Final Report to:

Institute of Public Health

Discussion Paper:

Considering a Multi-disciplinary Public Health Workforce in Ireland

March 2023

Contents

Executive Summary

The public health system in Ireland continues to face unprecedented demands. These stem from the burden of communicable and non-communicable disease within the population, increasing environmental threats and intercurrent national challenges, such as the cost-of-living crisis, and the impact of the Ukraine war. Concern is also mounting regarding the impact of climate change on health, which increases the risk of future pandemics whilst simultaneously posing a threat to the integrity and functioning of health and social care systems. Health inequalities also continue to pose a persistent challenge in Ireland. In conjunction, these factors are contributing to an accumulation of pressure on public health teams.

Improving population health and responding to health threats relies on a public health workforce that can deliver the Essential Public Health Functions (EPHFs) effectively across systems, working both within and beyond the health service. EPHFs have been identified by the World Health Organization (WHO) as a minimum requirement for delivering resilient and sustainable public health systems. The Department of Health in Ireland and the WHO have undertaken a strategic mapping process to understand current delivery of the EPHFs in Ireland. Early results indicate that Ireland has a high level of public health expertise to support delivery of EPHFs, however there are also barriers, including issues with workforce resourcing and support.

This work follows on from the 2018 Crowe Howarth report, which made two core recommendations. Firstly, that the leadership role of public health medicine specialists should be secured and developed through formal consultant contracts. Secondly it recommended that the potential for a multi-disciplinary public health workforce should be explored. In response to stakeholder requests to see progress on development of multi-disciplinary public health in Ireland, the Institute of Public Health (IPH) facilitated the establishment of a Public Health Advisory Group in 2021 and commissioned Crowe to develop this report.

This report is intended to support other work on the development of the public health system in Ireland, notably that of the Public Health Reform Expert Advisory Group, *Healthy Ireland Strategic Action Plan 2021-2025, Sláintecare*, as well as strategy and workforce planning within the Health Service Executive (HSE).

Overall, the report outlines key considerations for leaders and decision makers involved in public health system reform in Ireland. It presents:

- Profiles of the nature of multi-disciplinary public health in nine countries;
- Insights from international leaders and academic experts in the field;
- Views of key stakeholders in public health workforce development in Ireland; and
- An overview of key issues and challenges for further consideration.

The approach to developing a multi-disciplinary public health workforce is described briefly in Australia, Canada, Finland, Israel, the Netherlands, New Zealand, Slovenia, and Switzerland. A more detailed description of the emergence of a multi-disciplinary public health workforce in Wales is provided, where approaches have been diverse with useful examples of innovation. Specifically, Wales has made considerable progress in mobilising a diverse multi-disciplinary public health workforce and, like other countries in the United Kingdom, provide career pathways and leadership opportunities for public health professionals both with, and without, medical training. This has been

supported by modernised public health legislation and strategy, integration with local government, and a system for registration of a wide range of public health professionals.

Insights from international public health leaders identified several facilitators to the development of a multi-disciplinary public health workforce. These included:

- Development of a strategic roadmap that builds on the skills of the local workforce and identifies gaps;
- Adoption of inter-disciplinary competency frameworks for public health skill development, for example the WHO-ASPHER framework; and
- A system of registration of public health professionals with a regulatory body, accreditation, and professional development.

Stakeholders in Ireland identified a problem of 'trapped talent', with skilled graduates and practitioners unable to enter career pathways in public health beyond the routes available for medical graduates. Some were opting for employment in other sectors or abroad, adding 'lost talent' to the mix. There is scope for enhanced capacity, skill-mix, diversity, and multi-disciplinary team working in public health, both within and outside of the HSE, but no clear roadmap. Challenges identified included differing perspectives on the balance of priority on health protection and health improvement, lack of resources, concerns over potential de-professionalisation, and professional/organisational hierarchy within multi-disciplinary models.

Ireland is currently examining options for a new public health system. An agile, co-ordinated, and structured workforce that can effectively mobilise specialist knowledge across a range of disciplines is needed to ensure that Ireland's public health workforce is fit for purpose for current and future public health challenges. To contribute to progressing this agenda, we propose a number of considerations to build on this report and advise on the integration of multi-disciplinary perspectives into ongoing system reforms.

1 Project Rationale and Approach

1.1 Introduction

Although there is no internationally agreed definition of public health, the World Health Organization (WHO) states that it is 'the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society'. Public health is essential to all aspects of health and wellbeing and is crucial to reducing health inequalities, influencing the wider determinants of health, and improving the health of the whole population. Public health's historic endeavours have led to enormous advances in the control of communicable disease, through immunisation, clean water, and sanitation, and more recently to advances in the control of non-communicable disease through measures such as water fluoridation and tobacco control. Public health continues to strive to generate changes in the fundamental determinants of health and wellbeing and embed these changes into wider society and community structures. To achieve this, public health needs to draw on a variety of disciplines including, but not limited to, medicine, nursing, epidemiology, health promotion, education, statistics, psychology, sociology, communications, advocacy, environmental science, political science, economics, and law.

The COVID-19 pandemic placed public health at the centre of public policy. As we move into recovery mode, it is important that public health remains central to efforts aiming to reduce inequalities and improve population wellbeing. The pandemic has demonstrated the pivotal contribution of public health, in terms of partnership working and collaboration, focusing on prevention and inequalities, and the requirement for professional skills, support, intelligence, and guidance. Post-pandemic public health challenges include the burden of chronic disease linked to unhealthy food environments, physical inactivity, tobacco, and alcohol; the need to address the social determinants of health, such as housing, isolation, and poverty; and the pressing issues of climate change, biodiversity loss, and the risk of further pandemics. Thus, there is a clear imperative to strengthen and establish effective public health policies, priorities, and resources in Ireland.

The purpose of this discussion paper is to inform the potential development of a multi-disciplinary public health workforce in Ireland that would work to meet current and future population health needs and address broader public health challenges. To date in Ireland, public health work has been led by medically qualified public health specialists, often with very limited support staff to deliver their extensive remit. Multi-disciplinary public health refers to suitably qualified professionals from a range of backgrounds contributing knowledge and skills from their disciplines to one profession[1].

This document sets out the international context of public health systems and their workforces, and briefly addresses the characteristics and components of how public health is organised and delivered in nine countries. The purpose is to provide context to the discussion, and relevance to emergent understanding and learning. A thematic summary of a scoping exercise involving members of a Public Health Advisory Group in Ireland is also provided.

The development of this paper has benefited greatly from the contributions of international and local public health leaders and specialists. The understanding derived from both research

[1] Choi, BC, and Pak, AW. 'Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: Definitions, objectives, and evidence of effectiveness' (2006), *Clinical and Investigative Medicine* 29(6).

and engagement exercises shapes the considerations set out for further exploration and discussion.

1.2 Background

Public health practice was defined in 1999 by the Association of Schools in Public Health as the 'strategic, organised and interdisciplinary application of knowledge, skill and competencies necessary to perform essential public health services and other activities to improve the health of the population'. Combined with the United Nation's Sustainability Development Goals in 2015, this definition provides insight into the wide range of activities and sectors that may be included as part of public health. As a consequence, multi-disciplinary, trans-disciplinary, as well as multi-professional approaches, are inherent attributes of public health practices[2].

As countries have moved towards the recovery phase of the COVID-19 pandemic, there has been growing momentum for using an 'Essential Public Health Functions' (EPHFs) lens to strengthen health systems and improve the capacity, sustainability and resilience of public health. WHO describes the EPHFs as 'a list of minimum requirements that countries need to assure the effectiveness of public health in their own context'[3]. By aligning closely with the United Nations Sustainable Development Goals, investment in the EPHFs is considered a cost-effective means of progressing sustained health, social and economic gains[4].

The 69th World Health Assembly encouraged all member states to strengthen their public health systems. The World Health Assembly provided WHO with a mandate to support Member States in strengthening EPHFs (Resolution WHA 69.1), and subsequently WHO have made a series of recommendations for countries. These include the prioritisation of EPHFs within health service reform, the implementation of existing EPHF strategies and consideration of EPHFs in all actions impacting public health within and outside of the health sector[4].

A report published by WHO in 2022, 'Can the essential public health functions make a difference?'[3] suggested that using an EPHFs lens brings many benefits to the strengthening of health system by bringing a public health perspective into health and multisectoral planning. EPHFs can be enabled through consideration of the national context, population health needs, and risk profile. WHO conducted an analysis of independent EPHF lists from a range of global health actors, and identified twelve common and important public health functions:

List of public health functions identified as common and fundamental:

1. Monitoring and evaluating the population's health status, health service utilisation and surveillance of risk factors and threats to health.
2. Public health emergency management.

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2 Brusaferro, Silvio and Tricarico, Pierfrancesco, 'How to include public health practice and practitioners in a European Network' (2017), 27, p56-59, *European Journal of Public Health*

3 World Health Organization, 21st century health challenges: can the essential public health functions make a difference?: discussion paper (2022), https://www.who.int/publications/i/item/9789240038929 Accessed: November 2022

4 World Health Organization, Essential public health functions A sustainable approach to ensure multi-sectoral actions for population health (2022), https://cdn.who.int/media/docs/default-source/universal-health-coverage/who-uhl-technical-brief-template-ephf.pdf?sfvrsn=261c680c_3&download=true Accessed: February 2023

3. Assuring effective public health governance, regulation and legislation.
4. Supporting efficient and effective health systems and multisectoral planning, financing and management for population health.
5. Protecting populations against health threats, including environment and occupational hazards, communicable disease threats, food safety, chemical and radiation hazards.
6. Promoting prevention and early detection of diseases, including noncommunicable and communicable diseases.
7. Promoting health and well-being and actions to address the wider determinants of health and inequity.
8. Ensuring community engagement, participation and social mobilization for health and well-being.
9. Ensuring adequate quantity and quality of public health workforce.
10. Assuring quality of and access to health services.
11. Advancing public health research.
12. Ensuring equitable access to and rational use of essential medicines and other health technologies.

In May 2022, WHO published the *National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response: roadmap for aligning WHO and partner contributions*[5]. This sets out a 5-year vision to strengthen capacity across all WHO Member States for a multi-disciplinary workforce to undertake the EPHFs, with the prioritisation of systematic and strategic investment in the public health workforce. The roadmap states that National Public Health Institutes will be essential in ensuring the governance and structures necessary to support the professionalisation of the public health workforce, are in place. It identifies three interlinked priority areas:

- Defining the essential public health functions and their subfunctions;
- Strengthening competency-based education of the public health workforce; and
- Mapping and measurement of the public health workforce.

The specialist public health workforce has historically been led by medically trained professionals, with the remainder of the workforce typically in support roles with a lack of clarity regarding career structures, training, or formal recognition of their professional experience. The movement towards building and developing the multi-disciplinary public health workforce since the late 1990s has gained the support of WHO and influential leadership bodies, such as the World Federation of Public Health Associations (WFPH) and The Association of Schools of Public Health in the European Region (ASPHER).

While there is considerable recognition of the benefits of a multi-disciplinary public health workforce, there is no coherent agreement on the precise skills and competencies within the workforce – how they can be assured, the skills mix required for the future, and how it should be grown and developed. Perceptions of what is needed changes over time, as evidenced with the response to the COVID-19 pandemic, as the relative importance of certain public health issues recede and are replaced with other challenges.

It is accepted by many that a key characteristic of an effective public health workforce is the high level of multi-disciplinarity, supported by an explicit understanding of the core

[5] WHO, 'National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response Action plan (2022–2024) for aligning WHO and partner contributions' (2022), https://www.who.int/teams/health-workforce Accessed: December, 2022

competencies, knowledge, and skills required[6]. Nonetheless, barriers to realising this vision are significant, and may include political barriers, legislative limitations, lack of leadership, inadequate infrastructure, and poor understanding. However, the development of competency frameworks, such as ASPHER's *Competency Framework for the Public Health Workforce*[7], has provided impetus, visibility, and credibility to the multi-disciplinary public health workforce.

Although there is evidence in a range of countries that greater opportunities are now available to non-medically qualified people wanting to develop a career in public health, there frequently remains a misalignment between medical and non-medical professionals in relation to career progression, the potential to specialise, training and education, and professional recognition. As the understanding of health and wellbeing shifts towards the recognition of the social determinants of health, there is an emerging associated requirement for strengthening the multi-disciplinary workforce, in terms of specialists and practitioners. There is also a need for training and capacity development to support a wider group of 'public health aware' professionals (such as teachers, urban planners, and police).

1.3 Public Health in Ireland

The Government has stated its commitment to reform and has committed to investing in, and resourcing of, public health and the establishment of a strengthened and reformed consultant-led future public health model, as a matter of national priority. This includes:

- The establishment of 84 Consultant in Public Health Medicine posts on a phased basis between June 2021 and December 2023;
- Realignment of the existing eight Departments of Public Health to the six Sláintecare regions, which will enable public health to be integrated into the future infrastructure envisaged by Sláintecare, and to optimise the impact of public health on service planning and strategic form;
- The establishment of a hub and spoke model, which will involve a national role for coordination, standard-setting and policies, provision of leadership and critical expertise;
- Enablement of a specialised consultant-delivered approach to the provision of public health services;
- Public health consultants operating within a single domain of practice, providing autonomy and authority to drive service improvement in policy implementation within their remit; and
- Multi-disciplinary teams being established to optimise service delivery.

The *Healthy Ireland Strategic Action Plan 2021–2025*[8] sets out an ambitious cross-government and intersectoral plan to build a healthier society. The public health workforce will need to develop with the programme and work substantially in an intersectoral mode. This will require a workforce model that expands the level and range of skills available to ensure maximum effectiveness. At the core is a specialised workforce trained and qualified to a high

6 Wright, Jenny et al., 'Multidisciplinary Public Health: Understanding the development of the modern workforce' (2014), Policy Press, UK

7 WHO-ASPHER, 'Competency Framework for the Public Health Workforce in the European Region' (2020), https://www.euro.who.int/__data/assets/pdf_file/0003/444576/WHO-ASPHER-Public-Health-Workforce-Europe-eng.pdf Accessed: October, 2022

8 Department of Health, 'Healthy Ireland: Strategic Action Plan 2021–2025' (2021), Dublin, Government of Ireland.

standard in public health. Working in the broader public health team are people contributing expertise in areas such as information science, behavioural science, public health law, health economics, and public health communication. This public health workforce, involving people from a variety of backgrounds and with Consultants in Public Health Medicine delivering the central role, could contribute to the achievement of the critical outcomes targeted in the national strategy.

The Department of Health in Ireland has engaged the World Health Organization to map the current delivery of EPHFs in Ireland to identify opportunities for improvement and strengthening of the health system. The full review of this work is to be published later this year. However, early indications suggest that there is significant capacity to deliver on the EPHFs in Ireland, however these are limited by issues with workforce resourcing and support, as well as public health governance, legislation and strategy[9].

In Ireland, the Faculty of Public Health Medicine at the Royal College of Physicians in Ireland is the national professional and training body for public health medicine. Higher Specialist Training in Public Health Medicine comprises of four years in a Specialist Registrar post, and results in a Certificate of Satisfactory Completion of Specialist Training (CSCST) which allows entrance onto the Specialist Division of the Register with the Medical Council. This route is only available to medical professionals.

Several academic institutions (University College Dublin, University College Cork, Trinity College Dublin, University of Galway and the University of Limerick) provide post graduate programmes in public health and related disciplines at master's and doctoral level to students from multidisciplinary backgrounds. A number of master's programmes are aligned with the WHO-ASPHER Competency Framework for the Public Health Workforce (detailed in Section 3) and accredited by the ASPHER supported Agency for Public Health Education Accreditation (APHEA). University College Cork also delivers an APHEA accredited 4-year undergraduate BSc in Public Health Sciences. There are, therefore, an increasing number of graduates who have expertise in the field of public health who can bring a wide range of skills to a multidisciplinary workforce.

The Crowe Horwath 2018 report set out a vision for public health in Ireland[10]. The recommendations arising from this report included a range of proposals regarding the career structure, grading and remuneration of public health physicians, within the context of a new service delivery model for public health in Ireland. This was centred around a recommendation that the HSE should develop a significantly different organisational model for the delivery of public health services, in line with the proposed new public health workforce development plan, built around a series of core concepts, as follows:

- A strong national Public Health function at the centre of the HSE which contributes to major service design and policy implementation, to research and health intelligence activities, and to the achievement of the goals set out within the Healthy Ireland initiative. In all of these areas, public health physicians should be playing a significant and proactive role;

9 McDarby, Geraldine et al., 'Essential Public Health Functions in Ireland: Perspectives to strengthen capacities and stewardship' (2022), 32 (3), *European Journal of Public Health*

10 Crowe Horwath, 'Report on the Role, Training and Career Structures of Public Health Physicians in Ireland' (2018) https://www.gov.ie/en/publication/ae088f-crowe-horwath-report-on-the-role-training-and-career-structures-of-p/ Accessed: September, 2022

- National coordination and leadership of health protection and surveillance functions, including national leadership of major health protection crises and incidents;
- A strong network of regional public health professionals focused on local health protection issues, reporting to the national coordination centre;
- Strong leadership within the profession at a national level, with senior public health doctors at regional level reporting to the national leadership. This will require the identification of specific leadership roles within any new structures to be developed within the HSE; and
- A "hub and spoke" organisation model, whereby the centre (the hub) fulfils a coordinating role, sets standards and policies, provides leadership, and also centralises expertise in critical areas within the central location.

The report identified 12 basic competencies required to deliver an effective public health function in Ireland and stated that public health should no longer be solely the responsibility of public health physicians. Crowe Horwath suggested that vibrant and highly effective public health functions tend to incorporate a broad range of skills, including medical, nursing, allied health professionals, economists, statisticians, communications specialists, data analysts and modellers, and others.

1.4 Learning from the COVID-19 Pandemic

The COVID-19 pandemic illustrated the need for sufficient capacity and skill-mix across the public health workforce to respond to public health emergencies. There was an immediate need for substantial health protection expertise, however there was also a need for specialist input across a broad range of public health fields, including behavioural science, epidemiology, health improvement and public health communications to name but a few. Addressing the social determinants of health is likely to be an important component of pandemic preparedness and could be enhanced by a multi-disciplinary public health approach.

Public health in Ireland has historically had a substantial focus on health protection, however, the scope of regional public health consultants in Ireland is much broader and includes health improvement. This broad scope of practice is not currently reflected in public health legislation, which is mainly limited to infectious disease control and only considers the statutory function of the Medical Officer of Health role in terms of health protection and health security[11].

The pandemic also illustrated the importance of multi-disciplinary working across borders. From the outset, regular communication was required between public health teams in Northern Ireland and Ireland; to facilitate contact tracing, share learning and to enable strategic cooperation. Geopolitical factors, including Brexit, can be obstacles to all-island collaboration and so formalised pathways and systems for collaborative, multi-disciplinary working on transboundary public health challenges will likely be required going forward.

[11] Health Service Executive, Medical Officer of Health https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/moh/moh.html Accessed: January 2023

1.5 Methodology

Crowe has supported the Institute of Public Health in exploring the issues, opportunities and challenges pertaining to the role of a multi-disciplinary public health workforce. This discussion paper is formed on the basis of an agreed approach with the Public Health Advisory Group, with structure and content focused on further exploration, review, and debate. Recommendations are not prescribed; rather, we have set out some key issues for consideration.

Our approach has included:

- Desk-based research and assessment of international public health systems and workforces;
- Collation and analyses of a wide range of publications relating to the public health workforce;
- Remote information exchanges with public health leaders in various settings;
- Interviews with public health leaders from seven countries;
- Consultation with public health specialists within the professional network of Crowe consultants; and
- Facilitation of a series of meetings, discussions, and a shared-learning workshop with members of the Public Health Advisory Group.

2 International Perspective

2.1 Overview

This section provides a brief profile of public health workforces and systems in nine countries, selected in terms of relevance, applied learning, and contrast. The sources for the information set out in this section include desk-based research, literature search, sectoral consultation, and the engagement of public health leaders referenced in Section 3 of this document. Care should be taken when considering the details provided, as strategic priorities and health systems move and evolve over time, particularly following the COVID-19 pandemic.

2.2 Wales

Rather than address the UK system of public health as a whole, Wales has been selected as the focus of this discussion document, due to its similarities with Ireland in terms of scale and organisational structures. It is also noted that the *Ireland-Wales shared statement and joint action plan 2021 to 2025*[12], provides a platform for high level cooperation between Ireland and Wales. Should the joint action plan be enhanced to include public health, there will be a strong framework to support stakeholders with productive shared learning and information exchange. Further issues relating to the UK are discussed in other sections of this paper.

The Welsh Parliament, Senedd Cymru, is responsible for the funding and oversight of the National Health Service in Wales and other health and social care related bodies. The public health workforce has operated on an all-Wales basis since 2003, and Public Health Wales delivers specialist public health services through Directors of Public Health and their teams. The public health function, Public Health Wales, remains part of the National Health Service, as a Trust within NHS Wales.

Wales adopted a multi-disciplinary approach to public health development from day one and had the first non-medically trained professional to become registered on the UK Public Health Register in 2003, the first defined specialist in 2006, and the first practitioners in 2011.

Public Health Wales advertises public health posts at all levels, including Director of Public Health positions, to suitably qualified and experienced professionals from medical and non-medical backgrounds. The agency has developed significant influence with the Welsh Government in legislative, policy, and strategy terms, evidenced by[13]:

- Well-being of Future Generations (Wales) Act 2015 - pivotal legislation that aims to improve the social, economic, environmental and cultural well-being of Wales;
- *Planning (Wales) Act 2015* - Part 6 states that Health Impact assessments (considering health and mental wellbeing and inequalities) are a statutory requirement in Wales for public bodies, in specific circumstances;

[12] Government of Ireland and Welsh Government, 'Ireland-Wales shared statement and joint action plan 2021 to 2025' https://www.dfa.ie/media/dfa/ourrolepolicies/ourwork/Ireland-Wales-Shared-Statement-Action-Plan-Final.pdf Accessed: December 2022.

[13] Public Health Wales, 'Long Term Strategy 2018-2030: Working to achieve a healthier future for Wales' (2018), https://phw.nhs.wales/about-us/our-priorities/long-term-strategy-documents/public-health-wales-long-term-strategy-working-to-achieve-a-healthier-future-for-wales/ Accessed: October, 2022

- Public Health (Wales) Act (2017) - covers a range of public health measures including restrictions on smoking, a new licensing system for special procedures and a National Obesity Strategy;
- *Programme for Government* which sets out 10 well-being objectives for a more prosperous, more equal and greener Wales[14]
- *A Healthier Wales: our Plan for Health and Social Care* - a whole system approach to health and social care, which is focussed on health and wellbeing, and on preventing illness in Wales; and
- *Planning for better health and well-being in Wales: A briefing on integrating planning and public health for practitioners working in local planning authorities and health organisations in Wales* – reinforcing the importance of the relationship between spatial planning and health.

Intersectoral collaboration and sharing of intelligence and resources have increasingly supported a focus on the wider determinants of health. In 2015, Public Health Network Cymru was established for multi-disciplinary professionals working on improving the health and wellbeing of the population of Wales; the Network now has over 1,600 members from a range of sectors and organisations including the NHS, Local Authorities, Welsh Government, academia, third sector and private sector[15]. The Network is hosted by the Wider Determinants of Health Unit and Public Health Wales and covers a broad spectrum of topics including prevention in healthcare, health-related behaviours, and mental wellbeing. It also has a focus on the wider determinants of health including housing, education, employment, income, resources and the environment.

The purpose of the multi-disciplinary Network is to inform, facilitate and create connections for those working in public, private and third sectors, to improve population health and wellbeing in Wales, as it aims to:

- Share knowledge from a diverse range of perspectives, including policy, research, and practice;
- Facilitate the development of solutions and approaches to inform policy, practice, and research by bringing diverse perspectives together in creative spaces;
- Connect members and build a community to advance the common goal of improving population health and wellbeing through action across society; and
- Help people from a range of sectors to recognise their current and potential contribution to population health and wellbeing.

Wales has been at the vanguard of multi-disciplinary public health development in the UK and is recognised by significant public health leaders internationally as providing an exemplar template for other public health systems to measure against. The establishment and subsequent further development of the Public Health Skills and Knowledge Framework is regarded as a significant and pivotal factor in setting the benchmark in Wales, and across the UK. The Framework which is set out in detail in Section 3 of this report supports individuals

[14] Welsh Government, 'Programme for Government – Update' (2021) https://www.gov.wales/sites/default/files/publications/2022-01/programme-for-government-update-december-2021.pdf Accessed: November, 2022

[15] Public Health Network Cymru, 'Connecting people, sharing knowledge and creating change for a better Wales' (2022) https://publichealthnetwork.cymru/ Accessed: December, 2022

and employers to plan personal development and reference standards of practice and curricula for training and education qualifications.

2.3 Australia

Three levels of government are collectively responsible for providing universal health care in Australia:

- The **federal government** provides funding and indirect support for inpatient and outpatient care, is responsible for regulating private health insurance, pharmaceuticals, and therapeutic goods, and has a limited role in direct service delivery;
- **States** own and manage service delivery for public hospitals, ambulances, public dental care, community health (primary and preventive care), and mental health care, and also regulate private hospitals, the location of pharmacies, and the health care workforce; and
- **Local governments** play a role in the delivery of community health and preventive health programmes and the regulation of food standards.

The system underpinning public health has minor degrees of variation across the states and territories and the Public Health Association of Australia (PHAA) acts as the leading national body for public health representation and advocacy. There is training and accreditation for doctors specialising in public health medicine provided by the Australasian Faculty of Public Health Medicine, which is a Faculty of the Royal Australasian College of Physicians[16].

The Council of Academic Public Health Institutions Australasia (CAPHIA) represents public health in universities that offer undergraduate and postgraduate programmes, research, and workforce development in public health throughout Australia. It is reported that CAPHIA is delivering support to universities as they move towards delivering academic programmes that enable work readiness, skills training and development for students seeking a career in public health.

There is no current accreditation for public health practitioners and specialists, although there remains accreditation for specific disciplines within public health, such as nursing and health promotion. Information gained from the PHAA suggests that this is actively being targeted, in line with the UK model. It is noted that public health leaders are also exploring the possibility to adapt or interpret the *WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region* and the UK's *Public Health Skills and Knowledge Framework* (PHSKF)[17], as an Australia-wide tool to develop a structure that sets out professional development pathways and the required competencies, knowledge, and skills for public health specialists and practitioners.

Australia is considered to have a well-established multi-disciplinary approach to public health, with evidence of a range of health aligned disciplines holding posts through the public health system and hierarchy. There are reportedly issues relating to salary differentials as well as

[16] Australasian Faculty of Public Health Medicine, https://www.racp.edu.au/about/college-structure/australasian-faculty-of-public-health-medicine Accessed: February 2023

[17] Public Health England, Public Health Skills and Knowledge Framework https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf#:~:text=The%20Public%20Health%20Skills%20and%20Knowledge%20Framework%20(%20PHSKF%20)%20is%20a,guide%20to%20using%20the%20framework Accessed: October 2022

career limitations for those with a background other than medicine that require further clarity. The recognition of the value of systemic accreditation, registration, and skills and competencies frameworks is notable and the movement towards realising this ambition is progressing.

2.4 Canada

The public health system of Canada is characterised by differences in financing, governance, organisation, and workforces across each of the 13 provinces and territories. The National Collaborating Centre for Healthy Public Policy (NCCHPP), financed by the Public Health Agency of Canada, seeks to drive shared learning and knowledge development across the provinces and territories. The Canadian Public Health Association and the Association of Local Public Health Agencies, together with aligned provincial bodies, are regarded as influential in the development of the public health agenda, infrastructure, and governance. The Community Medicine Residency Program is available to Canadian medical students and offers five years of training towards becoming a specialist in community medicine[18].

Each province has their own public health structure, with nuances and differences, with Québec providing a typical example of the key aspects of the prevailing public health systems[19]:

- Ministry of Health and Social Services – responsibilities include agenda setting, policy development and implementation, the development of a provincial public health plan, resource allocation, service coordination, appointment of provincial and regional directors of public health, and province-wide evaluations of health outcomes;
- National Public Health Director – responsibilities include coordination of public health activities across the province and additional authority during a public health emergency;
- National Public Health Institute – mandated to support Québec's Minister of Health and Social Services, regional public health authorities, and health and social services institutions, by offering expertise and specialised laboratory and screening services. The Institute also facilitates a public health ethics committee, the main function is to give opinion on proposed surveillance plans and surveys on health and social issues;
- National Institute of Excellence in Health and Social Services – functions include assessing the clinical and cost advantages of technologies, medications, and interventions through cost-benefit analyses, preparing public reports on clinical guidelines, providing recommendations to the Ministry, and hosting a variety of clinical excellence committees that overlap with public health led by other government bodies.
- Health and Welfare Commissioner – responsibilities include monitoring the performance of Québec's health and social services system, with a strong concern for equity, and the production of public health reports. The Commissioner has a current mandate to examine the impact of the COVID-19 pandemic on Québec's health system.

Although there are identified Core Competencies for Public Health in Canada, provinces and territories develop their own approaches to this. For example, British Columbia has a *Guiding*

[18] Public Health Physicians of Canada, 'What is Public Health and Preventative Medicine' (2017) https://www.phpc-mspc.ca/en/students/what-is-phpm/#HowtobecomeaSpecialistinCommunityMedicine Accessed: February 2023

[19] Arpin, Emmanuelle et al., 'Profiles of Public Health Systems in Canada: Québec'

Framework for Public Health[20] which outlines the role of competencies within each core programme and public health strategy. Although there are some differences, it appears that all provinces recognise the importance of career progression of professionals from backgrounds other than medicine. Positions of Public Health Consultants/Specialists are open, on the basis of education, training, and skills, to a range of professionals such as epidemiologists, community health specialists, environmental health scientists, and nurse practitioners. Career progression for non-medically trained public health practitioners and specialists appears to be positive, but it is likely that this will vary between provinces and territories.

Beyond the accreditation and registration of professionals subject to regulation, such as doctors, nurses, social workers, etc., there is no evidence of a provincial or Canada-wide public health registration system. It also remains unclear how widely implemented competency-based job descriptions and workforce standards are utilised and supported.

2.5 Finland

Finland has a health system with a highly decentralised administration, multiple funding sources, and three separate channels for delivering services in first-contact care.
The core health system is organised by the 310 municipalities, and they arrange healthcare for their populations, assess the need of the population, ensure equal distribution of services, and act as the public authority in decision-making, especially in social care. The current transformation programme of health provision will see a movement from municipality-based control to 22 regions, each with public health leadership responsibility.

There is a strong public health movement in Finland, with early recognition of the role of multi-disciplinary professionals. This has been facilitated by a large range of undergraduate and postgraduate public health programmes, the majority of which appear to be aligned to the *WHO-ASPHER Competency Framework for the Public Health Workforce*.

There are Public Health Development Units across the regions, led by Public Health Coordinators – a role that can be occupied by any suitably qualified professional, including professionals with a background other than medicine. The Units are multi-sectoral in nature and provide strong co-ordination of resources across agencies. Anecdotal evidence suggests that there is strong representation of people with sociology qualifications and professional backgrounds in senior public health roles.

There is no single body that represents professionals working in public health, although there appear to be representative bodies across the six Regional State Administrative Agencies, such as North Karelia Public Health Association. There are further discipline-based public health representation and support organisations, such as the Finnish Association of Public Health Nurses, but the most significant agency in terms of policy development, influence, and research is Terveyden ja Hyvinvoinnin Laitos – the Finnish Institute for Health and Welfare (THL)[21]. The THL is an independent expert agency working under the Ministry of Social

[20] British Columbia Ministry of Health, Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health (2017), https://www.health.gov.bc.ca/library/publications/year/2017/BC-guiding-framework-for-publichealth-2017-update.pdf Accessed: October, 2022

[21] Keskimäki, Ilmo et al., 'Health Systems in Transition: Finland healthcare review' (2019), https://www.researchgate.net/publication/336406567_Finland_Health_System_Review Accessed: October, 2022

Affairs and Health. It has a strong international base and produces collaborative publications to drive public health reform and understanding.

There is no central accreditation of public health specialists and practitioners, beyond those that relate to specific disciplines, although the competency framework in place may facilitate this. There is also no public health register for people working in public health, and career structures may vary from region to region, but the prevailing culture appears to be that of a multi-disciplinary public health workforce, with no significant barriers to career and competency progression.

2.6 Israel

Israeli public health functions are provided and organised by the Public Health Services of the Ministry of Health, via local health bureaus. The Israel Centre for Disease Control delivers a critical role in data collection, monitoring, and analysis of disease-specific evidence, and conducts surveys and studies relating to health behaviours. It is reported that by providing an emphasis on public health and disease prevention, Israel has made considerable progress in terms of morbidity and mortality rates, with funding recognising the public health, economic, and societal value of prevention and health promotion in reducing the burden of communicable and non-communicable diseases.

The Public Health Services operate regional and district offices, and 'field units.' These are typically staffed by public health physicians, public health nurses, environmental engineers, and others such as dieticians, health promotion specialists, and epidemiologists. It is clear that the senior leadership roles in public health are occupied by doctors, and the Ministry of Health has yet to agree a classification or designation of a defined public health practitioner. The lack of professional categorisation and recognition at the regulatory level is said to detract from the appeal of being a part of the public health workforce.

Master's in Public Health programmes are limited to medical doctors currently, with the Israeli Medical Association the lead organisation in the development of the curriculum and standard. Public health can be studied at a postgraduate level by those in other professions such as nursing and dentistry, but this is not supported by a skills and competencies framework.

The government has recognised the value of public health professionals, most notably the response to the COVID-19 pandemic and supports the premise of building of a well-qualified and competent public health workforce to confront emerging health challenges. The current initiative *Sharing European Educational Experience in Public Health for Israel (SEEEPHI): Harmonization, Employability, Leadership, and Outreach* seeks to engage European Higher Education partners (including the School of Public Health at University College Cork) to share education and training approaches and to harmonise the public health education system in order to maximise the employability of graduates in Israel[22]. The project aims to enhance professionalism and strengthen the leadership aspects of the Israeli public health workforce. To gain deeper insights, the project includes outreach to employers, together with advocacy of public health legislation and policies within Israel.

[22] Bashkin, Osnat et al., 'The Future Public Health Workforce in a Changing World: A Conceptual Framework for the European-Israeli Knowledge Transfer Project' (2021), 18, *International Journal of Environmental Research and Public Health*

It is believed that the competency frameworks and assessments in use in Europe, particularly *WHO-ASPHER Competency Framework for the Public Health Workforce*, would aid in ensuring students and working professionals in Israel meet the desired learning outcomes and standards of practice for public health at each step of their development. It is recognised that to ensure adequate implementation of standards and functions, explicit descriptors of competencies are needed to identify potential skills gaps and inform the development of training and educational programmes to match public health capacity building.

It is anticipated that the work of SEEEPHI will include the development of an online platform for ongoing interactions between the public health system, Higher Education Institutions, employers, students, alumni, faculty, and public health professionals, and will provide information about training and employment, as well as opportunities for individual career development guidance.

2.7 Netherlands

The Netherlands has a well-developed primary and secondary healthcare system, with the Dutch national government responsible for setting health care priorities and monitoring access, quality, and costs. Health disparities are monitored by Rijksinstituut voor Volksgezondheid en Milieu – the National Institute for Public Health and the Environment, part of the Ministry of Health (RIVM).

The Netherlands has a complex and diverse system of public health services. The structure of public health services rests upon two institutional principles:

- Public health as a shared responsibility between the national government and the country's 393 municipalities. The national government has the overall system responsibility for public health, including regulation, funding, policymaking, screening and vaccination programmes, supervision and international collaboration, and the response to public health emergencies; and
- Public health as a shared responsibility of the public and private sectors. Policymaking requires active collaboration of private industry, schools, employers, sport organisations, the veterinary sector, healthcare providers, and citizens. Policymaking increasingly takes place in national or local networks, with collective decision-making, involving public and private stakeholders.

Although municipalities take into account policy constraints set by the national government, they are free to determine how to convert the national plan for public health into a local plan for public health and how to set up their local service. In fact, municipalities have jointly established 25 regional public health services. However, these do not have a uniform structure, particularly with regard to health improvement and promotion, as this is not a legal requirement for municipalities.

The RIVM is an independent research and advisory agency supporting all agencies involved with public health. An RIVM initiative, the Healthy Life Centre, advises public authorities and public health professionals on the effectiveness of interventions. The Netherlands Public Health Federation is a public-private networking organisation for all public health-related institutions engaged in prevention, health promotion, and health protection. Academic collaborative centres for public health initiatives, formed to develop shared learning and

practices across public health, were ended in 2014 although regional public health services have continued some activities.

Postgraduate programmes appear to be aligned to the *WHO-ASPHER Competency Framework for the Public Health Workforce*, but there is no evidence of formal accreditation of public health specialists and practitioners beyond the discipline related protocols. The Federation for Health, a member of the European Public Health Association (EUPHA), is an umbrella association for all public health related associations and institutions in the Netherlands.

Senior and specialist roles in the public health workforce are typically occupied by medically trained professionals, although there is variation between municipalities. Currently, there is no register for public health professionals in the Netherlands.

2.8 New Zealand

New Zealand is considered to have a high-quality publicly funded health system and a highly skilled and professional health workforce. It moved to a new national health system on 1 July 2022, a system that is nationally planned, regionally delivered, and locally tailored. Health New Zealand coordinates local and national health services across the country, and the Māori Health Authority and Health New Zealand work in partnership to make health services work better for Māori. The transition to the new health system will aim to bring consistency to all health and wellbeing services, with a key ambition towards the future health workforce requirements, and the associated training and development needs. Community health services and public health are now part of the new National Public Health Service.

The Public Health Association of New Zealand (PHANZ) is a voluntary association for all those who see themselves as part of the public health workforce. PHANZ advocates for public health, delivers support to members, and reportedly has influence at national government level.

Universities have adapted the competencies developed by PHANZ in collaboration with other stakeholder bodies, in the design of both undergraduate and master's level public health programmes. It is not clear if the competencies form the basis for a career pathway or are designed to provide guidance to academic-based progression, but it appears that the workforce has developed well on a multi-disciplinary basis. The influence of the competencies guidance is not clear, in terms of skills and knowledge development, and the support and influence for employers is also not well-recognised.

There is currently no voluntary or formal accreditation for public health practitioners and specialists, although reportedly both are being actively explored, with the UK Public Health Register model recognised as a potential exemplar.

New Zealand is considered to have a well-established multi-disciplinary approach to public health and leadership of Public Health Units is not restricted to medically qualified personnel. In recent years, there has been an increase in people who are seeking to develop a career in public health. The development and expansion of the associated career pathways may help to address the high number of people completing a Master's in Public Health who then work in

unrelated industries[23]. However, it is believed that a greater focus on accreditation, registration, and career structures will facilitate greater numbers of graduates towards public health practice.

2.9 Slovenia

Public health services in Slovenia are considered part of the health care system and are specified by legislative acts. The Ministry of Health has a dedicated Directorate of Public Health which has two divisions, the Division for Control of Communicable Diseases, Food and the Environment and the Division for Health Promotion and Control of Noncommunicable Diseases. Following the breakup of Yugoslavia, Slovenia's health system has transitioned successfully, with a notable focus on public health; the current National Health Plan singles out health promotion, health protection, and disease prevention as priority areas of health system development.

Public health services are provided centrally by the National Institute of Public Health (NIPH), who deliver a wide range of public health functions, as well as research, education, and postgraduate training. The NIPH supports a range of targeted initiatives across the 12 regions, such as building capacity to reduce inequalities in health, resulting in variations across the country in the public health approaches and resources utilised. Preventive services that are implemented in Health Education Centres or Health Promotion Centres are being planned and supervised by the NIPH Centre for the Management of Prevention and Health Promotion Programmes.

There is no public health school in Slovenia that offers an official public health degree to professionals other than doctors. The Slovenian Preventive Medicine Society, a member of EUPHA, is for medically qualified professionals working in public health, and the Slovenian Coalition for Public Health, Environment and Tobacco Control has a broader membership in terms of health disciplines. However, there is growing acceptance of the benefits of a multi-disciplinary approach to public health education, training, investment, and working, with current collaboration with the Andrija Stampar School of Public Health in Croatia moving towards associated ambitions[24]. This movement is further supported by The Angela Boškin Faculty of Health Care and the Faculty of Health Sciences (University of Primorska) being members of ASPHER.

There is no register for public health practitioners, and accreditation is gained though the Medical Association of Slovenia.

2.10 Switzerland

The Swiss health system is characterised by a particularly complex institutional infrastructure with responsibility shared across different levels of government. As part of the Federal Department of Home Affairs, the Federal Office of Public Health (FOPH) is responsible for public health in Switzerland.

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[23] Luu et al, 'Opportunities and Challenges for Undergraduate Public Health Education in Australia and New Zealand', 5(3), *Pedagogy in Health Promotion* 2019.

[24] Petrič, Vesna-Kerstin and Maresso, Anna, 'Organization and financing of public health services in Europe: Slovenia', National Library of Medicine https://www.ncbi.nlm.nih.gov/books/NBK507331/ Accessed: October, 2022.

The FOPH has a range of responsibilities across policy, legal, and service provision, that includes the Prevention and Public Health Services Directorate. The Directorate develops the policies and programmes for the prevention of non-communicable diseases and addiction, promotes health literacy, and monitors communicable diseases. This resource is tasked with strengthening the multi-disciplinary approach and the continuing training and professional development of healthcare professionals, although it is not clear as to what role they play, if any, in promoting accreditation, competency development, and uniformity across the public health workforce.

The Swiss School of Public Health (SSPH+) comprises the academic public health expertise available across 12 Swiss universities. SSPH+ is based on the vision that public health is a scientific and professional field, shaped by a broad range of disciplines, and has adopted the *WHO-ASPHER Competency Framework for the Public Health Workforce*, providing a uniformity of training and education standards. However, the most recent census conducted by SSPH+ suggested that over half of people working in public health had no specific public health degree[25].

Although Switzerland has a multi-disciplinary public health workforce, the lack of formal qualifications, skills, and competencies provides a focus for further policy and practice development. Currently, it is reported that the leadership roles within Swiss public health are occupied by the medical profession. Although the importance of aligning workforce development to a competency-based framework is now well accepted, together with a more cohesive public health workforce identity, it is not clear how this will be realised without the support of accreditation and registration structures.

There is no register for public health practitioners in Switzerland, although it is suggested that there is ambition, as yet not realised, to move towards the UK model of registration.

2.11 Summary

While multi-disciplinary public health is at different stages of evolution across the countries studied, there is a clear trend in recent decades towards a greater focus on training, capacity development, public health skills and competencies frameworks, development of accreditation and registration systems, and career structures for multi-disciplinary public health professionals.

[25] Paccaud et al, 'Public Health Workforce in Switzerland: are public health workers lacking?', 58, *International Journal Public Health* (2013).

3 Stakeholder Engagement

3.1 Overview

The development of this discussion document benefited from input from a range of significant public health leaders. The Crowe team is appreciative of the time and endeavour of contributors who participated in various engagement activities, including:

- Dr Tracey Cooper – CEO, Public Health Wales;
- Prof Anders Foldspang – former Chair of ASPHER, Aarhus University, Denmark;
- Andrew Jones – Director of Public Health, Public Health Wales and Chair, UK Public Health Register;
- Prof Tiina Laatikainen – THL and University of Eastern Finland;
- Jessica Lichtenstein – CEO of UK Public Health Register;
- Deirdre McNamara – Director of Strategic Programmes, HSE;
- Dr Caoimhe O'Sullivan – Public Health Specialist, HSE; and
- Terry Slevin – CEO, Public Health Association of Australia.

The information collated during this exercise is not presented as directly attributable to any single contributor but is set out into themes for further exploration.

3.2 Competency Frameworks

The value of competency frameworks for developing the public health workforce is widely acknowledged internationally and was noted as a key issue during the engagement initiative. Such frameworks provide benchmarks for best practice in public health education and training. In many countries they also serve as a measure of competence in professional practice.

A range of competency frameworks have been developed, in particular in Europe, North America and Australasia. Although expressed in different terms, these frameworks are based on a commonly identified need for a simple tool that facilitates the development of excellence, collaboration and consistency, taking into account the vast diversity of the workforce and varied public health infrastructures and systems that exist. A recent initiative mapping eight public health competency frameworks showed that, while there were significant structural, formatting, and detailing differences, the competency sets do not appear to vary widely[26]. Furthermore, it confirmed that competency sets reflect a locally contextualised view of each country, providing the flexibility and responsiveness required for the required public health teaching and learning.

The Global Charter for the Public's Health[27], developed by the World Federation of Public Health Associations (WFPHA), is considered to be a useful benchmark to achieve global

[26] Coombe, Leanne et al., 'Mapping competency frameworks: implications for public health curricula design' (2022), 46, 5, *Australian and New Zealand Journal of Public Health*

[27] WFPHA, 'The Global Charter for the Public's Health' (2016), https://www.wfpha.org/document-upload/the-global-charter-for-the-public%E2%80%99s-health.pdf Accessed: November, 2022

consistency. However, it is notable that the public health leaders beyond Europe actively recognise the value of both the UK's *Public Health Skills and Knowledge Framework* and the *WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region*, which are described as follows:

UK Public Health Skills and Knowledge Framework

The Public Health Skills and Knowledge Framework is a collaboration between the Office for Health Improvement and Disparities (successor organisation to Public Health England), Public Health Wales, NHS Health Scotland and the Public Health Agency of Northern Ireland. The Framework is well accepted by academics, individuals, and employers as a robust mechanism to ensure high quality public health education and continuing professional development. The focus of the Framework is towards function and capability descriptors, rather than competencies.

The Framework has been reviewed, revised, and redesigned since its inception in 2008 to reflect the array of changes within public health including the development of new roles and associated training and qualifications, changes to social policy and legislation, advances in science and technology, capacity and capabilities demand, and the development of new standards of practice for professional registration.

The Framework is accompanied by a user guide, explaining how it can be used by individuals, employers and educational providers working in public health. It is a UK-wide resource that benefits from multi-agency input and review. It provides an architecture to describe generic activities and functions undertaken by the public health workforce, including:

- An overall function of public health: 'Improves and protects the public's health and reduces health inequalities between individuals, groups and communities, through co-ordinated system-wide action';
- Defined functional areas under categories 'Technical,' 'Context' and 'Delivery' and sub functions in which individuals, teams, and organisations can deliver on public health outcomes;
- Description of what functions an individual might carry out in the course of their work
- A benchmark or single point of reference for the workforce and employers to support individuals to plan their own personal development, and to help employers to plan and develop their workforce;
- A tool to generate job descriptions for new roles, templates for standard roles, and profiles for individual roles;
- A common reference for the review and development of standards of practice and curricula for training and education qualifications across all levels of the qualifications framework; and
- A description of the public health functions and sub-functions in a way that could be presented through an accessible and easy to navigate interactive digital platform – commonly referred to as a *Skills Passport.*

WHO-ASPHER Competency Framework for the Public Health Workforce

The Framework is a result of strong collaboration between ASPHER and the WHO Regional Office for Europe Coalition of Partners to Strengthen Public Health Services in the European Region. The Framework complements advancements of ASPHER's European Core Competences List for the Public Health Professional.

The Framework was developed to meet the need of member states to build public health workforce capacity. The Competency Framework can be usefully applied in numerous situations such as:

- Developing measures to strengthen education and performance;
- Assessing existing capacity and capability and identifying training requirements;
- Capacity-building, analysis, and monitoring, ensuring appropriate numbers, mix and distribution of staff and skills for public health teams in various contexts and to support requests for sustainable investment to support workforce development;
- Planning the public health workforce, including recruitment, retention, productivity, and skill mix of public health professionals and teams;
- Developing accreditation and credentialing systems including academic programme accreditation from the international Agency for Public Health Education Accreditation (APHEA);
- Developing job descriptions, interview questions, performance evaluation and quality assurance systems; and
- Facilitate collaboration across disciplinary and organisational boundaries.

The Framework is regarded as a crucial document that will inform and guide the teaching, training, and research of all the schools of public health in Europe and beyond, not just in curriculum, but within the context of the profession as a whole, in the philosophy and values of public health and in codes of conduct.

The WHO-ASPHER competency framework uses three levels- competent, proficient and expert- to describe the degree to which the competency has been mastered:

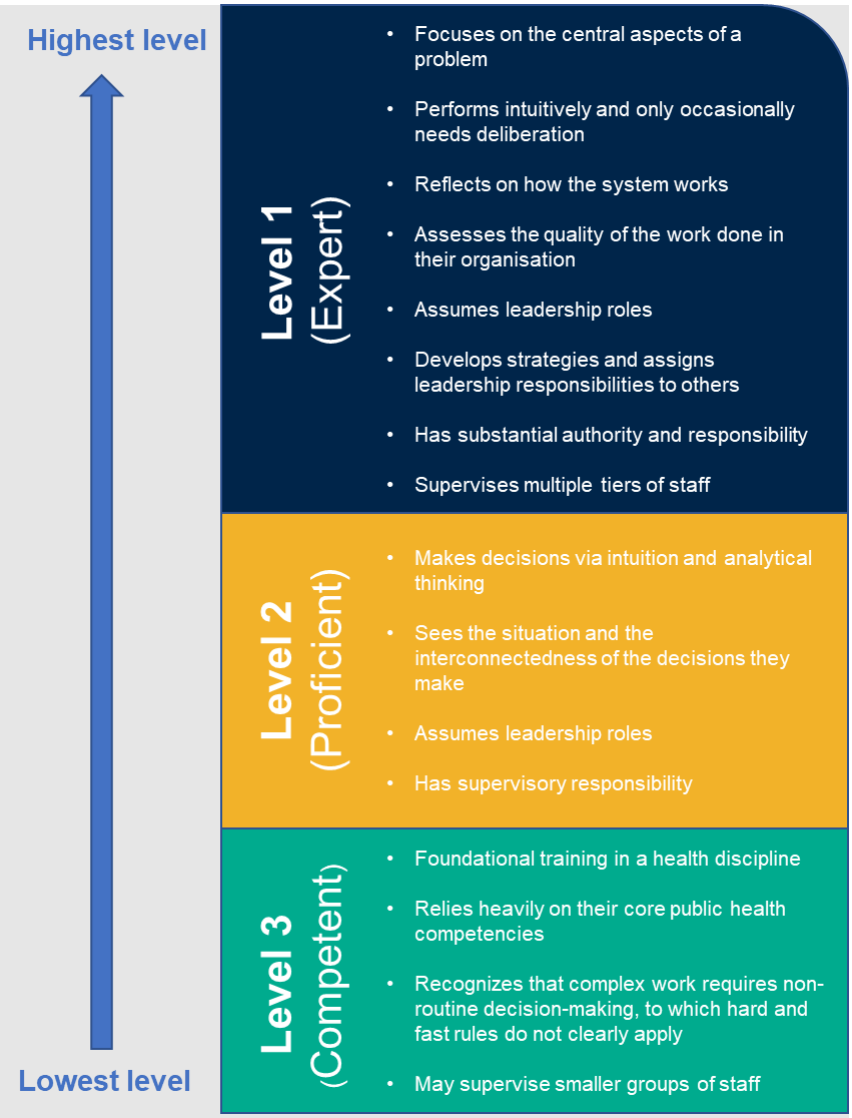

Figure 1 WHO-ASPHER, 'Competency Framework for the Public Health Workforce in the European Region' (2020)[28].

Overall, the value of competencies and skills frameworks are well recognised across a wide range of professional disciplines that form part of public health, including medicine, environmental health, and nursing. For example, there is a successful global accreditation system for health promotion, operated by the International Union for Health Promotion and Education[29]. This is a voluntary system based on a core competency framework and professional standards, which can be used for the registration of health promotion practitioners and for the accreditation of health promotion courses. This system is utilised by a range of countries, including Ireland through the Association for Health Promotion Ireland (AHPI), and is based on devolved national level accreditation.

[28] WHO-ASPHER, 'Competency Framework for the Public Health Workforce in the European Region' (2020), https://www.euro.who.int/__data/assets/pdf_file/0003/444576/WHO-ASPHER-Public-Health-Workforce-Europe-eng.pdf Accessed: October, 2022

[29] International Union for Health Promotion and Education, 'The IUHPE Health Promotion Accreditation System' https://www.iuhpe.org/index.php/en/the-accreditation-system Accessed: December 2022

3.3 Accreditation, Regulation and Registration

It is notable that all contributors highlighted the value of the UK Public Health Register in support of a multi-disciplinary public health workforce. This is currently the only such example in the world, although the expressed ambitions highlighted from Australasia, Europe, and North America suggest that this model of accreditation will eventually be adapted to public health systems widely. Further details concerning the original creation of the Register are provided in Section 3.6 of this discussion paper.

Regulation provides protection for the public in that accredited specialists, practitioners, and professionals are required to meet specific standards and ethical practice and can be removed from registers if they are deemed not to meet the required standards and behaviours. Outside of the UK, public health professionals are typically accredited and registered within their qualified discipline, such as nurses and doctors, but those disciplines who do not benefit from this regulatory framework practice without this requirement.

In the UK, it is still the case that members of the public health workforce are registered to more than one regulatory body, including the Public Health Register. It is not required for medically qualified professionals, registered to the General Medical Council, to be additionally registered to the public health body. The route to specialist registration is outlined in Figure 2 with the pathways for General Medical Council (GMC) applicants from a medical background on the left of the diagram, and UKPHR for applicants from a multidisciplinary background, on the right:

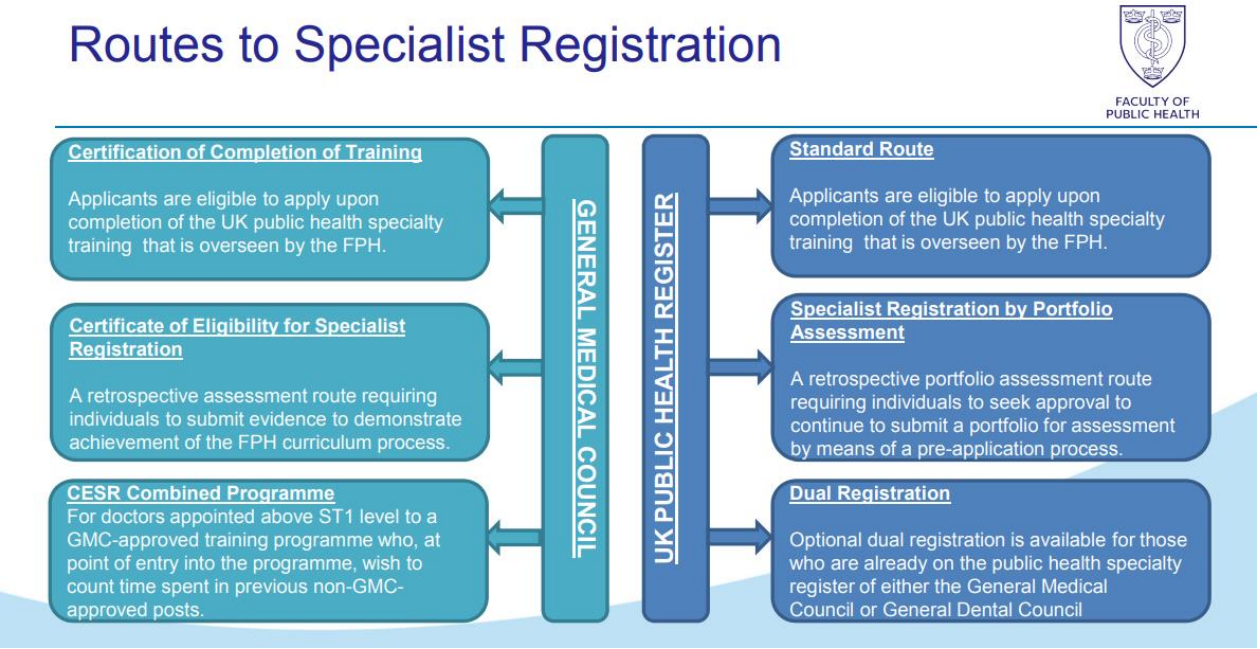

Figure 2 Routes to Specialist Registration, UK Faculty of Public Health, 2020[30]

[30] Ghani, Irfan, 'Current routes to public health leadership roles and flexibilities within them' https://www.fph.org.uk/media/2954/certification-path-presentation-ig-read-only-003.pdf (2020), Accessed: October, 2022

UK Public Health Register

The UK Public Health Register (UKPHR) is an independent, dedicated regulator for public health professionals in the United Kingdom, providing professional regulation to public health specialists, specialty registrars, and practitioners from a variety of backgrounds, all of whom have a common core of knowledge and skills. Registration is voluntary rather than statutory and is designed to assure the public and employers that multi-disciplinary public health professionals are appropriately qualified and competent.

There are three of categories of UKPHR registration.

- ***Public Health Practitioner registration***

  The term 'public health practitioner' describes a level of practice, not a specific job role or type of job. UKPHR has taken the broad definition of a 'public health practitioner' as someone who has autonomy in specific areas of public health work, continually developing their area of work and supporting others to understand it. Examples of public health practitioner roles include, substance misuse worker, public health nutritionist and health improvement practitioner. Practitioners work across the full breadth of public health from health improvement and protection to health information, and community development in a wide range of settings from the NHS and local government to the voluntary, and private sectors. There are two routes to this type of registration – a retrospective portfolio route and the public health practitioner apprenticeship scheme.

- ***Public Health Specialist registration***

  The majority of specialist registrants are working at a senior level (consultant or consultant equivalent: normally perceived as Level 8 and above in the Skills for Health Career Framework) in public health. There are three routes to gaining UKPHR specialist registration - completion of public health specialty training such as the Specialty Training programme that is overseen by the Faculty of Public Health, by retrospective portfolio assessment, and dual registration for those who are already on the public health specialty register of either the General Medical Council or General Dental Council.

- ***Public Health Specialty Registrar registration***

  Trainees from a multidisciplinary background rather than a medical background undertaking the Faculty of Public Health (FPH) Specialty Training Programme, who are not already regulated by a statutory regulator (for example, doctors are regulated by the General Medical Council) are eligible to register with UKPHR during their training. When they complete their training, they are eligible to register as specialists upon production of the Certificate of Completion of Training. There is one route to attain specialty registrar registration.

The UK Public Health Register is voluntary at present, although it is not known if it will progress to a statutory footing in the future. The recognised benefits include:

- For the public – a regulated workforce, improving public protection;
- For registrants – achieving registration demonstrates professional competence, affords recognition of that achievement, and reinforces their choice of a public health career path;

- For employers and commissioners – in recruitment and commissioning decision-making, registration provides quality assurance and quality enhancement of those members of the public health workforce employed or commissioned to plan, manage and deliver public health interventions; and
- For governments – an accredited register offers an effective form of regulation proportionate to the risk of public harm that public health practice represents.

The acceptance of the Register by employers in Wales, with requirements for registration typically set out in job descriptions, is regarded as a major factor in the uptake and approval of public health professionals. Public Health Wales set out the requirement for applicants to be positioned on the Register for relevant posts and have worked across the country to promote the associated benefits with public sector bodies. The establishment of a revalidation scheme for public health specialist registrants was of critical importance, providing assurance that public health professionals who are registered do maintain their knowledge and competence and continue to be fit to practice.

3.4 Career Progression

A feature of the contributions of public health professionals outside of the UK was the repeated narrative of the limitations of career progression of non-medically qualified individuals, irrespective of their qualification, skills, and experience. It is suggested that there are a number of public health systems presented as multi-disciplinary in their structure that, in practice, limited the career progression for non-medics. When examining evidence for where non-medics occupy specialist and leadership roles across the public health workforce, outside of the UK there are few examples of clear and explicitly recognised areas of success. Finland may provide one example of this, with the professional discipline diversity of Public Health Coordinators, although further exploration is required to validate this.

Opening career progression to all disciplines is perceived to be key for genuine multi-disciplinary working in public health. One aspect of a competency framework is to provide qualified professionals with a clear direction of travel in their career choices, and the UK's Public Health Register, backed by the Faculty of Public Health, is regarded as an important conduit to realise this. Opening career progression across disciplines in the UK, with a strong emphasis on competencies and skills, is said to have been a critical factor in recruitment to education and training programmes, together with the retention and development of talent.

Contributors provided accounts of highly qualified and skilled people with backgrounds other than medicine moving from Ireland to the UK to pursue careers in specialist public health positions- career pathways that would not be open to them if they had remained in Ireland.

3.5 Public Health Workforce Roadmap

Although the requirement for developing a roadmap for the development of the public health workforce was not evident from contributors in their own public health systems, it was raised as an issue that may require exploration. The movement towards a multi-disciplinary public health workforce is said to require national strategic planning, multi-sectoral collaborative agreement, and explicit structural architecture.

An effective public health workforce roadmap sets out clear goals and strategies. It is also important to identify and recognise the problems and challenges that present on an 'as is' and 'to be' basis, and then align them to agreed solutions. Effective roadmaps, with the USA and some provinces in Canada reportedly able to provide good examples, should be designed to be expansive and inclusive and able to represent the multiple factors that both directly and indirectly contribute to population health.

Figure 3 provides an indicative example of the mapping of the challenges to developing a public health workforce, designed by the Centers for Disease Control and Prevention, USA.

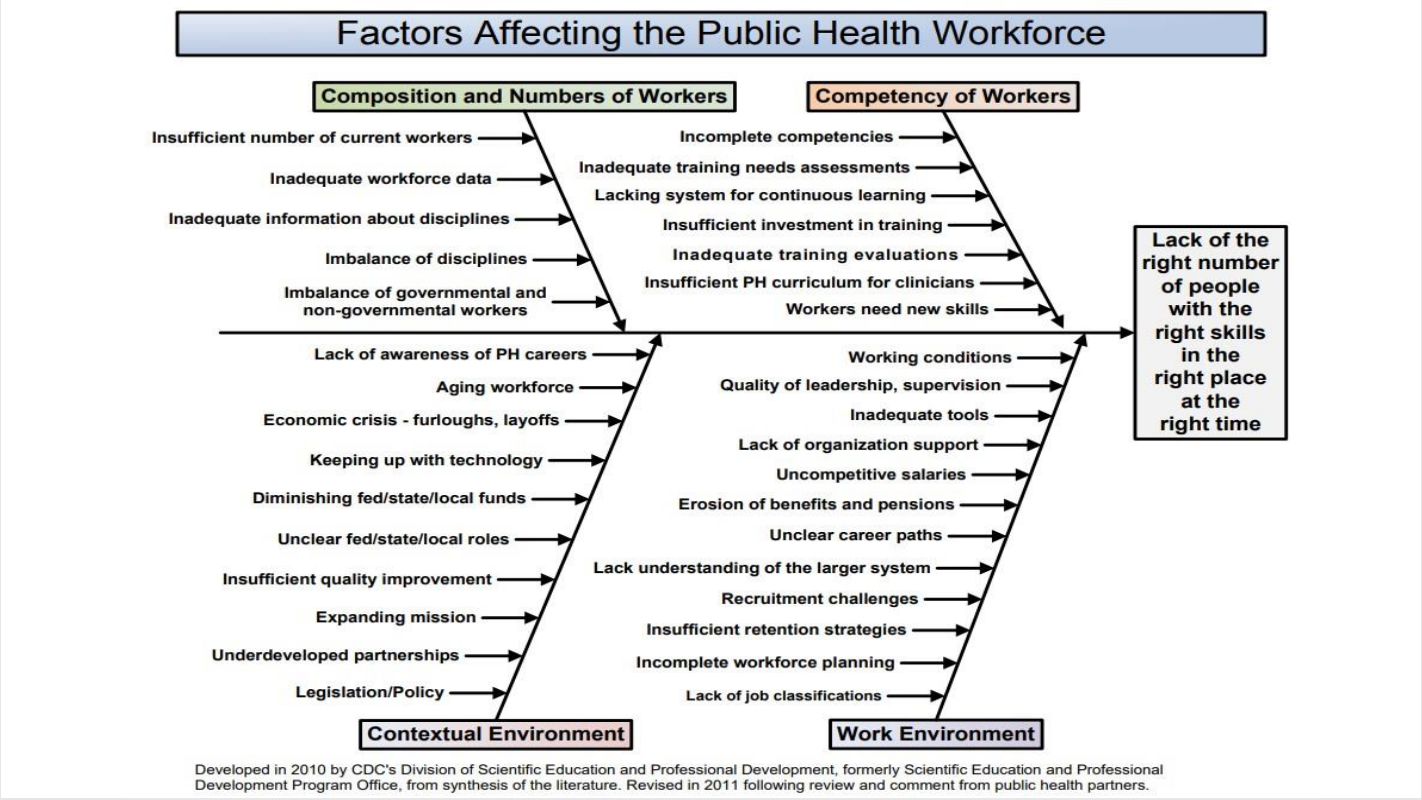

Figure 3 CDC Fishbone: Factors Affecting the Public Health Workforce, 2012[31]

The identification of the barriers to progressing the public health workforce will benefit from a multi-disciplinary approach. A recent study, highlighted by a contributor, sets out the multi-disciplinary concept in the form of cogwheels that may be adopted when considering workforce planning[32]. The cogwheels symbolise that the different aspects are dynamic, can be tuned and are independent (see Figure 4). The cogwheels do not illustrate steps but rather interacting processes. For a workforce roadmap to be successfully developed and implemented, an understanding of the components – such as competency frameworks and accreditation, and disciplines – must first be agreed and accepted.

31 Center for Disease Control, 'Factors Affecting the Public Health Workforce' (2012), https://www.cdc.gov/csels/dsepd/documents/ph-workforce-factors.pdf Accessed: August, 2022

32 Jervelund, Signe and Villadsen, Sarah, 'Evidence in public health: An integrated, multidisciplinary concept' (2022), 50, 7, *Scandinavian Journal of Public Health*

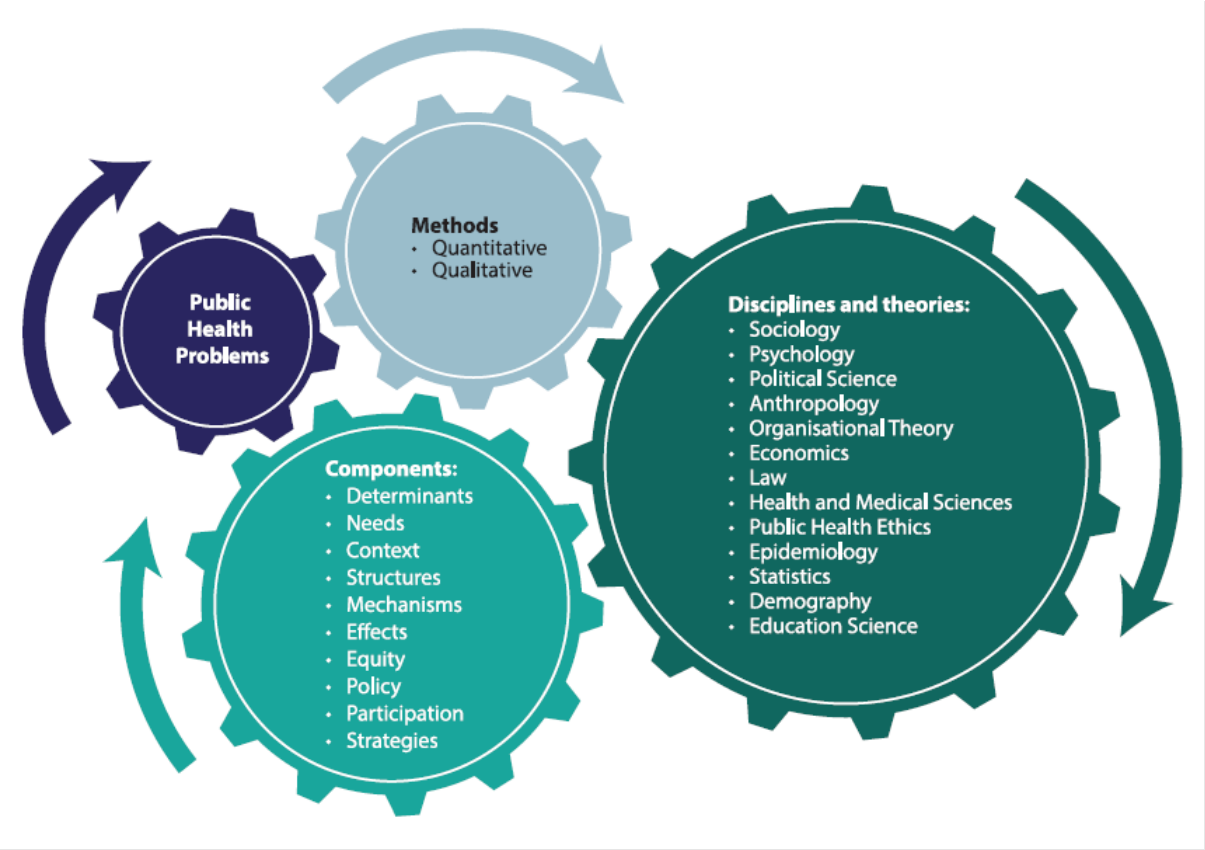

Figure 4 An integrated, multidisciplinary concept of evidence, Jervelund and Villadsen, 2022[33]

3.6 Leadership and Collaboration

Contributors highlighted the considerable requirement for inter-agency collaboration, shared goals, and change-focused leadership, to deliver the required shift in understanding and acceptance of the multi-disciplinary model of public health.

The identification of the bodies best positioned to engage in effective leadership towards the development of a full multi-disciplinary public health model remains unclear from an Irish perspective. Globally, there is leadership and support from the WFPHA, and regionally, bodies such as ASPHER provide strong reference points, leadership and influence. However, it is accepted that leadership and collaborative working is a critical requirement for change to be realised nationally. A strong example of a public health system that transformed the professional structure and constituents of the public health workforce is demonstrated in the UK.

UK Public Health Journey

The UK embarked on a journey to create a multi-disciplinary public health workforce in the late 1990s. This was characterised by equality of opportunity and equality of status at specialist level. The recognition of the broader range of skills required in a public health

[33] Jervelund, Signe and Villadsen, Sarah, 'Evidence in public health: An integrated, multidisciplinary concept' (2022), 50, 7, *Scandinavian Journal of Public Health*

workforce was directly related to the change in perception of what public health is and does.

- In 1998, the Faculty of Public Health, Royal Institute of Public Health, and the Multi-disciplinary Public Health Forum joined forces to promote multi-disciplinary public health. This Tripartite Group was regarded as a major development towards recognition of people from backgrounds other than medicine as credible public health specialists;
- The Multi-disciplinary Public Health Forum was formed as a network of networks, bringing together regional groups of public health stakeholders who were developing their interest in the multi-disciplinary public health workforce at a local level – the Forum is said to have been key to the formation of the Tripartite Group;
- The Group drew up a joint statement of intent, setting out their determination to develop a multi-disciplinary body of trained and competent public health professionals;
- An Advisory Group, including representatives of a wide range of stakeholder organisations, was formed to endorse, support, and legitimise the work of the Tripartite Group;
- The Faculty received an initial level of opposition from a section of members arguing against opening the public health speciality to non-medical professionals;
- The Tripartite Group commissioned work to address the development of occupational standards for specialist public health practice and in 2001, the government announced its intention to establish a voluntary register for public health specialists from backgrounds other than medicine;
- Agreement was reached to establish the register as a free-standing entity, with issues relating to a 'grand-parenting clause and entry criteria resolved – the UK Voluntary Register was launched in 2003;
- The Tripartite Group established the Interim Joint Board through nominations, including nominees from the Multi-disciplinary Public Health Forum, Royal Institute of Public Health, Faculty of Public Health, Chartered Institute of Environmental Health, General Dental Council, Nursing and Midwifery Council, Royal Pharmaceutical Society and the General Medical Council;
- The first successful applicant for registration by the 'portfolio route' was a Wales-based public health specialist;
- Public Health Skills and Career Framework was first introduced in 2008 and was structured around nine levels of competence and skills, derived from the Key Elements of the Skills for Health Career Framework, and nine areas of the Faculty of Public Health curriculum; and
- The Framework was updated to set out 70 competencies categorised within 13 functions, simplifying the original nine workforce levels.

The formation of the Tripartite Group and its subsequent leadership and influence is widely acknowledged as the resource that brought about the environment through which a functional multi-disciplinary public health workforce was established.

3.7 Exploratory Discussions with Key Stakeholders – Benefits/Risks

Work undertaken with a small number of public health stakeholders based in Ireland, developed an understanding of a number of contextualised constraints, together with potential benefits, of the further development of the multi-disciplinary public health workforce in Ireland. The emergent issues require further inclusive exploration, but the considerations gained from key stakeholders may be summarised as:

- **Benefits**
  - Multi-disciplinary working brings people together who have different educational and career backgrounds across a range of disciplines. There is richness and value from people working together who have different perspectives, approaches, and ways of working.
  - Provision of specialist knowledge and skills, for example in data analysis and research, may help to increase capacity and skill-mix across public health teams.
  - The current scope of public health practice does not allow a sufficient focus on health inequalities or sustainability. This may be in part due to lack of capacity within public health teams, with public health directors or consultants being stretched too thinly across all the public health domains. In relation to these and other critical issues, it is envisaged that the capacity of public health teams would be considerably enhanced through multi-disciplinary working.
- **Risks**
  - Aspirations to move to a dedicated multi-disciplinary public health workforce sits in the context of a health service that focuses on acute response as opposed to the prevention of disease, on the biomedical model of health rather than the biopsychosocial model, and a public health system that primarily focuses on health protection rather than health improvement. Failure to address these power structures at all levels of the health service will impede this work.
  - Uncertainty regarding the career progression process for people who may apply for roles within multi-disciplinary public health teams. It may not be clear what these roles would look like – there is a need for training structures and career pathways so that people are trained and educated in the role they end up working in.
  - Public health medicine consultants may naturally have concerns regarding the changes this approach may have on the future of the profession

3.8 Scoping Exercise

To gain an understanding of the opinions, knowledge, and ambitions of public health professionals in Ireland, a short scoping exercise was developed and shared with members of the Public Health Advisory Group. This exercise gained 11 responses from the 22 members, with seven full responses. Whilst useful information was collected, the small number of responses may limit the representativeness of learning gained. The outcomes are presented as themes, with no interpretation or application of the data provided in this paper, to enable objectivity and the facilitation of discussion.

The details of the scoping exercise, including the six questions presented, are provided in Appendix 1 of this report. The membership of the core Public Health Advisory Group is set out in Appendix 2.

3.9 Preferred Public Health Workforce Model

The prevailing view of the public health leaders participating in the engagement exercise identified the UK as the standout international example of a multi-disciplinary public health workforce, with Wales highlighted as a pertinent template and valuable source of learning for an Ireland-focused multi-disciplinary public health agenda.

There is considerable potential for shared learning, with Public Health Wales expressing interest and a willingness to support ambitions and plans to enhance the multi-disciplinary focus of Ireland's public health workforce.

4 Considerations

4.1 Overview

This is a discussion paper, and as such, no prescribed recommendations are presented. Issues and challenges for further consideration and exploration are set out in this section.

4.2 The Public Health Workforce

The development of a multi-disciplinary public health workforce is now well established in the UK, most notably in Wales. Key facilitators for success in Wales have included political will, legislation, ownership by the profession, the establishment of a recognised regulator for those with a background other than medicine, common standards, and the inclusion of professional registration as a key requirement within public health specialist job specifications.

It is for public health leaders in Ireland to establish a consensus on the potential benefits to be derived from the development of a multi-disciplinary public health workforce and the strategy required to move this agenda forward, with particular reference to the specific requirements for public health input and expertise across the relevant sectors and agencies. There is a need for public health input into multiple organisations, departments, and systems; for public health to achieve its potential, the discipline needs to articulate and promote the unique approaches and skills set it brings to tackling complex "wicked" societal challenges.

It is noted that executive members of Public Health Wales have provided very positive initial indications of their willingness to share learning and support from their own experiences. The culture of shared learning and collaboration in Wales, as evidenced by Public Health Network Cymru, the growth of public health into Welsh non-health sectors, such as transport legislation, and the establishment of the *Ireland-Wales shared statement and joint action plan 2021 to 2025*[34], may provide a compelling basis for opportunity, discussion, and exploration.

4.3 Establishing a Multi-disciplinary Public Health Forum

As highlighted in Section 3, the role of the Tripartite Group in driving the transformation towards a multi-disciplinary public health workforce in the UK is highly significant. Reportedly, a key aspect of this was the formation of the Multi-disciplinary Public Health Forum, with diverse membership across regions and countries of the UK. The Forum is credited with being responsible for the formation of the Tripartite Group. The aim of the Forum was to ensure that the public health workforce was properly developed, accredited, and regulated, with the ambition to dissolve itself once the aims had been achieved.

It may be of interest to Ireland-based public health leaders to consider the work and influence of the Forum, and review the relevance and applicability of the Forum's set objectives:

- Improve skills to ensure that the health of the people of the UK is served by public health professionals who are trained, accredited and developed;

[34] Government of Ireland and Welsh Government, 'Ireland-Wales shared statement and joint action plan 2021 to 2025' https://gov.wales/sites/default/files/pdf-versions/2021/3/1/1614618985/ireland-wales-shared-statement-and-joint-action-plan-2021-to-2025.pdf Accessed: December, 2022

- Maintain and build upon the diversity of approaches to realise public health goals;
- Strengthen advocacy to promote the development of a unified voice for public health;
- Promote the development of a single voice for public health professionals;
- Address inequities in training and career opportunities for public health professionals; and
- Work with relevant organisations to further these objectives.

The formation of a similar forum in Ireland may be of great benefit to stakeholders and may become a pivotal focus for relationship development, and uniformity of purpose. Consideration will be needed as to the capacity of other key public health organisations in Ireland to act in a similar fashion to the 'Tripartite Group'. The Faculty of Public Health Medicine in Ireland, for example, is a smaller organisation with less capacity than the UK Faculty of Public Health. Consideration on how to approach potential barriers to change, such as resource and capacity constraints, would be required as part of any planning process.

4.4 International Perspectives

There is evidence that the multi-disciplinary agenda in public health has been progressed to varying degrees of realisation. Both from research and the engagement exercise, it is clear that the UK is regarded as the strongest example of a multi-disciplinary workforce. Within the UK, Wales is regarded as the standout template of success.

No two public health systems can be directly comparable; however, there appear to be several areas for consideration in terms of the UK Public Health Register and the Skills and Knowledge Framework. The example provided in Finland may also be worthy of further scrutiny to understand the achievements of the Coordination Units, and the career structures that support the workforce.

Israel was included in Section 2 to provide an example of a public health system that is medically led, but from the perspective of the actions that are being taken to gain shared learning from Europe. Further exploration may be gained from an understanding of the apparent ambition towards multi-disciplinary public health.

The various international networks and organisations addressing the issue of multi-disciplinary public health workforce development, including ASPHER, represent accessible sources of information and learning.

4.5 Project Reach

Using the UK journey again as an example of change, it should be noted that at the time of the Tripartite Group being established, there were early expressions of concern voiced by some public health specialists that the full range of competencies required for specialist public health practice was dependent on medical qualifications[35]. The inclusion of representatives from existing public health specialists in discussions and planning provided the political foundation to gain influence at professional body, regulatory, and government levels.

[35] Wright, Jenny et al., 'Multidisciplinary Public Health: Understanding the development of the modern workforce' (2014), Policy Press, UK

If a similar group is formed in Ireland, it will be important to ensure that a wide range of stakeholders are represented. The group may also benefit from the inclusion of stakeholders in Northern Ireland. Given that the Institute of Public Health has an all-island of Ireland remit, with health-based collaborative working across the border, the Institute is well placed to continue to support this agenda.

If stakeholders identify the requirement for a competency framework relevant to Ireland, the wider involvement of academics may be considered. The development of an Irish network, similar to the Public Health Network Cymru, may also be considered to be conducive to productive shared learning and collaborative working.

4.6 Public Health Workforce Roadmap

Irrespective of the nature and constituents of the future public health workforce in Ireland, public health leaders may consider undertaking a multi-agency initiative to map out the requirements of the workforce required to meet the demands of the public health agenda.

Clearly, the profile of the workforce will be determined by the agreed discipline-focus, but the development of a detailed roadmap to understand the required skills and competencies needed within that workforce, together with the identification of barriers to progress and success, may benefit all stakeholders.

An effective roadmap for the public health workforce may also provide recognition of the dynamics and relational outcomes and impact between the various components and bodies.

4.7 Consequences of Inaction

Public health initiatives have delivered important improvements in communicable and non-communicable disease, through vaccination programmes and tobacco control policies, for example. However, current and future public health challenges are increasingly complex, and addressing these will require a responsive, resilient and collaborative public health workforce, with a strong strategic focus on the wider social, economic and environmental determinants of health.

It is reported that many professionals with backgrounds other than medicine in Ireland who gain public health first and second degrees are challenged in terms of career progression in Ireland. The expression that was repeated during the development of this paper is that ‘talent is trapped’ in administrative and support roles in Ireland. It appears that the prevailing workforce model may result in a negative impact in terms of staff retention, capacity, skills development, and professional development. Stakeholders may consider value to be gained from exploring the issues at hand with the current public health workforce via an independent engagement initiative.

If Ireland pursues the multi-disciplinary approach to the public workforce, it will support and sustain the ongoing work to implement a new reformed public health model in Ireland. Indeed, it is likely that progress to implement this model will be critically dependent on the development of a strong multi-disciplinary workforce. There is also considerable potential to enhance training and capacity development within the group sometimes referred to as wider

‘public health aware’ professionals (such as teachers, urban planners, and police) and thereby promote public health values and concepts within the wider society.

5 Conclusions

There is a clear requirement for Ireland to have a highly skilled, competent, and diverse public health workforce to deal with current and future challenges on a collaborative basis, working across sectors, borders, professional disciplines, agencies, and specialities. This must include meeting the challenges of disease prevention and the achievement of a reduction in health inequalities across the population. Central to this should be delivery of the EPHFs, which are currently being mapped to the local context in Ireland.

The current public health system transition in Ireland, establishing the network of 84 Consultant in Public Health Medicine posts, is a significant and positive change. These Consultant posts will represent significant change in the profile and understanding of public health and may result in a greater impetus towards the multi-disciplinary development of the wider public health workforce, to a competency-based level in alignment with WHO, WFPHA and EUPHA ambitions. Given the all-island reach of IPH there is a good opportunity to include Northern Ireland within the evolving agenda – an opportunity that may further enhance learning and outcomes.

Population health and health inequalities are impacted by the socioeconomic and environmental determinants of health. The development of a focus on the determinants of health and disease prevention requires a multi-disciplinary and multi-sectoral approach. It may also require a reform of public health legislation, which currently is mainly concerned with infectious disease control, to ensure that socioeconomic and environmental determinants of health are explicitly recognised, and place health inequalities more centrally in national, regional, and local decision making. The Public Health Reform Expert Advisory Group, established by Department of Health and chaired by Professor Hugh Brady, seeks to harness learning from the COVID-19 pandemic response in Ireland and consider how future public health pandemic preparedness and other public health functions, including health promotion, could be strengthened. The expert group will publish a report later this year which will recommend a model to develop and oversee the delivery of public health in Ireland into the future.

International evidence suggests strongly that the UK model of the public health workforce, with the associated competency framework and public health register, provides a convincing benchmark for other countries to consider. Within the UK, it is apparent that the multi-disciplinary public health workforce in Wales has progressed to influence legislation and policy, gain political recognition and positioning within the health economy, and establish effective collaborative networks and relationships across sectors and agencies. A strong collegiate relationship already exists between Public Health Wales and the IPH, particularly with regard to work on Health Impact Assessment, and there is potential to strengthen this further through knowledge development and shared learning.

It is reported that the key factors for success for the multi-disciplinary public health workforce in Wales have included: political will, legislation, ownership by the professions and professional bodies, the establishment of a recognised and respected 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 or practitioner within job specifications[36].

[36] Gray, Selena F, and Evans, David, 'Developing the public health workforce: training and recognising specialists in public health from backgrounds other than medicine: experience in the UK', (2018), 39, 14, *Public Health Reviews*

For Ireland to achieve a similar level success, it is likely that each of these factors will need to be understood and addressed.

Appendix 1 – Scoping Exercise

Overview

To gain an understanding of the opinions, knowledge, and ambitions of public health professionals in Ireland, a short scoping exercise was developed and sent to members of the Public Health Advisory Group. This exercise gained eleven responses from the 22 members representing academic, professional, practitioner, regulatory, and service provider bodies associated with public health and health promotion. Participants were invited to answer six questions:

- How would you define multi-disciplinary team working in public health?
- Ideally, what would multi-disciplinary team working in public health look like in your organisation?
- Do you have any comments on the ideal structure of a multi-disciplinary team in public health – for example, skill-mix?
- What value do you think multi-disciplinary team working would bring to you in your current role?
- Are there any potential downsides or threats associated with a move to multi-disciplinary team working that need considered?
- Would multi-disciplinary team working in public health help to address any challenges that may be faced by the profession, and if so, how?

Outcomes

Introduction

The outcomes are presented as themes and paraphrased responses, with no interpretation or application of the data provided in this paper, to enable objectivity and the facilitation of discussion. The exercise produced seven full responses.

How would you define multi-disciplinary team working in public health?

- Variety of complementary public health skills with shared goals.
- Broad and inclusive with diverse disciplinary perspective.
- Co-ordinated resources and activities between academic disciplines and professional groups.
- Public health is multi-disciplinary.

Ideally, what would multi-disciplinary team working in public health look like in your organisation?

- Recognition of the boundaries and limitations of the respective skills, experience and capacities.
- Cohesive working towards health improvement at national, regional and local levels.
- Career progression and opportunities for public health professionals from both medical and non-medical backgrounds
- Requirement to move away from a matrix structure.

- Ensure public health activity is not reliant on a single individual or a single skill set.

Do you have any comments on the ideal structure of a multi-disciplinary team in public health – for example, skill-mix?

- Need for team members with expertise in epidemiology, statistics, data management, health informatics, social sciences/ qualitative research, media and communications.
- Requirement for behavioural scientists, health promotion specialists, project managers, and communications experts.
- Quantitative research skills, qualitative research skills, infection control skills and knowledge, surveillance science.
- Very close links with other sectors are required, beyond the core public health team.
- Increased numbers of Consultants in Public Health Medicine.

What value do you think multi-disciplinary team working would bring to you in your current role?

- Critical nature of multi-disciplinary team working to the success of academic units and education of future public health practitioners. MDPH training is essential to retain and attract fresh graduates towards research and innovation and creating a community of public health practice.
- Multi-disciplinary working brings different perspectives to planning and problem solving.
- The work of Consultants in Public Health Medicine is enhanced by multi-disciplinary working, enabling them to focus on specific areas.
- Core national and local multi-disciplinary team levels within Healthy Ireland and Sláintecare would enhance the effectiveness of health improvement approaches.

Are there any potential downsides or threats associated with a move to multi-disciplinary team working that need considered?

- Danger of losing real ‘multi-disciplinarity’ and diverse contributions within a vision of a multi-disciplinary "public health profession".
- Need to ensure career progression so that job roles remain attractive.
- Requirement for parity of esteem between qualified professionals recognised as public health practitioners and those identified as health promotion practitioners.
- Reduced funding for medical roles.
- Need for a defined hierarchy with accountability and lines of responsibility.
- Potential tension around role boundaries and leadership, gender division, and a risk of a ‘de-professionalisation’ of certain aspects of public health practice.

Would multi-disciplinary team working in public health help to address any challenges that may be faced by the profession, and if so, how?

- Essential to address major public health challenges during the next decade and beyond.

- Provides more and wider public health capacity, to get public health skills more dissipated across the system.
- May be more effective and efficient in addressing complex public health problems, with a reduction in costs and duplication of resources.
- May support the prioritisation of activities in health improvement, enabling the positive influence of population need, data, evidence and common sense.
- The current discussion represents a significant opportunity for change. If the opportunity is not embraced, it might be many years before this change opportunity presents itself again.

Appendix 2 – Core Advisory Group

Membership of the Core Advisory Group

- Professor Ivan J Perry, (Chair) Professor of Public Health, School of Public Health, University College Cork;
- Professor Margaret Barry, Director of World Health Organization Collaborating Centre for Health Promotion Research, School of Health Sciences, NUI Galway;
- Suzanne Costello, CEO, Institute of Public Health;
- Ronan Dillon, Chair, Association for Health Promotion Ireland;
- Professor Patricia Fitzpatrick, Professor of Epidemiology & Biomedical Statistics, Head of Subject for Public Health, University College Dublin and Consultant in Preventative Medicine in St Vincent's University Hospital and Consultant Epidemiologist/Director of Evaluation for the National Cancer Screening Service;
- Dr Jenny Mack, Public Health Medicine Consultant, Institute of Public Health;
- Dr Caroline Mason Mohan, Director of Public Health, National Screening Service, HSE;
- Dr Helen McAvoy, Director of Policy, Institute of Public Health; and
- Professor Debbi Stanistreet, Royal College of Surgeons in Ireland, University of Medicine and Health Sciences.