CUHOP response to the DH Consultation on the Public Health Workforce June 2012

The Council of University Heads of Pharmacy Schools (CUHOP) comprises the heads of UK schools of pharmacy which enrol students to read for a Master of Pharmacy (MPharm) degree with the expectation of registering as a pharmacist in the UK. CUHOP represents the collective interests and views of the Schools of Pharmacy looks to develop and articulate a vision for pharmacy education in the UK.

Question 1 (Para 1.7): Do you agree that a public health workforce strategy should be reviewed regularly? If so, should this be every three years or every five years?
We believe that three years is far too short a cycle for reviewing the public health workforce strategy. Reviewing the strategy every five years would allow time for any impacts of any public health workforce strategy to start to become evident.

Question 2 (Para 2.5): Are these four groups a useful way of describing the public health workforces?
We broadly agree that the four groupings are a useful in describing the different levels of workforce engagement in public health, however more care needs to be taken in articulating the contribution of specific health professions at the different levels. The way the categories are currently described gives the impression that the more strategic public health roles are held by certain professional groups to the exclusion of others. For example there are pharmacists with strategic and leadership public health roles in a range of settings which would see them included in the 'specialist public health practitioners' and 'public health consultant' categories. Only referring to pharmacists explicitly in the 'practitioners with some public health component to their work' and the 'wider workforce' categories means that the involvement of pharmacists in the more strategic public health roles is not recognised. The public health workforce is multi-disciplinary at all levels and this should be made clear in the DH strategy.

Furthermore, the way that the role of 'practitioners with some public health component to their work' is described should be expanded to reflect the more strategic public health many of these health professionals have. For example, in addition to delivering public health and health promotion services community pharmacists also have a role in the development and evaluation of local public health services and in educating colleagues of relevant factors relating to public health and health promotion in a given community.

Question 3 (Para 2.12): Do you agree that methods of enumeration of the public health consultant and practitioner workforces should be scoped and piloted at a national level? Or do you think that workforce planning can take place effectively at a more local level eg LETBs working with local partners?
No comment

Question 4 (Para 3.7): Would these values, combined with the features of public health in Box 2, serve to bind together dispersed public health workforces?

We are happy with the principles in para 3.7 and the features of public health described in Box 2, and believe that they are both generic and specific enough to provide a helpful common basis from which all public health roles, including those held by pharmacists, can be built and described.

Question 5 (Para 3.14): What further actions would enhance recruitment and retention of truly representative public health workforces?

As the main gateway into professions with a public health role, universities have an important role to play in developing a truly representative public health workforce. Widening access to HE and to the professions is something that all universities are engaged in, and so will be able to provide examples of different successful approaches to promoting participation from underrepresented groups.

Question 6 (Para 3.25): Are there workforce challenges and opportunities we have not identified? What support could be put in place to help meet these challenges?

A workforce challenge that relates specifically to the pharmacy contribution to public health is the difficulties caused by the limitations of the contractual relationship between the NHS and private sector companies (i.e. pharmacies) to deliver NHS services. This means that the role of, and services to be delivered by, an individual pharmacist is defined by local and binding agreements. To help ensure that the public health role of community pharmacists is optimised it is suggested that national guidance on the public health role expected of the community pharmacist and how this should be supported and appraised by their employer should be developed.

Question 7 (Para 4.7): How can local people be encouraged to develop their skills for public health in the new system?

Local people can be engaged through educational sessions in community settings, these sessions could be led by pharmacists.

Question 8 (Para 4.11): How can the public health element of GP training and continued professional development be enhanced?

Public health education could be delivered in multi-professional sessions with pharmacists and other health professionals as part of CPD to improve understanding and to encourage and facilitate cooperative working.

Question 9 (Para 4.18): Would it be helpful to describe the potential career pathways open to public health practitioner workforces?

We believe that pharmacists and other health professionals would benefit from greater clarity about the potential public health related career pathways and opportunities open to them. For pharmacists interested in pursuing a public health career, involvement in auditing, evaluating and developing public health services delivered by the community pharmacy sector is a solid foundation.

Question 10 (Para 5.14): What benefits would multi-disciplinary training bring to the public health workforces?

Inter-professional education, when used appropriately enhances effective team working. It can be of particular benefit when applied to certain areas of learning such as public health and health promotion. There are clear benefits to education and training that is focused on clinical themes such as diabetes rather than education and training that is focused on a specific professional role. By learning about a chronic condition and approaches to treatment and prevention together the attention is refocused on the patient/ public health need and this promotes a deeper understanding of the determinants of health.

Pharmacy schools employ innovative methods of delivering public health training and education with a focus on evidence based practice and re-world application of health promotion and education programmes that could help inform a more inter-professional approach. For example at Keele University pharmacy students are given a budget to design and deliver a public health initiative that responds to a local health need they have identified.

Question 11 (Para 5.24): How can LETBs best support flexible careers to build extended capacity in public health?

Improvements in public health require innovative and evidence based practice. Without clinical academics and those in the supporting sciences; innovation, quality, efficiency and productivity will stall. We therefore believe that LETBs will need to engage with public health academia at a regional level to support evidence based commissioning of public health services.

Question 12 (Para 5.25): Is the healthcare Education Outcomes Framework appropriate for public health education and training? If not, how could it be adapted?

The proposed NHS Education Outcomes Framework indentifies important high level outcomes for all health education and training; however how these outcomes will translate into measurable and valid indicators remains to be seen.

Question 13 (Para 5.31: How can flexible careers for public health specialists best be achieved?

No comment

Question 14 (Para 5.38): What actions would support the development of strong leadership for public health?

No comment

Question 15 (Para 5.43): What actions can be taken, and by whom, to attract high-quality graduates into academic public health?

No comment

Question 16 (Para 5.50): Are these the right actions to develop and strengthen the public health information and intelligence function? Who should be responsible for delivering these actions?

No comment

Question 17 (para 6.3): Do you have any evidence or information that would help analyse the impact of these proposals?

Not at this time.