

# Evidence Brief: Public health

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### Key publications – the big picture

[The public health workforce explained](#) (no date), Health Careers  
People working in public health may be employed in a range of different organisations. It is not uncommon for people to move across sectors as their careers develop and, increasingly, people may choose to be self-employed for some or part of their time.

The three main employing sectors in public health are:

- public sector - local government, the civil service, the NHS and higher education
- private sector - private and independent companies, organisations and consultancy firms
- third sector - charities or social enterprises

#### [The Faculty of Public Health: past, present and future](#)

(November 2022), Journal of Public Health

Many factors, including further shifts in the epidemiological burden of diseases and changing socio-cultural values, will continue to shape the UK public health system. An aging population and an increasing prevalence of multimorbidity pose notable challenges. Global and planetary health perspectives are also vitally important in the context of the current climate crisis which is arguably the greatest challenge of our generation. The global burden of mental health disorders is also of major concern and the mental health impacts of the current pandemic will likely be a significant ongoing issue for public health practitioners for the foreseeable future. Furthermore, there has been an increased focus on the value and determinants of death, following the recent publication of the 'Report of the Lancet Commission on the Value of death: bringing death back to life'. This landmark report seeks to raise our collective consciousness to the importance of death and dying, which it argues has

become unbalanced, and provides practical recommendations to achieve improvements across death systems.

#### [The public health workforce: overdue for attention](#) (August 2021), The King's Fund

Any real plan must confront the shortages and how to fill them and must do so against a backdrop of a lack of national data. It will need to take a system approach when thinking about demand and supply for three reasons. First, formal public health roles exist in both local government and in the NHS and a coherent and attractive career path is needed across both. Second, the wider workforce that could engage with public health goes beyond even the health and care sector itself. And third, given the core role the DsPH will play in the future it will also need to think about how it supports and resources them to influence up, out and around, the emerging reformed system.

#### [The art of the possible: The role of the NHS in improving health](#)

(March 2019), The Health Foundation

We have identified four ways in which we think the NHS can make a positive difference on health and wellbeing: as a direct provider of health care, as an employer, as an anchor in the community, and as a system leader and partner.

1. As a direct provider of health care, building prevention and action on social determinants into services and pathways.
2. By acting as a role model employer providing good quality, stable employment and prioritising the health and wellbeing of its workforce, creating healthy and environmentally sustainable environments for both patients and staff.
3. By intentionally acting as an anchor in its community, leveraging its resources and activities through procurement, creating good employment and the use of its land and assets to maximise social value and contribute to wider economic and social wealth in a place.

4. As a system leader and partner working to improve population health through their local health and care system.

### [The wider public health workforce: A review](#) (March 2019), Public Health England

Over the course of the review, PHE has identified members of the wider public health workforce working in 3 broad capacities: leading and advocating for health, influencing the wider determinants of health, and having direct contact with individuals and communities which provides an opportunity to positively impact health.

This report outlines the key policy areas driving this agenda, a number of tools that have been developed to support the activities of the wider public health workforce, and a broad overview of progress within specific sectors of this workforce.

### [Understanding the wider public health workforce in England](#) (July 2015), Department of Health and Social Care, Public Health England, and Health Education England

We suggest a tiered approach to further engagement and development of the wider workforce, and that consideration be given to the following:

- System leadership – opportunities exist for RSPH, PHE and partners including the core public health workforce, to champion this disparate workforce, including building opportunities to share best practice, incorporation of public health objectives into policies, and working with the leadership of active or interested occupations.
- Development and training interventions – to improve the quality of wider workforce interventions and recognise its achievements, including a public health competency framework and incorporation of public health principles and practice into pre- and post- registration education across health and social care.

- Ongoing research and evidence-gathering – to demonstrate the value of the workforce and the progress it is making. This could include ongoing innovation and evaluation, an in-depth review of a segment of the wider workforce, or an assessment of the impact of the whole public health system at a local level.

## Case Studies

### [Exploring the work and organisation of local Healthwatch in England: a mixed-methods ethnographic study](#) October 2022, Health and Social Care Delivery Research

We found significant variation in the organisation and work of Healthwatch organisations nationally, including hosting arrangements, scale of operations, complexity of relationships with health and care bodies, and sources of income beyond core funding. Key points of divergence that were consequential for Healthwatch activities included the degree of autonomy from host organisations and local understandings of accountability to various constituencies. These points of divergence gave rise to very different modes of operation and different priorities for enacting the nationally prescribed responsibilities of Healthwatch organisations locally. Large variations in funding levels created Healthwatch organisations that diverged not just in scale but in focus. As the COVID-19 pandemic unfolded, Healthwatch found new approaches to giving voice to the views of the public and formed effective relationships with other agencies.

### [Are allied health professionals the next major public health workforce?](#) 2014, UK Health Security Agency

What needs to happen to make the most of AHPs' potential to boost our public health efforts? The professionals need to act but they also need support from commissioners and academics. The sort of action needed include:

- From allied health professionals: If you are already doing public health work, talk about it, evaluate it and think how you could do more. If you aren't doing this work, consider how you could build a public health element into your current role
- From service planners and commissioners: Are you getting public health value from your contracts, have you discussed with your providers how they could support the wider prevention agenda? Public health commissioners could consider whether AHPs should be part of commissioning plans
- From academics: Educators need to ask if their curriculum includes proper attention to public health and prepares the future workforce for a wider role. Researchers need to ask if they can publish more on the potential impact of AHPs on public health. Leadership across all these sectors is needed if we are to drive the expected change.

## The Star for workforce redesign

More resources and tools are available by searching [the Star](#) for “public health”

## National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

## Published Peer Reviewed Research

### New ways of working

[Professionalism of the public health workforce – how to make it happen? November 2022, Journal of Public Health](#)

Public health has the attributes required to be defined as a profession. The majority of countries in the European Region provide specialized public health education. Schools of public health provide training to the wider PHW including undergraduate and post-graduate education and training including via short continuing education courses. The ASPHER and the Agency for Public Health Education Accreditation have put together standards for quality assurance in public health education, based on competencies developed to guide the curriculum delivered by schools of public health and to guide PHW and systems development. What is missing in many European countries is regulation and self-governing professional bodies. These can be perceived as guardians of the access to the profession and protection for their members. It is important though to advocate that they quality assure the performance of professionals and so protect the health of the public.

[Reforming the public health system in England September 2022, The Lancet Public Health](#)

The respective remits of UKHSA and OHID need to be clearer and more transparent if fragmentation is to be avoided. A feature of PHE, and one widely welcomed by the public health community, was its attempt to bring together and integrate the key public health functions that had previously operated in separate silos. Currently, separating communicable diseases from non-communicable diseases (NCDs) is a serious error because, as the COVID-19 pandemic has shown in stark terms, close links exist between them with regard to the groups and

communities who had the highest rates of illness and death during the pandemic. A syndemic understanding of diseases and their underlying social factors is pivotal in preventing disease in the future and avoiding fragmentation.

### Workforce development

#### [A Systematic Review on Professional Regulation and Credentialing of Public Health Workforce March 2023, Int J Environ Res Public Health](#)

Our systematic review presents an overview of the most compelling aspects and characteristics in identified professional credentialing and regulation standards in the PHW. However, this review is reflected only in specialized literature and, thus, does not take into account organizational or national resources. The selected resources highlight the common evidence-based aspects and attributes for the performance standards to support a qualified and competent PHW. The organizations responsible for credentialing underline the importance of credentialing for the PH workforce. The specificity of the profession, regulation, and credentialing programs, and the applicability of the results to other professions could be problematic at first glance. However, a clear description of essential characteristics, performance standards, and competencies should stimulate the consensus towards uniformity and structure, leading to certification, credentialing, regulation, and registration of the PHW.

#### [Creating a robust multidisciplinary public health workforce — almost there? November 2022, Journal of Public Health](#)

The pandemic may have raised the visibility of public health – ‘everyone’ now knows about our core science of epidemiology. It emphasised, however, pre-existing issues of limited public health capacity and skills gaps. Remote working and the application of essential data and evidence showed the need for improved health intelligence and technology systems. The Northern Ireland

Public Health Agency, in its annual business plan for 2021–22, acknowledged the need to increase health protection capacity with early workforce planning to improve skill mix and provide better opportunities and career structures for staff recruited. Scotland reported in 2021 on difficulties in recruiting to key public health specialisms (unspecified) and a need for better succession planning. The LGA highlighted in early 2021 what it considered the fault lines in the current public health system in England:

- the lack of health protection capacity during the pandemic
- limited data and intelligence
- poor understanding of roles and responsibilities, levers and powers.

The LGA also considered, however, that the skills, experience and capacity of local public health teams had been undervalued. The pandemic, in fact, has undoubtedly shown in all four UK countries the respect earned from the willingness of the whole of the public health workforce to change tack and respond tirelessly and professionally to the challenges posed nationally, regionally and locally. It has also demonstrated the value of transferable skills as staff were of necessity diverted from other health programmes into health protection or intelligence work.

#### [How do you develop systems leadership in public health? Insights from a scoping study June 2021, Public Health](#)

Systems leadership is widely acknowledged to be needed to address the many 'wicked issues' challenging public health systems. However, there is a lack of evidence on how to develop public health professionals into effective systems leaders. This study scoped the possibilities for developing the systems leadership capacity of public health specialists in England.

Four main themes were identified: the nature and purpose of systems leadership; development needs and opportunities for

public health specialists; the enabling environment; and wider contextual factors impacting public health.

### [Education, training, and experience in public health ethics and law within the UK public health workforce October 2019, Journal of Public Health](#)

This study provides a snapshot of the background education, training, and experience in PHEL within the UK public health workforce. It reveals that a majority (i) regularly encounter ethical issues, (ii) primarily resolve them through personal reflection, (iii) have little or no education and training in PHEL, and (iv) wonder if they have dealt with the ethical issues encountered in practice in the best way. These results demonstrate that there is a clear and urgent need to develop and support wider PHEL capacity in the UK public health workforce. Avenues include: (i) incorporating PHEL education within both public health master's degree programmes and continuing professional development training, (ii) increasing PHEL resources (including guidance materials, ethics/law consultants, and mentorship opportunities), and (iii) fostering an openness about the importance of ethical decision-making in public health practice.

### [Directors of public health as 'a protected species': qualitative study of the changing role of public health professionals in England following the 2013 reforms September 2018, Journal of Public Health](#)

This study finds that those public health staff who transferred to local government cannot assume that their specialist skills will automatically be understood or valued. They therefore need to develop and make full use of a range of soft skills if they are to be successful advocates and leaders for the improvement and protection of public health. This study also finds that although the PHSKF provides a much needed resource now that public health is 'everyone's business', if councils are to develop staff to UKPHR registration level, opportunities are needed for them to

receive specialist training and gain experience in specialist settings. This necessitates tackling the 'regulatory blocks' which currently deter career moves between organizations.

Unlike the current position inherited from the NHS, in future councils will determine their public health resource. They may choose to develop a specialist resource and consequently support salaries which reflect the high costs associated with such skills. Alternatively, they may choose to rely on general practitioners, procuring or arranging to share specialist public health expertise across several local authorities. Whichever choice individual councils make, there is a need for closer alignment and sharing of resources between agencies concerned with public health professional development, including partners within local government, if there is to be a coherent workforce functioning in all the settings which the Health and Social Care Act requires.

### [Developing the public health workforce: training and recognizing specialists in public health from backgrounds other than medicine: experience in the UK June 2018, Public Health Review](#)

The development of a multidisciplinary public health workforce, underpinned by common selection, curriculum, and assessment processes within an integrated training programme, which leads to registration with a statutory regulator (GMC) or a voluntary register (UKPHR) is now well established in the UK. Key issues for success have included political will, legislation, ownership by the profession, the establishment of a recognized regulator for those from a background other than medicine, common standards, and the adoption by key employers of the need for registration as a public health specialist within job specifications.

This could act as a model for the more structured and systematic development of senior leaders in public health elsewhere and provide a mechanism for career development and parity for all

those working in public health irrespective of their professional background.

### [Building Capacity for Evidence-Based Public Health: Reconciling the Pulls of Practice and the Push of Research April 2018, Annual Review of Public Health](#)

Timely implementation of principles of evidence-based public health (EBPH) is critical for bridging the gap between discovery of new knowledge and its application. Public health organizations need sufficient capacity (the availability of resources, structures, and workforce to plan, deliver, and evaluate the preventive dose of an evidence-based intervention) to move science to practice. We review principles of EBPH, the importance of capacity building to advance evidence-based approaches, promising approaches for capacity building, and future areas for research and practice. Although there is general agreement among practitioners and scientists on the importance of EBPH, there is less clarity on the definition of evidence, how to find it, and how, when, and where to use it. Capacity for EBPH is needed among both individuals and organizations. Capacity can be strengthened via training, use of tools, technical assistance, assessment and feedback, peer networking, and incentives. Modest investments in EBPH capacity building will foster more effective public health practice.

### [Is there a golden recipe? A scoping review of public health workforce development June 2019, European Journal of Public Health](#)

The study identifies a set of common elements based on plans or tools that are successfully used and applied in a wide range of countries with different PH systems. The framework created by these nine measures can begin to approach a 'golden recipe' for PHW development and planning. Such tool may be adopted in accordance with the specific statutory environment and circumstances of a particular country, its health system

organization and structure, as well as the current burden of disease and population health profile. Overall, all of these measures are essential ingredients to cultivate or modernize the PH system and ensure successful development of an effective PH workforce.

### [Integration, influence and change in public health: findings from a survey of Directors of Public Health in England October 2016, Journal of Public Health](#)

This paper reports on the findings of a national survey of DsPH undertaken as part of a larger Department of Health funded project examining the impact of structural changes in the health and care system in England, on the functioning of the public health system, and on the approaches taken to improving the public's health. The study involved a scoping phase, two surveys of DsPH and councillors with a lead responsibility for public health, and case studies in five areas of England. The case studies are closely examining the structures, processes and effectiveness of integrating public health functions in local authorities.<sup>19</sup> Findings presented here focus on public health identity, leadership and the influence that public health leaders feel they have, and also on changes in commissioning for health improvement since the reforms.

### [An evaluation of a public health practitioner registration programme: lessons learned for workforce development September 2014, Perspectives in Public Health](#)

This article explores the lessons learned for workforce development from an evaluation of a regional programme to support the assessment and registration of public health practitioners to the UK Public Health Register (UKPHR) in England. One of the main purposes of statutory regulation of professionals is to protect the public by an assurance of fitness to practise where there is a potential for harm. The widening role for public health practitioners without any regulation means that

there is the risk of inappropriate interventions or erroneous advice. Regulators, policy makers and system leaders need to consider how they can support the development of the public health workforce to gain professional recognition at all levels of public health, including practitioners alongside specialists, and support a professional career framework for the public health system.

### Equality and diversity

[A diverse public health workforce is more important than ever February 2023, BMJ](#)

The covid-19 pandemic exposed and exacerbated longstanding health inequalities in our society. Communities living in the most deprived areas and ethnic minorities were up to twice as likely to die from covid-19 and had higher levels of vaccine hesitancy and distrust of government. The pandemic presented numerous stark lessons for public health in terms of preparing for the inevitable next pandemic. However, evidence is growing that the public health workforce does not always represent the diversity of the populations it serves, prompting the question—how ready is our public health system to act on the lessons of the pandemic and to meaningfully engage with the populations it serves?

### Impact of COVID-19

[Moral distress and injury in the public health professional workforce during the COVID-19 pandemic March 2023, Journal of Public Health](#)

Our findings, taken together with the existing literature, demonstrate that moral distress and injury are indeed significant problems in the UK public health professional workforce, and have been exacerbated by the COVID-19 pandemic. This is concerning both as a possible indicator of injustices perpetrated during the pandemic, and as a threat to the wellbeing of the

workforce, and thus demands urgent attention. It has major policy implications, though further work is needed to understand the specific causes of and potential solutions to this moral distress, and the possible role of ethical training in preventing and mitigating its impact.

[Covid-19: Decision-Making in Public Health December 2021, Journal of the Royal College of Physicians of Edinburgh \(Abstract only\\*\)](#)

Against a background of stalling UK life expectancy, the COVID-19 pandemic necessitated a different way of working for public health to respond quickly to new and many demands. At the same time, public health teams had to ensure they did not concentrate on the immediate crisis at the expense of mitigating longer-term impacts of the pandemic. This was, and is, a major challenge with additional demands on an already hard-pressed workforce. This paper discusses the experience of a local public health department in responding to the pandemic and raises four key areas that influenced decisions and need to be considered in future. These are care homes issues, addressing all four harms of the pandemic, lessons for behaviour change and the need to strengthen Scotland's public health workforce.

[The role of health protection teams in reducing health inequities: findings from a qualitative study February 2023, BMC Public Health](#)

Although many challenges, there was an appetite and enthusiasm to address health inequity within health protection, and UKHSA's HPTs have a role in this. Recommendations include:

- development of a Health Equity Strategy which sets out the remit and expectations of HPTs and the wider UKHSA.
- take a more holistic health protection approach to support populations most in need, rather than siloed disease / hazard-specific working.



- embed health equity into business-as-usual e.g., including / considering in SOPs, guidance, audit, clinical reviews, outbreak report, risk assessments, job roles, commissioning contracts. Approaches to embedding in health equity in national guidance, could include ensuring that all guidance and supporting resources are inclusive in their language and descriptions and promote equitable public health action across all population e.g., national guidance on diagnosing measles, rash in pregnancy, chicken pox, hepatitis B etc., to include how rashes or jaundice will appear on various skin types.
- develop the workforce through skills audit and health equity training to improve knowledge and provide specific skills relating to evidence-based approaches to health equity.

### Education

#### [Employability and career experiences of international graduates of MSc Public Health: a mixed methods study July 2018, Public Health \(Abstract only\\*\)](#)

This article aims to describe the public health career experiences of international graduates of a Master of Science in Public Health (MSc PH) programme and to contribute to developing the evidence base on international public health workforce capacity development. The study has revealed the relevance of higher education in public health in developing the career prospects and skills of graduates. International graduates of this MSc PH programme were satisfied with the relevance and impact of the skills they acquired during their studies. The outcomes of this study can be used for curriculum reformation. Employers' perspectives of the capabilities of these graduates, however, need further consideration.

#### [Healthcare students' perceptions about their role, confidence and competence to deliver brief public health interventions and advice May 2018, BMC Medical Education](#)

This study has explored the perceptions of AHP students about their role in delivering BPHIA. The analysis revealed themes relating to 1) their understanding of public health, 2) the perceptions around their role and the role of others, 3) the barriers and challenges of integrating public health matters into their clinical role and 4) preparation for a public health role. In general AHP students had a positive view towards their role as public health messengers, but identified several barriers which impacted on their confidence and competence to deliver BPHIA effectively or optimally. Two key steps were identified around enhancing capacity to deliver public health messages. First, enhancing the integration of public health in the academic curriculum in order to optimise students understanding of how public health fits within patient-centred practice and to offer safe environment for students to engage with difficult conversations. Second, developing clinical placements which offer greater opportunity and support for developing skills in delivering BPHIA which are optimally tailored to patient need.

#### [Can nurses rise to the public health challenge? How a novel solution in nurse education can address this contemporary question October 2017, Nurse Education Today](#)

Public health needs to take a central place in holistic nursing care and this can only be achieved if nurses adopt leadership roles alongside their other professional colleagues. Instigating changes built around public health would benefit not only the health of service users, but also the staff employed within health care settings. It is vital that this movement, led by nurses, begins to change perceptions on health. Universities can play a role in moving this agenda forward not least in the area of undergraduate courses. Bringing concepts of health promotion and public health into each academic year means nursing

students can gradually build their knowledge and skills until the final year when they can lead in needs assessments, envision population and individual public health campaigns, undertake complex delivery and act upon detailed evaluations. In such a world nurses are not only genuinely adopting holistic perspectives on health and working alongside clients to create improved lifestyles, they are also becoming the leaders of this ideology within society.

[A Review of Global Health Competencies for Postgraduate Public Health Education March 2017, \*Frontiers in Public Health\*](#)  
Educational competencies are informed by the needs of professional workforce and include a combination of knowledge, skills, and attitudes required for acceptable level of practice. Educational competencies are critical to curriculum development and evaluation, coordination across education programs, faculty development, and scholarship. The Institute of Medicine's report "Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century" published in 2003 identified eight emerging areas significant to the future of public health education, which included global health, communication, cultural competence, and ethics (13). The report also recommended that competencies in these emerging content areas need to be identified and incorporated in graduate public health education (13).

## Competency Frameworks

[Competencies for dental public health specialists: A thematic analysis December 2022, \*European Journal of Dental Education\* \(Abstract only\\*\)](#)

Competency frameworks have been used to accurately guide the training and assessment of professionals. Dental Public Health professionals require a variety of skills beyond clinical aspects to

meet ongoing social, economic, epidemiologic, technological, etc. developments. The purpose of this study was to develop a primary competency framework for dental public health (DPH) professionals by reviewing existing documents that can be modified by authorities based on their needs.

[Public health and emergency workforce: A roadmap October 2022, \*World Health Organization\*](#)

Achieving and sustaining progress towards global health goals such as universal health coverage and health security requires a health and care workforce that can deliver the full range of essential public health functions, including emergency preparedness and response. As countries recover and turn attention to investments in health systems to meet diverse challenges, now is an opportune time to bolster the public health workforce, including those personnel charged with emergency preparedness and response functions. This roadmap is the result of joint efforts across leading public health and emergency response experts, organizations and associations.

[Public Health Practitioner's Education and Training Directory September 2022, \*Health Education England\*](#)

The directory maps education and training opportunities that support individuals to meet the knowledge base for the UKPHR public health practitioner standards. Knowledge can also be acquired through on-the job learning, attending meetings, conferences, private study and other means. The level of knowledge required for practitioner registration is broadly equivalent to first degree (level 6 in England, Wales and Northern Ireland, level 9-10 in Scotland). The directory aims to include identified education and training opportunities provided in the UK at this level.

[Evaluation of the UK Public Health Skills and Knowledge Framework \(PHSKF\): implications for international competency frameworks](#) June 2020, BMC Public Health

The current study has identified strengths and limitations of the UK PHSKF; based on the findings, several lessons can be drawn for other international public health competency frameworks.

It emerged that the PHSKF is generally valued by the workforce and perceived as useful. It is used for personal professional development purposes (mainly by practitioners) and for workforce development (by managers and specialists). When employed at organisational level, it has assisted some organisations in their workforce redevelopment, providing excellent guidance to identify skill gaps and opportunities. However, some challenges in practical embedment have emerged. These are mostly related to a lack of clarity on the purpose of the framework and how it relates to career mobility and/or progression opportunities, lack of encouragement for use at local organisational level, and uncertainty on how it relates to other national public health frameworks.

[Frameworks and guidance to support ethical public health practice](#) March 2020, Journal of Public Health

It is evident that there is need for clear articulation of the skills and knowledge necessary for all practitioners of public health, including those related to ethics. Clearly defined frameworks and guidance documents are a good first step to reiterating established requirements and competencies—as well as solidifying key principles, concepts and values for the public health workforce. While efforts to promote greater awareness of the PHSKF and PHEIP documents would support these efforts, there is also a greater need for public health ethics knowledge, skills, attitudes and values to be integrated more widely into the day-to-day activities of public health professionals and the skills and knowledge requirements within public health education

programmes and training opportunities. Frameworks and guidance documents will not be sufficient on their own, especially given the initial evidence from the survey of reported access to these materials. A more comprehensive, multifaceted and sustained approach is needed to help ensure and support ethical public health practice.

[The applicability of the UK Public Health Skills and Knowledge Framework to the practitioner workforce: lessons for competency framework development](#) 2019, Journal of Public Health

Although the updated PHSKF abandoned competencies benchmarked to different levels within the public health workforce, this study has demonstrated that it is possible to use a 'single level' approach, provided each competency is interpreted for the specific section of the workforce. The practitioner definition used for recruiting interviewees was broad, and practitioner interviewees seemed to be operating at different levels. It may therefore be difficult to develop guidance for PHSKF interpretation suitable for all practitioners. The danger is that trying to tailor guidance to meet individual needs may lead to having a multitude of levels that was the problem with the old version of the PHSKF.

Many interviewees said that they would use evidence from previous roles prior to reorganization of Public health functions in England in 2013. The PHSKF may need to be reviewed to reflect the changing working environment for public health practitioners and the skills and knowledge needed for evolving roles.

[Good Public Health Practice Framework](#) 2016, UK Public Health Register

This guidance provides the basis for good professional practice in public health. It applies to all members of the core public health workforce, including public health practitioners and

specialists and those training to become practitioners and specialists.

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