

Public Health Skills

Audit Tool

2004

Annual Report





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Public Health Skills Audit Tool

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Executive Summary

This is the first annual report on the **Public Health Skills Audit Tool** project. This tool was developed with the objective to establish a local, regional and national profile of public health skills and skill gaps, which could be used to develop capability in the public health workforce to improve health and reduce health inequalities.

The report contains an analysis of data that has been collected from 1,525 public health practitioners, who have utilised the audit tool between 17th November 2003 and 17th November 2004, and in the two to three months prior to the official launch. There are a number of interesting findings arising from the analysis of data and these are summarised on page 41. Participants have identified significant skill gaps in the areas of leadership, policy and strategy, professional and technical and management/implementation skills. Public Health Directors/Managers in Primary Care Trusts and Health Promotion Specialists reported the most skill gaps. The recent public health white paper *Choosing Health, Making Healthier Choices Easier* outlines the need to strengthen the research and evaluation skills of all public health practitioners and further develop skills in working with communities and tackling health inequalities. The findings from this audit support the need for specific programmes to develop skills in these areas. It is important that the findings from this audit are used to inform future training and development programmes both for individual professions and for developing the capacity of the public health workforce as a whole.

The final section on page 42 of the report includes discussion and recommendations for the further development of the Public Health Skills Audit Tool. The tool was commissioned by the former Health Development Agency some of whose functions have been incorporated into the National Institute for Health and Clinical Excellence. The current funding for this project has now come to an end and further funding would be needed both to maintain the tool and develop it in line with the National Competency Framework for Health, and incorporate the increasing range of skills needed by the public health workforce to improve the health of the population and reduce health inequalities.

Introduction

- 1** This is the first annual report on the Public Health Skills Audit Tool project. It has been produced by the North West Public Health Observatory, who was commissioned by the former Health Development Agency in 2003 to develop and maintain the online Public Health Skills Audit Tool as part of the 2nd Phase of the audit tool's production.
- 2** The report outlines the development of the audit tool, from initial inception to its present day format, and presents a comprehensive overview of the current toolkit with its' benefits and limitations. The report contains an analysis of data that has been collected from 1,525 public health practitioners, who have utilised the audit tool between 17th November 2003 and 17th November 2004, and in the two to three months prior to the official launch. The final part of the report includes discussion and recommendations for the future development of the audit tool, for consideration by the National Institute for Health and Clinical Excellence (which has now incorporated some of the functions of the former Health Development Agency) and its partners.

Background

- 3** In July 1999, the Government published a White Paper on public health strategy entitled *Saving Lives: Our Healthier Nation*¹. The aim of the report was to improve health and reduce health inequalities. The paper outlined the need for completion of a public health skills audit, to determine the baseline of capacity and capability to deliver the new public health agenda as set out in the report. The intention was to build on work already in progress in the English regions and to inform the public health workforce development plan.
- 4** *Saving Lives: Our Healthier Nation* announced the establishment of the Health Development Agency (HDA), which was set up on the 1st January 2000 to raise the quality of the public health function in the United Kingdom. As part of its' remit, the HDA was commissioned to complete this public health skills audit. The need for such an audit was further underlined by the changes in public health policy announced in *The NHS Plan*². This paper emphasised the necessity for public health practitioners to be able to effectively engage individuals and communities in improving health and reducing health inequalities, working in partnership with local agencies. For some public health practitioners this would require the development of existing skills and the acquisition of new skills.
- 5** The aim of the audit, therefore, was to identify both under-utilised skills and current skill gaps, taking account of the changing nature of public health work and the emerging expectations of future roles. Once the baseline had been established, local health organisations could then decide as to whether they possessed the correct mix of skills in their public health workforce to prepare themselves for the shift to the new population and health-focused agenda. The emphasis was very much placed on ensuring that the public health workforce was skilled, staffed and resourced to deal with the major task of delivering the public health strategy.

Development of the paper-based Public Health Skills Audit Tool

- 6** The Chief Medical Officer's (CMO) report on strengthening the public health function³ identified a list of competencies for public health practitioners. For the purpose of the project, skills were seen as competencies or 'what people need to be good at doing'. During 2000, the Health Development Agency, working alongside the developing national standards for public health specialists practice, developed a paper-based tool that was initially piloted in July 2000 at two workshops of NHS and Local Authority public health and health improvement staff respectively. This project was undertaken by Healthwork UK on behalf of the Tripartite Group (Multi-disciplinary Public Health Forum, Faculty of Public Health, and the Royal Institute of Public Health). The findings of this initial pilot lead to some modifications.
-
- 7** The main pilot of the audit tool took place in 22 sites across England, covered a cross-section of public health and health improvement work settings across the country and took in 251 participants. It was split into two phases, with NHS organisations being covered in Phase 1, and Local Authority groups in Phase 2. A full research report⁴ was produced by the Health Development Agency detailing the process of producing a robust Public Health Skills Audit Tool.
-
- 8** The pilot phase of the paper-based tool was well received by the public health community and was seen as having a major role to play in informing the public health workforce development plan. As part of the feedback on the audit tool, there were a number of suggestions received as to how the process could be developed further. This feedback included comments such as "do an internet-based survey" and "use computers for data input in the session and get immediate feedback". These comments lead to a number of recommendations to improve the audit tool, and the decision to create an electronic version of the paper-based audit.

Development of the online Public Health Skills Audit tool - version 1

- 9** During 2001, a steering group including membership from the Health Development Agency, the North West and the Northern and Yorkshire Public Health Observatories, was formed to take forward the first phase of development of the online Public Health Skills Audit Tool. The online tool was officially launched on 20th September 2002 at the National Public Health Observatories 'Futures' Conference. Following a review of version 1, the North West Public Observatory was commissioned by the Health Development Agency on 28th February 2003 to develop and promote version 2 of the online Public Health Skills Audit Tool. The Tool had entered into a second phase of development.

Overview of the online Public Health Skills Audit Tool - version 2

10 Version 2 of the online Public Health Skills Audit Tool was officially launched on the 17th November 2003. The objective of the audit was to establish a local, regional and national profile of public health skills and skill gaps, which could be used to develop capability to address the public health agenda of improving health and reducing health inequalities.

11 The Public Health Skills Audit Tool is a tool for use within the public health workforce. It allows individuals to self-assess their own skills against those of other public health practitioners across seven areas or 'skill sets', based on the seven broad groupings identified in the Chief Medical Officer's report on strengthening the public health function.

The seven skills sets are:

- *Personal skills*
- *Leadership*
- *Policy and strategy*
- *Management - implementation*
- *Workplace management*
- *Underpinning principles*
- *Professional / technical skills*

12 Each skill set includes a list of competencies, sixty-seven in total across the seven skill sets (see Appendix 1 for complete list of the skill sets and competencies). For each of the competencies, participants rate the required skill for their current role together with their actual skill on a scale of 0-3;

- 0 - *no skill*
- 1 - *little skill*
- 2 - *moderate skill*
- 3 - *high skill level required*

Thus a pairing of 'skill estimates' is obtained from every participant for each competency, and 'skill gaps' can be identified.

13 Participants are required to state their current job role from a given list. The chosen job role is then mapped onto one of the six functional public health groupings identified in the Chief Medical Officer's project³ (see Appendix 2 for list of occupations/job roles and CMO functional groupings). A participant can then compare their results with all other participants in the database, by job role or functional grouping. The rationale for classifying an individual in both a job/occupational role and functional role was to ensure that skills could be examined in the context of potential change and not limited to current occupational roles, and classification by occupational role to facilitate analysis of results where change can be made through professional requirements and training routes.

14 The online Public Health Skills Audit Tool can be completed in two different ways:

Individual

by an individual working alone, or with their manager as part of a Personal Development Review.

Workshop

by individuals in a workshop environment, generally as part of a team development exercise. The audit can be carried out as a paper exercise and the results entered onto the database after the workshop, or the audit can be completed online during the workshop.

15 From 17th November 2003 until 17th November 2004 (and in the two to three months prior to the official launch), 1029 users completed the audit tool online as individuals and 496 users completed the audit tool in workshops, a total of 1525 participants. Details of the number, location by region and date of the workshops are included in Appendix 3.

Using the Public Health Skills Audit Tool online as an individual (six stages)

16 There are six stages involved in using the Public Health Audit Skills Tool online. These are

- Stage 1 | Registering individual details
- Stage 2 | Choosing an occupational/job role and being assigned a functional group
- Stage 3 | Allocation of unique identification number
- Stage 4 | Completion of the required skill level
- Stage 5 | Completion of the actual skill level
- Stage 6 | Analysis of skills

The whole process takes about 30-40 minutes to complete by individuals, and 1-2 hours if undertaken as part of a personal development review process.

Stage 1 Registering individual details

- 17** The first step to be undertaken in completing the Public Health Skills Audit Tool online is to register on the website at www.phskills.net (see **Box 1**). This can be done by public health practitioners registering as individuals or as part of a workshop. Full information on the Public Health Audit Skills Tool, including promotional materials, is available to all individuals visiting the site and can be accessed easily from the initial 'Welcome' page. The 'Help' function includes information packs for both individual participants and facilitators of workshops.

Stage 1 involves completing basic demographic questions (see **Box 2**) that allow the tool to create a unique profile for each person who registers on the system. It is important to note that the system is completely confidential and that no names are entered at any time.

Stage 2 Choosing an occupational / job role and being assigned a functional group

- 18** The second stage of the Public Health Skills Audit Tool involves each individual being assigned to one of the six functional groups as set out by the Chief Medical Officer³.

1.	CMO Group 1(a)	Those whose roles have a strategic influence on the wider determinants of health and on healthcare provision.
2.	CMO Group 1(b)	Those whose work influences the wider determinants of health at individual or community level.
3.	CMO Group 2(a)	Managers and team leaders of public health practitioners.
4.	CMO Group 2(b)	Public health practitioners whose work is largely working with individuals or communities on public health issues.
5.	CMO Group 3(a)	Those public health specialists from a variety of disciplines who have a strategic influence on the planning and co-ordination of the breadth of public health issues for a population.
6.	CMO Group 3(b)	Technical specialists in public health who provide particular expertise on specific issues or methodologies.

Assigning each participant to a functional group (see **Box 3**) is done on the basis of the chosen occupational/job role on the previous screen. The details of how job roles are mapped onto the six functional groups are included in Appendix 2. If a participant doesn't agree with the functional group that they have been assigned to, then they are given the option to alter their functional group.

Box 1:
Registering individual details

Public Health Skills Audit Tool

Welcome

The Public Health Skills Audit Tool aims to establish a profile of public health skills, capacity and shortfalls that can be used to develop practice and tackle inequalities in health. It is an interactive online system with built-in analysis functions, which consists of 10 skill sets each with 7-15 competency questions and can be used for a variety of purposes (with variable completion times)

- public health teams carrying out skills gapping workshops (via a facilitator) 2 to 3 hours
- conducting personal development reviews (PDR) 1 to 2 hours
- individuals analysing their own skill gaps and training needs 30 to 40 minutes

The online analyses allows you to evaluate your individual skill gaps, compare your skills with others in the same job role and identify other job roles with similar skill sets.

```

    graph TD
      subgraph Workshop
        W1[Register Facilitator Details]
        W2[Register Participant Details]
      end
      subgraph Individual
        I1[Register Individual Details]
      end
      W1 --> R[Required Skill Activity]
      W2 --> R
      I1 --> R
      R --> A[Actual Skill Activity]
      A --> S[Skill Analysis]
    
```

We would like you or your colleagues to complete a questionnaire, which will enable us to improve the functionality of the online system

[Complete questionnaire on line](#)
[Download in word format](#)

Box 2:
Completing demographic details

Public Health Skills Audit Tool

Participant Details

All fields are mandatory

Workshop ID

Organisation

Your Job Title

Do you have the following qualifications

Diploma Yes No
(E.g. Certificate of Education or Diploma in Education Nursing Diploma)

First degree Yes No
(Of a UK or EU institution, or graduate equivalent status)

Postgraduate degree Yes No
(Masters, M.phil. or Ph.D.)

Professional qualification Yes No

Sex

Age Group

Ethnic Group

Analyses are based on Job Role and in order to obtain meaningful results the Job Role to which you assign yourself is critical

Your Job Role

Box 3:
Being assigned to a functional group
on the basis of job role

Public Health Skills Audit Tool

Individual Details

Thank you for entering your individual details.

On the basis the **Job Role** selected, you have been assigned a **Functional Group** ¹⁹, which is highlighted in the following box. If you agree with this choice, please click on the proceed button. If you disagree, then click on the most appropriate description and then proceed.

Those working on the wider determinants of health and healthcare provision with strategic influence
Those working on the wider determinants of health at individual or community level
Public health practitioners, managers and team leaders
Public health practitioners at individual or community level
Public health specialists with strategic influence
Public health specialists with technical expertise

Proceed

Stage 3 Allocation of unique identification number

- ¹⁹ Once the user has agreed with their assignment to a functional group, they are allocated a unique user identification code (see Box 4), which they can then use to access their results after they have completed the online questionnaire.

Stage 4 Completion of the required skill level

- ²⁰ **Stage 4** involves asking participants to rate the skill level that they think is required of them, in their current job role, for each of the 67 competencies across the seven skills sets (see Appendix 1). For each competence, participants complete the required skill level option (see Box 5), basing their answers on the level of expertise that they think is required for their job role. Participants are advised in the participants pack to consult their colleagues when completing this activity, so as to obtain as objective an assessment as possible. Furthermore, participants are advised when completing this activity as part of a Personal Development Review, or similar, to reach agreement on the level of expertise required for each competence with their line manager.

Box 4:
Allocation of unique
identification number

Public Health Skills Audit Tool

Individual Details

Thank You - Your personal details have been entered into the Public Health Skills Audit Tool database

Your Individual ID is: **A1314**

Please write down your Individual ID and keep it safe. You will need it to complete the on-line tool and to access your results.

[Print This Page](#)

[Complete Required Skill Level](#)

[Home](#)

Box 5:
Example of completion of required
skill level for the ten competencies
contained in the first of seven skill
sets, personal skills

Required Skill Level Activity
The level of expertise that is required for your Job role

A : Personal Skills **ID - A1420**

Competences	No 0	Expertise ⓘ		
		Little 1	Moderate 2	High 3
Communication	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Working in multidisciplinary teams	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Negotiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Conflict management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Interpersonal skills/relating to others	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Managing self	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Innovations and creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Presentation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
IT skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other <input type="text"/> (Please specify)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Continue](#)

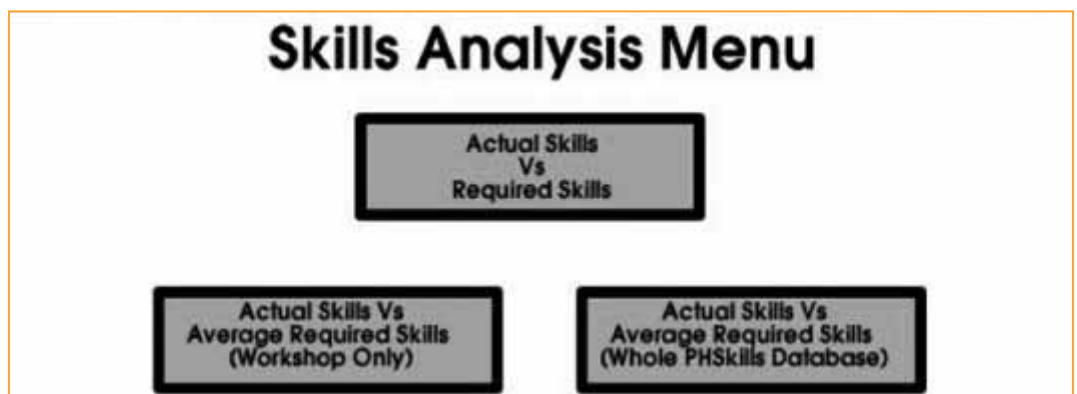
Stage 5 Completion of the actual skill level

- 21** Stage 5 involves asking the participant to rate the actual level of expertise that they think they currently possess for each of the competencies (see Box 6). Again, participants are encouraged to involve their line manager in this task, if it is part of a Performance Development Review, in order to obtain an objective assessment.

Stage 6 Analysis of skills

- 22** The sixth and final stage in the process involves participants reviewing their results. The online Public Health Skills Audit Tool offers instant analysis upon completion of Stages 4 and 5. It allows participants to review their own results independently of other participants, and to compare their skill level against the rest of the database by job role or by CMO functional group. Box 7 shows a copy of the initial screen that participants will be directed to when commencing the analysis section.
- 23** The first option 'Actual Skills Vs Required Skills' gives participants the opportunity to compare their own actual skill level versus the level that they think is required of them in their job role and identify any gaps. The second option 'Actual Skills Vs Average Required Skills (Workshop only)' gives workshop participants the opportunity to compare their skills against the other participants in their workshop, in addition to being able to compare themselves with the whole database (see page 17 'Using the Public Health Skills Audit Tool in a workshop environment'). Finally the third option 'Actual Skills Vs Average Required Skills (Whole PH Skills Database)' gives participants the opportunity to compare their skills against the whole public health skills audit database, either by job role or by functional group.

Box 7:
Skills Analysis Menu



- 24** Box 8, shown opposite, illustrates how participants' results are displayed when they select the 'Actual Skills Vs Required Skills' option from the skills analysis menu. In this example, the analysis shows that participant A1314 has identified skill gaps in three out of the five competencies contained within the Policy and Strategy skill set.


Box 6:

Example of completion of actual skill level for the ten competencies contained in the first of seven skill sets, personal skills

Actual Skill Level Activity

The level of expertise that you have

A : Personal Skills **ID - A1420**

Competences	No 0	Expertise 		
		Little 1	Moderate 2	High 3
Communication	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Working in multidisciplinary teams	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Negotiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Conflict management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Interpersonal skills/relating to others	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Managing self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Innovations and creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Presentation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
IT skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

[Continue](#)

Box 8:

Analysis of 'Actual Vs Required' skills

Public Health Skills Audit Tool

Skills Set C: Policy and Strategy ID : A1314

Your Actual Skill Level

Your Required Skill Level

Competencies	0 No	1 Little	2 Moderate	3 High	Skill Gap
Understanding national policy context			<input checked="" type="radio"/>		0
Understanding local policy context			<input checked="" type="radio"/>		0
Understanding other organisations			<input type="radio"/>	<input checked="" type="radio"/>	-1
Policy development			<input type="radio"/>	<input checked="" type="radio"/>	-1
Influencing policy and strategy			<input type="radio"/>	<input checked="" type="radio"/>	-1

[Previous Skill Set](#) [Next Skill Set](#)

25 **Box 9** illustrates the screen that will be generated if a participant chooses the 'Actual Skills Vs Average Required Skills (Whole PH Skills Database)' option. In this example, the analysis shows the average required skill level for each of the competencies in the Personal Skill set for all other participants' job roles in the database. The participant is then able to compare their own results with each of the other job roles listed.

Box 9:
Analysis of 'Actual Skills Vs Average Required Skills (Whole PH Skills Database)'

- Home
- About
- Links
- Help
- Contacts
- Promotion

Public Health Skills Audit Tool

Skills Set A: Personal Skills

Your results versus average skill levels

Your Job Role : Community Work - Advisor/Educator

Next Skill Set

Competences

1. Communication
2. Working in multidisciplinary teams
3. Facilitation
4. Negotiation
5. Conflict management
6. Interpersonal skills/relating to others
7. Managing self
8. Innovations and creativity
9. Presentation skills
10. IT skills

Required Skills	Competences	Norm (n)	1	2	3	4	5	6	7	8	9	10
	Your Required Skill Level		2	3	3	3	2	3	3	3	3	3
Community Work - Administrator/Clerk		4	3	2	2	2	2	3	3	2	2	2
Community Work - Advisor/Educator		34	3	2	3	2	2	3	3	2	3	2
Community Work - Director/Manager		16	3	3	2	2	3	3	3	3	2	2
Community Work - IT/Analyst		1	1	1	1	1	1	1	1	1	1	1
Community Work - Practitioner		76	3	3	2	2	2	3	3	2	2	2
Community Work - Specialist		29	3	3	2	2	2	3	3	2	2	2
Emergency Services - Administrator/Clerk		2	3	1	2	1	2	3	3	1	2	2
Emergency Services - Director/Manager		1	3	3	3	3	3	3	3	3	3	3
Emergency Services - IT/Analyst		1	3	3	3	3	3	3	3	3	3	3
Emergency Services - Practitioner		1	3	3	3	3	2	3	3	3	3	2
Emergency Services - Specialist		3	3	3	2	2	2	2	3	2	2	2
Environmental Health - Director/Manager		12	3	3	2	2	2	3	3	2	2	2
Environmental Health - Practitioner		7	3	3	2	2	2	3	3	2	2	3
Environmental Health - Specialist		3	3	2	2	1	2	3	3	2	2	2
HAZ - Director/Manager		5	3	3	3	3	2	3	3	3	3	2
HAZ - Practitioner		2	3	3	3	2	2	3	3	3	3	3
Health and Safety - Director/Manager		3	3	3	3	3	3	3	3	2	3	3
Health and Safety - Practitioner		2	3	3	3	2	3	3	3	3	3	2
Health and Safety - Specialist		1	0	0	0	0	0	0	0	0	0	0
Health Promotion - Administrator/Clerk		11	3	2	2	2	2	3	3	3	3	3
Health Promotion - Advisor/Educator		23	3	2	2	2	1	3	3	2	2	2
Health Promotion - Director/Manager		29	3	3	3	2	2	3	3	2	2	2
Health Promotion - IT/Analyst		2	3	3	2	3	1	2	3	3	3	2
Health Promotion - Practitioner		35	3	3	3	2	2	3	3	3	2	2
Health Promotion - Specialist		66	3	3	3	2	2	3	3	2	3	2
HIMP - Advisor/Educator		2	3	3	3	3	3	3	3	3	3	2
HIMP - Director/Manager		9	3	3	3	3	2	3	3	2	3	2
HIMP - Practitioner		2	2	1	1	1	0	1	2	1	2	1
HIMP - Specialist		4	2	3	2	1	1	2	3	3	2	2
HPA - Administrator/Clerk		1	3	1	1	2	1	3	3	0	0	2

Using the Public Health Skills Audit Tool in a workshop environment

26 A facilitator must register a workshop online before the Public Health Skills Audit Tool can be completed. A unique identification number (ID) will be produced for the workshop, and once the participants have been given this Workshop ID, individual participant details can be registered via the 'Register Participant Details' button (see **Box 1** on page 11).

27 There are four stages involved in using the Public Health Skills Audit Tool in a workshop environment:

- Stage 1** | Mapping developments in public health and health improvement
- Stage 2** | Identification of required skills for role or job
- Stage 3** | Self-assessment of actual skill levels
- Stage 4** | Action possibilities

The process of undertaking all four activities in a workshop takes about 2-3 hours and requires a facilitator.

Stage 1 Mapping developments in public health and health improvement

28 The main aim of this activity is to focus on the developing public health agenda and identify a baseline for skills that will be required in the future. This activity is the starting process for any workshop that has come together to use the Public Health Skills Audit Tool. Ideally, the activity should be completed in small groups and an objective of these discussions is to help participants think about potential changes in their job role.

Stage 2 Identification of required skills for role or job

29 This activity can be completed on paper or by using the online tool. As with **stage 4** in the online method of completion (page 12, paragraph 20), the objective is to enable participants to identify the skill level that is required of them, for their job role, for each of the 67 competencies.

Stage 3 Self-assessment of actual skill levels

30 This activity can be completed on paper or by using the online tool. As with **stage 5** of the individual online completion method (page 14, paragraph 21), this stage involves asking the participant to rate the actual level of expertise that they think they currently possess for each of the 67 competencies.

Stage 4 Action possibilities

31 The final activity in the process is an analysis of the results that can be done either individually or in groups, followed by discussion of ways of addressing identified skills gaps and under-utilised skills. The purpose of this exercise is for workshop participants to agree a plan for developing their public health capability.

32 **Box 10** shows an example of the screen shot that would be generated if the workshop participant W24 chose the 'Actual Skills v Average Required Skills (Workshop only)' option. In this example, the analysis shows the average required skill level for each of the competencies in the Personal Skill set for the job roles of all other participants in the workshop. Workshop participant W24 is able to compare their own results with each of the other job roles of the participants in their workshop. In addition, workshop participants are able to compare their own results with all other individual participants in the database.

Box 10:
Analysis of 'Actual Skills Vs Average Required Skills (Workshop only)'

Public Health Skills Audit Tool

Skills Set A: Personal Skills

Your results versus average skill levels for Workshop : W24

Your Job Role : HIMP - Advisor/Educator

[Next Skill Set](#)

Required Skills

Competences	North (a)	1	2	3	4	5	6	7	8	9	10
Your Required Skill Level		3	3	3	3	3	3	3	3	3	2
The average required skill level for:											
Community Work - Advisor/Educator	1	3	3	3	3	2	3	3	2	3	2
Community Work - Practitioner	5	3	3	2	2	2	3	3	2	2	2
Community Work - Specialist	1	3	3	3	3	3	3	3	3	2	2
Health and Safety - Practitioner	1	3	3	2	2	2	3	3	3	3	3
Health Promotion - Director/Manager	1	3	3	3	3	2	3	3	3	3	2
Health Promotion - Specialist	1	3	3	2	2	2	3	3	3	2	2
HIMP - Advisor/Educator	2	3	3	3	3	3	3	3	3	3	2
HIMP - Director/Manager	2	3	3	3	3	2	3	3	3	3	2
HIMP - Specialist	1	3	3	3	2	1	3	3	3	3	2
Local Government - Director/Manager	1	3	2	2	3	1	3	3	2	2	2
Local Government - Specialist	1	3	2	2	2	1	3	3	2	2	2
Nurse - Advisor/Educator	1	3	3	3	3	3	3	3	3	3	2
Nurse - Practitioner	0	3	3	2	2	2	3	3	2	1	2
Nurse - Specialist	4	3	3	3	3	3	3	3	3	3	2
PCT - Advisor/Educator	1	3	3	3	3	3	3	3	3	3	3
PCT - Director/Manager	10	3	3	3	3	3	3	3	3	3	2
PCT - Practitioner	2	3	3	3	3	3	3	3	3	3	2
PCT - Specialist	2	3	3	3	3	2	3	3	3	3	2
PCT/Public Health - Practitioner	2	3	3	3	3	3	3	3	3	3	2

Competences

1. Communication
2. Working in multidisciplinary teams
3. Facilitation
4. Negotiation
5. Conflict management
6. Interpersonal skills/relating to others
7. Managing self
8. Innovations and creativity
9. Presentation skills
10. IT skills

Benefits of the online Public Health Skills Audit Tool

33 This online interactive audit tool has many benefits;

1. **Accessibility** - anyone with access to the internet can use the public health skills audit tool. The tool is inclusive and any member of the public health workforce can utilise the tool.
2. **Flexibility** - it can be used by individuals to assess their own skills and skill gaps, or by teams or groups in a workshop environment to assess individual skills and team strengths and weaknesses, in a paper-based format or online. Participants can compare their results with individuals with similar jobs or functions as well as all participants who have used the tool. The tool can be used as part of a formal (personal development review) or informal (self-assessment) process. It can also be used as a tool for organisations, such as PCTs, to assess skill gaps and public health workforce capacity, and to monitor changes over time.
3. **Quick results** - an individual analysis can be completed in as little as 30-40 minutes, and a full team audit can be done within a couple of hours. Results are available instantly.
4. **Cost-effective for participants** - requires time commitment from participants only with access to an internet-linked computer. The total cost of running the online tool in phase 2 of its development has been approximately £32.00^a per participant.
5. **Confidential** - use of the tool is completely confidential as personal details are not required.
6. **Adaptable to changing nature of public health** - analysis by both job and functional role enables the tool to allow for changing job titles, and individual professions to address skills gaps through professional training programmes.
7. **National database of capability** - the public health skills audit tool has the potential to provide a national database of public health capability, and trends in skill levels can be analysed over time. The data provides a baseline for discussion of national public health workforce capability issues.

^a Calculated by dividing the total annual budget by the total number of participants who used the tool in the first year of phase 2 operation.

Limitations of the Public Health Skills Audit Tool

- ³⁴ There are also a number of limitations of the current public health skills audit tool which should be considered in any future development:
1. **Subjectivity of the data:** The pairs of data generated for each competency (actual and required skill levels) are subjective estimates. In the light of the self-assessment nature of the scores and the subjective nature of the estimates, there are assumptions that cannot be made i.e. that job skills requirement ratings are reliable between groups, that job skill ratings refer to actual requirement levels for the post, as outlined by an employer, and that skill gaps identified relate to actual gaps in skill levels. Some form of validation for both required and actual skills would be needed to improve the objectivity of the data. Furthermore, in a workshop environment, a group rating session may result in contamination of independent self-assessment due to peer influence i.e. once an individual is aware of the feelings of his/her peers concerning any given factor, their response when questioned individually is more likely to be concordant with the group responses.
 2. **Validity of the data** - whilst procedures are in place to remove 'test entries' and incomplete entries from the database, and reduce the number of repeated entries; invalid data may still be contained in the database. In addition, some participants may utilise the tool both as an individual and as a workshop participant and it is difficult to identify such 'double-entries'.
 3. **Comprehensiveness** - To increase the validity of the Public Health Skills Audit Tool, there is need for this greater coverage of the total public health workforce (see paragraph 37).
 4. **Access to the internet** - A participant requires access to the internet to complete the audit, or access to download the proformas to complete the paper-based version of the tool.

Main findings: Analysis of data

- ³⁵ In analysing the database that the Public Health Skills Audit Tool has created, we disregarded all entries that were incomplete i.e. participants who had not completed both the Required Skill Level and the Actual Skill Level in full. Furthermore, there were a small number of duplicate entries on the database, identified through use of exactly the same demographic details. Duplicate entries were also taken out of our final total, leaving only the original results from these participants to be analysed.
-
- ³⁶ The data has been analysed by demography, by functional roles (CMO groups) and by five chosen occupational roles. The five occupational roles were chosen on the basis of those with the highest number of participants. The findings of the public health skills audit represent a starting point for valuable and detailed exploration of capability issues for the public health workforce.

37 In the period 17th November 2003 to 17th November 2004 (and in the two to three months prior to the official launch), a total of 1525 people used the public health skills audit tool (1029 as individuals and 496 in workshops - data was transferred to the online database either during or following the workshops). We are not able to identify what percentage of the total public health workforce this represents, as there does not appear to be any comprehensive public health workforce data available for the U.K. However, we do know that this is likely to represent a relatively small proportion of the total public health workforce.

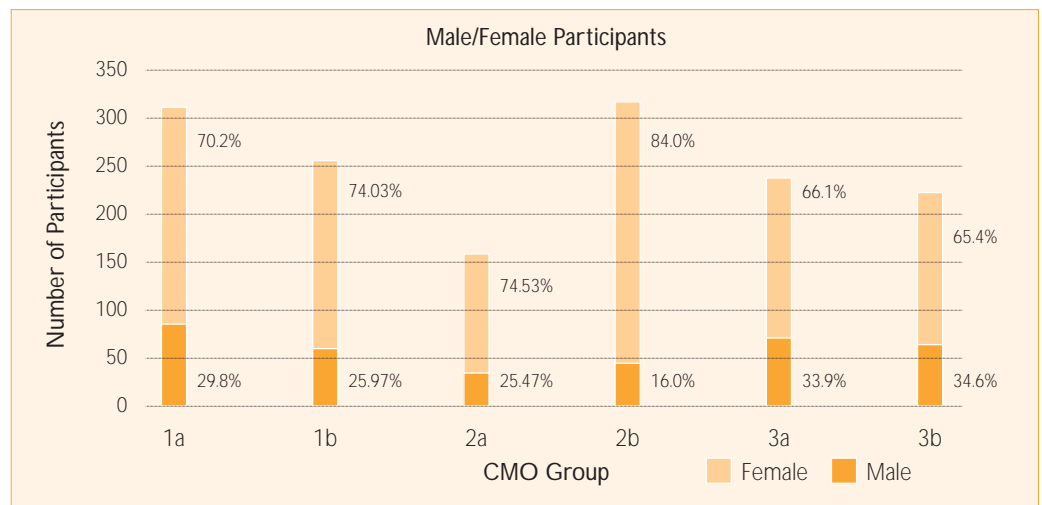
38 A survey carried out by the Faculty of Public Health in October 2003⁵ of the consultant and specialist public health workforce identified 1331 consultants and specialists in public health working in the UK, however this only includes those who were Fellows, Members, Associates of the Faculty and PCT Directors of Public Health. Until the registration of specialists in public health is well established, it is difficult to quantify the number of specialists in public health from a background other than medicine. The other professional bodies should be able to provide total numbers for other groups of the public health workforce, such as community nurses, but a collation of data from other public health professionals has not been identified in the literature.

39 **Table 1** gives a breakdown of the number of participants from each CMO group. A breakdown of participants by occupational role is included in Appendix 2. There is a good spread of participants across all groups. There were relatively fewer participants from CMO group 2(a). This may reflect fewer numbers of managers in the public health workforce as a whole, and also the small numbers of public health consultants who have used the tool.

	CMO Group	Number of Participants	% of Total Participants
1(a):	Those working on the wider determinants of health and healthcare provision with strategic influence	312	20.5%
1(b):	Those working on the wider determinants of health at individual or community level	258	17%
2(a):	Managers and team leaders of public health practitioners	161	10.5%
2(b):	Public health practitioners at individual or community level	324	21%
3(a):	Public health specialists with strategic influence	242	16%
3(b):	Public health specialists with technical expertise	228	15%
	Total	1525	100%

40 There were 414 male (27%) and 1111 female (73%) participants who utilised the public health skills audit tool. Figure 1 shows that the proportion of male participants working in CMO group 2b (practitioners working at individual or community level) is less than other groups. This might be expected as the job roles in the group include female dominated professions such as community nursing.

Figure 1: Breakdown of male and female participants in each CMO group



41 Table 2 shows the age distribution of participants by CMO group. Groups 1(a), 2(a) and 2(b) follow a normal distribution pattern. There were less participants in the age range 35-39 than the 30-34 or 40-44 age ranges in Groups 3(a) and 3(b). This might be due to chance or a factor such as due to the nature of the occupational roles included in these groups, a period of work outside the public sector might be possible or even encouraged. In group 1(b) there are more participants in the 25-29 age range than the 20-24 or 30-34 ranges. This may be due to increased recruitment/training of job roles in CMO Group 1(b).

Age range	CMO Group 1(a)	CMO Group 1(b)	CMO Group 2(a)	CMO Group 2(b)	CMO Group 3(a)	CMO Group 3(b)	Total %
15 - 19	0	7	0	5	0	0	0.79%
20 - 24	3	10	1	11	2	11	2.49%
25 - 29	12	43	18	35	21	23	9.97%
30 - 34	28	23	24	49	43	34	13.18%
35 - 39	66	35	27	58	36	30	16.52%
40 - 44	80	47	30	62	50	46	20.66%
45 - 49	61	43	29	54	42	47	18.10%
50 - 54	40	27	23	29	38	27	12.07%
55 - 59	20	19	6	15	8	7	4.92%
60 - 64	1	4	1	5	1	3	0.97%
Over 65	1	0	2	1	1	0	0.33%
Total	312	258	161	324	242	228	100%

42 Table 3 gives a breakdown of the stated ethnicity of participants. A comparison with the Census 2001 data (see Appendix 5) indicates that the ethnicity of participants of the public health audit skills tool generally reflects that of the United Kingdom population as a whole.

Ethnicity	Number of Participants	% of Total Participants
White English	1078	70.69%
Other White	125	8.20%
White Scottish	81	5.31%
White Welsh	55	3.61%
White Irish	51	3.34%
Other Mixed	32	2.10%
Black Caribbean	30	1.97%
Chinese	18	1.18%
Other Asian	13	0.85%
Mixed White & Asian	9	0.59%
Indian	8	0.52%
Mixed White & Black Caribbean	7	0.46%
Other Black	7	0.46%
Black African	6	0.39%
Bangladeshi	4	0.26%
Pakistani	1	0.07%
Mixed White & Black African	0	0.00%
Other Ethnic Group	0	0.00%
Totals	1525	100%

43 Table 4 shows the geographical distribution of participants. *(continued overleaf)*

Location	Number of Participants	Number of Organisations	% of Total Participants
England:	1163	258	76.26%
(North West	298	51	(19.54%
North East	219	16	14.36%
East Midlands	124	24	8.13%
London	123	36	8.07%
South East	99	41	6.49%
South West	95	33	6.23%
West Midlands	83	16	5.44%
Yorkshire & Humber	79	26	5.18%
Eastern Region)	43	15	2.82%)
Ireland:	4	1	0.26%
Scotland:	45	11	2.95%
Wales:	31	9	2.03%
Other Countries:	30	14	2.00%
Not Specified * :	252	21	16.50%
Totals	1525	314	100%

(* participants stated 'NHS' or 'PCT' as their organisation rather than the actual title of their organisation)

(continued from previous page)

The majority of participants worked in organisations in England, with 34% from two of the nine English regions, namely the North East (14%) and the North West (20%). The uptake of the tool has been greater in the north than in the midlands and the south of England and this has implications for any future marketing of the tool. It is interesting to note that the tool was used by 30 (2%) public health practitioners outside the U.K. 252 participants did not state the actual name of their organisation and therefore we were unable to identify their geographical location.

- 44 A significant number of participants (74%) stated that they were located in primary care trusts (PCT's) in England (see Table 5 for organisational distribution of participants). Given the organisational changes arising from the white paper *Shifting the Balance of Power within the NHS*⁵, it would be expected that the majority of public health practitioners would be located in PCT's.

Table 5 Organisational Distribution of Participants		
Organisation	Number of Participants	%
England:		
Primary Care Trusts	1123	73.64%
Strategic Health Authorities	33	2.16%
NHS Trusts	32	2.11%
Other:		
Health Services	135	8.85%
Universities	75	4.92%
Local Councils	47	3.08%
Miscellaneous *	29	1.90%
Public Health Observatories	27	1.77%
Health Protection	24	1.57%
Totals	1525	100%

(* Miscellaneous organisations include Workforce Development Confederation, Deaf, Hearing & Sign Language Centre, Child Protection, Alpha, VSPT (Lithuania), Orana Youth Shelter (Australia), Central Government, Home Office, Cohn & Wolfe, Dove Communications, Chameleon Housing, Cavill Associates, Essex, and CVS Northamptonshire)

- 45 Table 6 shows a breakdown of the qualifications of participants.

Table 6 Breakdown of Participants qualifications		
Qualifications	Number of Participants	%
Degree & Postgraduate Degree	347	22.75%
Degree only	277	18.16%
Diploma & Degree	232	15.21%
Diploma, Degree and Postgraduate Degree	229	15.02%
No professional qualifications	177	11.61%
Diploma only	159	10.43%
Diploma and Postgraduate Degree	58	3.80%
Postgraduate Degree only	46	3.02%
Total	1525	100%

Analysis of results by functional group (CMO group)

46 Across all CMO groups, there were reported skill gaps for the majority of competencies, both for those competencies where 'no' or 'little' skill were reported by participants as being required, and those where a 'moderate' or 'high' level of skill was reported as required. Skill gaps have been identified using two methods and the results from both are outlined for each CMO group:

1. The average reported required skill and the average reported actual skill has been calculated for each CMO group. Where the average difference is greater or equal to 0.3, this has been identified as a skill gap.
2. For each competency in which the average reported required skill was 'moderate' or 'high', the percentage of participants who have rated a required skill level of 3, i.e. a 'high' skill level, has been compared to the percentage of people who have rated their actual level of skill as '3' for each competency. Where the percentage difference is greater or equal to 20%, this has been identified as a skill gap.

47 **Table 7** shows whether the average required skill level for each of the competencies was considered by participants in each of the CMO groups to be no/little (rating scale '0' or '1') or moderate/high (rating scale '2' or '3') in their current job role. There is general agreement across the CMO groups, with some slight variation between groups, on whether current job roles require little or no skill, or moderate or high level of skill in each competency. Participants reported that little or no skill was required in their job role for a number of competencies, particularly in the three skills sets management: implementation, workplace management and professional/technical.

Table 7	Average required skill level by CMO Group
CMO Groups	
Group 1(a)	Those whose roles have a strategic influence on the wider determinants of health and on healthcare provision
Group 1(b)	Those whose work influences the wider determinants of health at individual or community level
Group 2(a)	Managers and team leaders of public health practitioners
Group 2(b)	Public health practitioners whose work is largely working with individuals or communities on public health issues
Group 3(a)	Those public health specialists from a variety of disciplines who have a strategic influence on the planning and co-ordination of the breadth of public health issues for a population
Group 3(b)	Technical specialists in public health who provide particular expertise on specific issues or methodologies

(table continued overleaf)

Table 7 Average required skill level by CMO Group

'○' is moderate or high skill required, and '◆' is none or little skill required

Personal Skills	Group 1(a)	Group 1(b)	Group 2(a)	Group 2(b)	Group 3(a)	Group 3(b)
Communication	○	○	○	○	○	○
Working in multi-disciplinary teams	○	○	○	○	○	○
Facilitation	○	○	○	○	○	○
Negotiation	○	○	○	○	○	○
Conflict management	○	◆	○	◆	◆	◆
Interpersonal skills/relating to others	○	○	○	○	○	○
Managing self	○	○	○	○	○	○
Innovation and creativity	○	○	○	○	○	○
Presentation skills	○	○	○	○	○	○
IT skills	○	○	○	◆	○	○

Leadership	Group 1(a)	Group 1(b)	Group 2(a)	Group 2(b)	Group 3(a)	Group 3(b)
Clarifying direction and purpose	○	○	○	○	○	○
Building a shared vision	○	○	○	○	○	○
Building commitment	○	○	○	○	○	○
Empowering others	○	○	○	○	○	○
Creating a learning culture	○	◆	○	○	○	○
Influencing others	○	○	○	○	○	○
Political sensitivity and awareness	○	○	○	○	○	○

Policy & Strategy	Group 1(a)	Group 1(b)	Group 2(a)	Group 2(b)	Group 3(a)	Group 3(b)
Understanding national policy context	○	○	○	○	○	○
Understanding local policy context	○	○	○	○	○	○
Understanding other organisations	○	○	○	○	○	○
Policy development	○	◆	○	◆	○	◆
Influencing policy and strategy	○	◆	○	◆	○	○

Management: Implementation Skills	Group 1(a)	Group 1(b)	Group 2(a)	Group 2(b)	Group 3(a)	Group 3(b)
Prioritising	○	○	○	○	○	○
Planning	○	○	○	○	○	○
Initiating programmes of work	○	○	○	○	○	○
Fund raising	◆	◆	◆	◆	◆	◆
Contributing to other programmes	○	◆	○	◆	○	◆
Co-ordination of work	○	○	○	○	○	○
Sharing skills in your organisation	○	○	○	○	○	○
Sharing skills with other organisations	○	◆	○	○	○	○
Working with communities	○	○	◆	○	◆	◆
Consultation	○	◆	○	○	○	◆
Enabling others	○	○	○	○	○	○
Encouraging community participation	○	◆	○	○	◆	◆

Table 7 | Average required skill level by CMO Group

'○' is moderate or high skill required, and '◆' is none or little skill required

Workplace Management	Group 1(a)	Group 1(b)	Group 2(a)	Group 2(b)	Group 3(a)	Group 3(b)
Managing change	○	○	○	○	○	○
Managing quality	○	○	○	○	○	○
Project management	○	◆	○	◆	○	○
Financial management	◆	◆	◆	◆	◆	◆
Managing contracts	◆	◆	◆	◆	◆	◆
Staff appraisal	◆	◆	◆	◆	◆	◆
Staff development	○	◆	○	◆	◆	◆
Recruitment and selection	◆	◆	◆	◆	◆	◆
Managing performance	○	◆	○	◆	◆	◆
Motivating and building teams	○	◆	○	◆	○	◆
Delegation	○	◆	○	◆	○	◆
Health and safety	◆	◆	◆	○	◆	◆

Underpinning Principles	Group 1(a)	Group 1(b)	Group 2(a)	Group 2(b)	Group 3(a)	Group 3(b)
Understanding own contribution to health and well being	○	○	○	○	○	○
Understanding influences on behaviour	○	○	○	○	○	○
Understanding inequality issues	○	○	○	○	○	○
Understanding cultural diversity	○	○	○	○	○	○
Understanding relevant legislation	○	○	○	○	○	○
Advocacy for individuals	◆	◆	◆	○	◆	◆
Advocacy for community issues	○	◆	◆	○	○	◆

Professional / Technical	Group 1(a)	Group 1(b)	Group 2(a)	Group 2(b)	Group 3(a)	Group 3(b)
Epidemiology	◆	◆	◆	◆	○	◆
Health needs assessment	○	◆	○	○	○	○
Health impact assessment	○	◆	◆	◆	○	◆
Risk analysis	◆	◆	◆	◆	◆	◆
Under take research	◆	◆	◆	◆	○	◆
Critical appraisal of research	○	◆	○	◆	○	○
Commission research	◆	◆	◆	◆	◆	◆
Evidence based decision making	○	◆	○	○	○	○
Statistical analysis	◆	◆	◆	◆	◆	◆
Evaluation methodology	○	◆	◆	◆	○	○
Knowledge management	○	◆	○	◆	○	○
Preparation of reports	○	○	○	○	○	○
Building partnerships	○	○	○	○	○	○
Partnership working	○	○	○	○	○	○

- 48** There were only a small number of competencies that were rated by participants as requiring moderate or high skill levels and for which there were no skill gaps. These are as follows:

IT skills	CMO group 1(a) and 1(b)
Working in multi-disciplinary teams	CMO group 1(b)
Innovation and creativity	CMO group 1(b)
Presentation skills	CMO group 1(b) and 2(b)

Analysis of CMO group 1(a)

Those whose roles have a strategic influence on the wider determinants of health and healthcare provision

- 49** CMO group 1(a) includes 312 participants (20.5% of total participants) working on the wider determinants of health and healthcare provision with strategic influence. Job roles such as PCT/SHA public health directors and managers are included in this group. For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for the 28 competencies shown in **Table 8**. The greatest skill gaps are highlighted in bold.
- 50** CMO group 1(a) contains by far the highest number of reported skill gaps, and these are found across all skill sets. There are identified gaps in six out of the seven competencies in the leadership skills set, and four out of the five competencies in the policy and strategy skill set. Given the nature of the participants' job roles in this group, these findings may be of significance. Although a number of the competencies in the professional/technical skill set were rated by participants as not being required, skill gaps are reported in 6 out of the 14 competencies. A separate analysis of 96 PCT/Public Health Director/Manager's who were participants in CMO group 1(a) is reported later in paragraph 58.

Table 8		Skill gaps identified by participants in CMO group 1(a) – Those whose roles have a strategic influence on the wider determinants of health and healthcare provision					
Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Personal skills	Communication	2.90	2.66	0.24	90.09	67.55	22.54
	Managing self	2.85	2.53	0.32	85.14	58.28	26.86
Leadership	Clarifying direction and purpose	2.67	2.40	0.27	71.00	49.50	21.50
	Building a shared vision	2.62	2.34	0.28	69.63	43.71	25.92
	Building commitment	2.61	2.27	0.34	69.16	43.71	25.45
	Creating a learning culture	2.50	2.14	0.36	58.88	36.42	22.46
	Influencing others	2.74	2.38	0.36	79.91	47.02	32.89
	Political sensitivity and awareness	2.64	2.33	0.31	74.30	41.72	32.58
	Understanding national policy context	2.70	2.50	0.20	75.24	54.97	20.27
Policy and Strategy	Understanding local policy context	2.73	2.40	0.33	78.57	49.67	28.90
	Understanding other organisations	2.66	2.22	0.44	67.62	35.76	21.86
	Influencing policy and strategy	2.51	2.10	0.41	59.05	33.11	25.94
	Prioritising	2.76	2.48	0.28	77.56	52.98	24.58
Management: Implementation skills	Planning	2.75	2.45	0.30	77.07	52.32	24.75
	Consultation	2.33	1.96	0.37	48.29	30.46	17.83
	Working with communities	2.10	1.80	0.30	37.56	23.18	14.38
	Sharing skills in your organisation	2.42	2.15	0.27	50.73	30.46	20.27
	Managing change	2.58	2.27	0.31	68.06	47.02	21.04
Workplace Management	Managing quality	2.49	2.21	0.28	58.71	36.42	22.29
	Managing performance	2.08	1.88	0.20	46.77	25.83	20.94
	Understanding cultural diversity	2.60	2.33	0.27	65.82	37.75	28.07
Underpinning Principles	Understanding relevant legislation	2.49	2.14	0.35	58.16	27.81	30.35
Professional/Technical	Health needs assessment	2.24	1.92	0.32	46.45	26.49	19.96
	Health impact assessment	2.03	1.59	0.44	31.69	13.25	18.44
	Evidence-based decision-making	2.51	2.16	0.35	65.57	37.75	27.82
	Evaluation methodology	2.18	1.86	0.32	39.89	25.83	14.06
	Knowledge management	2.28	1.93	0.35	44.26	20.53	23.73
	Building partnerships	2.68	2.40	0.28	77.60	54.30	23.30

Analysis of CMO group 1(b)

Those whose work influences the wider determinants of health at individual or community level

- ⁵¹ CMO group 1(b) includes 258 participants (17% of total participants) working on the wider determinants of health at individual or community level and includes job roles such as environmental health and health promotion advisers, directors and managers. For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for the three competencies shown in **Table 9**. CMO group 1(b) reported by far the smallest number of skill gaps, and these were found in two skill sets- policy and strategy and professional/technical.

Table 9		Skill gaps identified by participants in CMO group 1(b) – Those whose work influences the wider determinants of health at individual or community level					
Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Policy and strategy	Understanding local policy context	2.38	2.00	0.38	50.58	26.83	23.75
	Understanding other organisations	2.19	1.81	0.38	34.30	17.07	17.23
Professional/Technical	Building partnerships	2.08	1.73	0.35	44.79	25.20	19.59

Analysis of CMO group 2(a)

Managers and team leaders of public health practitioners

- ⁵² CMO group 2(a) includes 161 public health practitioners, managers and team leaders (10.5% of total participants). For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for the competencies shown in **Table 10**. There were 15 skill gaps reported across the seven skill sets, including for three competencies out of the five in the policy and strategy skills set

Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Personal skills	Negotiation	2.50	2.23	0.27	60.17	38.55	21.62
	Managing self	2.75	2.45	0.30	76.27	50.60	25.67
Leadership	Building a shared vision	2.50	2.18	0.32	61.06	36.14	24.92
	Building commitment	2.48	2.23	0.25	59.29	38.55	20.74
	Influencing others	2.56	2.27	0.29	63.72	39.76	23.96
Policy and Strategy	Understanding local policy context	2.65	2.28	0.37	71.43	39.76	31.67
	Understanding other organisations	2.41	2.04	0.37	50.89	24.1	26.79
	Influencing policy and strategy	2.28	1.83	0.45	44.64	21.69	22.95
Management: Implementation skills	Encouraging community participation	2.00	1.64	0.36	37.84	15.66	22.18
Workplace Management	Managing quality	2.37	2.04	0.33	46.85	27.71	19.14
	Managing performance	2.02	1.75	0.27	41.44	13.25	28.19
Underpinning Principles	Understanding relevant legislation	2.40	2.21	0.19	60.00	21.69	38.31
Professional/Technical	Health needs assessment	2.15	1.84	0.31	38.89	28.92	9.97
	Evidence-based decision-making	2.49	2.26	0.23	62.04	39.76	22.28
	Knowledge management	2.11	1.81	0.30	34.26	18.07	16.19

Analysis of CMO group 2(b)

Public health practitioners whose work is largely working with individuals or communities on public health issues

- ⁵³ CMO group 2(b) includes 324 public health practitioners working at individual or community level (21% of total participants). For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for the 21 competencies shown in **Table 11**.
- ⁵⁴ There were skill gaps reported in competencies across all seven skill sets, and it is interesting to note that this group reported skill gaps in six out of the twelve competencies contained in the management: implementation skills set. Although a number of the competencies in the professional/technical skill set were not rated by participants as requiring a high level of skill, skill gaps are reported in six of the competencies.

Table 11 Skill gaps identified by participants in CMO group 2(b) – Public health practitioners whose work is largely working with individuals or communities on public health issues

Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference	
Personal	Managing self	2.81	2.61	0.20	82.25	61.76	20.49	
Leadership	Building a shared vision	2.30	2.00	0.30	45.50	24.12	21.38	
	Empowering others	2.64	2.40	0.24	71.17	47.65	23.52	
	Influencing others	2.56	2.20	0.36	63.64	31.76	31.88	
Policy and strategy	Understanding local policy context	2.48	2.03	0.45	51.95	24.12	27.83	
	Understanding other organisations	2.35	1.82	0.53	40.26	12.94	27.32	
Management: Implementation skills	Prioritising	2.71	2.47	0.24	72.95	51.76	21.19	
	Planning	2.70	2.47	0.23	72.46	52.35	20.11	
	Working with communities	2.47	2.04	0.43	61.84	32.94	28.90	
	Consultation	2.16	1.81	0.35	40.10	22.35	17.75	
	Enabling others	2.57	2.20	0.37	63.29	35.29	28.00	
Workplace Management	Encouraging community participation	2.27	1.85	0.42	52.17	23.53	28.64	
	Managing quality	2.22	1.89	0.33	43.90	22.94	20.96	
	Underpinning principles	Understanding inequality issues	2.64	2.42	0.22	66.80	45.88	20.92
		Understanding cultural diversity	2.55	2.27	0.28	60.98	37.06	23.92
		Understanding relevant legislation	2.43	2.04	0.39	53.66	25.88	27.78
Professional/Technical	Health needs assessment	2.20	1.87	0.33	47.21	25.29	21.92	
	Health impact assessment	1.96	1.52	0.44	35.03	11.76	23.27	
	Risk analysis	1.97	1.56	0.41	32.49	10.59	21.90	
	Evidence-based decision-making	2.34	2.08	0.26	52.79	32.35	20.44	
	Partnership working	2.39	2.14	0.25	58.88	38.24	20.64	

Analysis by CMO group 3(a)

Those public health specialists from a variety of disciplines who have a strategic influence on the planning and co-ordination of the breadth of public health issues for a population

- 55 CMO group 3(a) includes 242 public health specialists with strategic experience (16% of total participants). For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for the 12 competencies shown in **Table 12**. Skill gaps have been identified for competencies in four out of the seven skill sets. The skill gaps in policy and strategy, and professional/technical skills are of particular interest given the job roles of the participants within this group.

Table 12		Skill gaps identified by participants in CMO group 3(a) – Those public health specialists from a variety of disciplines who have a strategic influence on the planning and co-ordination of the breadth of public health issues for a population					
Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Leadership	Influencing others	2.50	2.25	0.25	60.12	38.21	21.91
	Political sensitivity and awareness	2.49	2.22	0.27	58.33	35.77	22.56
Policy and strategy	Understanding local policy context	2.75	2.43	0.32	80.00	52.03	27.97
	Understanding other organisations	2.51	2.21	0.30	57.58	33.33	24.25
	Influencing policy and strategy	2.45	2.11	0.34	58.79	34.15	24.64
Management: Implementation skills	Prioritising	2.74	2.52	0.22	78.53	56.91	21.62
	Planning	2.68	2.50	0.18	73.01	47.15	25.86
Professional/Technical	Epidemiology	2.31	1.96	0.35	46.10	23.58	22.52
	Health needs assessment	2.37	2.06	0.31	56.49	37.4	19.09
	Health impact assessment	2.11	1.64	0.47	40.26	17.07	23.19
	Critical appraisal of research	2.38	2.15	0.23	55.19	34.96	20.23
	Statistical analysis	2.09	1.78	0.31	31.82	14.63	17.19

Analysis by CMO group 3(b)

Technical specialists in public health who provide particular expertise on specific issues or methodologies

- ⁵⁶ CMO group 3(b) includes 228 Public Health Specialists with technical expertise (15% of total participants). For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for eight competencies in Table 13. There were skill gaps reported for competencies in five out of the seven skill sets, with particular gaps in policy and strategy skills.

Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Leadership	Building commitment	2.31	1.95	0.36	45.57	25.69	19.88
	Creating a learning culture	2.23	1.91	0.32	41.77	28.44	13.33
	Influencing others	2.43	2.04	0.39	50.63	24.77	25.86
Policy and strategy	Understanding local policy context	2.47	2.20	0.27	55.84	33.94	21.90
	Understanding other organisations	2.32	1.94	0.38	42.86	19.27	23.59
	Influencing policy and strategy	2.05	1.58	0.47	29.87	13.76	16.11
Workplace Management	Managing quality	2.40	1.99	0.41	51.03	23.85	27.18
Professional/Technical	Knowledge Management	2.16	1.80	0.36	40.74	24.77	15.97

Analysis of results by occupational group (major job roles)

The following five major job roles were chosen for separate analysis on the basis of containing the largest number of participants.

1. PCT/Public Health Directors/Managers

- ⁵⁷ There were 96 PCT/Public Health Directors/Managers, classified under CMO group 1(a) in which there were 312 participants in total. Thus PCT/Public Health Directors/Managers accounted for 31% of this group. For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for 27 competencies shown in Table 14. There were 28 skill gaps reported by participants in CMO group 1(a) as a whole.

- ⁵⁸ In comparison with all participants in CMO group 1(a), PCT/Public Health Directors/Managers reported less skill gaps in the policy and strategy skill set, and more in the professional/technical set. The gaps in the latter skill set may indicate a need for training and professional development in the competencies identified. As for CMO group 1(a), skill gaps were reported for six out of the seven competencies in the leadership set. Again this may indicate a need for training and development. In general, the findings may indicate a significant need for training and professional development.

Table 14		Skill gaps reported by PCT/Public Health Directors/Managers					
Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Personal skills	Negotiation	2.72	2.39	0.33	76.39	51.85	24.54
	Managing self	2.88	2.56	0.32	90.28	61.11	29.17
Leadership	Building a shared vision	2.75	2.50	0.25	79.10	57.41	21.69
	Building commitment	2.72	2.41	0.31	74.63	50.00	24.63
	Empowering others	2.70	2.50	0.20	83.13	59.26	23.87
	Creating a learning culture	2.51	2.20	0.31	56.72	37.04	19.68
	Influencing others	2.79	2.54	0.25	82.09	61.28	20.81
	Political sensitivity and awareness	2.67	2.37	0.30	73.13	51.85	21.28
	Understanding local policy context	2.76	2.52	0.24	83.33	62.96	20.37
Policy and Strategy	Influencing policy and strategy	2.59	2.24	0.35	63.64	40.74	22.90
	Prioritising	2.82	2.65	0.17	84.62	61.11	23.51
Management: Implementation skills	Planning	2.82	2.65	0.17	80.00	59.26	20.74
	Managing quality	2.58	2.28	0.30	64.06	39.78	24.28
Workplace Management	Managing Finance	2.08	1.76	0.32	37.05	15.09	21.96
	Managing performance	2.38	2.02	0.36	53.13	24.53	28.60
	Motivating and building teams	2.66	2.44	0.22	73.44	50.94	22.50
	Delegation	2.45	2.26	0.19	54.69	33.96	20.73
	Understanding cultural diversity	2.69	2.45	0.24	75.00	54.72	20.28
Underpinning Principles	Understanding relevant legislation	2.56	2.30	0.26	79.69	41.61	38.08
	Epidemiology	2.10	1.78	0.32	39.34	25.49	13.85
Professional/Technical	Health needs assessment	2.47	2.06	0.41	57.38	39.22	18.16
	Health impact assessment	2.28	1.73	0.56	42.62	15.69	26.93
	Risk analysis	2.17	1.76	0.41	34.43	13.73	20.70
	Evidence-based decision-making	2.62	2.39	0.23	68.85	47.06	21.79
	Knowledge management	2.43	2.08	0.35	50.82	23.53	27.29
Building Partnerships	Building Partnerships	2.75	2.57	0.18	81.97	60.78	21.19
	Partnership Working	2.77	2.55	0.22	87.37	60.00	27.37

Analysis of results by occupational group (major job roles) - Continued

2. PCT/Public Health Practitioners

⁵⁹ There were 88 PCT/Public Health Practitioners, classified under CMO group 2(a) in which there were 161 participants in total. Thus PCT/Public Health Practitioners accounted for 55% of this group. For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for the 15 competencies shown in Table 15. There were 16 skill gaps reported for CMO group 2(a) as a whole.

⁶⁰ PCT/Public Health Practitioners reported skill gaps in four out of the five competencies in the policy and strategy skill set and in four competencies in the professional/technical skill set. This may indicate a particular need for training and professional development in these areas.

Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Personal skills	Conflict Management	2.03	1.71	0.32	40.98	18.42	22.56
	Managing self	2.75	2.39	0.36	80.33	50.00	30.33
Leadership	Building a shared vision	2.46	2.08	0.38	62.71	36.11	26.60
Policy and Strategy	Understanding local policy context	2.54	2.22	0.32	71.19	45.71	25.48
	Understanding other organisations	2.37	2.08	0.29	52.54	27.78	24.76
	Policy development	2.12	1.69	0.43	44.07	13.89	30.18
Management: Implementation skills	Influencing policy and strategy	2.19	1.53	0.66	40.68	11.13	29.55
	Planning	2.66	2.36	0.30	74.14	51.43	22.71
Workplace Management	Initiating programmes of work	2.48	2.19	0.29	62.07	38.89	23.18
	Managing performance	1.65	1.44	0.21	35.09	8.57	26.52
Underpinning Principles	Understanding relevant legislation	2.41	2.25	0.16	64.29	40.54	23.75
Professional/Technical	Epidemiology	2.11	1.67	0.44	38.89	18.92	19.97
	Health needs assessment	2.24	1.83	0.41	44.44	28.56	15.88
	Health impact assessment	2.06	1.44	0.62	33.33	17.14	16.19
	Evidence-based decision-making	2.44	2.19	0.25	62.96	40.54	22.42

3. Community Work- Practitioner

⁶¹ There were 139 Community work practitioners classified under CMO group 2(b) in which there were 324 participants in total. Thus community work practitioners accounted for 43% of this group. For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for the 22 competencies shown in Table 16. There were 21 skill gaps reported by participants in CMO group 2(b) as a whole.

⁶² In comparison with the findings from CMO group 2(b), there are marked differences in the skill gaps of Community Work Practitioners. There were no leadership skill gaps reported by this occupational group, a greater number of management: implementation skill gaps, higher rating of the required skill of competencies in the underpinning principles skill set together with greater skill gaps, and greater skill gaps for professional/technical competencies. The findings may indicate a significant need for training and professional development in this group of individuals.

Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Personal	Managing self	2.83	2.56	0.27	85.71	65.52	20.19
Policy and strategy	Understanding national policy context	2.31	1.97	0.34	43.59	43.86	-0.27
	Understanding local policy context	2.50	1.98	0.52	58.97	51.40	7.57
	Understanding other organisations	2.37	1.80	0.57	43.59	45.61	-2.02
Management: Implementation skills	Planning	2.72	2.41	0.31	77.33	72.46	4.87
	Initiating programmes of work	2.45	2.12	0.33	58.67	59.65	-0.98
	Sharing skills in your organisation	2.40	2.08	0.32	53.33	46.27	7.06
Management: Implementation skills	Working with communities	2.49	1.93	0.56	66.67	58.21	8.46
	Consultation	2.15	1.73	0.42	41.33	38.81	2.52
	Enabling others	2.64	2.19	0.45	72.00	59.70	12.30
Workplace Management	Encouraging community participation	2.28	1.73	0.55	54.67	52.24	2.43
	Managing quality	2.24	1.88	0.36	48.65	44.78	3.87
	Health and Safety	2.15	1.77	0.38	41.89	38.81	3.08
Underpinning principles	Understanding influences on behaviour	2.74	2.44	0.30	78.38	68.66	9.72
	Understanding inequality issues	2.76	2.33	0.43	78.38	70.15	8.23
	Understanding cultural diversity	2.64	2.21	0.43	70.27	64.18	6.09
	Understanding relevant legislation	2.47	2.04	0.43	55.41	53.73	1.68
	Advocacy for community issues	2.34	1.96	0.38	55.41	53.73	1.68
Professional/Technical	Health needs assessment	2.30	1.84	0.46	52.94	47.76	5.18
	Risk analysis	2.10	1.49	0.61	30.88	25.37	5.51
	Evidence-based decision-making	2.36	2.02	0.34	52.94	46.27	6.67
	Partnership working	2.49	2.12	0.37	61.76	53.73	8.03

Analysis of results by occupational group (major job roles) - Continued

4. PCT/Public Health Specialists

- 63** There were 192 PCT/Public Health Specialists, classified under CMO group 3(a) in which there were 242 participants in total. Thus PCT/Public Health Specialists accounted for 79% of this group. For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for 18 competencies shown in **Table 17**. There were 12 skill gaps reported by participants in CMO group 3(a) as a whole.
- 64** PCT/Public Health Specialists reported a higher number of skill gaps in the leadership skill set and as for CMO group 3(a) as a whole, the skill gaps in policy and strategy and professional/technical may indicate a need for training and professional development in these areas.

Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Personal skills	Managing self	2.83	2.57	0.26	84.09	61.86	22.23
Leadership	Building a shared vision	2.51	2.17	0.34	59.52	31.87	27.65
	Building commitment	2.53	2.23	0.30	60.32	40.66	19.66
	Influencing others	2.57	2.29	0.28	63.49	38.46	25.03
	Political sensitivity and awareness	2.57	2.21	0.36	62.70	35.16	27.54
Policy and strategy	Understanding local policy context	2.77	2.44	0.33	79.20	50.55	28.65
	Understanding other organisations	2.55	2.17	0.38	58.40	27.47	30.93
	Influencing policy and strategy	2.53	2.12	0.41	61.60	31.87	29.73
Management: Implementation skills	Prioritising	2.74	2.45	0.29	76.61	51.65	24.96
	Planning	2.67	2.44	0.23	70.16	47.25	22.91
Workplace Management	Managing change	2.57	2.23	0.34	63.11	35.16	27.95
	Managing Quality	2.35	2.09	0.26	45.90	24.44	21.46
Underpinning Principles	Understanding relevant legislation	2.38	2.13	0.25	50.82	28.89	21.93
Professional/Technical	Epidemiology	2.34	2.01	0.33	48.28	27.78	20.50
	Health needs assessment	2.53	2.19	0.34	62.07	41.11	20.96
	Health impact assessment	2.15	1.67	0.48	40.52	20.00	20.52
	Evidence-based decision - making	2.63	2.27	0.36	66.38	41.11	25.27
	Building partnerships	2.65	2.36	0.29	68.97	46.67	22.30

5. Health Promotion Specialists

- ⁶⁵ There were 114 health promotion specialists, classified under CMO group 3(b) in which there were 228 participants in total. Thus health promotion specialists accounted for 50% of this group. For those competencies that participants rated as requiring moderate to high skill levels, the results indicate that there were gaps in skill levels reported for 30 competencies, which are shown in **Table 18**. There were 8 skill gaps reported by CMO group 3(b) as a whole.
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- ⁶⁶ The largest number of skill gaps, from the five occupational groups analysed, were reported by Health Promotion Specialists, which may indicate a significant need for training and professional development. In comparison with CMO group 3(b) as a whole, a far greater number of skill gaps were reported by Health Promotion Specialists across all skill sets. In particular, the gaps in leadership, policy and strategy, and management: implementation skills may need to be addressed as a priority.

Table 18		Skill gaps identified by Health Promotion Specialists					
Skill set	Competency	Average required skill	Average actual skill	Average difference	% rated as requiring level 3 skill	% rated as level 3 actual skill level	Difference
Personal	Communication	2.89	2.63	0.26	94.12	67.27	26.85
	Facilitation	2.56	2.24	0.32	65.88	43.64	22.24
	Interpersonal skills/Relating to others	1.85	1.66	0.19	92.94	67.27	25.67
	Managing self	2.78	2.53	0.25	82.35	60.00	22.35
Leadership	Clarifying direction and purpose	2.47	2.25	0.22	55.26	29.41	25.85
	Building a shared vision	2.41	2.14	0.27	48.68	27.45	21.23
	Building commitment	2.53	2.19	0.34	60.53	31.37	29.16
	Empowering others	2.75	2.26	0.49	80.26	37.25	43.01
	Creating a learning culture	2.36	1.96	0.40	49.33	25.49	23.84
	Influencing others	2.66	2.11	0.55	72.00	26.53	45.47
	Political sensitivity and awareness	2.49	2.18	0.31	58.67	30.61	28.06
	Understanding national policy context	2.67	2.33	0.34	73.33	44.90	28.43
Policy and strategy	Understanding local policy context	2.72	2.25	0.47	77.33	34.69	42.64
	Understanding other organisations	2.52	2.02	0.50	58.67	24.49	34.18
	Policy development	2.27	1.95	0.32	41.33	22.45	18.88
	Influencing policy and strategy	2.29	1.77	0.52	48.00	14.29	33.71
	Prioritising	2.72	2.42	0.30	77.78	48.98	28.80
Management: Implementation skills	Co-ordination of work	2.53	2.30	0.23	65.28	44.90	20.38
	Sharing skills in your organisation	2.35	2.04	0.31	51.39	32.65	18.74
	Sharing skills with other organisations	2.35	1.88	0.47	52.78	24.49	28.29
	Working with communities	2.32	1.98	0.34	50.00	32.65	17.35
	Enabling others	2.61	2.28	0.33	66.67	38.78	27.89
	Encouraging community participation	2.39	2.00	0.39	56.94	28.57	28.37
Workplace Management	Managing quality	2.28	1.96	0.32	43.48	22.45	21.03
Underpinning principles	Understanding own contribution to health and wellbeing	2.86	2.63	0.23	91.30	65.31	25.99
	Understanding cultural diversity	2.62	2.25	0.37	73.91	44.90	29.01
	Understanding relevant legislation	2.36	2.02	0.34	50.72	28.57	22.15
Professional/Technical	Health needs assessment	2.20	1.82	0.38	42.42	20.41	22.01
	Evaluation methodology	2.14	1.80	0.34	36.36	22.45	13.91
	Knowledge Management	2.09	1.77	0.32	28.79	20.41	8.38

Summary of Main Findings

- 67** The uptake of the audit tool has been significantly better in the north east and north west regions of England. Future marketing of the tool should address increasing the level of participants from other regions in England.
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- 68** The quantitative findings gathered through the audit tool are based on self-assessed skill levels and can therefore only be interpreted as indications of skills needs and gaps. Across all CMO groups, skill gaps were reported for the majority of the 67 competencies and the National Institute for Health and Clinical Excellence may wish to consider how the findings of this audit can inform professional development programmes.
-
- 69** Participants from CMO group 1(a), those whose roles have a strategic influence on the wider determinants of health and on healthcare provision, reported the highest number of skill gaps, particularly in the leadership, policy and strategy, and professional/technical skill sets. This may be as a direct result of the appointment of a large number of public health practitioners to new primary care group (PCT) public health director posts during 2002/3. Many Directors of Public Health, finding themselves in newly designated roles in a changing public health policy environment, may have identified a significant number of training and development needs. The establishment of specific training programmes for Directors of Public Health may not as yet have made a full impact on increased skills and confidence.
-
- 70** There were markedly few skill gaps identified by those working on the wider determinants of health at individual or community level (CMO group 1(b)).
-
- 71** All CMO groups reported skill gaps in at least two of the five competencies in the policy and strategy skill set. This may indicate a need for training and development across the public health workforce.
-
- 72** Participants in all groups reported that 'no or little skill' was required in their current job role for many of the competencies in the professional/technical skill set. This is a particularly interesting finding for CMO group 3(b), 1(a) and 3(a) whose participants include public health specialists with technical expertise, those working on the wider determinants of health and healthcare provision with strategic influence, and public health specialists with strategic influence. Although rated by participants as requiring no or little skill, there were skill gaps identified for professional/technical skills across all CMO groups. The recent public health white paper *Choosing Health, Making Healthier Choices Easier*⁷ states that 'action to build the public health workforce will include steps to ...strengthen the research and evaluation skills of all public health practitioners', and the findings from this audit may support the need for this.

(continued overleaf)

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- 73** The occupational groups PCT Public Health Directors/Managers and Health Promotion Specialists reported the most skill gaps with 28 and 30 respectively. For PCT Public Health Directors/Managers, the skill gaps in leadership and professional/technical skills are most marked. For Health Promotion Specialists, there are skill gaps particularly in the leadership, policy and strategy, and management: implementation skill sets.
-
- 74** Participants in CMO group 2(b) i.e. public health practitioners working at individual or community level identified particular skill gaps in the management: implementation skill set.
-
- 75** *Choosing Health*⁷ also states that 'public health specialists will need to be competent to work with communities and tackle health inequalities'. Participants in three out of the six CMO groups reported that little or no skill was required for the competency 'working with communities' and skill gaps were identified. These findings may indicate a specific need to develop skills in this area.

Discussion and Recommendations for further development of the Public Health Skills Audit Tool

- 76** The Public Health Skills Audit Tool has been utilised by 1525 public health practitioners during 2003/4. *Choosing Health*⁷ states that we must 'ensure public health practitioners have the correct skills for their work in improving health and are used effectively'. It is important that the findings from this audit are used to inform future training and development programmes both for individual professions and for developing the capacity of the public health workforce as a whole.
-
- 77** The current audit tool does not include any formal evaluation process. Although feedback is encouraged through an online questionnaire, very few comments have been received. Future development of the Public Health Skills Audit Tool should consider a formal evaluation.
-
- 78** The core generic skills list needs to be reviewed in the light of recent developments in competency definition and occupational standards. *Choosing Health*⁷ announces the development of a National Competency Framework for Health and the Public Health Audit Skills Tool would need to be reviewed in the light of this. The public health white paper also discusses the need for development of new skills by public health practitioners such as marketing which is not currently included in the Public Health Audit Skills Tool competency list. In addition, there are some competencies defined by the Faculty of Public Health as requirements of specialist public health practice that are not currently included in the tool, such as health protection.

- 79** An issue that needs to be addressed in any future development of the tool is the free text box for participants to state their organisation. Upon analysis of the data, it has proven difficult to identify the location of some participants' organisations, for example when "PCT" is entered rather than "Named PCT". This has implications for analysing the uptake of the tool by geographical area and marketing impact. Also those participants who are medically qualified have been difficult to identify.
- 80** The development of baseline data on the expected skill requirements for both functional CMO groups and job roles/occupational groups would enhance the value of the tool. Participants would then be able to compare their actual skills with an agreed baseline, that wouldn't be dependent on the subjective views of participants, particularly if their actual skill ratings were validated by their line manager or an independent assessor. There is a need to consider whether the public health skill audit tool should routinely include some method of external validation in order to obtain accurate measures of skill levels.

References

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- 4 Burke, S., Meyrick, J. and Speller, V. (2001). Public Health Skills Audit 2001 Research Report. Health Development Agency.
- 5 Periman, F., Gray, S. (2004). The Specialist Public Health Workforce in the U.K. A Report for the Board of the Faculty of Public Health March 2004. Faculty of Public Health.
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- 7 Department of Health (2004). Choosing Health. Making healthy choices easier. HMSO.

Appendix 1:

Public Health Skills Audit Tool

List of skill sets and competencies

A. Personal skills		E. Workplace Management	
A1.	Communication	E1.	Managing change
A2.	Working in multi-disciplinary teams	E2.	Managing quality
A3.	Facilitation	E3.	Project management
A4.	Negotiation	E4.	Financial management
A5.	Conflict management	E5.	Managing contracts
A6.	Interpersonal skills / relating to others	E6.	Staff appraisal
A7.	Managing self	E7.	Staff development
A8.	Innovation and creativity	E8.	Recruitment and selection
A9.	Presentation skills	E9.	Managing performance
A10.	IT skills	E10.	Motivating and building teams
		E11.	Delegation
		E12.	Health and safety
B. Leadership		F. Underpinning principles	
B1.	Clarifying direction and purpose	F1.	Understanding own contribution to health and well being
B2.	Building a shared vision	F2.	Understanding influences on behaviour
B3.	Building commitment	F3.	Understanding inequality issues
B4.	Empowering others	F4.	Understanding cultural diversity
B5.	Creating a learning culture	F5.	Understanding relevant legislation
B6.	Influencing others	F6.	Advocacy for individuals
B7.	Political sensitivity and awareness	F7.	Advocacy for community issues
C. Policy and Strategy		G. Professional/Technical	
C1.	Understanding national policy context	G1.	Epidemiology
C2.	Understanding local policy context	G2.	Health needs assessment
C3.	Understanding other organisations	G3.	Health impact assessment
C4.	Policy development	G4.	Risk analysis
C5.	Influencing policy and strategy	G5.	Undertake research
D. Management: Implementation Skills		G6.	Critical appraisal of research
D1.	Prioritising	G7.	Commission research
D2.	Planning	G8.	Evidence based decision making
D3.	Initiating programmes of work	G9.	Statistical analysis
D4.	Fund raising	G10.	Evaluation methodology
D5.	Contributing to other programmes	G11.	Knowledge management
D6.	Co-ordination of work	G12.	Preparation of reports
D7.	Sharing skills in your organisation	G13.	Building partnerships
D8.	Sharing skills with other organisations	G14.	Partnership working
D9.	Working with communities		
D10.	Consultation		
D11.	Enabling others		
D12.	Encouraging community participation		

Appendix 2:

Public Health Skills Audit Tool

List of occupations/job roles and CMO functional groupings

CMO Group 1(a) – Those working on the wider determinants of health and healthcare provision with strategic influence	
Job Role	Number of Participants
PCT/Public Health – Director/Manager	96
PCT/Public Health – Advisor/Educator	35
PCT – Director/Manager	27
Nurse – Advisor/Educator	26
SHA – Director/Manager	21
HIMP – Director/Manager	19
Nurse – Director/Manager	11
Research – Advisor/Educator	11
Research – Director/Manager	11
PCT – Advisor/Educator	8
HAZ – Director/Manager	7
SHA – Advisor/Educator	4
Midwife – Advisor/Educator	2
HIMP – Advisor/Educator	1
HIMP – IT/Analyst	1
Midwife – Director/Manager	0

CMO Group 1(b) – Those working on the wider determinants of health at individual or community level	
Job Role	Number of Participants
Community Work – Advisor/Educator	57
Health Promotion – Director/Manager	44
Health Promotion – Advisor/Educator	36
Community Work – Director/Manager	26
PCT/Public Health – Administrator/Clerk	26
Local Government – Director/Manager	18
Environmental Health – Director/Manager	16
Health Promotion – Administrator/Clerk	13
Local Government – Advisor/Educator	8
HPA – Director/Manager	7
Community Work – Administrator/Clerk	6
Local Government – Administrator/Clerk	6
Research – Administrator/Clerk	5
SHA – Administrator/Clerk	5
Emergency Services – Administrator/Clerk	3
Health & Safety – Director/Manager	3
Environmental Health – Advisor/Educator	2
Nurse – Administrator/Clerk	2
Environmental Health – Administrator/Clerk	1
HAZ – Administrator/Clerk	1
HIMP – Administrator/Clerk	1
HPA – Advisor/Educator	1
Emergency Services – Administrator/Clerk	0
Emergency Services – Director/Manager	0
HAZ – Advisor/Educator	0
Health & Safety – Advisor/Educator	0
Health & Safety – Administrator/Clerk	0
HPA – Administrator/Clerk	0

Appendix 2: continued

Public Health Skills Audit Tool

List of occupations/job roles and CMO functional groupings

CMO Group 2(a) – Public Health Practitioners, Managers and Team Leaders	
Job Role	Number of Participants
PCT/Public Health – Practitioner	88
PCT - Practitioner	19
HAZ – Practitioner	5
HIMP – Practitioner	3
SHA – Practitioner	3

CMO Group 2(b) – Public Health Practitioners at individual or community level	
Job Role	Number of Participants
Community Work – Practitioner	139
Nurse – Practitioner	54
Health Promotion – Practitioner	41
Research – Practitioner	15
Environmental Health – Practitioner	11
Local Government – Practitioner	6
Midwife – Practitioner	4
Emergency Services – Practitioner	2
HPA – Practitioner	2
Health & Safety – Practitioner	1

CMO Group 3(a) – Public Health Specialists with strategic influence	
Job Role	Number of Participants
PCT/Public Health – Specialist	192
PCT/Public Health – IT/Analyst	45
PCT – Specialist	10
PCT – IT/Analyst	5
HIMP – Specialist	4
SHA – IT/Analyst	4
SHA – Specialist	4
HAZ – Specialist	1
HAZ – IT/Analyst	0

CMO Group 3(b) – Public Health Specialists with technical expertise	
Job Role	Number of Participants
Health Promotion – Specialist	114
Nurse – Specialist	70
Community Work – Specialist	43
Research – Specialist	26
Local Government – Specialist	10
Research – IT/Analyst	8
Community Work – IT/Analyst	7
Health Promotion – IT/Analyst	7
Emergency Services – Specialist	3
Environmental Health – Specialist	3
Health & Safety – IT/Analyst	2
Health & Safety – Specialist	2
HPA – IT/Analyst	2
Emergency Services – IT/Analyst	1
HPA – Specialist	1
Local Government – IT/Analyst	1
Environmental Health – IT/Analyst	0
Nurse – IT/Analyst	0

Appendix 3:

Public Health Skills Audit Tool

Number, Location by Region and Date of Workshops

Workshop by Region	Start Date of Workshop
North West: Total number = 7	
Central Cheshire PCT	02/01/2004
Central Liverpool PCT	26/08/2003
Halton PCT	09/07/2003
North West Public Health Observatory	07/05/2003
Oldham PCT	19/03/2004
Warrington PCT	09/04/2004
Wyre PCT	16/02/2004
North East: Total number = 9	
Darlington PCT	27/11/2003
Derwentside PCT	30/01/2004
Durham & Chester-le-Street PCT	15/01/2004
Durham Dales PCT	20/01/2004
Easington PCT	16/01/2004
Middlesbrough PCT	30/01/2004
North Tees PCT	26/01/2004
Sedgefield PCT	01/02/2004
Sunderland Teaching PCT	29/01/2004
Yorkshire & Humber: Total number = 1	
North Sheffield PCT	25/04/2004
East Midlands: Total number = 3	
North East Derbyshire PCT	27/11/2003
East Lincolnshire PCT/Boston Borough Council/ Lincolnshire Borough Council	18/07/2002
Lincolnshire South West PCT	27/01/2004
West Midlands: Total number = 3	
West Midlands Public Health Observatory	04/08/2003
Shropshire PCT	27/02/2004
Telford & Wrekin PCT	17/08/2004
London: Total number = 2	
Islington PCT	11/03/2004
Westminster PCT	08/12/2003
Eastern Region: Total number = 0	
South East: Total number = 1	
Witham, Braintree & Halstead Care Trust	05/02/2004
South West: Total number = 2	
North Somerset PCT	04/06/2004
Mendip PCT	20/02/2004
National Organisations (location not specified): Total = 3	
Health Development Unit	14/01/2004
Health Protection Agency	25/03/2004
National Public Health Service	23/12/2003

Appendix 4:

United Kingdom Census 2001

Census Source: 2001 Census Key Statistics KS 06 – Ethnic Group

Ethnicity %	%	Public Health Skills Audit Participants % Comparison
White English	86.99%	79.61%
Other White	2.66%	8.20%
Indian	2.09%	0.52%
Pakistani	1.44%	0.07%
White Irish	1.27%	3.34%
Black Caribbean	1.14%	1.97%
Black African	0.97%	0.39%
Bangladeshi	0.56%	0.26%
Other Asian	0.48%	0.85%
Mixed White & Black Caribbean	0.47%	0.46%
Chinese	0.45%	1.18%
Other Ethnic Group	0.44%	0%
Mixed White & Asian	0.37%	0.59%
Other Mixed	0.31%	2.10%
Other Black	0.19%	0.46%
Mixed White & Black African	0.16%	0%
Total	100%	100%



Public Health Skills

Audit Tool

2004

Annual Report



NorthWest
Public Health
Observatory

NHS
*Health
Development
Agency*