Department of Health consultation – Healthy Lives, Healthy People: Towards a workforce strategy for the public health system

1. I write with regard to the Department of Health consultation – Healthy Lives, Healthy People: Towards a workforce strategy for the public health system.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 44,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation. This is a helpful and constructive document, and though issues for general practice are not discussed at any length, we hope that our comments below will be useful in helping the development of the strategy.
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 would agree that regular review of the strategy against the evidence base is necessary – but would urge caution against regular revolutionary changes that risk destabilising the workforce.

Question 2 (Para 2.5): Are these four groups a useful way of describing the public health workforces?

*Figure 1* on page 13, and *Table 1* on page 14 are a useful breakdown of the different roles within the public health workforce. Our one comment would be that general practitioners operate at both levels 1 and 2 of *Figure 1*, since they can be said to have a role in community engagement and public action as well as in ‘episodic actions for public health’.

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 e.g. LETBs working with local partners?

From a GP perspective, it is definitely important for the general practice workforce to be counted, including the non-partner workforce and the rest of the general practice team. Standards for this enumeration should be established at national level, with definitions and methods developed by the Centre for Workforce Intelligence to ensure robustness, but to avoid duplication of activity the actual counting should be a mandatory role for LETBs.

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?

These values seem to us to be a rather generic guide to professional ethical judgements, equally applicable to wider healthcare teams. With this relative lack of focus, it is not clear what impact they are likely to have or how they will provide a specific vision for the public health workforce.

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

The RCGP and its partners are currently in the process of getting approval for enhanced GP training, which would see the GP curriculum extended to four years.
The educational case\(^1\), which has been accepted by the Medical Programme Board, posits fourteen outcomes for enhanced GP training, including several that relate very closely to public health and leadership:-

**More effective, comprehensive care for patients, carers and families, with focus on:**

2.1 *Increased understanding of the relationship between work and health, and of the health needs of the local community*

2.2 *Improved health promotion and disease prevention*

**More effective leadership at practice, local and national level, with focus on:**

3.1 *Improved delivery of primary care services, both in- and out-of-hours*

3.2 *Increased coordination and leadership of multidisciplinary teams*

3.3 *More effective engagement in the development of local services, working collaboratively with specialists and patients*

3.4 *Improved academic skills for evidence-based practice, innovation, quality improvement, education and research*

Within the proposed new curriculum, practice-based placements in Year 3 will enable 'development of decision-making based on an understanding of the local population demography and predicted epidemiology (ed.case p34).‘ In addition:-

We envisage that all GP trainees will be given additional community-based training with focus on improving their skills in:

- *caring for children and young people with long-term conditions*
- *safeguarding children and vulnerable adults*
- *management of alcohol and drugs misuse, including screening and brief interventions*
- *end-of-life care in the community; and*
- *prescribing safely and cost-effectively in primary care, including for patients with co-morbidities.*

Furthermore, it is envisaged that the fourth year of enhanced GP training ‘will also provide trainees with additional skills in population health, team and organisational

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leadership, critical appraisal of research evidence, epidemiology as applied to practice and local populations, multidisciplinary team-working and quality improvement both within their training practice and their wider community (ed.case p35).

As with most curricula, training is at least in part driven by assessment – the current MRCGP incorporates public health topics within the AKT (applied knowledge test) and the CSA (clinical skills assessment), and this emphasis is likely to remain.

With regards to continued professional development, the best driver to encourage GPs to learn more about public health themes will be to incentivise the related interventions.

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

Yes, absolutely this would be helpful.

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

Potentially there are very large benefits from this kind of approach. Much as GP training will increasingly incorporate elements of population health and epidemiology, it is essential that public health clinicians have some hands-on experience of and training in the discipline of general practice.

Cross-disciplinary training will allow significant opportunities to cross-fertilise skills, assist with the development of integrated care pathways, improve shared understanding of professional cultures and help establish local relationships that will prove useful in the locally focused system of the future.

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

To some extent, the same approaches apply as for other clinical careers – the need is to create part-time training opportunities and family-friendly working options.

**Question 13 (Para 5.31: How can flexible careers for public health specialists best be achieved?)**
Helpful approaches include use of placements, shadowing opportunities, joint appointments with mixed commissioning and provider/evaluation roles to enable service commissioners to see the many facets of a care delivery system.

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

Useful developments would include access to innovative leadership programmes, joint appointments, placements with a wide range of organisations, and collaborations with health education institutes, government departments and private/social businesses.

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

See responses to Questions 13 and 14.

4. We gratefully acknowledge the contributions of the College’s experts in Public Health in formulating this response

Yours sincerely

Professor Amanda Howe MA Med MD FRCGP

Honorary Secretary of Council