

## **Healthy Lives, Healthy People: Towards a workforce strategy for the public health system**

### **Response from the Royal Pharmaceutical Society**

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

**Leadership, representation and advocacy:** promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

**Professional development, education and support:** helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

**Professional networking and publications:** creating a series of communication channels to enable pharmacists to discuss areas of common interest.

#### **Answers to Consultation Questions:**

**Question 1: 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?**

The RPS believes that the strategy should be reviewed every three years but it should focus on 'refreshing' the strategy and ensuring that actions are progressing successfully. The strategy needs to be brought to life and be meaningful to those who are implementing it.

**Question 2: Are these four groups a useful way of describing the public health workforces?**

Yes. The links and interfaces between each group needs greater clarity and definition as this will support a process of skills escalation and career pathways.

**Question 3: 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?**

There needs to be oversight of the public health consultant and practitioner workforce at national and local levels. Local Education and Training Boards (LETBs) working with local partners should gather local workforce intelligence and produce workforce plans which could then be collated nationally to give an overall picture of the public health workforce.

**Question 4: Would these values, combined with the features of public health in Box 2, serve to bind together dispersed public health workforces? How helpful or unhelpful is it to have a single vision and set of values for the public health workforces?**

This is a useful approach but other measures will also be necessary to bind together the dispersed public health workforce. All approaches will need the backup of a strong communications plan. For example, posters describing the values could be displayed in community pharmacies and public places.

**Question 5: What further actions would enhance recruitment and retention of truly representative public health workforces?**

The public health workforce needs to be made more visible and we believe that a marketing drive can help raise awareness. Recruitment roadshows and attendance at health service careers fairs also have a place.

Improving career pathways that are truly multi-disciplinary will enhance recruitment and retention within all the public health workforce groupings.

The Royal Pharmaceutical Society is working on guidance on what good pharmacy public health looks like and how we recognise our members who provide such services. This is a model that could be adopted by other professional bodies to enhance recruitment and retention within workforce grouping 'practitioners with some public health component to their work' and also the wider public health workforce.

In one sense we are all public health workers so recommendations could be made that all organisations should demonstrate their commitment to public health e.g. by creating 'health and wellbeing officers'.

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

It is important that further measures are taken to profile the public health workforce and this will update challenges and opportunities.

Public health has been identified as a key driver for the pharmacy workforce. This creates challenges and opportunities. The establishment of the pharmacy and public health forum in 2011 can support the planning and development of the pharmacy public health workforce. The key challenge is for community pharmacies to develop patient –focused public health services against a backdrop of rising workload (increasing numbers of dispensed prescriptions). The development of Healthy Living Pharmacies is an opportunity to spread best practice. 1.6 million people visit a community pharmacy every day and this provides a golden opportunity to make 'every contact help' and make community pharmacy a core component of the English Public Health Service. Support will be needed from commissioners and other stakeholders to maximise opportunities

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

A process of community recognition of skills developed might encourage local people to develop their skills. Learning opportunities must be accessible and offer different development methods.

**Question 8: How can the public health element of GP training and continued professional development be enhanced?**

The public health element of the GP training curriculum must be up-to-date. The continued development of GPs could be enhanced by scoping the quality, availability and accessibility of continuing professional development opportunities.

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

Yes, the RPS believes that this is very important and will inform workforce planning and development.

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

The benefits will be the cross-disciplinary sharing of best practice, the creation of public health networks and contacts plus an opportunity to create a consistency of approach to embed values.

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

LETBs can best support flexible careers by developing local public health workforce plans and commissioning specific public health education and training. LETBs must work closely with all stakeholders, including local authorities and health and wellbeing boards. Engagement with professional leadership bodies is also important.

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

Yes. It would be inadvisable to use a different framework as ultimately the healthcare workforce is working to one aim i.e. the improved health of the nation. It is also likely that the education outcomes framework will be linked to funding opportunities.

**Question 13: How can flexible careers for public health specialists best be achieved?**

By creating (or adapting) flexible career frameworks within each workforce grouping but that these also link each workforce grouping.

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

Awareness needs to be raised of current leadership development opportunities and support given to innovation in leadership development. Public health networks can also share best practice in leadership development.

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

Please see our response to Q5 above

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

Yes.

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

Evidence from the Healthy Living Pharmacies already in operation will help analyse the impact of these proposals.

For further information or any queries you may have on our consultation response please contact Heidi Wright: [heidi.wright@rpharms.com](mailto:heidi.wright@rpharms.com) 0207 572 2602