

# New national standards for specialist practice in public health

If the government is to meet its public health agenda it will need public health specialists from a range of disciplines. At present those without a medical background lack any agreed career structure which would develop their skills. This editorial describes the steps being taken to create a multidisciplinary specialty of public health.

**‘Of all cooperative enterprises public health is the most important and gives the greatest returns (Mayo, 1919).’**

The Faculty of Public Health Medicine from its inception in 1972 has, through its membership examination, set and maintained standards for medical practitioners who work in the public health field. It provides a syllabus which others, such as academic departments, use to guide their training. For other professions there is no comparable body setting standards which employers can use in assessing applicants for posts in public health.

Many non-medics work in departments of public health and many of them carry out work to a high standard but there is no national system of assessment, no recognized training programme, no assurance of the comparability of courses undertaken nor of their quality, all of which means that the potential of these non-medics is not being properly developed and the service suffers as a result.

## MULTIDISCIPLINARY PUBLIC HEALTH FORUM

It is against this background that the Multidisciplinary Public Health Forum (MDPHF) was established in 1996. A year later at the national conference (West Midlands Cancer Intelligence Unit, 1997) the director of health care and medical director of the NHS Executive, Dr Graham Winyard, ‘re-

iterated the need for a single voice for public health. To achieve this not only do we need a stronger and more coherent authoritative public health but we must also ensure that the professional inequities that currently exist within public health are overcome’.

The Chief Medical Officer’s report (Department of Health, 1998) concluded that ‘public health skills are needed for the new health care agenda within the NHS, as well as for broader public health action’ and the skills, capabilities, people and other resources involved in improving population health need to be increased.

## STEERING GROUP FOR ACCREDITATION

From these beginnings the tripartite steering group was established jointly by the MDPHF, the Faculty of Public Health Medicine and the Royal Institute of Public Health and Hygiene. In June 1998 they agreed to draw up and administer a framework of accreditation which should determine the skills and knowledge which are necessary for professionals working in public health (MDPHF, Faculty of Public Health Medicine and Royal Institute of Public Health and Hygiene, 1998).

These three organizations are by no means the only organizations with a professional interest in public health, so the steering group also established an advisory group to include as many of these other organizations as possible so that they would know what was being done and could contribute at an early stage to discussions. The chairman of the advisory group is Sir Kenneth Calman, the former Chief Medical Officer. There are some twenty-four people on this group, representing organizations across the UK.

In December 1998 the feasibility study of the case for national standards

for specialist practice in public health was published (Lessof et al, 1998). This pointed out that there is demand from employers and employees for standards that will define the core of specialist practice and inform the specialist skills that relate to it.

## MULTIDISCIPLINARY INPUT

The government also indicated its belief that public health should be strengthened by including people with a wide range of academic backgrounds (Department of Health, 1999) and emphasized the need for action on a wide front to reduce health inequalities. Much of the action was intended to involve public health practitioners, with the emphasis on the need for a stronger, larger and multidisciplinary public health force. The importance of removing barriers to career development in public health has been eloquently set out elsewhere (McPherson, 2000).

The need to include a wide range of disciplines in public health is not peculiar to the UK. For example the New South Wales Public Health Officer Training Program was established in 1990 to contribute to the development of a workforce with the capacity to plan, implement and evaluate public health interventions (New South Wales Department of Health, 2000).

After initial discussions it became apparent to the tripartite steering group that outside specialists were needed to describe the new discipline, and support was obtained from the four health departments in the UK to fund Healthwork UK (the National Training Organisation for Healthcare). With ATM Consulting Ltd and Prime R&D Ltd they have worked with the steering group to produce the documents which are now out to consultation.

The project, which started in 1999 and will be completed in the summer of 2001, will produce national standards for specialist practice in public health.

Initially work was carried out to describe the overall purpose of public health and the value it adds to the nation's health, including identifying the main areas of work in public health, how they inter-relate and the contributions which individual practitioners make to public health.

From this starting point national standards have been developed for individuals who work as public health specialists which is a precursor to the further development of items such as job descriptions and accreditation systems.

This exercise has involved examining the relevant literature and work done elsewhere, especially that undertaken by the faculty of public health medicine, and testing these ideas out in a number of pilot studies

throughout the UK. The result of these activities is the *New National Standards for Specialist Practice in Public Health: consultation draft* issued January 2001 by the tripartite steering group which lists the key standards as follows:

1. Surveillance and assessment of the population's health and wellbeing
2. Promoting and protecting the population's health and wellbeing
3. Developing quality and risk management within an evaluative culture
4. Collaborative working for health
5. Developing health programmes and services and reducing inequalities
6. Policy and strategy development and implementation
7. Working with and for communities
8. Strategic leadership for health
9. Research and development
10. Ethically managing self, people and resources.

When the comments received during the consultation period have been

processed, a definitive document will be produced and a register will be set up of individuals accepted as having the experience required for specialist practice in public health.

**Anthony Golding**

Chairman

*Tripartite Steering Group of the Royal Institute of Public Health and Hygiene, Faculty of Public Health Medicine and Multidisciplinary Public Health Forum  
Royal Institute of Public Health and Hygiene  
28 Portland Place  
London W1B 1DE*

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## KEY POINTS

- Public health needs to be multidisciplinary.
- There is no proper career structure for non-medical specialists in public health.
- A national career structure is needed for specialists in public health which does not exclude the non-medics.
- This involves redefining public health and getting agreement to its main components.
- It will then be necessary to set standards so that employers can gauge the level and breadth of experience of applicants for posts in public health.
- The draft paper *New National Standards for Specialist Practice in Public Health* is now out to consultation.

## Correspondence

If you would like to comment this or any articles published in *Hospital Medicine*, or any issues relevant to our readers, please write in no more than 250 words to:

Dr Jack Tinker

Editor-in-Chief, *Hospital Medicine*

c/o Yvonne Perks

1 Wimpole Street

London W1G 0AE