

**Generic Competencies
for Public Health
Project**

**Report to the
Ministry of Health
March 2007**

From the
Public Health Association of New Zealand

In association with

**Health Promotion Forum of New Zealand
Māori Community Health Workers
New Zealand Institute of Environmental Health
Public Health Nurses Section of New Zealand Nurses Organisation**

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Executive summary

This is a report to the Ministry of Health from a coalition of key public health disciplines on the development and implementation of a set of generic competencies for public health in New Zealand. The competencies accompany this report, are on the Public Health Association (PHA) web-site, and a number of hard copies will be printed. Most of this report to the Ministry discusses ways to support the use of the competencies.

Generic competencies for public health

The generic competencies for public health provide a minimum baseline set of competencies that is common to all public health roles across all public health sectors and disciplines and that is necessary for the delivery of essential public health functions. Reasonable initial agreement by key sector groups and disciplines on the competencies has been reached. There is also consensus that these competencies should be reviewed after a period of use.

Key recommendations for supporting the competencies

So that the generic competencies increase equity in the workforce and effectiveness in improving health and reducing inequalities there must be:

- a range of accessible and relevant education and training programmes and pathways that are nationally consistent
- support for the use of competencies in the workplace by employers
- increased funding to pay for training and development
- support for the inclusion of the implementation of the generic competencies in contracts to deliver public health services
- support for generic competencies from public health professional bodies and disciplines
- a cross- disciplinary body to manage the generic competencies and promote and support training and professional development across the sector.

Education and training

An analysis of the training needs of the current workforce demonstrates a need for a multi-pronged approach to training that is readily accessible, affordable, provides for recognising current competence, and leads to a qualification outcome. Identified training options include:

- sector-based “in-house” workplace training
- polytech-based¹ applied programmes and qualifications
- university research-based programmes and qualifications.

The provision of a national certificate/diploma that meets the needs of the sections of the workforce that are currently less developed is viewed as a priority.

Key recommendations to facilitate education and training are as follows:

That the Ministry of Health:

1. Develop a relationship with an industry training organisation (ITO) or other standard setting body (SSB) so that work-based training and assessment is available as a training option.

¹ Includes polytechnics, institutes of technology, private training establishments (PTEs) and wānanga

2. Contract for work to begin with the ITO or the SSB to develop the competencies into unit standards and a National Certificate of Public Health (Level 4) that can be accessed through:
 - sector-based “in-house” workplace training or
 - tertiary education organisations such as institutes of technology, polytechnics and wānanga.
3. Contract for a stock-take of existing training material within the sector and use this as a basis for developing course and assessment material for the National Certificate in Public Health (Level 4).

That tertiary education organisations (TEOs):

1. Review existing qualifications in public health so that all graduates enter the workforce with the generic competencies.
2. Ensure all new qualifications in public health include the generic competencies so that all graduates enter the workforce with the generic competencies.

Support from employers

Employers have a pivotal role in ensuring the successful integration of the generic competencies into the workplace.

Key recommendations for employer support of the competencies are as follows:

1. Use the generic competencies as part of staff recruitment and retention, programme development, and quality assurance processes.
2. Champion the use of practitioner competencies in your district or region.
3. Collaborate with other employers to support and foster competency-based training and development of staff in public health organisations in your district or region as a priority for individual staff before providing training and development in specialist areas.
4. Support employees in accessing relevant training.

Funding for training and development

While staff development and training budgets are available, additional funds and resources will be needed to address the needs of current staff. A ballpark estimate based on one of the possible training options, an “in-house training” model, puts costs at between \$2.41 million - \$3.67 million to provide up-skilling for between 63 – 78 percent of the existing public health workforce.

Key recommendations for increased funding to support training and development are as follows:

That the Ministry of Health:

1. Incorporate the following into funding agreements/contracts:
 - training costs for staff including travel and accommodation
 - costs of locums and/or variance in outputs
 - cost of more highly qualified staff
 - training for managers.
2. Establish a funding pool (similar to The National Mental Health Workers Training Grant) to support training especially for those employees who do not have a recognised qualification at level 4 (or above).

3. Incorporate targets for Māori and Pacific Peoples workforce development in contracts.

That PHUs and NGOs and other organisations that employ public health staff:

1. Use workforce development budgets to ensure that all employees have the generic public health competencies within, say, six years.

Support in contracts

If the generic competencies are to be effective in improving the competence and effectiveness of the workforce, Ministry of Health and District Health Board (DHB) contracts must support their use across the sector and in the delivery of all essential public health services. This will include establishing a timeline for existing employees to up-skill.

Key recommendations for the Ministry of Health and DHBs for the inclusion of the generic competencies in contracts to deliver public health services are as follows:

1. Include the generic competencies in the funding and planning of any contract that delivers essential public health services including health promotion in primary health organisations (PHOs).

Public health disciplines and professional bodies

Successful integration of the generic competencies across the public health sector requires public health disciplines and professional bodies to support the implementation of the competencies within their spheres of influence.

Key recommendations for support for generic competencies for public health professional bodies and disciplines:

1. Ensure the generic competencies are included within discipline-specific competency sets and qualifications.

A cross-disciplinary body

A cross- disciplinary body is required to manage the generic competencies and promote and support training and professional development across the sector.

Key recommendation for the Ministry of Health for establishing a cross-disciplinary body is as follows:

1. Support the establishment of a cross-disciplinary body such as a College of Public Health to manage the generic competencies and promote and support training and professional development across the sector. The New Zealand Population Health Charitable Trust and the coalition of public health disciplines in association with the PHA are possible candidates for this role.

Also noted in the report are recommendations for:

- a set of dedicated Māori cultural competencies
- a set of dedicated Pacific cultural competencies.

1. Introduction

This is a report to the Ministry of Health on the development and implementation of a set of generic competencies for public health in New Zealand. The need for generic competencies has been identified as part of the Public Health Workforce Development Plan (PH WDP) of the Ministry of Health.

The competencies accompany this report, are on the Public Health Association (PHA) web-site, and a number of hard copies will be printed. Most of this report to the Ministry discusses ways to support the use of the competencies.

1.1 Coalition of key public health groups

The project has been undertaken by Health Promotion Forum of New Zealand (HPFNZ), Māori Community Health Workers, the New Zealand Institute of Environmental Health (NZIEH), Public Health Nurses Section of the New Zealand Nurses Organisation, and the PHA with input from the Australasian Faculty of Public Health Medicine (AFPHM). The PHA has led the project and provided a secretariat.

1.2 Goals and objectives

This project contributes to the goals of effective and equitable public health outcomes through further development and deployment of a competent workforce.

The objectives of this project are to:

- develop a set of generic competencies across public health and have reasonable agreement by key sector agencies and groups on this set, and related terminology
- recommend ways to support the use of public health generic competencies, including updating, advice on training and relationships with other national frameworks, including the implications of such an approach and possible next steps.

1.3 Development process

In December 2005, a coalition of public health groups² led by the Public Health Association (PHA) began work on the development of a set of generic competencies for public health. After a process of peer review, the competencies were circulated for consultation across the public health sector in *The Discussion Document: Draft Generic Competencies for Public Health Practitioners in Aotearoa-New Zealand*.

The consultation process took place in the second half of 2006 and meetings were held with a range of stakeholders including: Public Health Directorate (PHD); Ministry of Health; District Health Boards New Zealand; Te Rau Matatini, public health units (PHUs); non-government organisations (NGOs); primary health organisations (PHOs); Māori health providers; Pacific health providers; and tertiary education organisations (TEOs).

Meetings were with national, regional and local organisations and took place in Auckland (8), Palmerston North (3), Ratana, Ngaruawahia, Rotorua, Tauranga, Tolaga Bay, Napier (3), Hutt Valley, Wellington (15), Christchurch (4), and Dunedin.

² Health Promotion Forum, Māori Community Health Workers, New Zealand Institute of Environmental Health, Public Health Nurses Section of New Zealand Nurses Organisation.

The range of occupations and disciplines reflected includes policy makers and policy analysts, service managers, public health nurses, academics, epidemiologists, lecturers, Māori community health workers, health promoters, health protection officers, medical officers of health, researchers, cervical screeners, dieticians, kaimahi Māori, public health physicians and others who were part of group consultations and responses.

Consultation formats ranged from one-on-one interviews, existing sector meetings, PHA sponsored meetings and presentations at conferences and other gatherings. Responses were collated from meeting notes, hard copy feedback forms, and online responses from the PHA web site.

All comments and responses were considered in the development of the competencies. A consultation report is available on request from the PHA.

1.4 Results of consultation

The development process found strong support for the place of generic competencies in public health and their potential for improving the effectiveness of the workforce, with the proviso that care must be taken to ensure their use increases rather than decreases equity. This is seen as being of particular importance for those sections of the workforce that are currently less developed (health promoters, community health workers, Māori and Pacific workforce, and the rural workforce).

Implementation pathways and assessment processes were key concerns. National consistency in training and assessment was seen as strength but there was uncertainty about how this could be achieved. Concern was expressed that people who have strong practice-based community skills but no formal academic education or qualifications may be disadvantaged. Equity of access to training across geographical regions is seen as being of critical importance.

Other clusters of concerns centred around:

- the availability of funding and resources to support implementation and training
- the need for managers to be public health competent
- the relationship between individual competencies and both discipline-specific and organisational competencies
- the need for organisations to commit to and integrate the competencies into workplace practices.

Overall, there was support for the selection of competency topics and their content. Concerns were expressed regarding the number and level of the competencies, the clarity of language used in specific competency statements, the order of the competencies and the need for an expanded glossary and definitions of terms such as “culture”. Strong feedback was given around the need to strengthen and make more visible the position of Pacific people and their relationship with public health within the competencies.

While comment relating to Te Tiriti of Waitangi competencies was largely positive, language used was seen to reinforce the voice of the dominant culture. The relationship between Māori core health competencies and the generic public health

competencies was also raised. Increasing equity between Māori and non-Māori in the workforce was seen as being of primary importance and a key factor in improving health outcomes for Māori.

Gaps were noted in the competencies in the areas of Pacific knowledge; occupational health; basic biology/psychology; and emergency preparedness.

2. The generic competencies for public health

A set of generic competencies for public health that provides a minimum baseline set of competencies that is common to all public health roles across all public health sectors and disciplines and that is necessary for the delivery of essential public health has been developed (see enclosed).

The competencies have been through a process of consultation and reasonable initial agreement by key sector groups and disciplines on the competencies and related terminology has been reached.

2.1 Updating the competencies

We recommend the generic competencies be revised and updated in response to sector feedback and to reflect changes in public health practice after an initial period of 12 months and thereafter every two years. Responsibility for the review process would be held by the cross-disciplinary public health body and would require input from the key groups and disciplines within public health (see section 8).

2.2 Māori and Pacific cultural competencies

In addition to this set of generic competencies, we recommend the following competency sets are developed to sit alongside the generic competencies:

- a dedicated set of Māori cultural competencies that provides additional, more advanced competencies for both Māori and non-Māori practitioners who work with Māori communities
- a dedicated set of Pacific cultural competencies to provide additional, more advanced competencies for both Pacific and non-Pacific practitioners who work with Pacific communities.

These advanced competencies could be used in a similar way to discipline-specific competencies.

3. Supporting the use of the generic competencies

So that the generic competencies increase equity in the workforce and effectiveness in improving health and reducing inequalities there must be:

- a range of accessible and relevant education and training programmes and pathways that are nationally consistent
- support for the use of competencies in the workplace by employers
- increased funding to pay for training and development
- support for the inclusion of the generic competencies in contracts to deliver public health services
- support for generic competencies from public health professional bodies and disciplines

- a cross- disciplinary body to manage the generic competencies and promote and support training and professional development across the sector.

4. Education and training

We recommend a multi-pronged approach to education and training be available consisting of the following prongs: sector based “in-house” workplace training; institute of technology, polytechnic and wānanga applied programmes; and university research-based programmes. This would enable employers and employees to select training pathways that meet their needs and circumstances. A primary consideration must be to ensure that the options available increase rather than decrease equity within the workforce.

4.1 A nationally consistent level 4 qualification

Workforce needs

An analysis of the training needs of the current workforce identifies two broad, but not mutually exclusive, groups:

- those who need training to meet all, or almost all, of the generic competencies and who do not have a discipline-specific qualification or other recognised tertiary qualification
- those who have some, or most, of the generic competencies and a discipline-specific tertiary qualification or other tertiary qualification.

The Phoenix Report³ identified community health workers and Māori and Pacific employees as being more likely to fall within the first category. The 2003 workforce survey found 39 percent of community health workers reported having no tertiary qualification as compared with 17 percent of respondents from across the whole sector. In relation to ethnicity, 29 percent of Māori and 26 percent of Pacific respondents said they had no tertiary qualifications as compared to 13 percent of New Zealand Europeans and the 12 percent who identified as “other.”

The report notes that information on qualifications was by self completion and respondents determined what they included as tertiary training. It is therefore likely that the overall number of practitioners without a recognised tertiary qualification is under-represented in the data. A significant proportion of the tertiary qualifications are also likely to be at level 5 and below. For example, 10 percent indicated that they had the health promotion certificate⁴, 23 percent an “other tertiary certificate”, and a further 11 percent an “other tertiary qualification.” Tertiary Education Commission⁵ (TEC) data shows that overall tertiary participation rates are strongest at level 1-4⁶, with the highest levels for Māori, and particularly Māori women, at levels 1-3.

³ Phoenix Research (2003/4). *Public Health Workforce Development Research. Surveys of Organisations and Individuals. Report for Head Strategic* (on behalf of the Ministry of Health). Auckland: Phoenix Research.

⁴ This could be either the 10 credit level 4 short course offered by MIT and the HPFNZ, or the four paper level 5 Certificate of Health Promotion offered by Otago University.

⁵ Ministry of Education (2006). *The Tertiary Education Strategy 2007-2012. Incorporating Statement of Tertiary Education Priorities 2008-10*. Wellington, NZ:Ministry of Health.

⁶ There are 10 levels on the NQF with level 1 representing early and foundation learning and 10 being the most complex. Units between levels 1-4 contribute to national certificates, levels 5-6 contribute to national diplomas, level 7 is an initial bachelor degree, and levels 8-10 contribute towards honours, masters, and doctorate qualifications.

At the organisational level⁷, 28 percent of employees in Māori organisations and 21 percent in NGOs reported having no tertiary qualifications as compared with 9 percent of employees in PHUs.

To address, rather than compound inequity within the public health workforce, training for those with the most significant needs (no discipline-specific qualification or other recognised tertiary qualification and needing most of the competencies) needs to be readily accessible, affordable, supported by the workplace and closely linked to practice. Learning must contribute credits towards a recognised qualification outcome that provides a first step on to a stair-cased pathway of higher level qualifications.

Individuals who have some or most of the competencies and a discipline-specific tertiary qualification or other tertiary qualification require a mechanism for assessing and validating existing competencies and readily available access to training to address any outstanding competencies. As they already have a first qualification, the preferred option may be to enrol in one of the existing post-graduate public health programmes (revised to include the generic competencies).

In addition, training also needs to provide for new entrants to the public health workforce. This third group comprises those with:

- community experience and no tertiary qualifications
- qualifications and experience in other areas e.g. social workers, teachers, nurses
- school leavers.

A national qualification in public health

The Public Health Workforce Development Plan (PH WDP)⁸ identifies the development of an undergraduate diploma as a priority. However, in order to improve the availability and accessibility of training for the under-represented sections of the workforce, we recommend the generic competencies are developed into unit standards and a corresponding National Certificate of Public Health (Level 4) and registered on the National Qualifications Framework (NQF). A national qualification would provide a nationally consistent set of standards and a qualification outcome that could be delivered throughout New Zealand via workplace training or through TEOs such as institutes of technology, polytechnics, wānanga or private training establishments (PTEs).

It would provide an attainable qualification outcome for those practitioners who do not currently have a discipline-specific or other relevant tertiary qualification. Placing it at level 4 on the framework would provide a first bridging step on to the staircase of public health qualifications. Successful completion would provide the knowledge and skills base, as well as the requisite credits needed to meet entry requirements for higher-level certificate, diploma and degree programmes.

⁷ Phoenix Research (2003/4). *Public Health Workforce Development Research. Surveys of Organisations and Individuals. Report for Head Strategic (on behalf of the Ministry of Health)*. Auckland, N.Z.:Ministry of Health.

⁸ Ministry of Health (2006/7). *Te Uroa Kahikatea. The Public Health Workforce Development Plan. Building a Public Health Workforce for the 21st Century*. Wellington, NZ: Head Strategic for the Ministry of Health.

A National Certificate of Public Health (Level 4) could be nested within an undergraduate Diploma of Public Health (Level 5) with the majority of the additional 60 credits at level 5 being drawn from and providing an endorsement in other public health disciplines, for example, health promotion or Māori community work.

A unit standards based approach provides a mechanism for assessing whether or not employees meet the generic competencies. Practitioners who have developed competencies through many years of “hands on” experience in the workforce would have access to recognition of current competency (RCC) and recognition of prior learning (RPL) processes in order to have these existing competencies assessed and validated.

While universities and polytechnics generally limit the number of credits that can be awarded towards their qualifications through RPL and RCC processes (generally no more than 1/3 of the total credits needed for the qualification), with a NQF unit standards based approach it is possible to achieve a whole qualification through assessment of current competence.

4.2 Developing a national qualification

A first step in developing a national qualification would be to establish a relationship with either an ITO or a SSB and convert the competencies into unit standards.

ITOs are partly funded by the government through the Industry Training Fund and partly by industry. Their role is to provide leadership within the industry on matters relating to skills and training needs; to design national qualifications, and set and quality assure national standards for their industry; and to arrange for the delivery of industry training.

The Public Service Training Organisation (PSTO) provides a possible industry-training partner for public health. PSTO is the industry-training organisation for the public sector and already has some links with public health, for example, in injury prevention. Other ITOs that might fill this role are Careerforce (Community Support Services ITO formerly known as CSSITO) and Te Kaiawhina Ahumahi (Social Services ITO).

The New Zealand Qualifications Authority (NZQA) currently acts as the SSB for some nationally endorsed unit standards and qualifications that are not within the scope of an ITO.⁹ However, qualifications developed through NZQA would not be eligible for workplace training subsidies which would limit the possibilities for offering in-house workplace training. NZQA is also looking to divest of many of the unit standards and qualifications they currently hold and approval to initiate the development of new standards and qualifications may not be easily gained.

⁹ Part of NZQA’s role is to develop and provide on-going support for nationally endorsed unit standards and qualifications which are of significance to the social, cultural, and economic development of New Zealand and that are not the responsibility of Industry Training Organisations (ITOs) or the Ministry of Education (MOE). In order for this to occur, an assessment of whether or not public health is outside the definition of industry as prescribed by the Industry Training Act 1992 would need to be undertaken.

4.3 Delivering training and education

Workplace training

Workplace training offers accessible training for those people who are already employed in the public health workforce but who do not currently meet all, or some, of the generic competencies. It provides for workplace assessment and recognition of current competencies and integrates training with workplace practice. It can provide a stepping stone into higher-level programmes.

Under workplace training, the employer and employee sign a training agreement that is registered with the ITO and the employee is registered on the national framework. Practitioners who have competencies gained through work experience can have these assessed by registered workplace assessors (either trained employees from the workplace or provided by the ITO) and the unit standards credited towards the National Certificate in Public Health through RCC processes.

Where training is needed to ensure gaps in the generic competencies are addressed, it can be provided in several ways:

- it can take place in the form of “in-house” training delivered by a qualified staff member or an external trainer
- it can be provided “off-the job” by a registered training provider such as an institute of technology, polytechnic or wānanga
- it can comprise a combination of both on-job and off -job training.

Institutes of technology, polytechnics and wānanga

The key focus of institutes of technology and polytechnics is to provide applied professional and vocational education that equips individuals with the knowledge and skills needed for productive employment.¹⁰ Applied work-based national qualifications in public health meet these criteria and could be delivered by these TEOs using a range of delivery mechanisms.

Wānanga have a specific role in providing education and training in accordance with kaupapa Māori philosophies, principles and approaches, and that contribute towards the survival and well-being of Māori as a people.¹¹

Under the Tertiary Education Strategy (2006), institutes of technology and polytechnics also have a leadership role at the regional level in working with local industries and communities of interest to develop relevant training and education programmes.¹²

An example of collaboration between an institute of technology and the health sector can be found in the recent opening of The Collaborating Centre for Practice Development in the Hawke’s Bay Region.¹³ This centre is a joint venture between Hawke’s Bay District Health Board and the Eastern Institute of Technology. Its goal

¹⁰ Ministry of Education (2006). *The Tertiary Education Strategy 2007-2012. Incorporating Statement of Tertiary Education Priorities 2008-10*. Wellington, NZ: Ministry of Education.

¹¹ Ministry of Education (2006). *The Tertiary Education Strategy 2007-2012. Incorporating Statement of Tertiary Education Priorities 2008-10*. Wellington, NZ: Ministry of Education.

¹² Ministry of Education (2006). *The Tertiary Education Strategy 2007-2012. Incorporating Statement of Tertiary Education Priorities 2008-10*. Wellington, NZ: Ministry of Education.

¹³ Dominion Post (2007). *Health Joint Venture*. February 7 p. B7.

is to support the ongoing development of the health workforce in the region. The delivery of national qualifications in public health could fit well within a similar structure.

Other examples of collaboration can be found in the Certificate of Achievement in Introducing Health Promotion (Level 4), Certificate in Health Leadership (Level 5), and the National Certificate of Mental Health Support Work (Level 4).

The Certificate of Achievement in Introducing Health Promotion (Level 4) is a 10 credit short course offered by the HPFNZ in partnership with Manakau Institute of Technology (MIT).¹⁴ The HPFNZ provides tutors and delivers the course, while MIT provides academic quality assurance processes and a MIT certificate. The current certificate is currently under development into an Advanced Certificate and Diploma of Health Promotion (Level 5)¹⁵.

The Certificate in Health Leadership (Level 5) is a work-based programme developed and provided by Wellington Institute of Technology for middle managers at Hutt Valley District Health Board. It is taught over a trimester (five months) and consists of 11 days in the classroom and four one hour sessions of mentoring /supervision that is provided by the programme tutor and takes place on-site.

The National Certificate of Mental Health Support Work (Level 4) is taught by approximately 20 TEOs throughout New Zealand. Careerforce administers a Ministry of Health training grant for the programme that provides a maximum of \$2,000 for employees in mental health services funded by a District Health Board (DHB) or the Ministry of Health, and who enrol with a registered training provider.

While enrolment in a programme offered by a TEO in this category will probably require attendance in off-site block courses, this does have the advantage of bringing public health employees into contact with a more diverse range of people and ideas than would be the case in a workplace training programme. This can lead to the establishment of networks that can contribute to on-going improved effectiveness.

Universities

Universities (and to a lesser extent institutes of technology, polytechnics, and wānanga) provide research-based degrees and post graduate qualifications in public health and public health disciplines.

Degree and post-graduate qualifications provide a pre-service qualification and a professional development and career pathway for:

- those who are already in the public health workforce and who want to advance their knowledge and expertise by building on existing qualifications

¹⁴ Currently under development into an Advanced Certificate and Diploma of Health Promotion (Level 5). See McCracken, H. (2006). *Building Workforce Capacity and Capability: Positioning the MIT Certificate in Achievement in Introducing Health Promotion. A Briefing Paper prepared for the Health Promotion Forum.*

¹⁵ McCracken, H. (2006). *Building Workforce Capacity and Capability: Positioning the MIT Certificate in Achievement in Introducing Health Promotion. A Briefing Paper prepared for the Health Promotion Forum.*

- those who have entered public health with qualifications and experience from another sector, e.g. social work, education.

Over time it is envisaged there will be an increase in the percentage of employees across the sector with qualifications at degree and post-graduate level as many of the employees who are currently unqualified gain the requisite knowledge and skills to enter and successfully complete these programmes.

The inclusion of the generic competencies in public health in degrees and post-graduate qualifications in public health and public health disciplines will ensure that all new graduates from these programmes enter the workforce “public health competent” at the generic baseline level.

Recommendations to facilitate education and training

That the Ministry of Health:

1. Develop a relationship with an ITO or other SSB so that work-based training and assessment is available as a training option.
2. Contract for work to begin with the ITO or SSB to develop the competencies into unit standards and a National Certificate of Public Health (Level 4).
3. Contract for a stock-take of existing training material within the sector and use this as a basis for developing course and assessment material for the National Certificate in Public Health (Level 4).
4. Continue policy work with the TEC and TEOs to ensure that a flexible range of effective and relevant training and educational pathways is available to meet the needs of both employers and employees.

That institutes of technology, polytechnics, and wānanga:

1. Review existing qualifications in public health so that all graduates enter the workforce with the generic competencies.
2. Ensure all new qualifications in public health include the generic competencies so all graduates enter the workforce with the generic competencies.
3. Explore the development of more flexible delivery modes including e-learning programmes, distance learning, teleconferencing /video conferencing.
4. Review RPL and RCC procedures and explore ways of facilitating the transfer of credits between programmes/courses.
5. Collaborate with the Ministry of Health and regional public health employers to develop innovative work-based training pathways and programmes that include the generic competencies in public health.

That universities and other TEOs who offer research-based qualifications in public health:

1. Review existing qualifications in public health so all graduates enter the workforce with the generic competencies.
2. Ensure all new qualifications in public health include the generic competencies so all graduates enter the workforce with the generic competencies.
3. Explore the development of more flexible delivery modes including e-learning programmes, distance learning, teleconferencing/video conferencing.
4. Review RPL and RCC procedures and explore ways of facilitating the transfer of credits between programmes/courses.

5. Support from employers

Employers have a pivotal role in ensuring the successful integration of the generic competencies into the workplace. At the organisation level, competencies can be used as a tool for:

- staff recruitment and retention, e.g. identifying competencies required for positions; developing job descriptions; constructing interview questions; conducting referee checks; orientation and induction of new staff
- programme development, e.g. as a guide for programme planning; identifying programme barriers and developing solutions; providing a framework for programme review; facilitating multidisciplinary projects
- quality assurance, e.g. providing frameworks for quality assurance programmes; guiding evaluation processes; providing a basis for benchmarking best practice.

A central part of an employer's role will be in ensuring that relevant and effective training options are available to meet organisational and employee needs. For DHB public health services, this will include working collaboratively to ensure resources and funding are available for the training and development of staff in smaller public health organisations in their regions.

Recommendations to support the use of the generic competencies in public health workplaces

That PHUs, NGOs, PHOs, and other employers of public health staff:

1. Use the generic competencies as part of staff recruitment and retention, programme development, and quality assurance processes.
2. Champion the use of practitioner competencies in your district or region.
3. Collaborate with other employers to support and foster competency-based training and development of staff in public health organisations in your district or region as a priority for individual staff before providing training and development in specialist areas.
4. Support employees in accessing relevant training.
5. Collaborate with the Ministry of Health and TEOs to develop innovative work-based training pathways and programmes that include the generic competencies in public health.

That DHBs:

1. Ensure employees are public health competent.
2. Ensure that the General Manager Funding and Planning, the General Manager Maori, and the General Manager Pacific (or equivalents) are public health competent.

That the Ministry of Health:

1. Ensure that all employees in the PHD have the generic competencies.

6. Funding for training and development

While existing staff development and training budgets are available as part of the Ministry of Health contracts for workforce development, additional funds and resources will be needed to address the needs of current staff. In order to assist the

Ministry of Health with implementation planning and decision making, we are providing an estimate of the cost of implementing the generic public health competencies.

The estimated cost is necessarily of a 'ballpark' nature at this stage, because it is based on information regarding several important factors about which there is some degree of uncertainty. These factors include the size of the existing public health workforce in different professional sub-groups; the extent to which different sub-groups in the existing public health workforce require training to achieve the generic competencies; the approach to be adopted to deliver training and assessment to those requiring it; and the magnitude of costs arising from adopting that approach.

The estimate is based on one of the possible training options: an "in-house" model. This model requires the development of a National Certificate in Public Health comprising 60 credits at level 4 that is registered by an ITO with NZQA. Public health personnel with relevant expertise would be trained as trainers and assessors, to deliver in-house training to PHU and NGO staff who required it.

The likely additional direct financial costs of implementing the primary approach over a six-year time frame (2008/09 – 2013/14) are estimated at between \$2.41 million - \$3.67 million to provide up-skilling for between 63 – 78 percent of the existing public health workforce. In addition, there would be reductions in public health outputs during this period as a consequence of the time involved in training by both trainers and trainees which could not be devoted to their usual work. This investment should yield benefits in subsequent years in terms of greater achievement of public health outcomes.

For a detailed breakdown of the estimated costs see Appendix One: Costs of Implementing the Generic Public Health Competencies.

A further assumption is that during this period, when both trainers and trainees are required to devote work-time to training (both in the classroom and outside of it), the contracted deliverables required by the Ministry of Health from PHOs and NGOs are correspondingly reduced. The costs for this and the costs related to the now more highly qualified staff have not been quantified.

Recommendations to secure funding for training and development

That the Ministry of Health:

1. Agree to incorporate the following into funding agreements/contracts:
 - training costs for staff including travel and accommodation
 - costs of locums and/or variance in outputs
 - cost of more highly qualified staff
 - training for managers.
2. Establish a funding pool (similar to The National Mental Health Workers Training Grant¹⁶) to support training especially for those employees who do not have a recognised qualification at level 4 (or above).

¹⁶ This grant is funded by the Ministry of Health and administered by Careerforce. It provides a maximum of \$2,000 for employees in mental health services funded by a DHB or the Ministry of

3. Incorporate targets for Māori and Pacific Peoples workforce development in contracts.

That PHUs and NGOs and other organisations that employ public health staff:

1. Use workforce development budgets to ensure all employees have the generic public health competencies within, say, six years.

7. Support in contracts

If the generic competencies are to be effective in improving the competence and effectiveness of the workforce, Ministry of Health and DHB contracts must support their use across the sector and in the delivery of all essential public health services. This will include establishing a timeline for existing employees to up-skill.

Recommendations to support the inclusion of generic competencies in contracts to deliver public health services

That the Ministry of Health:

1. Ensure public health competencies are reflected in the funding and planning of any contract that delivers essential public health services including health promotion in PHOs.
2. Establish a time frame for existing staff to up-skill.

That DHBs:

1. Ensure public health competencies are reflected in the funding and planning of any contract that delivers essential public health services including health promotion in PHOs.
2. Establish a time frame for existing staff to up-skill.

8. Public health disciplines and professional bodies

Successful integration of the generic competencies across the public health sector will require public health disciplines and professional bodies to support the implementation of the competencies within their spheres of influence. This will include ensuring that the generic competencies are included within discipline-specific competency sets and qualifications.

Recommendations to public health disciplines and professional bodies to support the use of the generic competencies in public health

That the Public Health Nurses Section of the New Zealand Nurses Organisation:

1. Support the development of public health nurse competencies that incorporate the generic public health competencies.
2. Align assessment and monitoring of competencies, if necessary.
3. Support the use of generic competencies across the public health sector.

Health, and who enrol with a registered training provider on the Certificate of Mental Health Support Work.

That the Māori Community Health Workers:

1. Benchmark the Māori community health worker competencies against the generic public health competencies.
2. Align assessment and monitoring of competencies, if necessary.
3. Identify differences between community health workers and health promoters.
4. Support the use of generic competencies across the public health sector.

That the AFPHM:

1. Benchmark the generic public health competencies against the AFPHM competencies and note the differences.
2. Revise the AFPHM competencies to include the generic public health competencies, if necessary.
3. Align assessment and monitoring of competencies, if necessary.
4. Support the use of generic competencies across the public health sector.

That the HPFNZ:

1. Rapidly (but thoroughly) conclude work on establishing a collective identity.
2. Implement the health promotion competencies at the practitioner level.
3. Benchmark the generic public health competencies against the health promotion competencies and note the differences.
4. Revise the health promotion competencies to include the generic public health competencies, if necessary.
5. Align assessment and monitoring of health promotion competencies, if necessary.
6. Support the use of generic competencies across the public health sector.

That the NZIEH (and Ministry of Health in relation to environmental health officer qualifications):

1. Benchmark the generic public health competencies against the EHO qualification competencies and note the differences. Ensure the regulations have a requirement for ongoing competency.
2. Revise the EHO competencies to include the generic public health competencies.
3. Align assessment and monitoring of competencies, if necessary.
4. Support the use of generic competencies across the public health sector.

That the Ministry of Health in relation to designated health officers (DHOs):

1. Benchmark the generic public health competencies against DHO requirements and note the differences.
2. Revise the DHO requirements to include the generic public health competencies, if necessary.
3. Align assessment and monitoring of DHO requirements, if necessary.
4. Make sure training is available (including Ministry of Health DHO training) and aligns with the generic competencies.
5. Participate and offer disciplinary leadership in supporting public health-wide processes.

9. A cross-disciplinary body

We recommend that a cross-disciplinary body, such as a College of Public Health, is established to manage the generic competencies and promote and support training and professional development across the sector.

Key tasks of the cross-disciplinary body would include:

- promotion of competencies across the sector as a tool for workforce development and planning at the systems, organisational and practitioner levels
- supporting the professional development and ongoing training of all groups in the sector
- working with the tertiary education sector to develop effective and relevant training programmes
- working with public health organisations/employers to implement workplace training and assessment
- working with disciplinary groups and professional bodies to ensure the competencies are integrated into discipline-specific competency sets and training programmes
- working with public health organisations/employers to facilitate compatibility between competencies and workplace standards and practices
- management of a mechanism for evaluation and updating of competencies
- the development of tools, guidelines, manuals, websites to provide guidance in using the competencies.

The New Zealand Population Health Charitable Trust has been identified as a possible candidate for the cross-disciplinary public health body¹⁷. The AFPHM established this Trust in 2000 to administer and coordinate the faculty's training programme. The accreditation and quality systems for the training programmes are located within the Faculty of Public Health Medicine.

While the Population Health Charitable Trust is a public health organisation with an established infrastructure and track record, it may be viewed by parts of the sector as being primarily "medical model" in orientation. This may be a particular barrier for those parts of the sector that have the greatest need for training and development. A possible solution to overcoming this limitation would be to establish a separate branch within the trust to manage the competencies with the support of an advisory board of elected representatives from all the key stakeholders.

The current coalition of public health disciplines in association with the PHA is also well positioned to assume on-going responsibility for the generic competencies. The coalition is already cross-disciplinary in that the key public health disciplines are represented within its membership. While it enjoys constructive working relationships with professional bodies and stakeholders, it is not aligned to any one particular group or set of interests. Its values and philosophy are consistent with those of public health and it has a demonstrated commitment to supporting those sections of the workforce that are less developed. Assuming on-going responsibility for the competencies would be a continuation of the role it has had in this initial development project.

If the coalition was to take on this role, the New Zealand Population Health Charitable Trust could provide a model for developing the necessary infrastructure and systems.

¹⁷ Bowen-Clewley, L. (2005). Review of Issues Relating to Establishing a Public Health Industry Training Organisation. Wellington, NZ:Competency International.

Both the New Zealand Population Health Charitable Trust and the coalition of public health disciplines would need the support of an ITO (or other SSB) to enable access to NZQA accreditation and registration processes for any national qualifications that were developed.

Recommendations to support the establishment of a cross- disciplinary body

That the Ministry of Health:

1. Support the establishment of a cross- disciplinary body, such as a College of Public Health, to manage the generic competencies and promote and support training and professional development across the sector. The New Zealand Population Health Charitable Trust and the coalition of public health disciplines in association with the PHA are possible candidates for this role.

10. Other issues

Also noted, but outside of the scope of this project, is the need for organisational competencies and public health competent district health boards.

Appendix One: Costs of Implementing the Generic Public Health Competencies. Strategic Policy Consulting 2007