practice for advanced practitioners is required	FPH/UKPHR	To be agreed	Medium
Recommendation 4: Career development structure & pathways			
4.a Ensure that a clear national career framework, including underpinning competency frameworks and supporting materials, is in place	FPH/UKPHR	To be agreed	High

Recommendation	Proposed lead organisation/s	Support organisation/s	Priority
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.a Explore whether the existing regional and national training provision for advanced practitioners is fit for purpose (including provision for developing subject knowledge; technical skills; leadership and non-technical skills)	FPH UKPHR	To be agreed	Medium
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
6.b Explore and pilot a formalised structure for regional temporary placements, with a view to inform	Pilot region (to be identified)	Regions OHID/HEE PH Scotland PH Wales	High

Recommendation	Proposed lead organisation/s	Support organisation/s	Priority
the development of a national scheme in future		PH Northern Ireland	
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
Recommendation 8: Further scoping research			
8.a Repeat the scoping research in the Northern Ireland public health system	Northern Ireland PH system		High
8.b Conduct further scoping research on advanced practitioners within the following contexts across the UK: • Higher Education, Third Sector, Private Sector • Domain of Academic Public Health, Public Health Science and Public Health Intelligence	We are not in a position to identify how such a piece of work would be repeated. This is a reflection of the fragmentation of the PH system	Academic partners	

Recommendation	Proposed lead organisation/s	Support organisation/s	Priority
	across and within the four nations. A mechanism for cooperation and collaboration is needed.		