CENTRE FOR WORKFORCE INTELLIGENCE

Public health consultant and specialist survey 2013

Survey results

May 2014

www.cfwi.org.uk

Table of contents

Executive summary

Background

The Centre for Workforce Intelligence (CfWI) was commissioned to gather information on the public health workforce to help inform Public Health England (PHE), Health Education England (HEE) and the Department of Health (DH) to make policy decisions relating to the future size and shape of the public health workforce in England.

An initial task was to survey public health consultants and specialists, particularly in the light of recent changes which transferred the majority of staff and responsibilities from the NHS to local authorities in April 2013. An online survey was conducted from 8 November to 6 December 2013. A total of 574 complete and in-scope responses were received, just over 50 per cent of the expected population. Just over half (53 per cent) of respondents worked in local authorities.

Key findings

The survey revealed the following key findings:

- **Job satisfaction** – This was generally good, and respondents in particular appreciated the variety of the work and the potential to make an impact. However, there were pockets of less satisfied staff worried about recent organisational changes, new ways of working and uncertainty about the future of the public health system. Job satisfaction was also reported as below average in local authorities, where over half of the respondents were based.
- **Career intentions** – Just over half of respondents expected to remain in their current post for the next one to two years, and just over 20 per cent over the next three to five years. The main reasons for leaving among those more likely to do so were exploring new career opportunities (over one to two years) and retirement (over three to five years). Half of all local authority staff expressed an interest in working elsewhere in the public health system in the future.
- **Changing roles and responsibilities** – Over 70 per cent of respondents anticipated changes to their roles and responsibilities over the next one to two years, with changes to organisational boundaries, policy and procedures most commonly cited as expected changes.
- **Career support** – Over half of respondents rated the support provided by their employer as 6 out of 10 or higher, suggesting that overall career support was moderately good while a sizeable minority rated the level of support from their employer as 3 out of 10 or lower. Respondents wanted greater access to professional networks and mentors, and more training on strategic leadership.
- **Education and training** – The most popular suggestions to encourage new applicants to the profession were clearly defined career pathways, a clear vision for public health, and favourable terms and conditions.
- **Career recommendation** – Encouragingly, about half said they would recommend a career in public health, compared to only 22 per cent of respondents who would not. Those least likely to recommend a career in public health were medically trained, males and those in mid-career, raising concerns about fragmentation of the service and uncertain career progression. Those working in health improvement (54 per cent) and health protection (53 per cent) were among the most positive about the profession.

Discussion

A wide range of views and perspectives were revealed by the survey, with variation within and across professional, employer and geographic groups. The survey indicated that many staff found a career in public health satisfying and rewarding, but that significant minorities had concerns or uncertainty about the future of the profession as a whole and their own careers in particular.

These survey results related solely to public health consultants and specialists, and its findings therefore should be considered alongside other surveys on the public health workforce conducted in the last year by the following organisations: the Association of Directors of Public Health (ADPH), the British Medical Association (BMA), Public Health England (PHE) and the Royal Society of Public Health (RSPH). One should also consider these findings alongside the 2014 report into public health by the House of Commons Select Committee, which highlighted concerns around workforce capacity and the role of the Director of Public Health.

The main challenges for employers and professional groups, based on our findings, are to:

- Provide greater clarity on future roles and responsibilities to address the uncertainty reported by employees working for local authorities.
- Identify and share good career management practices across the whole system, especially within local authorities.
- Develop training courses focused on helping public health professionals engage more effectively with and within local authorities.
- Create stronger networks and communities of interest, allowing staff to interact across organisational boundaries.
- Develop advice on mentoring, succession planning and other techniques to retain, support and motivate mid-career employees.
- Work to reduce barriers (e.g. terms and conditions) between employers so that staff can transfer jobs more easily during their careers.
- Use the momentum created by recent changes to raise the profile of public health and present ‘change’ as a more positive transition, setting out the opportunities presented and the benefits to be gained.

1. Introduction

1.1 Background to the survey

The Centre for Workforce Intelligence (CfWI) was commissioned to gather information on the public health workforce in England to help inform Public Health England (PHE), Health Education England (HEE) and the Department of Health (DH) to make policy decisions relating to the future size and shape of the workforce in England.

The initial commission was to conduct a baseline survey to gain the views of those working as public health consultants and specialists about their current role, and any issues facing this workforce. This followed changes introduced under the Health and Social Care Act 2012, which transferred the majority of public health staff and responsibilities from the NHS to local authorities and PHE on 1 April 2013. The CfWI conducted an online survey from 8 November to 6 December 2013 targeting this specific workforce group, from which we received 574 complete and in-scope responses, just over 50 per cent of the target group.

This survey took place around the same time as other surveys of the public health workforce by the following organisations:

- The Association of Directors of Public Health (ADPH) – a survey of Directors of Public Health[1]
- The British Medical Association (BMA) – surveyed all public health doctors[2]
- PHE – a survey of all staff working for Public Health England[3]
- The Royal Society of Public Health (RSPH) – surveyed all public health staff working within local authority teams[4].

The scope and remit of the CfWI survey differed from those of the organisations above. The CfWI survey was to consider only those in **consultant and specialist roles** (more senior, strategic roles, or those working at levels 8 to 9 of the Public Health Skills and Knowledge Framework[5]). **Other roles including registrars in specialty training and qualified staff in delivery roles were out of scope**. These findings should be considered alongside other survey results in order to gain a thorough understanding of different public health workforces.

1 ADPH (2013), "English transition 2013 '6 months on' survey- summary results", http://www.adph.org.uk/wp-content/uploads/2014/01/Final-Summary-Transition-6-Months-On.pdf [Accessed 17 February 2014]

2 BMA (2014), "Findings from the public health survey", http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a21_1/apache_media/7P3NCUP6YXK2E37NSGTE23YCI419V7.pdf [Accessed 24 March 2014]

3 PHE (2014), "Civil Service people survey: Public Health England survey results 2013", https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276233/PHE0000_Public_Health_England.pdf [Accessed 17 February 2014]

4 RSPH (2014), "The views of public health teams working in local authorities, Year 1", https://www.rsph.org.uk/en/about-us/latest-news/press-releases/press-release1.cfm/pid/7FF924DD-F16E-4F10-A12080B7FB928207 [Accessed 17 February 2014]

5 PHORCAST (2013), "Introduction to the Public Health Skills and Knowledge Framework", http://www.phorcast.org.uk/page.php?page_id=313 [Accessed 17 February 2014]

1.2 Scope of survey

Data collection protocols for the survey can be found in appendix 4.1. The CfWI collected information on:

- **Views and opinions:** related to working in public health, including any issues raised in relation to working in public health, job satisfaction, current career intentions and possible strategies for future talent management. These were the personal views of respondents
- **Demographics:** the CfWI collected some demographic data pertinent to workforce planning and consistent with data collected by the Health and Social Care Information Centre (HSCIC), including age, salary, ethnicity, location and disability.

The CfWI did not collect data on:

- **Vacancies/appointments/details of roles, terms and conditions and structures in local authorities** (this information is being collected by other agencies, including the ADPH and BMA)
- **The public health workforce currently working in Northern Ireland, Scotland and Wales**
- **Religion and sexual orientation.**

The CfWI developed and tested the survey via a consultation process and this helped identify primary issues and key trends concerning public health consultants and specialists. It also helped formulate the most appropriate questions and wording to use in the survey.

The full list of survey questions with accompanying answers is available in appendix 4.3.

1.3 Eligibility and response rate

Data was collected online and the survey was promoted in a variety of ways including via direct email to members of the Faculty of Public Health (FPH) and registrants of the UK Public Health Register (UKPHR), and a range of soft communications, including:

- Newsletters from the UKPHR to their registrants
- Social media updates and communications from PHE, e.g. Twitter and Friday emails from PHE chief executive Duncan Selbie
- Bi-monthly newsletter from HEE
- Word of mouth from commissioners and those involved in survey development
- CfWI social media updates.

A total of 574 consultants and specialists responses were used in the overall survey analysis. Given there were approximately 1,100 public health consultants and specialists in September 2012 according to the Health and Social Care Information Centre (HSCIC) [6] the CfWI has assumed that the response rate was just over half (52 per cent).

6 Health and Social Care Information Centre (2013), "Hospital and Community Health Services (HCHS) Workforce Statistics in England, Medical and Dental Staff- 2002 to 2012, as at 30 September 2012", http://www.hscic.gov.uk/catalogue/PUB10394/nhs-staf-2012-medi-dent-detl-tab.xls [Accessed 17 January 2014].

Given both the number of responses and the estimation of the size of the target population, the CfWI estimates the survey's margin of error as **+/- 2.8 per cent, at a 95 per cent confidence level[7].** This means that if CfWI repeated this survey 100 times, 95 times out of 100 it would confidently expect results to be within 2.8 percentage points of the figures reported in this paper. However, as our survey sample was not completely random and the CfWI did not know all the characteristics of the workforce, it may be that the margin of error was higher as a result of unaccounted bias.

1.4 Profile of survey respondents

The survey respondents had the following professional characteristics:

- 64 per cent were female
- 53 per cent were aged 50 years or older, including 9 per cent aged 60 or older; while 10 per cent were aged under 40 years
- 82 per cent were from white backgrounds and just over 11 per cent were from ethnic minority backgrounds
- 5 per cent reported having a disability
- 53 per cent worked for local authorities, while 30 per cent worked for PHE, and 13 per cent within universities
- 37 per cent had been registered as a public health specialist or consultant longer than 10 years, with 13 per cent registered for more than 20 years. 30 per cent had registered for 5 years or fewer
- 75 per cent of survey respondents worked full-time
- 81 per cent were on a permanent contract, 12 per cent on fixed-term/temporary contracts, 4 per cent in an acting up role and 3 per cent on secondment[8]
- 53 per cent were registered with the General Medical Council (GMC), 46 per cent with UKPHR and 3 per cent registered with the General Dental Council (GDC)
- 67 per cent completed specialty training and 29 per cent qualified via the portfolio route
- Many had overlapping roles, with 57 per cent of survey respondents working in health services, 54 per cent in health improvement, 52 per cent in health intelligence, 38 per cent in health protection, and 22 per cent in academic public health
- 81 per cent considered their role to have a local remit, 35 per cent regional remit, 27 per cent national and 11 per cent had an international remit
- 24 per cent work in London, 24 per cent in the North, 23 per cent in the South and 27 per cent in the Midlands and East.[9]

The CfWI's survey sample had a broadly similar gender and age profile to that of the public health specialist and consultant workforce in 2012. Almost two thirds (64 per cent) of survey respondents were female, and 53

7 At a higher confidence level of 99 per cent, the margin of error is +/- 3.7 per cent. These margins of error have been calculated using the following tool: http://www.surveysystem.com/sscalc.htm

8 Someone is in an 'acting-up role' if they take on all the responsibilities of a higher grade role on a temporary basis, while someone is seconded if they work for another organisation but are employed contractually by another. These are typically full-time roles.

9 The CfWI asked people where they are located in terms of PHE centre. Measuring by PHE centre allowed data to be aggregated roughly into larger HEE Local Education and Training Board and PHE regions, while remaining a large enough area to protect anonymity.

per cent of respondents were aged 50 or over (with 9 per cent over 60). According to HSCIC data for 2012, 62 per cent of consultants and specialists in England were women, 57 per cent were aged 50 or over, and 11 per cent were over 60. [10] The CfWI is therefore confident that the survey sample was representative.

Illustrative charts for employer, location and age profile of survey respondents can be found in appendix 4.2.

10 See HSCIC (2013).

2. Survey findings

The CfWI has included tables and charts in the main body of the report, where they highlight key messages. However, a full set of reference tables for all survey questions can be found in appendix 4.3. A full set of analysis tables is in appendix 4.4 of the report.

The CfWI has highlighted trends where they are statistically significant[11]; these are identified in the analysis tables in appendix 4.4.

2.1 Job satisfaction

The survey sought to ascertain the level of job satisfaction amongst public health consultants and specialists.

Question 5 - At present, how satisfied are you with your work life?

Respondents were asked to give a score from 1 to 10, with '1' being not at all satisfied and '10' being completely satisfied; the survey also asked for a reason for the score.

2.1.1 Job satisfaction findings

The data suggest:

- Public health consultants and specialists were reasonably satisfied with their work, although a sizeable minority reported significant dissatisfaction, with just over half rating their job satisfaction as 7 out of 10 or higher and 20 per cent rating their job satisfaction as 3 or less out of 10
- Respondents working in universities and NHS trusts gave on average the highest job satisfaction scores, while lower than average scores came from those working in local authorities
- Those in senior roles and at the end of their careers were on average the most satisfied; staff aged 50-54 were most dissatisfied on average
- There was no difference between men and women in terms of the mean job satisfaction score (both men and women averaged 6.0 out of 10). Similarly, ethnicity and disability did not appear to correlate with reported job satisfaction
- While there was some local variation in job satisfaction and Thames Valley scored higher than the average, local circumstances did not appear to have significantly affected scores
- Reasons given for positive scores included the ability to make a difference, the variety of public health work, the opportunity to have interesting work that has impact
- Reasons for lower scores included the shift of public health responsibilities to local government, concerns over workload, and uncertainty over the future of public health.

The data to support these findings can be found in the data analysis tables in appendices 4.3 and 4.4.

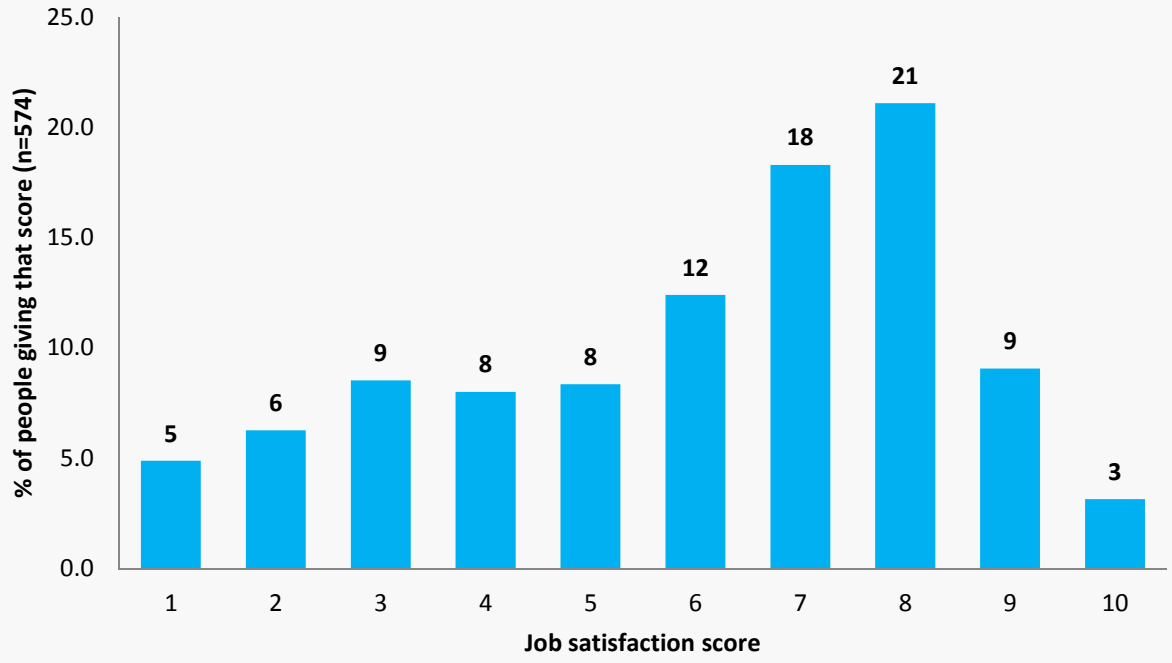
11 The CfWI has taken this as meaning if the average score is significantly different from the overall average at the 5 per cent level or lower.

2.1.2 Overall job satisfaction trends

Figure 1 shows that overall, public health consultants and specialists were moderately happy with their work life, with 52 per cent rating their job satisfaction as 7 out of 10 or higher. The most common response was 8 out of 10 (21 per cent of respondents). The mean job satisfaction score was 6.0 out of 10.

This represented a good level of job satisfaction overall from survey respondents. However, 20 per cent rated their job satisfaction as 3 out of 10 or less.

Figure 1: Job satisfaction scores



Source: CfWI public health consultant and specialist survey, England, November-December 2013

There was considerable variation in the mean job satisfaction score by different sections of the public health consultant and specialist workforce. The data tables in appendix 4.4 show the mean satisfaction scores by respondent profile, type of employer, area of work, and by location.

Based on statistical significance[12], job satisfaction was highest and above the workforce average of 6.0 out of 10 for the following workforce segments:

Where job satisfaction was highest	
Profile	Aged over 65 (average job satisfaction score of 8.7 out of 10); earning over £115,000 (6.7)
Organisations	NHS trusts (7.1), universities (7.0)
Location	Thames Valley (7.3)
Domains & remit	Academic public health (6.7), regional (6.3), national (6.6) and international (6.8)

Respondents were asked to give a reason for their job satisfaction score. Reasons highlighted for high satisfaction scores included the ability to make a difference, the variety of public health work, the opportunity to have interesting work that has impact, and several positive comments about the shift to local authorities:

> **"Fulfilling job— challenging, making a difference"**
> **"Great variety of work. I feel I am adding value"**
> **"Interesting work that makes an impact"**
> **"Able to work on a range of different public health programmes which involve working strategically and operationally. Able to provide capacity to existing teams and plug gaps in service. Able to work alongside other local authority colleagues on a collective vision."**

On the same basis, job satisfaction was significantly lower than the workforce average of 6.0 out of 10 for those within the following workforce segments:

Where job satisfaction was lowest	
Profile	Those aged 50-54 (average job satisfaction score of 5.7 out of 10); with a permanent contract (5.9)
Organisations	Local authorities (5.5)
Domains & remit	Those working in health improvement and health services (5.8) and those working in a local role (5.8)

12 This means that the score is significantly lower/higher than the average, given the score and expected standard error (which is dictated by the number responding for a particular question). Key results tables are outlined in the analysis tables in the appendices.

Reasons given for the lower scores included the shift of public health responsibilities to local government, concerns over workload and uncertainty over the future of public health:

> **"Since moving to the local authority, work has become increasingly difficult. I feel that my expertise is not valued as a public health consultant...."**
> **"Uncertainty of the position, and [low] priority of public health within the local authority"**

Overall, given that more than half of respondents rated their job satisfaction as 7 out of 10 or higher, it was clear that many working within public health enjoyed and engaged with their work strongly – especially those in senior roles, and those at the start of their career.

2.2 Career intentions

The survey asked each respondent questions about their future career intentions to help ascertain whether there will be an adequate and sustainable supply of consultants and public health specialists in the near future. The aim of these questions was to identify:

- Whether respondents intended remaining in their current public health role
- If not (or not sure), to identify the reasons why
- Possible locations to which people may wish to move in the future.

The survey asked three questions about future career intentions:

Question 6 - Do you feel it is likely that you will stay in your current role for the next one to two years?

Respondents could choose 'yes', 'no', or 'not sure'. Those who selected 'no' or 'not sure' were asked to indicate why from a list of possible reasons, and could select more than one response.

Question 7 - Thinking further ahead, do you think it is likely you will stay in your current role for the next three to five years?

This question was only asked of people who had replied 'yes' to question 6, indicating they expected to stay in their current role for the next 1-2 years. Respondents could choose 'yes', 'no', or 'not sure'. Those who selected 'no' or 'not sure' were asked to indicate why from a list of possible reasons, and could select more than one response.

Question 8 - Is there another part of the public health system that you would like to work for in the future?

Respondents could choose 'yes', 'no', or 'not sure'. Those who selected 'yes' were asked which area they would consider working for in the future from a list of organisations, and could select more than one response.

2.2.1 Career intentions findings

The overall findings suggest:

- In total, 51 per cent reported that they were likely to stay in their current role for next one to two years. Of this group, 41 per cent reported that they were likely to stay in their current role for the next three to five years. This indicated that 21 per cent of the public health consultant and specialist workforce expected to stay in their current role over the next three to five years
- Those least committed to remaining in their current position over the short term were those at the start of their career. While natural ambition may explain those choosing to change role at the start of their career, the evidence suggests that there might be higher turnover among younger age groups while they gain broader experience
- The most common reasons for leaving given were looking to explore new career opportunities, reconfiguration of posts and insecurity around terms and conditions; over three to five years retirement was also a significant issue. Within local authorities especially, there was concern over whether staff were in the right area of the public health system and perceived insecurity over terms and conditions
- Local authorities may be especially susceptible to turnover, with more than 50 per cent of consultant and specialist staff indicating that they were looking to work elsewhere and with 83 per cent of these keen to work for PHE. Thirty per cent of staff in local authorities looked to leave within the next one to two years; for South Midlands and Hertfordshire this is 41 per cent. Overall, only 12 per cent of staff working in local authorities expected to remain in their current roles after five years. Local authorities may therefore wish to take into account possible retention issues among their senior public health staff
- By contrast, universities and the South appeared to be less susceptible to turnover over the next five years are the least likely to leave their current role.

The data to support these findings can be found in the data analysis tables in appendices 4.3 and 4.4.

2.2.2 Overall career intentions trends

In total, 51 per cent reported that they were likely to stay in their current role for next one to two years.

Of this group, 41 per cent reported that they were likely to stay in their current role for the next three to five years. This indicates that 20 per cent of the current public health consultant and specialist workforce expect to stay in situ over the next three to five years.

The data tables in appendix 4.4 show the proportion of respondents reporting they thought it likely that they would stay in their current role over the next one to two years and three to five years by respondent profile, type of employer, area of work, and by location.

The segments of the workforce who indicated it was *likely* that they would remain in their current post over the next one to two years, are summarised in this table:

People most likely to remain in post in the short term	
Profile	Those in high income brackets (67 per cent of those earning £100,000-115,000 and 65 per cent of people earning over £115,000 stated it was likely they would remain in their current post for the next 1-2 years)
Organisations	PHE (60 per cent); HEE and its LETBs (78 per cent); universities (71 per cent)
Location	Devon, Cornwall and Somerset (74 per cent); Thames Valley (72 per cent); Wessex (69 per cent); the South (61 per cent)
Domains & remit	People working in academic public health (62 per cent); education and training (61 per cent); national and regional roles (58 per cent); international role (68 per cent)

In the short term, southern regions appeared to be less susceptible to turnover, with Wessex, Thames Valley and Devon, Cornwall and Somerset likely to keep around 70 per cent of their public health consultants and specialists in their current roles over the short term.

Universities and HEE were also likely to retain the significant majority of their staff, with 60 per cent of respondents from PHE expected to stay in their current role. Staff who indicated it was likely they would remain in their current role for the next one to two years were then asked if it was likely they would remain in their current role over the next three to five years. Of the 51 per cent likely to remain at least one to two years, 41 per cent stated that it was likely that they would remain three to five years. This means that approximately 20 per cent of the public health consultant and specialist workforce thought it likely they would stay in their current role in the next three to five years.

Those workforce segments more likely than the workforce average of 21 per cent to stay in their current post after three to five years were:

People most likely to remain in post over the medium term	
Profile	GDC registration (53 per cent state it is likely they will stay in their role over the next 3-5 years)
Location	Wessex (41 per cent) and the South (32 per cent)
Domains & remit	International role (23 per cent)

This indicates that over the longer term; staff registered with the GDC; working internationally; and working in the South may be more likely to stay in their current role than other sections of the workforce.

While 51 per cent of the workforce indicated it was likely they would remain in their current role over the next one to two years, 24 per cent said they did not feel it was likely (the remaining 25 per cent indicated they were not sure).

The segments of the workforce who indicated it was *unlikely* that they would remain in their current post over the next one to two years, were:

People least likely to remain in post over the short term	
Profile	Those with less than one year's experience (39 per cent of this group indicated it was unlikely they would remain in their current role over one to two years), those qualified through the portfolio route (30 per cent) ; those registered with the UKPHR (27 per cent)
Organisations	Local authorities (30 per cent)
Location	South Midlands and Hertfordshire (41 per cent)
Domains & remit	Working in health improvement and health services (27 per cent)

Those not committed to staying over the short term were those who were newly qualified, working within local authorities, working in health improvement and health services, and concentrated in particular regional areas (notably South Midlands and Hertfordshire).

This might indicate where turnover is more likely to occur, and might have implications for succession planning if turnover is likely to be concentrated in particular areas.

In particular, the proportion of those looking to leave the local authorities in the short term was higher compared to PHE and universities (where 14 per cent and 12 per cent respectively thought it likely that they would leave their current role within two years). If high turnover from local authorities does transpire, this might have implications for how public health is delivered locally.

Respondents who had indicated that they were likely to remain in their current post in the next 1-2 years were asked if they were likely to remain in their current post in the next 3-5 years. Respondents most likely to answer 'no' to that question were those coming to the end of their careers and approaching retirement (see section 2.2.3).

Overall, 23 per cent of those who indicated it was likely they would remain in their current post in the next one to two years said it was unlikely they would remain over the next three to five years. Those segments of the workforce who were more likely to state that it was *unlikely* that they would remain in their current post over the next three to five years, were:

People least likely to remain in post over the medium term	
Profile	Those aged 60-64 (48 per cent of this group who had indicated they would likely stay in their post in the next 1-2 years stated that it was unlikely they would remain in their post over 3-5 years), earning over £115,000 (41 per cent)
Domains & remit	Working in health intelligence (30 per cent)

This suggested that there might be a degree of instability within the public health consultant and specialist workforce over the medium term. Forty-nine per cent did not think it likely or were unsure whether they would remain in their current role over the next one to two years; while a further 30 per cent, although committed to remaining in their role over the next one to two years, did not give the same assurances over three to five years.

Overall, 24 per cent of the public health consultant and specialist workforce stated that that they did not expect to remain in the same post over the short term, with a further 25 per cent unsure. Moreover, a further 30 per cent were not committed to staying over three to five years, though willing to do so in the short term.

One can therefore expect some turnover and/or uncertainty among experienced staff over the medium term, especially within local authorities and health intelligence services. This may signal significant turnover if a proportion of these people decide to leave.

2.2.3 Reasons for varying career intentions

Respondents who indicated it was unlikely they would remain in their current role over one to two years, or were not sure, were asked the reasons they were considering leaving. Respondents could select more than one reason. The five main factors were:

Reasons for intending to leave over the short term
Looking to explore new career opportunities (48 per cent)
Insecurity over terms and conditions (32 per cent)
Having less autonomy over their work (30 per cent)
Uncertainty over whether they are in the right area of the public health system (29 per cent)
Posts or roles may be reconfigured (28 per cent)

The most significant findings are for the reasons given by those **statistically less likely to stay within the next one to two years**[13]**:**

Group (size of group)	Main reason for leaving (%)	Number two reason (%)	Number three reason (%)
Less than one year's experience (14)	Looking to explore new career opportunities (50)	Uncertainty around career pathway (35)	Fixed term contract (35)
Registration with the UKPHR (72)	Looking to explore new career opportunities (43)	Want greater autonomy (33)	Not sure if in right area of public health (28)
Qualified through the	Looking to explore new	Concerns over workload	Want greater autonomy (35)

[13] People working in South Midlands and Hertfordshire were excluded, because there were only 9 people from that area who stated they would not remain in their role over one to two years.

Group (size of group)	Main reason for leaving (%)	Number two reason (%)	Number three reason (%)
portfolio route (49)	career opportunities (47)	(37)**[14]	
Local authorities (91)	Looking to explore new career opportunities (52)	Uncertainty over whether they were in the right area of the public health system (36)	Insecurity around terms and conditions (33)
Health improvement (87)	Looking to explore new career opportunities (48)	Work life balance (30)	Uncertainty over whether they were in the right area of the public health system (26)
Health services (83)	Looking to explore new career opportunities (51)	Want greater autonomy (34)	Work life balance (31)

Looking to explore new career opportunities was the most common factor for all six groups most likely to leave within one to two years. Other factors highlighted were:

- **Less than one year's experience**: other key reasons cited were uncertainty around career pathways and being on a fixed term contract. These might reflect concerns amongst relatively new staff, including around job security at the start of their career
- **Registration with the UKPHR**: UKPHR registrants were more likely to focus on a desire for greater autonomy and uncertainty around whether they are in the right area of public health. This might reflect concerns about registrants' current working practices
- **Those qualified through the portfolio route**: those who qualified through the portfolio route were significantly more likely to focus on concerns over workload, and were more likely to cite concerns over autonomy. This might reflect concerns over current working practices
- **Those working in local authorities**: those working for local authorities cited concerns over not being in the right area of the public health system, and their terms and conditions
- **Those working in health improvement and health services:** concerns were more likely to focus on work life balance. This might indicate concerns related to the work these people deliver.

A further 30 per cent of all survey respondents stated that while they expected to stay in post for the next one to two years, they were unsure they would remain or expected that they would not stay over the next three to five years. **The five main factors for these people were:**

[14] This finding was statistically significant, at the 1 per cent level.

Reasons for intending to leave over the medium term
Looking to explore new career opportunities (cited by 36 per cent)
Posts or roles may be reconfigured (29 per cent)
Retirement (25 per cent)
Uncertainty around the career pathway (24 per cent)
Insecurity around terms and conditions (21 per cent)

The results show that concerns over the short term and medium term were broadly similar.

The one exception was **retirement,** which was the main consideration for most of the groups who were most likely to leave over three to five years. Other common factors included work life balance, reconfiguration of jobs and roles, and uncertainty around the career pathway. However, over three to five years retirement was more likely to be cited as a reason among the groups most likely to leave.

Group (number of people committed to leaving over the medium term)	Number one reason for leaving (%)	Number two reason for leaving (%)	Number three reason for leaving (%)
Aged 60-64 (11)	Retirement (100)	N/A	N/A
Over 20 years experience (15)	Retirement (80)	Work life balance (n < 5)	Explore new career opportunities (n < 5)
Earning over £115,000 (14)	Retirement (50)	Explore new career opportunities (35)	Work life balance (n < 5)
Health intelligence (30)	Explore new career opportunities (33)	Retirement (30)	Work life balance/uncertainty around career pathway (20)

2.2.4 Employers where people would like to work in future

All survey respondents, regardless of their intention to stay in their current role, were asked if there was another part of the public health system they would like to work for in the future. Respondents were then asked to identify the types of employer that attracted them.

Thirty-seven per cent of public health consultants and specialists indicated a desire to work in another part of public health at some point in their career, with a further 24 per cent unsure. Respondents could choose more than one employer. Of this 37 per cent (213 people), 73 per cent indicated that they would like to work for PHE, and 35 per cent indicated they would like to work in universities, with 32 per cent indicating the Department of Health.

People from local authorities were especially likely to express interest in working in another part of the public health system (50 per cent), and of these 83 per cent stated that they would like to work for PHE.

By contrast, staff working for PHE and universities were less likely to express interest in working in another part of the public health system, with only 24 and 23 per cent respectively expressing such an intention. This may indicate that staff working in those organisations are less inclined to leave their current employer.

These findings may indicate the desire among public health specialists and consultants for a diverse and varied career. However it may have implications for volatility within the public health system, if staff, particularly those working in local authorities, are looking to work elsewhere. This may be indicative of a need for a flexible, fluid public health labour market.

2.3 Changing roles and responsibilities

The survey asked two questions around possible changes to roles and responsibilities for those working in public health. These questions were intended to identify likely workforce drivers in the future, and gauge how people envisaged their roles and responsibilities may develop in the future and therefore identify likely workforce drivers and changes over the next five years.

Question 9 - Do you think the remit of your role and responsibilities may change over the next one to two years?

Respondents could choose 'yes', 'no', or 'not sure'. Those who selected 'yes' were asked to indicate how they saw their roles and responsibilities changing from a list of possible factors, and could select more than one response.

Question 10 - Do you think the remit of your role and responsibilities may change over the next three to five years?

Respondents could choose 'yes', 'no', or 'not sure'. Those who selected 'yes' were asked to indicate how they saw their roles and responsibilities changing from a list of possible factors, and could select more than one response.

2.3.1 Changing roles and responsibilities findings

The key findings are:

- Over the next one to two years, 72 per cent anticipated change to their roles and responsibilities. This rose to 78 per cent anticipating change to their roles and responsibilities over the next five years
- Survey respondents identified four main areas of changes to roles and responsibilities over the next five years:
    - Uncertainty around the transformation of the public health system
    - New organisational boundaries, policies and procedures
    - Changes to influence over public health outcomes
    - Increase in integrated working
- There was therefore some expectation that people's practices and ways of working would change, which might affect their capacity to shape public health outcomes in future. However, it was equally clear that there was a high level of uncertainty regards the future direction of the public health system

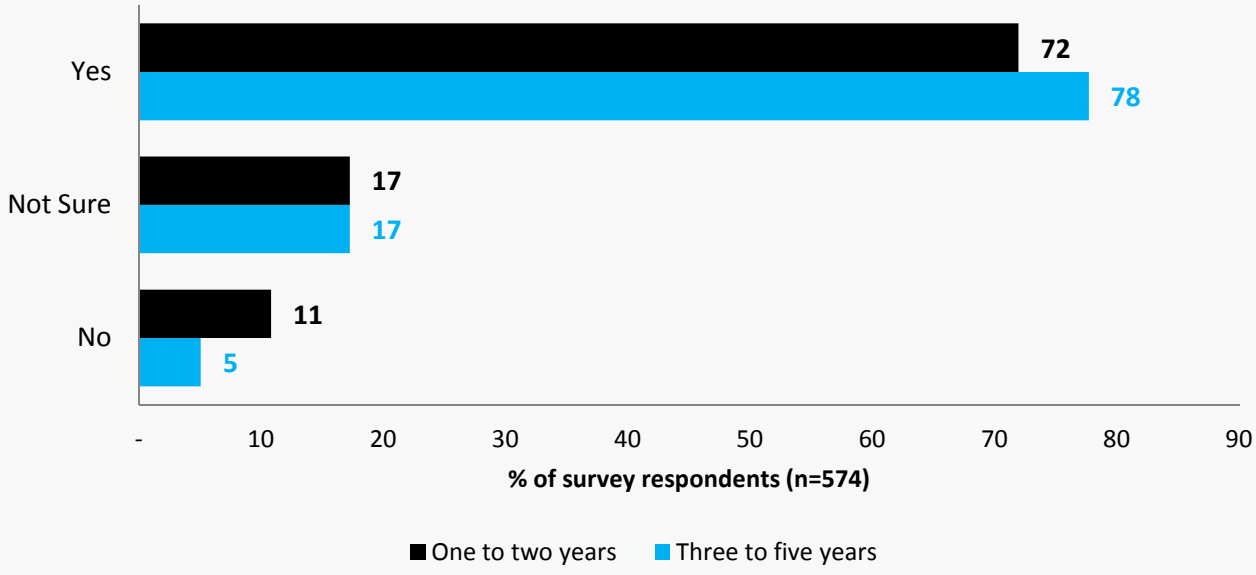
- People working in local authorities, in early to mid-career, and registered with the UKPHR were the most likely to expect change. This might reflect the current transition and changes currently taking place within public health
- People working in health intelligence, health improvement and health services were more likely to expect change than their counterparts in academia and health protection. Again, this might be as a result of much of these responsibilities shifting to local government under recent changes
- Finally, respondents from the North and Kent, Surrey and Sussex anticipated the greatest level of change to their roles and responsibilities. This might reflect different regional circumstances in these areas related to changes in the public health system.

The data to support these findings can be found in the data analysis tables in appendices 4.3 and 4.4.

2.3.2 Expectations around changing roles and responsibilities

The vast majority of survey respondents expect the remit of their role and responsibilities to change, both in the short and medium term. Over the next one to two years, 72 per cent anticipated change to their roles and responsibilities rising to 78 per cent anticipating change over the next five years (see Figure 2).

Figure 2: Do people expect change in their remit and responsibilities over one to two years and three to five years?



Source: CfWI public health consultant and specialist survey, England, November-December 2013

These results suggest that people working at consultant and specialist level in public health on the whole expected – and were ready for – their working practices to change in future.

The data tables in appendix 4.4 show the proportion of specialists and consultants who expect their remit to change over the next one to two and three to five years by respondent profile, type of employer, area of work, and by location. Compared to the workforce average of 72 per cent and 78 per cent, expectations for change were especially high amongst the groups listed below.

Where expectations of change to role are highest	
Profile	**Over one to two years:** qualified through portfolio route (80 per cent), registered with the UKPHR (78 per cent) **Over three to five years:** those with 3 to 5 years experience (86 per cent), earning £40,000-£49,999 (90 per cent), qualified through portfolio route (85 per cent), registered with the UKPHR (84 per cent)
Organisations	Local authorities (81 per cent over one to two years; 87 per cent three to five years)
Location	**Over one to two years:** Kent, Surrey and Sussex (95 per cent), Greater Manchester (87 per cent)
Domains & remit	Health services (77 per cent over one to two years; 83 per cent over three to five years); health improvement (80 and 86 per cent), health intelligence (81 and 83 per cent), working locally (75 and 81 per cent)

2.3.3 How roles and responsibilities may change

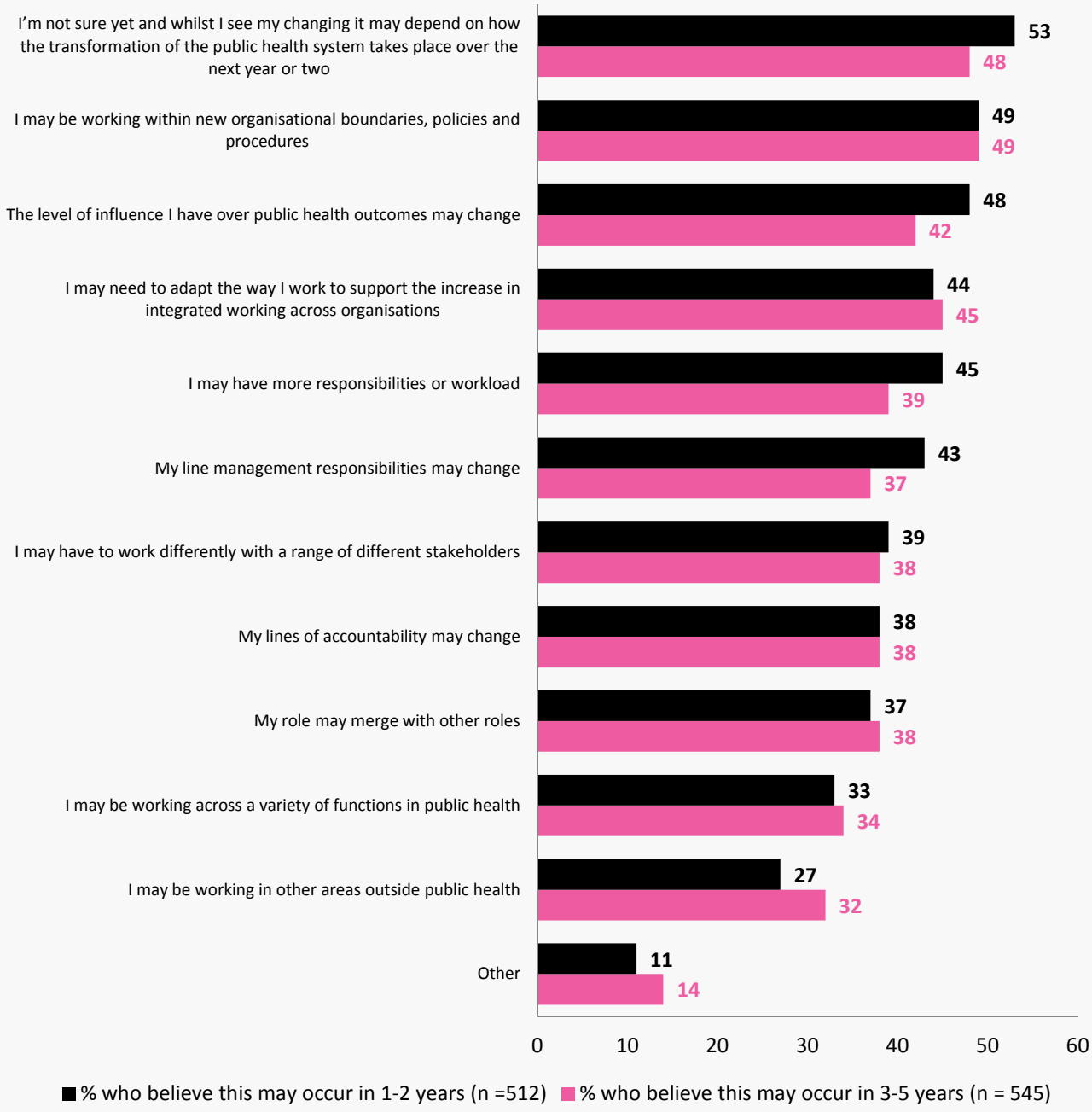
The survey then asked participants about the changes they expect to see (Figure 3). Over the next one to two years, the main findings from those who indicating that they are expecting changes were:

- 53 per cent of those anticipating change were not sure yet and whilst they recognise that things will change they report that it will depend on how transformation of the public health system takes place over the next year or two
- 49 per cent expected to be working within new organisational boundaries, policies and procedures
- 48 per cent expected to see their level of influence over public health outcomes change.

Over **three to five years**, there is slightly more emphasis around evolution of practices:

- 49 per cent of those anticipating change expected to be working within new organisational boundaries, policies and procedures
- 48 per cent were not sure yet and whilst they do see change, they say it may depend on how transformation of the public health system takes place over the next three to five years
- 45 per cent thought they may need to may need to adapt the way they work to support the increase in integrated working across organisations.

Figure 3 : Main reasons for change in remit of roles and responsibilities



Source: CfWI public health consultant and specialist survey, England, November-December 2013

2.4 Career support

The survey asked three questions around career support, in order to determine how supported people working in public health felt in developing their career; and what actions could be taken to give them greater support in their current role and to make their role more rewarding professionally.

Question 11 - Overall, how well do you feel supported in developing your career by your employer?

Survey respondents were asked to score their level of career support in their current role on a scale of 1 to 10, and to select up to three ways in which their employer could support them more.

Question 12 - What one action could your employer do to support you in your current role, given the recent changes to the public health system?

The survey provided free text for survey respondents to highlight one action from their employer which could support them in their current role.

Question 13 - What is the one change that would make your current post more professionally rewarding?

The survey provided free text for survey respondents to highlight one change that could make their current post more professionally rewarding.

2.4.1 Career support findings

The overall findings show that:

- 52 per cent of survey respondents assessed their level of career support as six or above, with 26 per cent scoring 8 or over
- Staff at the start of their career and staff receiving the highest salaries were more likely to feel they received good career support. People working in regional level roles, NHS trusts, academic public health, health services and health protection were also more likely to feel better supported by their employer, as did people working in Thames Valley and Anglia and Essex. Those working part-time or job sharing were less likely to feel they were receiving good support compared to their full-time colleagues. This may suggest that people in these types of role need greater support in their career, or that they are less able to access support
- Respondents working in local authorities were less likely to feel they were receiving good support compared to other organisations. This might be a result of the uncertainty and transition within local government
- There may therefore be scope for giving greater opportunities to working with other organisations (especially for part-time/job share workers and those working in local authorities), and for better

access to mentoring schemes (especially for those within local authorities). Any schemes would need to be developed with consideration of workers in part-time and job share roles, and almost certainly in consultation with local authorities

- Respondents also indicated that they favoured more opportunities to develop and maintain skills, greater access to continuous professional development (CPD), and greater autonomy to carry out their role. These suggestions could be considered in any schemes designed to address career support.

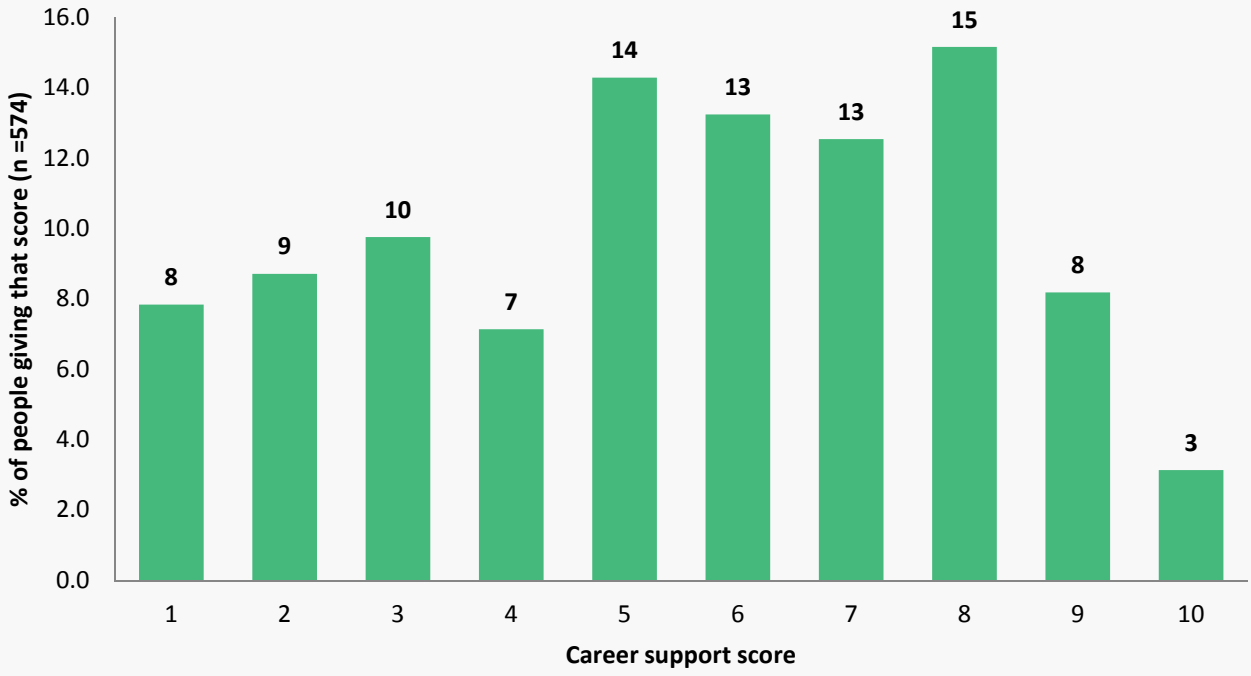
2.4.2 Overall career support trends

As Figure 4 shows, 52 per cent of public health consultants and specialists rated their career support as 6 out of 10 or higher, with 26 per cent scoring 8 or higher. This suggests that overall career support was moderately good, with a significant minority feeling they had very good support from their employer.

However, the mean score was 5.5 out of 10. In addition, 26 per cent of respondents rated the level of job support received as 3 or lower. This suggested that a sizeable proportion of this workforce felt they did not receive good career support.

Figure 4 : Career support scores

Over half (52 per cent) rated their career support as 6 out of 10 or over; just over a quarter (26 per cent) rated their career support as 8 or over.



Source: CfWI public health consultant and specialist survey, England, November-December 2013

There was considerable variation in the mean career support score by different sections of the public health consultant and specialist workforce. The analysis tables in appendix 4.4 show the mean support scores by respondent profile, type of employer, area of work, and by location.

Career support was highest and statistically significantly above the workforce average of 5.5 out of 10 for the following workforce segments:

Where career support is highest	
Profile	Aged under 34 (average career support score of 6.9 out of 10); less than a year's experience (6.7); earning over £115,000 (6.6)
Organisations	NHS trusts (6.7)
Location	Thames Valley (6.5); Anglia and Essex (6.2)
Domains & remit	Working in health protection (5.7) and academic public health (5.8), and in regional roles (5.8)

Those workforce segments who rated their career support below the workforce average of 5.5 out of 10 were:

Where career support is lowest	
Profile	Working part-time or in job sharing role (average career support score of 4.9 out of 10)
Organisations	Local authorities (5.2)

Those feeling most supported were those at the start of their career (either with less one year's experience or aged under 34) or earning the highest salaries, working in NHS trusts, and those working in health protection, academia and regional roles. In addition, respondents from Thames Valley and Anglia and Essex scored above the average. By contrast, those working part time and in local authorities on average felt less well supported. This might indicate a need for greater support for those working part-time or job sharing, and be reflective of the current uncertainty within local government.

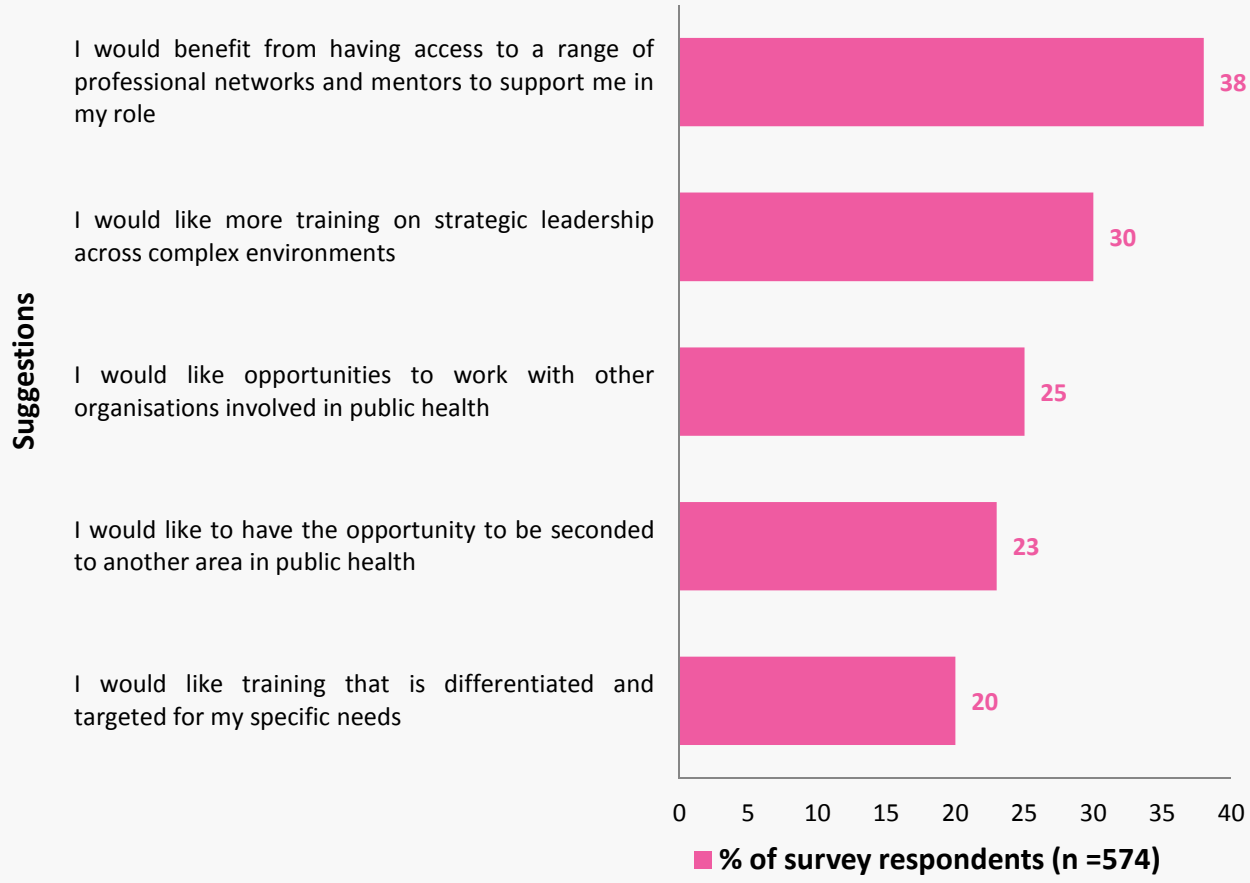
2.4.3 Options for improving career support

The survey asked respondents to select up to three ways in which they could be better supported by selecting from a list of possible options (see full list in appendix 4.3, Question 11). The most popular requests to improve career support, as shown in figure 5, were for:

- **Greater access to a range of professional networks and mentors** (suggested by 38 per cent of respondents)
- **More training on strategic leadership across complex environments** (30 per cent)
- **Greater opportunities to work with other organisations in public health** (25 per cent)
- **Greater opportunities of secondment** (23 per cent)
- **Differentiated and targeted training** (20 per cent).

These findings suggest that across the whole workforce, more opportunities to work with other organisations in public health, better targeted training (especially for those in senior roles), and better access to wider support through networking and mentoring schemes, would be welcomed by survey respondents.

Figure 5: Most preferred options for improving career support



Source: CfWI public health consultant and specialist survey, England, November-December 2013

Among staff who felt the most supported, statistically significant proportions made the following recommendations (as shown in appendix 4.4.5):

- **Those at the start of their career** (with less than a year's experience) overwhelmingly favoured access to mentors, with 58 per cent requesting this; 31 per cent also requested training to focus on required skills and competencies. These might reflect priorities for those at the start of their career
- **Those working in health protection** were more likely to favour training on strategic leadership (34 per cent). This might reflect greater awareness to expand one's skills, particularly in leading and managing people.

For people already well supported, the evidence suggested that mentorship schemes and targeted training (for less experienced staff) and more opportunities to work in other organisations and training focused on strategic leadership (especially for those in health protection) could be applicable across other areas.

Those workforce segments that reported feeling less supported were more likely to make the following recommendations (as shown in appendix 4.4.5):

- **People working in local authorities** were especially likely to favour greater secondment opportunities (31 per cent) and better access to professional networks and mentors (44 per cent).

This indicated that for those not feeling well supported, better access to mentoring and secondment could help improve career support.

2.4.4 What can employers do for their workforce?

The survey asked respondents to highlight the one action their employer could take to support them in their role, following recent changes to the public health system. The purpose of the question was to elicit greater detail regarding what employers could do to improve career support for their staff, and therefore provide a greater range of possible options for improving career satisfaction through better career support.

Responses from those giving higher scores for career support focused on providing more support and a broader range of training, citing continuous professional development (CPD) and more opportunities to maintain and develop skills:

> **"Fund appropriate training and CPD activites which are provided outside PHE, with less paperwork and difficulty"**
> **"I work in health improvement... I would like to maintain and further develop my health protection skills."**

Responses from those giving lower scores likewise emphasised the importance of greater clarity about their role in the public health system:

> **"Provide clearer guidance on what I should be doing and how it fits into the bigger picture, with links to appropriate supportive networks"**
> **"Decide exactly what they want their public health team to look like, and the sort of skills they require."**

The survey also asked respondents to highlight one change which would make their career more professionally rewarding. Comments underlined **greater recognition of the role public health consultants and specialists can potentially play**, and on **greater autonomy**:

> **"Recognition that public health is not just about health improvement, but that we have a range of knowledge and skills that would support whole system public sector commissioning"**
> **"Ability to work more flexibly across organisational boundaries and maintain my skills across public health."**

The key findings based on the comments received from survey respondents suggest that the workforce would like greater autonomy, greater access to CPD and more opportunities to develop and maintain skills, and that whilst these might not address all issues, they may help in further improving career support.

2.5 Education and training

The survey asked one question around education and training:

Question 14 - What do you feel would encourage new applicants to apply for public health specialty training?

Survey respondents were invited to choose from a selection of responses.

The purpose of the question was to encourage survey respondents to think about the future of their profession, and consider what might be necessary to encourage people to consider pursuing a career in public health.

Participants were asked to choose up to three responses from a list of options, as shown in Figure 6.

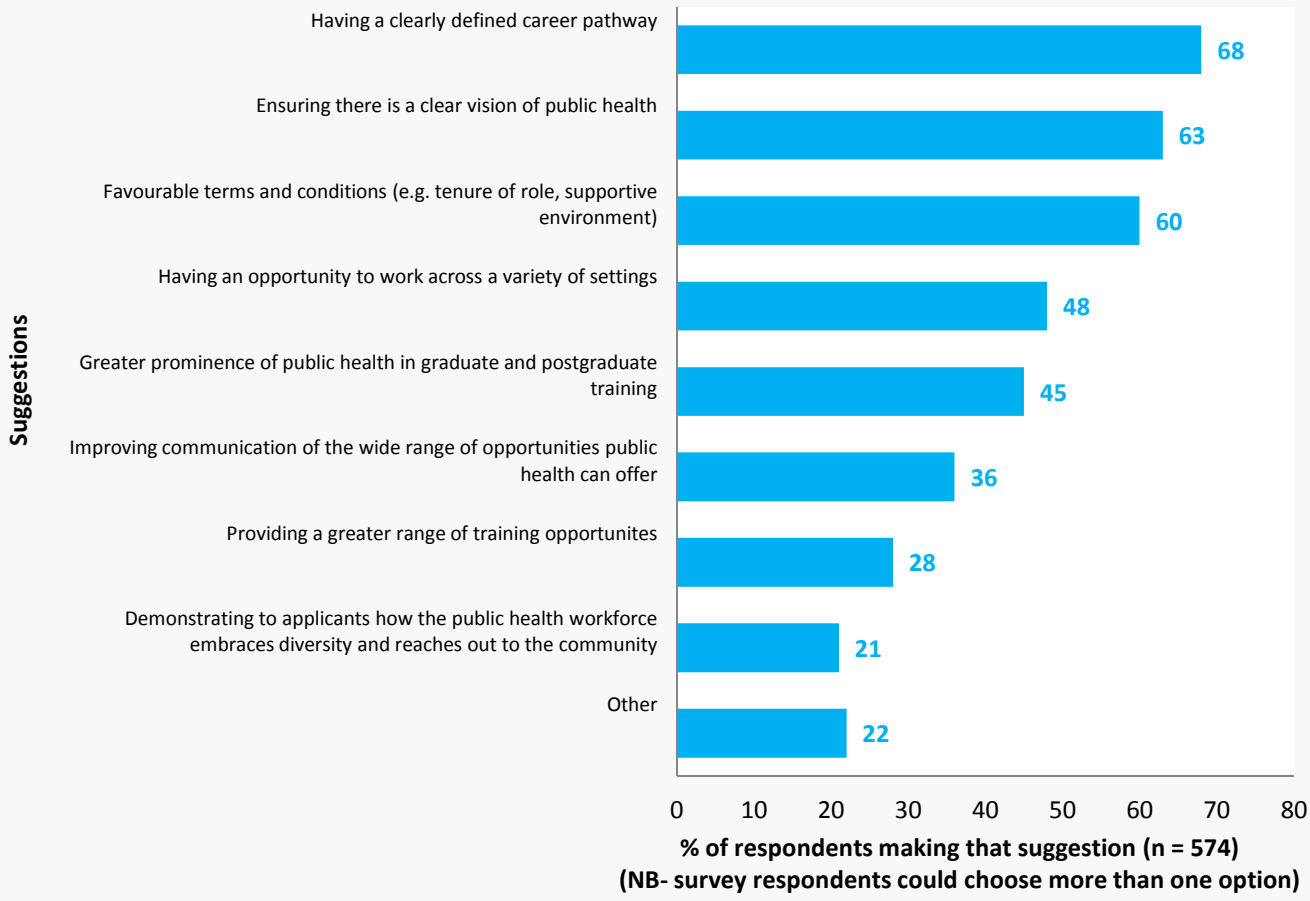
The most cited suggestions from the 574 respondents were:

- **A clearly defined career pathway** (68 per cent of respondents)
- **A clear vision of public health** (63 per cent)
- **Favourable terms and conditions, e.g. 'tenure of role', 'supportive environments'** (60 per cent).

The findings suggest:

- **Greater clarity around the role of public health and how this relates to individual career pathways was crucial for people currently working in the profession**
- **Survey respondents advised emphasising favourable terms and conditions, for example around ensuring a good working environment and job security. This might reflect current uncertainty around the profession following recent changes.**

Figure 6: Suggested options for encouraging new applicants for public health specialty training



Source: CfWI public health consultant and specialist survey, England, November-December 2013

2.6 Career recommendation

Finally, the survey asked whether respondents would recommend a career in public health to their friends and family. Respondents were also asked why they would make this recommendation. A similar question is used in the NHS staff survey [15] as a baseline to determine if staff are happy with what they deliver and are willing to promote their own profession.

15 This is commonly referred to as the 'friends and family test' in the NHS Staff Survey, which in 2013 was posed as question 12d: 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'. Possible options were 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' and 'strongly disagree'. National NHS Staff Survey, "Core Questionnaire", http://www.nhsstaffsurveys.com/Caches/Files/NHS%20Staff%20Survey%202013_Core%20Questionnaire_final.pdf [Accessed 17 February 2014]

Question 15 - Would you recommend a career in public health to your friends and family if they expressed an interest?

Survey respondents could either say 'yes', 'no' or 'not sure' to the question. The survey provided free text for respondents to explain why or why not.

2.6.1 Career recommendation findings

Forty-eight per cent of respondents stated they would recommend a career in public health, compared to 22 per cent who said they would not. 29 per cent were not sure.

The findings suggest:

- Those most likely to recommend public health as a career were working in northern areas such as the North East and Cumbria and Lancashire; were relatively new to public health; and working in health improvement and or health protection. People in these categories were more likely to emphasise the value of the work they deliver, and therefore more likely to advocate public health as a career
- Those less likely to recommend a career in public health were male; registered with the GMC; with 16 to 20 years experience; and in the Midlands and East. Comments raised from survey respondents included concerns over the current uncertainty surrounding the public health system
- Those unsure whether to recommend were from London; registered with the GMC and working part-time or job sharing. This might reflect uncertainties specific to people within these groups, especially those working part-time or job sharing.

2.6.2 Overall career recommendation trends

There was considerable variation in the proportion of the public health specialist and consultant workforce who would recommend a career in public health in different segments of workforce. The data tables in appendix 4.4.6 show the proportion who would recommend a career in public health by respondent profile, type of employer, area of work, and by location.

Workforce segments more likely than the workforce overall (49 per cent), to recommend a career in public health came from the following categories:

Most likely to recommend public health as a career	
Profile	Staff aged 35 to 39 (63 per cent said they would recommend a career in public health to their friends or family); in role for less than one year (67 per cent); registered with UKPHR (61 per cent) and who qualified via the portfolio route (62 per cent)
Location	Cumbria and Lancashire (82 per cent); the North East (70 per cent)
Domains & remit	People working in health improvement (54 per cent) and health protection (53 per cent)

Respondents saying 'yes' highlighted the possibilities of an interesting, rewarding and varied career and the ability to shape societal outcomes:

> **"It is an excellent career if you want to have an important impact on patient outcomes. There is a real opportunity to help large numbers of people"**
> **"It's an extremely varied career which can take you from local to international, front line to academia, health protection to policy: it has something for everyone"**
> **"Mostly I've had a fantastic career, and I've loved it. Public health, and reducing inequalities and addressing injustice, is my passion and my life's work."**

By contrast, compared to the workforce overall (22 per cent) those workforce segments more likely to state they would not recommend a career in public health (as opposed to recommend, or be unsure) were:

Least likely to recommend public health as a career	
Profile	Men (29 per cent stated they would not recommend a career in public health to their friends or family); those with 16-20 years experience (33 per cent); qualified through specialty training (25 per cent); registration with the GMC (29 per cent)
Location	People working in the East Midlands (45 per cent) and within the Midlands and East region overall (30 per cent)

Twenty-nine per cent of survey respondents were unsure if they would recommend a career in public health. Workforce segments with greater uncertainty were:

Most unsure on recommending public health as a career	
Profile	Those earning £60,000-£69,999 (46 per cent); working part-time or job sharing (37 per cent); qualified through specialty training (32 per cent) and those registered with the General Medical Council (33 per cent)
Location	London (37 per cent)

Respondents saying no or that they didn't know whether they would recommend a career in public health to their family or friends, emphasised the current uncertainty and fragmentation within the profession, particularly around career progression:

> **"Not any more— unless it moves with the times and embraces the new local authority world. I can't imagine medics will survive in this new arena, unless they throw themselves into the integrated health and social care agenda"**
> **"At the moment it is too fragmented, and it is not clear what a career in public health looks like"**
> **"While I still believe public health is an exceptionally valuable speciality and I am passionate about it, following the current reforms, the career prospects, progression and value placed by some organisations is uncertain."**

Overall, it was clear that far more consultants and specialists recommended a career in public health than not. However, it was interesting that the least enthusiastic responses were received from medically trained specialists and consultants, males and those in mid-career. Those working in health improvement and health protection were by contrast among the most enthusiastic. This might reflect concerns about fragmentation of the service and uncertain career progression.

3. Discussion

The survey succeeded in getting good engagement from public health consultants and specialists, with 574 responses from an expected population of approximately 1,100. Given that the demographic profile broadly matches that of all registered public health specialists and consultants, the CfWI believes the views expressed offer a representative sample of the workforce.

Emerging themes

There was a good level of general satisfaction amongst the majority of respondents, and this is an encouraging position for public health as a whole. However, there were a number of concerns expressed, including:

- Staff working in local authorities and staff in mid-career having the greatest dissatisfaction about career support and the future of their roles
- The pace and extent of organisational and policy change and the resulting uncertainty, experienced as a lack of confidence in the future of public health and in individual personal career prospects
- The perceived lack of a clear career structure across the public health system, which prevents the respondents from broadening their skills by moving between, for example, Public Health England, local authorities and academia.

If these concerns are not addressed, potential outcomes over the next few years could include:

- Greater likelihood of staff leaving current posts
- Lower morale
- Greater difficulty in recruiting new entrants
- Greater likelihood of vacancies, as not all staffing gaps are filled.

The survey is clear on the actions which could address these negative responses (and build on the strengths which exist within the public health system). These include:

- **Training** – For example, in how to deliver strategic leadership within a complex and changing environment and to use skills fully across a number of areas
- **Mentoring** – Providing support to staff across and within organisations to help them develop their skills (and perhaps address issues arising from the relatively small size of specialist teams within local authorities)
- **Career pathways** – Giving staff more confidence to remain within the profession and greater clarity over what they can expect from their career
- **Secondments** – Giving staff the opportunity to experience a wider set of professional challenges
- **Clarity of vision** – Putting the recent organisational change into context and demonstrating how the delivery of public health services will develop over the next 3-5 years.

Possible actions

As highlighted in section 1.1, this survey took place around the same time as other surveys of the public health workforce by the ADPH, the BMA, PHE and the RSPH [16]. In addition, a 2014 report into Public Health England

16 ADPH (2013); BMA (2014); PHE (2014); RSPH (2014).

by the House of Commons Health Select Committee was also published, which raised concerns around workforce capacity in public health and the accountability of the role of Director of Public Health. [17]

The CfWI's results should therefore not be examined in isolation, but rather alongside the findings of these other surveys and reports. One should also consider these findings alongside existing policies, as issues raised by this survey might be best addressed through existing means.

However, there are two policy levers which may be effective: wider support for all consultants and specialists, and targeted support for local authority employees.

Actions for policymakers to consider could include:

- Providing greater clarity around what public health staff can expect from their career as it develops
- Creating stronger networks and communities of interest, and facilitating staff to interact across organisational boundaries
- Developing advice on succession planning and other techniques to retain and motivate mid-career employees
- Working to reduce barriers between employers (e.g. terms and conditions) so that staff can transfer between them during their careers more easily
- Using the momentum created by recent changes to raise the profile of public health and present 'change' as positive, setting out the opportunities presented and the benefits to be delivered to our communities. In the personal upheaval, many staff may have lost sight of the reasons for the reorganisation.

More targeted support for local authority employees could include:

- Providing greater access to a range of professional networks and mentors, to provide greater support to staff working in the new policy environment
- Identifying and sharing good practice (both in terms of professional practice and how public health staff are integrated within the wider local authority policy and delivery landscape)
- Developing training courses focused on helping public health professionals engage more effectively within local authorities –including strategic leadership and related management competencies. Enabling people to use their skills across a number of areas will be important, should public health become more embedded within local government
- Offering clear guidance to senior local government officers and elected members on what public health professionals do and how they can add value could help to provide greater support to those local authorities where the public health role is being challenged or is under-developed.

Finally, the CfWI proposes that these findings, and any actions resulting directly or indirectly from this survey, be reviewed on a regular basis (e.g. annually). This would be to assess any changes in views among public health consultants and specialists, and whether actions designed to mitigate issues around job satisfaction, recruitment and retention, and career support are working effectively.

17 House of Commons Health Select Committee (2014), *Public Health England- Eighth Report of Session 2013-14*, http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/840/840.pdf [Accessed 13 March 2014]

4. Appendices

4.1 Data collection protocols

Data was collected online by Smart Survey, and was sent via email distribution lists provided directly to Smart Survey by the Faculty of Public Health (FPH) and the Association of Directors of Public Health (ADPH). In addition, we used a variety of indirect communications to ensure promotion of the survey:

- Newsletters from the Public Health Register (UKPHR) to their registrants
- Social media updates and communications from Public Health England (PHE), e.g. Twitter and Friday emails from Chief Executive Duncan Selbie
- Bi-monthly newsletter from Health Education England (HEE)
- Word of mouth from commissioners and those involved in survey development
- CfWI social media updates.

All data was stored by Smart Survey in the strictest confidence. Given the potential sensitivity of the data, any data collected was anonymised before analysis. The CfWI ensured that:

- The survey provider complied with UK data privacy and data protection laws
- The survey provider complied with PHE, HEE and Department of Health (DH) expectations in line with the CfWI contract
- The handling of all data complied with CfWI data handling and sharing protocols, including ensuring anonymity.

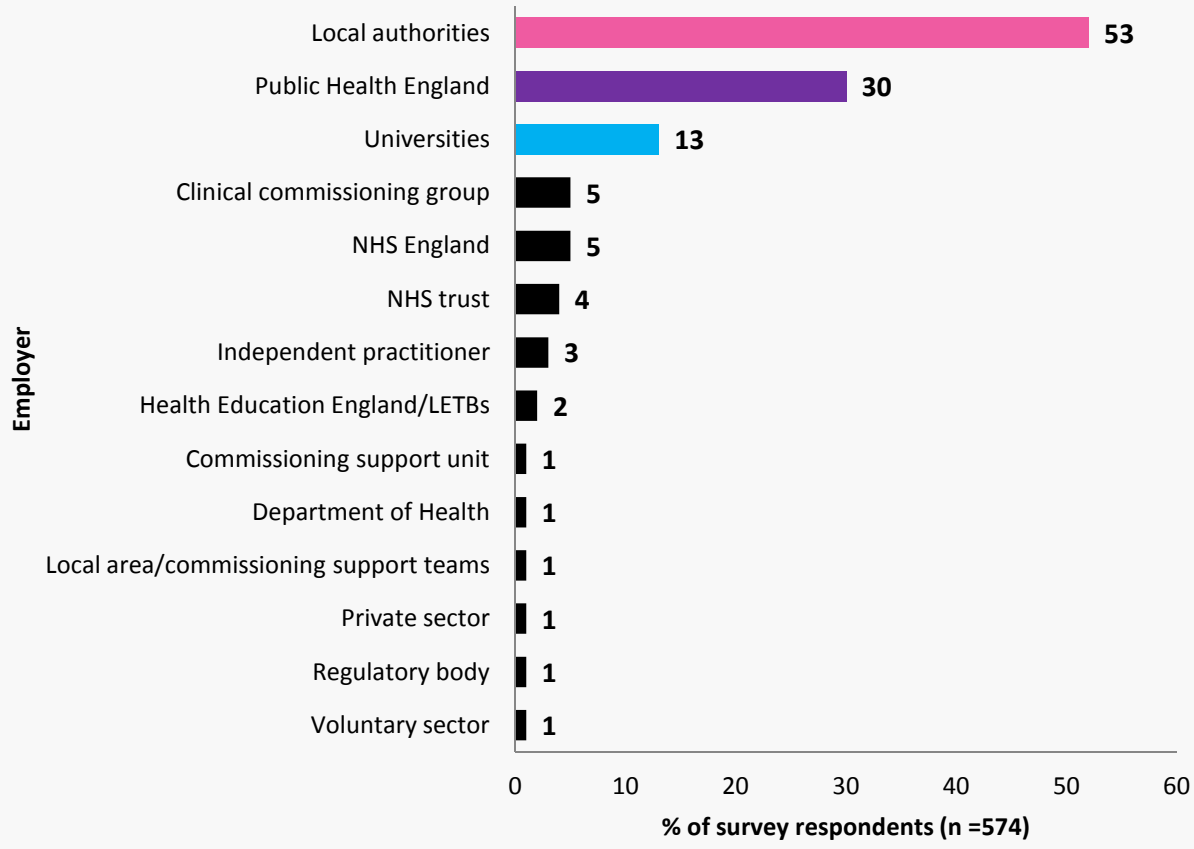
Any researchers wishing to obtain access to the unit record data should contact CfWI researchers at enquiries@cfwi.org.uk and put 'PUBLIC HEALTH SURVEY DATA REQUEST' in the subject line. Access will only be made available for bona fide research purposes and subject to approval of our commissioners.

4.2 Survey respondents

The CfWI asked a number of questions relating to professional characteristics; these were to ascertain the background of respondents and therefore identify important trends in areas such as job satisfaction, career intention, and career support. The tables in this section highlight types of employer, location of work, and age profile.

Figure 7: Types of organisations for whom survey respondents work

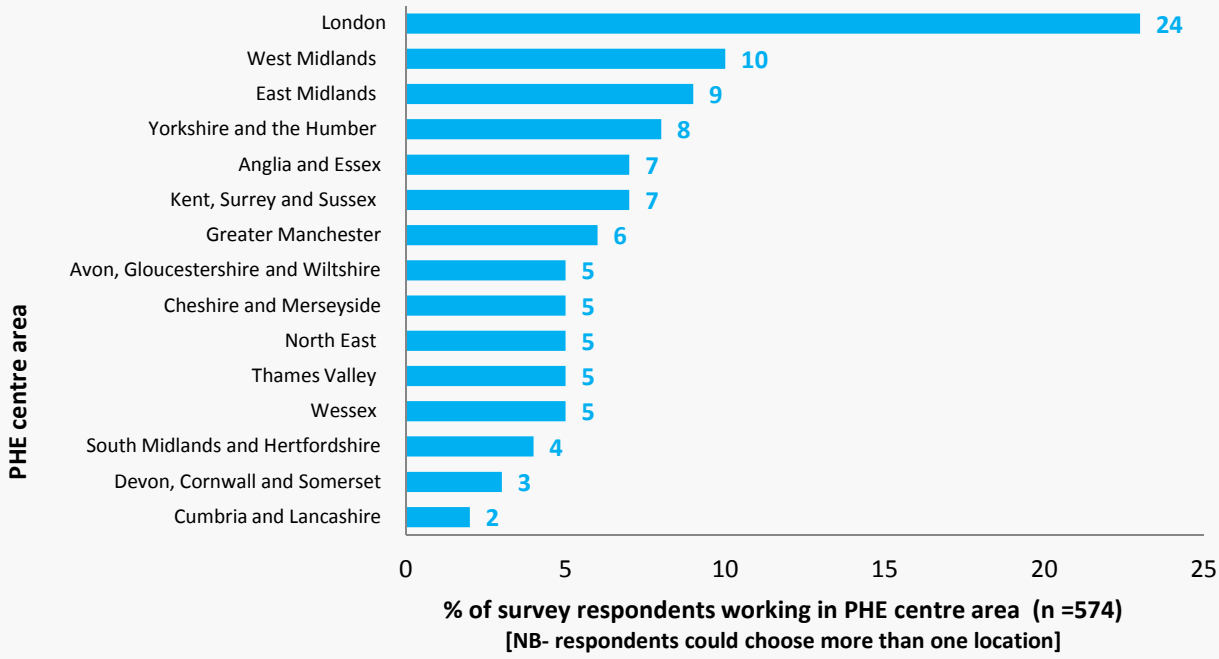
The main employers of survey respondents were local authorities (53 per cent), Public Health England (30 per cent) and universities (13 per cent). This reflected the establishment of Public Health England and the shift of the majority of responsibilities and public health staff from the NHS to local authorities in April 2013



Source: CfWI public health consultant and specialist survey, England, November-December 2013

Figure 8: Where survey respondents work (by PHE centre area)

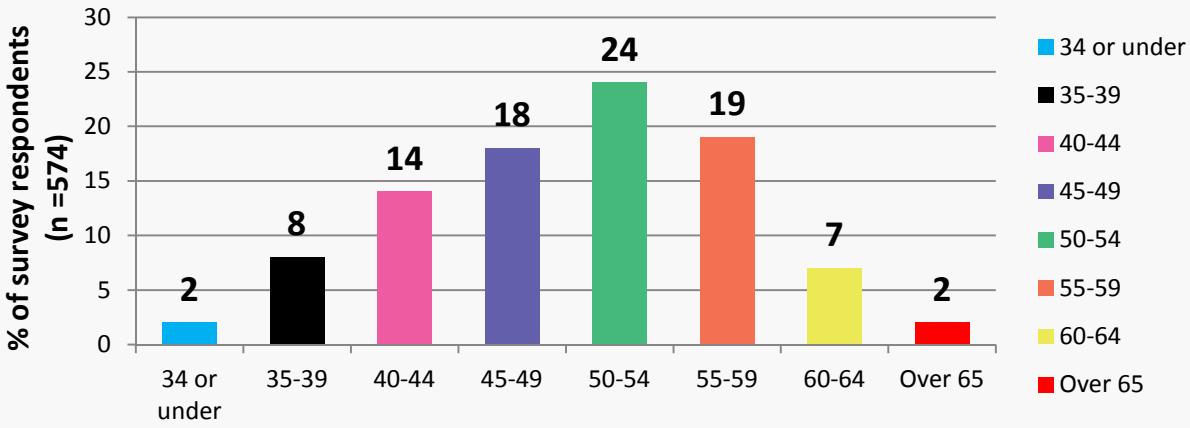
The largest proportion of survey respondents worked in the London area (24 per cent); 10 per cent work in the West Midlands.



Source: CfWI public health consultant and specialist survey, England, November-December 2013

Figure 9: The age profile of survey respondents

Over half (53 per cent) of the 574 survey respondents were aged 50 or over, and 9 per cent were 60 or older.



Source: CfWI public health consultant and specialist survey, England, November-December 2013

4.3 Reference tables for the survey questions

Screening of survey respondents

A total of 655 respondents initially started the survey; three screening questions designed to filter out respondents deemed 'out-of-scope' resulted in a total pool of 588 respondents. After data cleaning, the final pool was 574 respondents.

Screening questions:

- Are you on a recognised professional register (e.g. the General Medical Council, the General Dental Council or UK Public Health Register) as a consultant or public health specialist?

Response	Number of responses	Percentage
Yes	599	91
No	56	9

- Are you currently working in a public health role in England?

Response	Number of responses	Percentage
Yes	576[18]	96
No	27	4
Skipped	52	

- This survey will provide a 'snapshot' of registered public health consultants and specialists currently working in England. If you have left the public health workforce since 1st April 2013 but intend to return before the end of March 2014, then please select 'carry on with the survey'.

Response	Number of responses
Carry on with the survey	14[19]

[18] Four people took this question erroneously (two saying yes and two saying no); these were excluded meaning that in practice there were 574 people who in practice said yes to the question

[19] Fourteen people opted to carry on with the survey, having said no to the second screening question. This added 14 people to the pool of respondents, on grounds that whilst they were currently not working in public health they intended to return before the end of March 2014- making them current staff for the purposes of the survey. This gave a total of 588 respondents.

This gave a total pool of 588 respondents[20]. 14 were then excluded during the data cleaning process, due to being deemed ineligible – typically through not working at consultant or specialist level, or through not being on a recognised register.

The total number of survey respondents considered in this report is **574.**

- What type of role do you have? [NB - *survey respondents could choose more than one option]

Response	*Number of responses	Percentage (n =574)
Permanent Contract	465	81
Fixed Term/Temporary Contract	67	12
On loan/secondment	17	3
Are you in acting up role?	21	4
Other	39	7

Question 1: Which organisation are you registered with as a public health consultant/specialist? [NB - *survey respondents could choose more than one option]

Response	*Number of responses	Percentage (n =574)
General Medical Council	304	53
General Dental Council	15	3
UK Public Health Register	262	46
Other	23	4

[20] There were 574 on a professional register and currently working in public health, including 14 who intended to return before the end of March.

Question 2: What domain(s) of public health do you work in? Tick any that apply [NB - *survey respondents could choose more than one option]

Response	*Number of responses	Percentage (n =574)
Academic public health	127	22
Education and training(e.g. local education and training boards)	95	17
Health improvement	308	54
Health intelligence	299	52
Health protection	217	38
Health services (including commissioning)	325	57
Other	66	11

Question 3: Where are you working?

3a. Please tick any areas that the remit of your post covers [NB - *survey respondents could choose more than one option]

Response	*Number of responses	Percentage (n =574)
National role	157	27
Regional role	203	35
Local role	465	81
International role	63	11
Other	< 5	< 1

3b. Please indicate which area/region your main role is based in below. If you are not sure or your role is split, please indicate what county you are based in below [NB - *survey respondents could choose more than one option][21]

[21] These locations are based around PHE centres, with LETB and PHE regions derived from the data.

Response	*Number of responses	Percentage (n =574)
Cheshire and Merseyside	28	5
Cumbria and Lancashire	12	2
Greater Manchester	32	6
North East	30	5
Yorkshire and the Humber	48	8
Anglia and Essex	39	7
South Midlands and Hertfordshire	22	4
East of England	56	10
East Midlands	49	9
West Midlands	59	10
Avon, Gloucestershire and Wiltshire (NB: including Bath and NE Somerset, and North Somerset)	26	5
Devon, Cornwall and Somerset	19	3
Kent, Surrey and Sussex	41	7
Thames Valley (NB: respondents from Northamptonshire and Milton Keynes selected South Midlands and Hertfordshire)	29	5
Wessex (NB: including Dorset, Hampshire and Isle of Wight)	29	5
North West London	39	7
North Central and East London	61	11
South London	72	13
Other/my role is split evenly between more than one area	38	7
North West LETB (derived)	68	12
East of England LETB (derived)	56	10
South West LETB (derived)	40	7
North region (derived)	140	24

Response	*Number of responses	Percentage (n =574)
Midlands and East region (derived)	157	27
South region (derived)	132	23
London region (derived)	136	24

Question 4: What type of employer(s) do you work for? Tick any that apply [NB - *survey respondents could choose more than one option]

Response	*Number of responses	Percentage (n =574)
Clinical commissioning groups	26	5
NHS England	26	5
Commissioning support units	6	1
NHS trusts	24	4
Department of Health	6	1
Public Health England	170	30
Health Education England/LETBs	14	2
Private sector	6	1
Independent practitioner	16	3
Regulatory body	< 5	< 1
Local authorities	304	53
Universities	75	13
Local area/commissioning support teams	< 5	< 1
Voluntary sector	7	1
Other	31	5

Question 5: At present, how satisfied are you with your work life? Mark on the scale below how satisfied you are with your work life on a scale of 1 to 10? [1 = 'not at all satisfied' ranging to 10 = 'completely satisfied']

Response	Number of responses	Percentage (n =574)
1	28	5
2	36	6
3	49	9
4	46	8
5	48	8
6	71	12
7	105	18
8	121	21
9	52	9
10	18	3
TOTAL	574	100
Mean = 6.0, Median = 7, Mode = 8		

Give one reason for your score [free text]

There were 570 completed responses (99 per cent).

Question 6: Do you feel it is likely that you will stay in your current role for the next one to two years?

Response	Number	Percentage (n =574)
Yes	292	51
No	135	24
Not Sure	147	26
TOTAL RESPONSES	574	100

(If 'no' or 'not sure') Is it because of any of the following reasons (tick any that may apply)?
[NB - *survey respondents could choose more than one option]

Reason	*Number of responses	Percentage (n = 282)
I am retiring in one to two years	31	11
I have health issues which may impact on whether I stay in this role	8	3
I am being promoted and will change roles	<5	<2
I want to work in a different domain of public health	35	12
I am on a fixed term contract	37	13
I am looking for a secondment	15	5
I want to spend more time achieving a work life balance	59	21
I am not sure I am in the right area of the public health system	82	29
I am changing roles	26	9
I am not clear where the career pathway will take me	75	27
I am not being given opportunities to utilise my skills and experience beyond my current role	35	12
I am looking to explore new career opportunities	135	48
I have less autonomy over my work	84	30
The terms and conditions of my role may not be secure	91	32
I have family commitments	23	8
My post/role may be reconfigured	80	28
My workload or hours of work are too high	63	22
I am dissatisfied with my pay or my terms and conditions	34	12
Other	61	22

Question 7: Thinking further ahead, do you think it is likely you will stay in your current role for the next three to five years?

Response	Number of responses	Percentage (n = 292)	Percentage (n =574)
Yes	119	41	21
No	67	23	12
Not Sure	106	36	18
Total	292	100	51
Skipped	282[22]	N/A	49

[If 'no' or 'not sure'] Is it because of any of the following reasons: tick any that may apply [NB - *survey respondents could choose more than one option]

Reason	*Number of responses	Percentage (n = 173)
I am retiring in one to two years	44	25
I have health issues which may impact on whether I stay in this role	< 5	< 3
I am being promoted and will change roles	0	0
I want to work in a different domain of public health	11	6
I am on a fixed term contract	8	5
I am looking for a secondment	< 5	< 3
I want to spend more time achieving a work life balance	22	13
I am not sure I am in the right area of the public health system	17	10
I am changing roles	7	4

22 People replying 'no' or 'not sure' for Question 6 skipped the question, as it was assumed that given they were unlikely or not sure to remain in current role for one to two years there would not expect to remain for three to five years. The response pool for Question 7 was therefore the 292 people who replied 'yes' in Question 6.

Reason	*Number of responses	Percentage (n = 173)
I am not clear where the career pathway will take me	41	24
I'm not working in my area of expertise	< 5	< 3
I am not being given opportunities to utilise my skills and experience beyond my current role	14	8
I am looking to explore new career opportunities	62	36
I have less autonomy over my work	12	7
The terms and conditions of my role may not be secure	36	21
I have family commitments	7	4
My post/role may be reconfigured	50	29
Other	32	18

Question 8: Is there another part of the public health system that you would like to work for in the future?

Response	Number of responses	Percentage (n =574)
Yes	213	37
No	224	39
Not Sure	137	24

(If 'yes') Tick all that apply [NB - *survey respondents could choose more than one option]

Response	*Number of responses	Percentage (n =213)
Clinical commissioning group	54	25
NHS England	53	25
Commissioning support unit	20	9
NHS trusts	36	17

Response	*Number of responses	Percentage (n =213)
Department of Health	69	32
Public Health England	156	73
Health Education England/LETB	24	11
Private sector	22	10
Independent practitioner	28	13
Regulatory body	11	5
Local authority	28	13
University	74	35
Local area/commissioning support team	16	8
Voluntary sector	47	22
Other	26	12

Question 9: Do you think the remit of your role and responsibilities may change over the next one to two years?

Response	Number of responses	Percentage (n =574)
Yes	413	72
No	62	11
Not Sure	99	17

(If 'yes' or 'not sure') How do you see it changing? Tick any that apply [NB - *survey respondents could choose more than one option]

Reason	*Number of responses	Percentage (n=512)
My line management responsibilities may change	221	43
My lines of accountability may change	196	38
I may be working within new organisational boundaries, policies and procedures	253	49
I may need to adapt the way I work to support the increase in integrated working across organisations	227	44
The level of influence I have over public health outcomes may change	246	48
I may have to work differently with a range of different stakeholders	199	39
My role may merge with other roles	189	37
I may be working across a variety of functions in public health	167	33
I'm not sure yet and whilst I see my role changing it may depend on how the transformation of the public health system takes place over the next year or two	269	53
I may be working in other areas outside public health	140	27
I may have more responsibilities or workload	228	45
Other	54	11
None	62	

Question 10: Thinking further into the future, do you think the remit of your role and responsibilities may change over the next three to five years?

Response	Number of responses	Percentage (n =574)
Yes	446	78
No	29	5
Not Sure	99	17

[If 'yes' or 'not sure'] How do you see it changing? Tick any that apply [NB – survey respondents could choose more than one option]

Reason	*Number of responses	Percentage (n=545)
My line management responsibilities may change	204	37
My lines of accountability may change	205	38
I may be working within new organisational boundaries, policies and procedures	267	49
I may need to adapt the way I work to support the increase in integrated working across organisations	244	45
The level of influence I have over public health outcomes may change	227	42
I may have to work differently with a range of different stakeholders	209	38
My role may merge with other roles	208	38
I may be working across a variety of functions in public health	188	34
I'm not sure yet and whilst I see my role changing it may depend on how the transformation of the public health system takes place over the next year or two	263	48
I may be working in other areas outside public health	175	32
I may have more responsibilities or workload	212	39
Other	79	14

Question 11: Overall, how well do you feel supported in developing your career by your employer? Indicate on the scale below how supported you feel in developing your career at present [1 = 'I'm not supported at all' to 10 = 'I'm very supported']

Response	Number of responses	Percentage (n =574)
1	45	8
2	50	9
3	56	10
4	41	7
5	82	14

Response	Number of responses	Percentage (n =574)
6	76	13
7	72	13
8	87	15
9	47	8
10	18	3
TOTAL RESPONSES	574	100
Mean = 5.5, Median = 6, Mode = 8		

How do you feel you could be supported further in developing your career? Select up to three ways you could be supported further in your career development [NB – survey respondents could choose more than one option]

Response	*Number of responses	Percentage (n =574)
I would like to have access to training that focuses on developing skills and competencies for my current role	97	17
I would like training that is differentiated and targeted for my specific needs	117	20
I would benefit from having access to a range of professional networks and mentors to support me in my role	218	38
I would like to have training and short courses that are affordable and within range of budget requirements	54	9
I would like more training on strategic leadership across complex environments	170	30
I would like to have the opportunity to be seconded to another area in public health	130	23
I would like opportunities to work with other organisations involved in public health	142	25
I would like to have more autonomy over my work	79	14
I would like to have more access to work based development	25	4
I would like better recognition of appraisal and revalidation	110	19

Response	*Number of responses	Percentage (n =574)
requirements		
I would like more training and development in other policy areas to broaden my experience	54	9
I would like to have defined study leave or CPD time	103	18
None	39	7
Other	43	7

Question 12: What one action could your employer do to support you in your current role, given the recent changes to the public health system? Please use the box below to give an example [Free text]

There were 490 completed responses (85 per cent)

Question 13: What is the one change that would make your current post more professionally rewarding? Please use the box below to give an example [Free text]

There were 494 completed responses (86 per cent)

Question 14: What do you feel would encourage new applicants to apply for public health specialty training? Please tick any that apply [NB- survey respondents could choose more than one option]

Response	*Number of responses	Percentage (n =574)
Ensuring there is a clear vision of public health	363	63
Having a clearly defined career pathway	391	68
Having an opportunity to work across a variety of settings	274	48
Providing a greater range of training opportunities	161	28
Demonstrating to applicants how the public health workforce embraces diversity and reaches out to the community	118	21
Improving communication of the wide range of opportunities public health can offer	207	36
Greater prominence of public health in graduate and postgraduate training	260	45
Favourable terms and conditions (e.g. tenure of role, supportive environment)	342	60

Response	*Number of responses	Percentage (n =574)
Other	129	22

Question 15: Would you recommend a career in public health to your friends and family, if they expressed an interest?

Response	Number of responses	Percentage (n =574)
Yes	278	48
No	128	22
Not Sure	168	29

Please explain why you would or wouldn't in the space below [free text]

There were 386 completed responses (67 per cent)

Question 16: How many years have you been registered as a public health consultant/specialist?

Response	Number of responses	Percentage (n =574)
Under one year	36	6
One to two years	42	7
Three to five years	97	17
Six to 10 years	186	32
11- 15 years	78	14
16 - 20 years	60	10
Over 20 years	75	13

Question 17: Was your registration in public health via?

Response	Number of responses	Percentage (n =574)
Portfolio	164	29
Public health specialty training	382	67
Other (e.g. consultants in communicable diseases)	28	5

Question 18a: Are you male or female?

Response	Number of responses	Percentage (n =574)
Male	204	36
Female	370	64

Question 18b: Please indicate what ethnic group you belong to

Response	Number of responses	Percentage (n =574)
WHITE		
English, Welsh, Scottish, Northern Irish British	421	73
Irish	16	3
Any other white background (including Irish/Gypsy traveller)	35	6
ETHNIC MINORITY		
Mixed: White and Black Caribbean	0	0
Mixed: White and Black African	< 5	< 1
Mixed: White and Asian	0	0
Any other mixed/multiple ethnic background	5	1
Indian	27	5

Response	Number of responses	Percentage (n =574)
Pakistani	8	1
Bangladeshi	0	0
Chinese	< 5	< 1
Any other Asian background	< 5	< 1
Black: African	10	2
Black: Caribbean	< 5	< 1
Any other black background	< 5	< 1
Other: Arab	< 5	< 1
Other: any other background	< 5	< 1
White	472	82
Ethnic minority	65	11
Prefer not to say	37	6

Question 19a: Do you have a disability?

Response	Number of responses	Percentage (n =574)
Yes	29	5
No	518	90
Prefer not to say	27	5
TOTAL RESPONSES	574	100

Question 19b: Please indicate your age bracket:

Response	Number of responses	Percentage (n =574)
34 or under	13	2
35-39	45	8
40-44	78	14
45-49	106	18
50-54	140	24
55-59	111	19
60-64	43	7
Over 65	11	2
Prefer not to say	27	5

Question 20a: What type of post do you have?

Response	Number of responses	Percentage (n =574)
Full-time	430	75
Part-time or job share	144	25

Question 20b: If you have (a) part time post (s), how many hours are you contracted to work per week in each role? Please enter using numbers only, between 0 and 50[23]

Response	Number of responses	Average hours
Main public health contract	141	22.0
Second public health contract	19	8.3
Third public health contract	8	1.1

[23] This was the original question asked; as CfWI combined part-time and job share into one category these results have been combined here

Response	Number of responses	Average hours
Any additional public health contract	6	1.6

Question 20c: What is your total salary (inclusive of London weighting, clinical excellence awards and on-call payments)?

Response	Number of responses	Percentage (n =574)
Salary < £40,000	35	6
£40,000-£49,999	31	5
£50,000-£59,999	31	5
£60,000-£69,999	57	10
£70,000-£79,999	62	11
£80,000-£89,999	131	23
£90,000-£99,999	59	10
£100,000-£115,000	55	10
Over £115,000	52	9
Prefer not to say	61	11

Thank you very much for your time; we value your feedback. We hope that this survey has given you the opportunity to share your views but please use the space below if you would like to add any further comments.

There were 61 comments (11 per cent).

4.4 Analysis tables

For all summary tables, we have used the following notation where appropriate:

* = result significantly different from average score or percentage at 5% level

** = result significantly different from average score or percentage at 1% level.

4.4.1 Impact of respondent profiles on job satisfaction and career support scores (sections 2.1, 2.2 and 2.5)

Table 1.1 Job satisfaction and career support: by respondent profile

The table below has excluded 'don't know' and 'prefer not to say' responses relating to age, salary, ethnic background and disability. In addition, as public health consultants can be registered with both the UKPHR and the GMC/GDC, total responses relating to registration are higher than 100 per cent.

Profile	N	%	Average job satisfaction score out of 10	Average career support score out of 10
AVERAGE	**574**	**100**	**6.0**	**5.5**
Male	204	36	6.0	5.6
Female	370	64	6.0	5.4
Working full-time	430	75	6.1	5.7**
Working part-time or job share	144	25	5.9	4.9**
Permanent contract	465	81	5.9**	5.5
Fixed-term/temporary contract	67	12	6.4	5.8
On loan/secondment	17	3	5.9	5.4
'Acting up role'	21	4	5.9	5.6
34 or under	13	2	7.2	6.9**
35-39	45	8	6.4	6.0
40-44	78	14	5.9	5.4
45-49	106	18	5.9	5.5
50-54	140	24	5.7*	5.4
55-59	111	19	6.1	5.5
60-64	43	7	6.5	5.9

Profile	N	%	Average job satisfaction score out of 10	Average career support score out of 10
Over 65	11	2	8.7**	5.5
Less than one year's experience	36	6	6.7	6.7**
one to two years experience	42	7	6.2	5.6
three to five years experience	97	17	5.9	5.4
6-10 years experience	186	32	5.8	5.4
11-15 years experience	78	14	6.0	5.4
16-20 years experience	60	10	5.6	5.0
Over 20 years experience	75	13	6.4	5.6
Salary < £40,000	35	6	6.3	4.9
£40,000-49,999	31	5	5.3	5.2
£50,000-59,999	31	5	6.1	5.9
£60,000-69,999	57	10	5.5	5.4
£70,000-£79,999	62	11	5.9	5.5
£80,000-89,999	131	23	5.9	5.3
£90,000-99,999	59	10	6.3	5.6
£100,000-£115,000	55	10	6.4	5.7
Over £115,000	52	9	6.7*	6.6**
White	472	82	6.1	5.5
Ethnic minority	65	11	5.8	5.4
Without a disability	518	90	6.1	5.5
With a disability	29	5	5.2	5.5
GMC registration	304	53	6.0	5.5
GDC registration	15	3	6.4	5.3
UKPHR registration	262	46	5.9	5.5

Profile	N	%	Average job satisfaction score out of 10	Average career support score out of 10
Qualified through portfolio route	164	29	5.9	5.5
Qualified through specialty training	382	67	6	5.5
Other qualification route (e.g. communicable diseases)	28	5	6.5	5.6

Table 1.2 Job satisfaction and career support: by type of employer and area of work

The table below has excluded 'don't know' responses for type of employer and area of work. In addition, as public health consultants were able to select more than one employer or role, total number of responses relating to employer and role will be higher than 100 per cent. The table below does not list people working in regulatory bodies and local area/commissioning support teams, as there were fewer than five responses.

Employer/domain of work	N	%	Average job satisfaction score out of 10	Average career support score out of 10
AVERAGE	**574**	**100**	**6.0**	**5.5**
Clinical commissioning group	**26**	5	5.9	5
NHS England	**26**	5	6.3	5.3
Commissioning support unit	**6**	1	7.2	4.3
NHS trust	**24**	4	7.1*	6.7**
Department of Health	**6**	1	7.0	5.8
Public Health England	**170**	30	6.2	5.7
Health Education England/LETB	**14**	2	6.8	6.3
Private sector	**6**	1	5.3	5
Independent practitioner	**16**	3	6.6	4.6
Local authority	**304**	53	5.5**	5.2**
University	**75**	13	7.0**	5.8
Voluntary sector	**7**	1	7.1	5.9
Working in academic public health	127	22	6.7**	5.8*
Working in education and training	95	17	6.1	5.5
Health improvement	308	54	5.8*	5.4
Health protection	299	52	5.9	5.7*
Health intelligence	217	38	5.8	5.4
Health services	325	57	5.8 **	5.4

Employer/domain of work	N	%	Average job satisfaction score out of 10	Average career support score out of 10
National role	157	27	6.6**	5.8
Regional role	203	35	6.3*	5.8*
Local role	465	81	5.8**	5.4
International role	63	11	6.8**	5.9

Table 1.3 Job satisfaction and career support: by location (by PHE centres, HEE LETBs and PHE/NHS England regions)

The table below has excluded 'don't know' responses to the location question. In addition, as public health consultants were able to select more than one area, total number of responses relating to location will be higher than 100 per cent.

Employer/domain of work	N	%	Average job satisfaction score out of 10	Average career support score out of 10
AVERAGE	**574**	**100**	**6.0**	**5.5**
Cheshire and Merseyside (PHE)	28	5	6.3	6.1
Cumbria and Lancashire (PHE)	12	2	5.8	6.1
Greater Manchester (PHE)	32	6	5.5	5.6
North West (HEE)	68	12	5.8	5.7
North East (PHE and HEE)	30	5	6.1	5.4
Yorkshire and the Humber (PHE and HEE)	48	8	6.0	5.5
North (PHE region and NHS England)	140	24	5.9	5.4
Anglia and Essex (PHE)	39	7	6.3	6.2*
South Midlands and Hertfordshire (PHE)	22	4	5.6	4.8
East of England (HEE)	56	10	6.2	5.7
East Midlands (PHE and HEE)	49	9	5.7	5.5
West Midlands (PHE and HEE)	59	10	6.0	5.6
Midlands and East (PHE region and NHS England)	157	27	6.0	5.6
Avon, Gloucestershire and Wiltshire (PHE)	26	5	6.2	6.3
Devon, Cornwall and Somerset (PHE)	19	3	6.0	5.7
South West (HEE)	40	7	6.0	5.8
Kent, Surrey and Sussex (PHE and HEE)	41	7	5.7	5.4
Thames Valley (PHE and HEE)	29	5	7.3**	6.5*
Wessex (PHE and HEE)	29	5	5.8	5.1
South (PHE region and NHS England)	132	23	6.2	5.8
North West London (HEE)	39	7	6.2	5.3
North Central and East London (HEE)	61	11	6.1	5.4
South London (HEE)	72	13	6.1	5.6
London (PHE and NHS England)	136	24	6.1	5.4

4.4.2 Job satisfaction (section 2.2)

Table 2.1 Sample reasons given for job satisfaction score

Reasons
"Fulfilling job— challenging, making a difference, exciting"
"Great variety of work. I feel I am adding value"
"Interesting work that makes an impact"
"Able to work on a range of different public health programmes which involve working strategically and operationally. Able to provide capacity to existing teams and plug gaps in service. Able to work alongside other local authority colleagues on a collective vision"
"Despite a turbulent transition into a local authority, I have an amazing boss who is supportive and helpful. The team is great and although it continues to be a new challenge, things seem to be improving"
"The frustrations working in local authorities are the lack of understanding of public health and the need to constantly justify position, role and explain the importance of a public health approach. The satisfaction comes from the local authority I work in being open to public health, and treating us as valued members of staff"
"Since moving to the local authority, work has become increasingly difficult. I feel that my expertise is not valued as a public health consultant..."
"The lack of capacity in a very small team means excessive work pressures"
"Uncertainty of the position, and priority of public health within the local authority"
"The reforms have led to unintended consequences, which are having an adverse affect [on] various aspects of the function I do at a local level as a consultant"
"Ample opportunity to use my specialist skills, but sometimes scope for creativity seems a bit limited"
"Management have no idea of what my job role is about, which makes it very hard to perform my tasks without the support and backup from management"
"Emphasis in academic sector on research income and publications, rather than on making a difference for the public health"

4.4.3 Career intentions (section 2.3)

Table 3.1 Career intentions over one to two years and three to five years: by respondent profile
The table below has excluded 'don't know' and 'prefer not to say' responses relating to age, salary, ethnic background and disability. In addition, as public health consultants can be registered with both the UKPHR and the GMC/GDC, total responses relating to registration are higher than 100 per cent.

Profile	Do you feel it is likely that you will stay in your role in the next one to two years?					Do you feel it is likely that you will stay in your role in the next three to five years? [NB - those answering no or not sure within 1-2 years excluded, N- number taking question)				
	N	%	Yes %	No %	Not Sure %	N	% of group	Yes %	No %	Not Sure %
AVERAGE	**574**	**100**	**51**	**24**	**25**	**292**	**51**	41	23	36
Male	**204**	**36**	51	24	25	**104**	**51**	35	28	36
Female	**370**	**64**	51	23	26	**188**	**51**	44	20	36
Working full-time	**430**	**75**	53*	23	24*	**232**	**53**	40	25	35
Working part-time or job share	**144**	**25**	42*	26	32*	**60**	**42**	43	15	42
Permanent contract	**465**	**81**	53**	22	25	**246**	**53**	39	24	35
Fixed-term/temporary contract	**67**	**12**	33**	31	35*	**22**	**33**	45	10	45
On loan/secondment	**17**	**3**	41	18	41	**7**	**41**	14	24	42
'Acting up role'	**21**	**4**	29**	38	33	**6**	**29**	33	33	33
34 or under	**13**	**2**	61	39	0*	**8**	**61**	25	37	37
35-39	**45**	**8**	47	29	24	**21**	**47**	38	19	42
40-44	**78**	**14**	50	23	27	**39**	**50**	33	15	51*
45-49	**106**	**18**	56	26	18*	**59**	**56**	44	17	39
50-54	**140**	**24**	48	21	30**	**67**	**48**	43	22	34
55-59	**111**	**19**	54	19	27	**60**	**54**	45	23	38
60-64	**43**	**7**	53	28	20	**23**	**53**	31	48**	21
Over 65	**11**	**2**	73	27	0*	**8**	**73**	38	37	25
Less than one year's experience	**36**	**6**	43	39*	19	**15**	**43**	53	7	40
One to two years experience	**42**	**7**	50	29	21	**21**	**50**	28	10	61*
Three to five years experience	**97**	**17**	45	25	30	**44**	**45**	36	25	39
6-10 years experience	**186**	**32**	49	23	28	**91**	**49**	40	21	32

Profile	Do you feel it is likely that you will stay in your role in the next one to two years?					Do you feel it is likely that you will stay in your role in the next three to five years? [NB - those answering no or not sure within 1-2 years excluded, N- number taking question)				
	N	%	Yes %	No %	Not Sure %	N	% of group	Yes %	No %	Not Sure %
11-15 years experience	**78**	**14**	60	19	21	**47**	**60**	53	19	28
16-20 years experience	**60**	**10**	48	27	25	**29**	**48**	38	34	28
Over 20 years experience	**75**	**13**	60	16	24	**45**	**60**	35	33	31
Salary < £40,000	**35**	**6**	49	26	25	**17**	**49**	35	12	52
£40,000-£49,999	**31**	**5**	37	35	28	**11**	**37**	54	18	27
£50,000-£59,999	**31**	**5**	61	19	19	**19**	**61**	47	21	32
£60,000-£69,999	**57**	**10**	37*	28	35*	**21**	**37**	29	24	48
£70,000-£79,999	**62**	**11**	47	31	23	**29**	**47**	45	17	37
£80,000-£89,999	**131**	**23**	47	27	26	**62**	**47**	37	21	41
£90,000-£99,999	**59**	**10**	54	19	27	**32**	**54**	47	24	31
£100,000-£115,000	**55**	**10**	67*	15*	18	**37**	**67**	30	32	38
Over £115,000	**52**	**9**	65*	17	17	**34**	**65**	35	41*	24
White	**472**	**82**	53	24	23	**250**	**53**	41	24	36
Ethnic minority	**65**	**11**	46	26	28	**30**	**46**	47	17	36
Without a disability	**518**	**90**	53*	23	24	**276**	**53**	50	40	10
With a disability	**29**	**5**	35*	31	34	**10**	**35**	40	20	40
GMC registration	**304**	**53**	53	25	22	**161**	**53**	43	23	34
GDC registration	**15**	**3**	67	0*	33	**10**	**67**	80**	0	20
UKPHR registration	**262**	**46**	47	27*	26	**123**	**47**	35	23	42
Qualified through portfolio route	**164**	**29**	46	30*	24	**76**	**46**	38	23	38
Qualified through specialty training	**382**	**67**	52	21*	27	**200**	**52**	41	22	36
Other qualification route (e.g. communicable diseases)	**28**	**5**	57	22	21	**16**	**57**	56	19	25

Table 3.2 Career intentions over one to two years and three to years: by type of employer and area of work

The table below has excluded 'don't know' responses for type of employer and area of work. In addition, as public health consultants were able to select more than one employer or role, total number of responses relating to employer and role will be higher than 100 per cent. The table below also does not list working in regulatory bodies and local area/commissioning support teams, as there were fewer than five responses.

Profile	Do you feel it is likely that you will stay in your role in the next one to two years?					Do you feel it is likely that you will stay in your role in the next three to five years? [NB- those answering no or not sure within 1-2 years excluded, N- number taking question)				
	N	%	Yes	No	Not Sure	N	% of group	Yes	No	Not Sure
AVERAGE	**574**	**100**	**51**	**24**	**25**	**292**	**51**	41	23	36
Clinical commissioning group	**26**	5	27*	15	57**	**7**	**26**	14	27	57**
NHS England	**26**	5	50	34	16	**13**	**50**	31	31	38
Commissioning support unit	**6**	1	17	33	50	**1**	**17**	0	0	100
NHS trust	**24**	4	67	21	13	**16**	**67**	56	25	19
Department of Health	**6**	1	50	50	0	**3**	**50**	33	33	33
Public Health England	**170**	30	60**	14**	25	**102**	**60**	47	23	30
Health Education England/LETB	**14**	2	78*	7	14	**11**	**78**	36	18	45
Private sector	**6**	1	67	0	33	**4**	**67**	50	25	25
Independent practitioner	**16**	3	50	19	31	**8**	**50**	75	0	25
Local authority	**304**	53	41**	30**	28*	**125**	**41**	28**	25	47**
University	**75**	13	71**	12**	17*	**53**	**71**	51	11*	38
Voluntary sector	**7**	1	71	14	14	**5**	**57**	40	40	20
Working in academic public health	127	22	62**	18	20	**79**	**62**	45	19	35
Working in education and training	95	17	61*	16	23	**58**	**61**	**40**	**21**	**40**
Health improvement	308	54	47*	27*	26	**145**	**47**	38	26	36
Health protection	299	52	52	20	28	**155**	**52**	38	27	26
Health intelligence	217	38	46*	25	29	**100**	**46**	33	30*	36

Profile	Do you feel it is likely that you will stay in your role in the next one to two years?					Do you feel it is likely that you will stay in your role in the next three to five years? [NB- those answering no or not sure within 1-2 years excluded, N- number taking question)				
Health services	325	57	46**	27*	28	**150**	**46**	37	24	40
National role	157	27	58*	15**	27	**91**	**58**	49	22	29
Regional role	203	35	58*	19	23	**118**	**58**	43	25	32
Local role	465	81	49	24	26	**228**	**49**	40	22	37
International role	63	11	68**	13*	19	**43**	**63**	56*	14	30

Table 3.3 Career intentions over one to two years and three to years, by location (by PHE centres, HEE LETBs and PHE/NHS England regions)

The table below has excluded 'don't know' responses. In addition, as public health consultants were able to select more than one area, total number of responses relating to location will be higher than 100 per cent.

Profile	Do you feel it is likely that you will stay in your role in the next one to two years?					Do you feel it is likely that you will stay in your role in the next three to five years? [NB - those answering no or not sure within 1-2 years excluded, N- number taking question)				
	N	**%**	**Yes**	**No**	**Not Sure**	**N**	**% of group**	**Yes**	**No**	**Not Sure**
AVERAGE	**574**	**100**	**51**	**24**	**25**	292	51	41	23	36
Cheshire and Merseyside (PHE)	28	5	54	22	25	15	54	13*	33	53
Cumbria and Lancashire (PHE)	12	2	50	17	33	6	50	50	33	17
Greater Manchester (PHE)	32	6	44	25	31	14	44	43	7	50
North West (HEE)	68	12	46	24	30	31	46	22*	26	52
North East (PHE and HEE)	30	5	50	23	26	15	50	53	27	20
Yorkshire and the Humber (PHE and HEE)	48	8	50	19	31	24	50	38	29	33
North (PHE region and NHS England)	140	24	47	21	31	80	47	30*	29	41
Anglia and Essex (PHE)	39	7	59	18	23	23	59	57	4*	39
South Midlands and Hertfordshire (PHE)	22	4	41	41*	18	17	41	44	11	44
East of England (HEE)	56	10	53	25	22	30	53	53	7	40
East Midlands (PHE and	49	9	53	28	19	26	53	42	15	42

Profile	Do you feel it is likely that you will stay in your role in the next one to two years?					Do you feel it is likely that you will stay in your role in the next three to five years? [NB - those answering no or not sure within 1-2 years excluded, N- number taking question)				
HEE)										
West Midlands (PHE and HEE)	59	10	49	20	30	29	49	35	28	38
Midlands and East (PHE region and NHS England)	157	27	51	23	25	80	51	43	17	39
Avon, Gloucestershire and Wiltshire (PHE)	26	5	58	19	23	15	58	47	7	46
Devon, Cornwall and Somerset (PHE)	19	3	74*	21	5*	14	74	41	29	29
South West (HEE)	40	7	63	20	18	25	63	52	16	32
Kent, Surrey and Sussex (PHE and HEE)	41	7	44	29	27	18	44	44	0*	56
Thames Valley (PHE and HEE)	29	5	72**	14	14	21	72	47	24	29
Wessex (PHE and HEE)	29	5	69*	17	14	20	69	60	10	30
South (PHE region and NHS England)	132	23	61*	22	17*	81	61	52*	19	29
North West London (HEE)	39	7	51	31	18	20	51	45	20	35
North Central and East London (HEE)	61	11	52	31	16	32	52	53	28	21*
South London (HEE)	72	13	51	24	25	37	51	32	35*	32
London (PHE and NHS England)	136	24	49	28	23	67	49	37	31*	31

Table 3.4 Reasons given for not remaining in current role over one to two years: response given by key groups likely to leave

Group (size of group)	Number one reason for leaving (%)	Number two reason for leaving (%)	Number three reason for leaving (%)
Less than one year's experience (14)	Looking to explore new career opportunities (50)	Uncertainty around career pathway (35)	Fixed term contract (35)**
Registration with the UKPHR (72)	Looking to explore new career opportunities (43)	Want greater autonomy (33)	Not sure if in right area of public health (28)**
Local authorities (91)	Looking to explore new career opportunities (52)	Concern that they were not in the right area of the public health system (36)**	Insecurity around terms and conditions (33)**

Health improvement (87)	Looking to explore new career opportunities (48)	Work life balance (30)*	Concern that they were not in right area of public health system (26)
Health services (83)	Looking to explore career opportunities (51)	Want greater autonomy (34)	Work life balance (31)*

Table 3.5 Reasons given for not remaining in current role over three to five years: response given by key groups committed to leaving

Group (size of group)	Number one reason for leaving (%)	Number two reason for leaving (%)	Number three reason for leaving (%)
Aged 60-64 (11)	Retirement (100)**		
Over 20 years experience (15)	Retirement (80)**	Work life balance (n < 5)	Explore new career opportunities (n < 5)
Earning over £115,000 (14)	Retirement (50)	Explore new career opportunities (35)	Work life balance (n < 5)
London (21)	Explore new career opportunities (38)	Reconfiguration of roles (29)	Uncertainty around career pathway/concern over workload (24)
Health intelligence (30)	Explore new career opportunities (33)	Retirement (30)	Work life balance/uncertainty around career pathway (20)

Table 3.6 Wanting to work elsewhere in the public health system: by respondent profile

The table below has excluded 'don't know' and 'prefer not to say' responses relating to age, salary, ethnic background and disability. In addition, as public health consultants can be registered with both the UKPHR and the GMC/GDC, total responses relating to registration are higher than 100 per cent.

Profile	N	%	% of group wanting to work in another part of the public health system
AVERAGE	**574**	**100**	**37**
Male	204	36	40
Female	370	64	35
Working full-time	430	75	3
Working part-time or job share	144	25	33
Permanent contract	465	81	37

Profile	N	%	% of group wanting to work in another part of the public health system
Fixed-term/temporary contract	67	12	46
On loan/secondment	17	3	41
'Acting up role'	21	4	38
34 or under	13	2	69*
35-39	45	8	67**
40-44	78	14	47*
45-49	106	18	43
50-54	140	24	31
55-59	111	19	25**
60-64	43	7	21*
Over 65	11	2	9
Less than one year's experience	36	6	58**
one to two years experience	42	7	57**
three to five years experience	97	17	49**
6-10 years experience	186	32	37
11-15 years experience	78	14	23**
16-20 years experience	60	10	25*
Over 20 years experience	75	13	25*
Salary < £40,000	35	6	37
£40,000-49,999	31	5	48
£50,000-59,999	31	5	39
£60,000-69,999	57	10	42
£70,000-£79,999	62	11	40
£80,000-89,999	131	23	40
£90,000-99,999	59	10	39
£100,000-£115,000	55	10	26*
Over £115,000	52	9	31

Profile	N	%	% of group wanting to work in another part of the public health system
White	472	82	34**
Ethnic minority	65	11	52**
Without a disability	518	90	36
With a disability	29	5	45
GMC registration	304	53	31**
GDC registration	15	3	20
UKPHR registration	262	46	45**
Qualified through portfolio route	164	29	40
Qualified through specialty training	382	67	36
Other qualification route (e.g. communicable diseases)	28	5	39

Table 3.7 Wanting to work elsewhere in the public health system: by type of employer and area of work

The table below has excluded 'don't know' responses for type of employer and area of work. In addition, as public health consultants were able to select more than one employer or role, total number of responses relating to employer and role will be higher than 100 per cent. The table below also does not list people working in regulatory bodies and local area/commissioning support teams, as there were fewer than five responses.

Employer/domain of work	N	%	% of group wanting to work in another part of the public health system
AVERAGE	**574**	**100**	**37**
Clinical commissioning group	**26**	5	46
NHS England	**26**	5	36
Commissioning support unit	**6**	1	33
NHS trust	**24**	4	21
Department of Health	**6**	1	67
Public Health England	**170**	30	24**
Health Education England/LETB	**14**	2	7**
Private sector	**6**	1	17
Independent practitioner	**16**	3	25
Local authority	**304**	53	50**
University	**75**	13	23**
Voluntary sector	**7**	1	24
Working in academic public health	127	22	31
Working in education and training	95	17	31
Health improvement	308	54	43**
Health protection	299	52	38
Health intelligence	217	38	45**
Health services	325	57	42**
National role	157	27	27**
Regional role	203	35	33
Local role	465	81	40**
International role	63	11	25*

Table 3.8 Wanting to work elsewhere in the public health system by: type of employer and area of work; and location (by PHE centres, HEE LETBs and PHE/NHS England regions)

The table below has excluded 'don't know' responses. In addition, as public health consultants were able to select more than one area, total number of responses relating to location will be higher than 100 per cent.

Employer/domain of work	N	%	% of group wanting to work in another part of the public health system
AVERAGE	**574**	**100**	**37**
Cheshire and Merseyside (PHE)	28	5	50
Cumbria and Lancashire (PHE)	12	2	33
Greater Manchester (PHE)	32	6	31
North West (HEE)	68	12	41
North East (PHE and HEE)	30	5	33
Yorkshire and the Humber (PHE and HEE)	48	8	33
North (PHE region and NHS England)	140	24	37
Anglia and Essex (PHE)	39	7	36
South Midlands and Hertfordshire (PHE)	22	4	45
East of England (HEE)	56	10	41
East Midlands (PHE and HEE)	49	9	35
West Midlands (PHE and HEE)	59	10	42
Midlands and East (PHE region and NHS England)	157	27	40
Avon, Gloucestershire and Wiltshire (PHE)	26	5	35
Devon, Cornwall and Somerset (PHE)	19	3	32
South West (HEE)	40	7	33
Kent, Surrey and Sussex (PHE and HEE)	41	7	27
Thames Valley (PHE and HEE)	29	5	38
Wessex (PHE and HEE)	29	5	24
South (PHE region and NHS England)	132	23	33
North West London (HEE)	39	7	33
North Central and East London (HEE)	61	11	36
South London (HEE)	72	13	43
London (PHE and NHS England)	136	24	40

Table 3.9 Preferred destinations for those wishing to work in another part of the public health system (n=213)

As public health consultants were able to select more than one employer, total number of responses relating to this question will be higher than 100 per cent.

Response	*Number of responses	Percentage (n =213)
Clinical commissioning group	54	25
NHS England	53	25
Commissioning support unit	20	9
NHS trusts	36	17
Department of Health	69	32
Public Health England	156	73
Health Education England/LETB	24	11
Private sector	22	10
Independent practitioner	28	13
Regulatory body	11	5
Local authority	28	13
University	74	35
Local area/commissioning support team	16	8
Voluntary sector	47	22
Other	26	12

Table 3.10 Preferred employers for those more likely to want to work elsewhere in the public health system

Group	Total n	Total n wanting to work elsewhere	First choice destination (%)	Second choice destination (%)	Third choice destination (%)
Fixed term contract	**67**	**31**	Public Health England (77)	Universities (48)	Voluntary sector (35)
34 or under	**13**	**9**	Public Health England (100)*	Department of Health (67)*	Universities (55)

Group	Total n	Total n wanting to work elsewhere	First choice destination (%)	Second choice destination (%)	Third choice destination (%)
35-39	**45**	**30**	Public Health England (57)*	Universities (43)	Department of Health (33)
40-44	**78**	**37**	Public Health England (81)	Universities (41)	Department of Health (41)
Less than one year's experience	**36**	**21**	Public Health England (81)	Universities (62)**	Department of Health (48)
One to two years experience	**42**	**24**	Public Health England (66)	Clinical commissioning groups (50) **	Voluntary sector (29)
Three to five years experience	**97**	**48**	Public Health England (73)	Clinical commissioning groups (35)	NHS England (33)
Ethnic minority	**65**	**34**	Public Health England (74)	Department of Health (35)	Universities (32)
UKPHR registration	**262**	**117**	Public Health England (83)**	Universities (37)	Department of Health (33)
Local authorities	**304**	**152**	Public Health England (83)**	Universities (34)	Department of Health (32)
Working in local role	**465**	**184**	Public Health England (78)**	Department of Health (33)	Universities (32)
Health improvement	**308**	**133**	Public Health England (80)**	Universities (35)	Department of Health (30)
Health intelligence	**217**	**98**	Public Health England (82)**	Universities (38)	Department of Health (26)*
Health services	**325**	**136**	Public Health England (79)*	Universities (34)	Department of Health (33)

4.4.4 Changing roles and responsibilities (section 2.3)

Table 4.1 Likely change over one to two years and three to five years: by respondent profile
The table below has excluded 'don't know' and 'prefer not to say' responses relating to age, salary, ethnic background and disability. In addition, as public health consultants can be registered with both the UKPHR and the GMC/GDC, total responses relating to registration are higher than 100 per cent.

Profile	Do you think the remit of your role and responsibilities may change over the next one to two years?			Thinking into the future, do you think the remit of your role and responsibilities may change over the next three to five years?	
	n	% of survey respondents	% saying yes	% of survey respondents	% saying yes
AVERAGE	**574**	**100**	**72**	100	78
Male	**204**	**36**	73	36	77
Female	**370**	**64**	72	64	78
Working full-time	**430**	**75**	74	75	80*
Working part-time or job share	**144**	**25**	67	25	72*
Permanent contract	**465**	**81**	74	81	80**
Fixed-term/temporary contract	**67**	**12**	67	12	72
On loan/secondment	**17**	**3**	76	4	82
'Acting up role'	**21**	**4**	90	3	90
34 or under	**13**	**2**	69	2	77
35-39	**45**	**8**	77	8	84
40-44	**78**	**14**	69	14	81
45-49	**106**	**18**	76	18	83
50-54	**140**	**24**	74	24	76
55-59	**111**	**19**	71	19	76
60-64	**43**	**7**	67	7	67**
Over 65	**11**	**2**	45**	2	64
Less than one year's experience	**36**	**6**	78	6	83
One to two years experience	**42**	**7**	71	7	71
Three to five years experience	**97**	**17**	76	17	86*
6-10 years experience	**186**	**32**	74	32	77
11-15 years experience	**78**	**14**	66	14	77
16-20 years experience	**60**	**10**	77	10	77
Over 20 years experience	**75**	**13**	60*	13	69

Profile	Do you think the remit of your role and responsibilities may change over the next one to two years?			Thinking into the future, do you think the remit of your role and responsibilities may change over the next three to five years?	
Salary < £40,000	**35**	**6**	51**	6	69
£40,000-£49,999	**31**	**5**	84	5	90*
£50,000-£59,999	**31**	**5**	68	5	74
£60,000-£69,999	**57**	**10**	82	10	79
£70,000-£79,999	**62**	**11**	76	11	82
£80,000-£89,999	**131**	**23**	70	23	76
£90,000-£99,999	**59**	**10**	78	10	82
£100,000-£115,000	**55**	**10**	69	10	78
Over £115,000	**52**	**9**	73	9	77
White	**472**	**82**	75**	82	80**
Ethnic minority	**65**	**11**	55**	11	66**
Without a disability	**518**	**90**	72	90	78
With a disability	**29**	**5**	66	5	83
GMC registration	**304**	**53**	65**	53	72**
GDC registration	**15**	**3**	60	3	73
UKPHR registration	**262**	**46**	78**	46	84**
Qualified through portfolio route	**164**	**29**	80**	29	85**
Qualified through specialty training	**382**	**67**	69*	67	75*
Other qualification route (e.g. communicable diseases)	**28**	**5**	64	5	72

Table 4.2 Likely change over one to two years and three to five years: by employer and area of work

The table has excluded 'don't know' responses for type of employer and area of work. In addition, as public health consultants were able to select more than one employer or role, total number of responses relating to employer and role will be higher than 100 per cent. The table below also does not list people working in regulatory bodies and local area/commissioning support teams, as there were fewer than five responses.

Profile	Do you think the remit of your role and responsibilities may change over the next one to two years?			Thinking into the future, do you think the remit of your role and responsibilities may change over the next three to five years?	
	n	% of survey respondents	% saying yes	% of survey respondents	% saying yes
AVERAGE	**574**	**100**	**72**	100	78
Clinical commissioning group	**26**	5	62	5	88
NHS England	**26**	5	62	5	81
Commissioning support unit	**6**	1	33*	1	66
NHS trust	**24**	4	58	4	58**
Department of Health	**6**	1	67	1	83
Public Health England	**170**	30	67*	30	71*
Health Education England/LETB	**14**	2	71	2	78
Private sector	**6**	1	67	1	83
Independent practitioner	**16**	3	62	3	56**
Local authority	**304**	53	81**	52	87**
University	**75**	13	44**	13	59**
Voluntary sector	**7**	1	43	1	57
Working in academic public health	127	22	58**	22	67**
Working in education and training	95	17	74	17	76
Health improvement	308	54	80**	54	86**
Health protection	299	52	74	52	77
Health intelligence	217	38	81**	38	83**
Health services	325	57	77**	57	83**
National role	157	27	63**	27	68**

Profile	Do you think the remit of your role and responsibilities may change over the next one to two years?			Thinking into the future, do you think the remit of your role and responsibilities may change over the next three to five years?	
Regional role	203	35	73	35	77
Local role	465	81	75**	81	81**
International role	63	11	63	11	60**

Table 4.3 Likely change over one to two years and three to five years: by location (by PHE centres, HEE LETBs and PHE/NHS England regions)

The table below has excluded 'don't know' responses. In addition, as public health consultants were able to select more than one area, total number of responses relating to location will be higher than 100 per cent.

Profile	Do you think the remit of your role and responsibilities may change over the next one to two years?			Thinking into the future, do you think the remit of your role and responsibilities may change over the next three to five years?	
	n	% of survey respondents	% saying yes	% of survey respondents	% saying yes
AVERAGE	**574**	**100**	**72**	100	78
Cheshire and Merseyside (PHE)	28	5	78	5	78
Cumbria and Lancashire (PHE)	12	2	75	2	58
Greater Manchester (PHE)	32	6	87*	6	87
North West (HEE)	68	12	81	12	81
North East (PHE and HEE)	30	5	69	5	90
Yorkshire and the Humber (PHE and HEE)	48	8	85	8	85
North (PHE region and NHS England)	140	24	73*	24	83
Anglia and Essex (PHE)	39	7	57*	7	74
South Midlands and Hertfordshire (PHE)	22	4	68	4	77
East of England (HEE)	56	10	57**	10	75
East Midlands (PHE and HEE)	49	9	83	9	77
West Midlands (PHE and HEE)	59	10	75	10	78
Midlands and East (PHE region and NHS England)	157	27	70	27	76

Profile	Do you think the remit of your role and responsibilities may change over the next one to two years?			Thinking into the future, do you think the remit of your role and responsibilities may change over the next three to five years?	
Avon, Gloucestershire and Wiltshire (PHE)	26	5	81	5	77
Devon, Cornwall and Somerset (PHE)	19	3	79	3	89
South West (HEE)	40	7	80	7	80
Kent, Surrey and Sussex (PHE and HEE)	41	7	95**	7	85
Thames Valley (PHE and HEE)	29	5	62	5	83
Wessex (PHE and HEE)	29	5	76	5	79
South (PHE region and NHS England)	132	23	71	23	77
North West London (HEE)	39	7	72	7	69
North Central and East London (HEE)	61	11	72	11	72
South London (HEE)	72	13	63	13	67*
London (PHE and NHS England)	136	24	68	23	70*

4.4.5 Career support recommendations (section 2.4)

Table 5.1 Career support recommendations from groups receiving good career support

Group	Average score (total average = 5.5)	n	%	Top three suggestions (%)[24]
34 or under	6.9	13	2	Access to professional networks and mentors (54%) Differentiated and targeted training (38%) Work with other organisations in public health (35%)
Less than one year's experience	6.7	36	6	Access to professional networks and mentors (58%) ** Access to training which focuses on developing skills and competencies for current role (31%)* Training on strategic leadership across complex environments (28%)
Earning over £115,000	6.6	52	9	Training on strategic leadership across complex environments (37%) Access to professional networks and mentors (29%) Opportunities to work with other organisations (25%)
NHS trusts	6.7	24	4	Access to professional networks and mentors (33%) Differentiated and targeted training (33%) Access to training which focuses on developing skills and competencies for current role (25%)
Health protection	5.7	299	52	Access to professional networks and mentors (37%) Training on strategic leadership across complex environments (34%) ** Opportunity to work with other organisations (25%) Secondment (25%)
Thames Valley (excluding Northamptonshire and Milton Keynes)	6.5	29	5	Recognition of appraisal and revalidation requirements (28%) Secondment (24%) Differentiated and targeted training (24%)

24 * = % making suggestion significantly different from average at 5% level; ** = % making suggestion significantly different from average at 1% level.

Table 5.2 Career support recommendations from groups scoring significantly lower than average

Group	Average score total average = 5.5)	n	%	Top three suggestions (%)[25]
Local authorities	5.2	304	53	Access to professional networks and mentors (44%) ** Training on strategic leadership across complex environments (34%) Secondment (31%) **
Part-time or job share workers	5.0	144	25	Access to professional networks and mentors (44%)) Training on strategic leadership across complex environments (25%) Work with other organisations (22%)

Table 5.3: What is the one action your employer could do to support you in your current role, given the recent changes to the public health system? Sample of comments:

Comments
"Allow time for personal development. With current workload, CPD is done in private time." ***"Fund appropriate training and CPD ativities which are provided outside PHE, with less paperwork and difficulty."*** ***"... the provision of free CPD opportunities for those working as locums or independent public health consultants would be useful."***
"Provide clearer guidance on what I should be doing and how it fits into the bigger picture, with links to appropriate supportive networks." ***"Provide strategic leadership training to enable effective working within the complex new political environment and health system."*** ***"I would like to have a better understanding [of] the vision for public health in six months from now."*** ***"Decide exactly what they want their public health team to look like, and the sort of skills they require."***

Table 5.4: What is the one change that would make your current post more rewarding? Sample of comments:

Comments
"Recognition that public health is not just about health improvement, but that we have a range of knowledge and skills that would support whole system public sector commissioning."
"More recognition of the value of public health expertise."
"More recognition of value of teaching contribution."
"Even more opportunities to be a change agent across a wide range of public health issues to demonstrably benefit population health and wellbeing."
"To be given more autonomy over my work."
"Ability to work more flexibly across organisational boundaries and maintain my public health skills."

4.4.6 Recommendation of a career in public health (section 2.7)

Table 6.1 Public health career recommendation: by respondent profile

The table below has excluded 'don't know' and 'prefer not to say' responses relating to age, salary, ethnic background and disability. In addition, as public health consultants can be registered with both the UKPHR and the GMC/GDC, total responses relating to registration are higher than 100 per cent.

Profile	N	%	% recommending yes	% recommending no	% not sure
AVERAGE	**574**	**100**	**48**	**22**	**29**
Male	204	36	45	29**	27
Female	370	64	51	19**	31
Working full-time	430	75	52**	22	26**
Working part-time or job-share	144	25	38**	24	37*
Permanent contract	465	81	49	23	28
Fixed-term/temporary contract	67	12	42	19	39
On loan/secondment	17	3	47	18	35
'Acting up role'	21	4	57	24	19

Profile	N	%	% recommending yes	% recommending no	% not sure
34 or under	13	2	46	15	39
35-39	45	8	63*	16	20
40-44	78	14	50	19	31
45-49	106	18	48	23	28
50-54	140	24	46	22	32
55-59	111	19	47	22	31
60-64	43	7	63	21	16
Over 65	11	2	55	10	36
Less than one year's experience	36	6	67*	6**	28
One to two years experience	42	7	50	23	27
Three to five years experience	97	17	57	20	23
6-10 years experience	186	32	50	20	29
11-15 years experience	78	14	37*	26	37
16-20 years experience	60	10	37*	33*	29
Over 20 years experience	75	13	44	25	31
Salary < £40,000	35	6	31*	31	37
£40,000-£49,999	31	5	61	16	22
£50,000-£59,999	31	5	42	29	29
£60,000-£69,999	57	10	39	16	46**
£70,000-£79,999	62	11	56	24	19
£80,000-£89,999	131	23	51	23	26
£90,000-£99,999	59	10	48	20	32
£100,000-£115,000	55	10	52	15	33
Over £115,000	52	9	54	21	25
White	472	82	50	20	30
Ethnic minority	65	11	42	26	32

Profile	N	%	% recommending yes	% recommending no	% not sure
Without a disability	518	90	50	20	30
With a disability	29	5	38	31	31
GMC registration	304	53	38**	29**	33*
GDC registration	15	3	47	20	33
UKPHR registration	262	46	61**	15**	25*
Qualified through portfolio route	164	29	62**	17*	22*
Qualified through specialty training	382	67	42**	25*	32**
Other qualification route (e.g. communicable diseases)	28	5	57	21	21

Table 6.2 Public health career recommendation: type of employer and area of work

The table below has excluded 'don't know' responses for type of employer and area of work. In addition, as public health consultants were able to select more than one employer or role, total number of responses relating to employer and role will be higher than 100 per cent. The table below also does not list people working in regulatory bodies and local area/commissioning support teams, as there were fewer than five responses.

Employer/domain of work	N	%	% recommending yes	% recommending no	% not sure
AVERAGE	**574**	**100**	**48**	**22**	**29**
Clinical commissioning group	**26**	5	47	31	22
NHS England	**26**	5	39	31	31
Commissioning support unit	**6**	1	50	17	33
NHS trust	**24**	4	41	29	30
Department of Health	**6**	1	50	33	17
Public Health England	**170**	30	48	22	30
Health Education England/LETB	**14**	2	57	14	29
Private sector	**6**	1	33	66**	0
Independent practitioner	**16**	3	50	19	31
Local authority	**304**	53	51	20	29
University	**75**	13	43	25	32

Employer/domain of work	N	%	% recommending yes	% recommending no	% not sure
Voluntary sector	**4**	1	57	24	29
Working in academic public health	127	22	46	24	30
Working in education and training	95	17	55	18	27
Health improvement	308	54	54**	19	26
Health protection	299	52	53*	19*	28
Health intelligence	217	38	52	19	29
Health services	325	57	48	22	30
National role	157	27	50	24	27
Regional role	203	35	51	20	30
Local role	465	81	49	22	29
International role	63	11	48	22	30

Table 6.3 Public health career recommendation: by location (by location (by PHE centres, HEE LETBs and PHE/NHS England regions)

The table below has excluded 'don't know' responses. In addition, as public health consultants were able to select more than one area, total number of responses relating to location will be higher than 100 per cent.

Location	N	%	% recommending yes	% recommending no	% not sure
AVERAGE	**574**	**100**	**48**	**22**	**29**
Cheshire and Merseyside (PHE)	28	5	64	10	25
Cumbria and Lancashire (PHE)	12	2	82*	8	8
Greater Manchester (PHE)	32	6	40	19	41
North West (HEE)	68	12	53	15	32
North East (PHE and HEE)	30	5	70*	13	17
Yorkshire and the Humber (PHE and HEE)	48	8	49	15	35
North (PHE region and NHS England)	140	24	53	15*	31
Anglia and Essex (PHE)	39	7	36	25	38
South Midlands and Hertfordshire (PHE)	22	4	32	35	32

Location	N	%	% recommending yes	% recommending no	% not sure
East of England (HEE)	56	10	35*	25	37
East Midlands (PHE and HEE)	49	9	41	45**	14*
West Midlands (PHE and HEE)	59	10	44	28	27
Midlands and East (PHE region and NHS England)	157	27	42	30**	28
Avon, Gloucestershire and Wiltshire (PHE)	26	5	49	19	31
Devon, Cornwall and Somerset (PHE)	19	3	57	30	11
South West (HEE)	40	7	54	22	23
Kent, Surrey and Sussex (PHE and HEE)	41	7	51	32	17
Thames Valley (PHE and HEE)	29	5	59	28	14
Wessex (PHE and HEE)	29	5	48	28	24
South (PHE region and NHS England)	132	23	48	23	28
North West London (HEE)	39	7	31*	22	46*
North Central and East London (HEE)	61	11	50	21	28
South London (HEE)	72	13	48	15	36
London (PHE and NHS England)	136	24	45	17	37*

Table 6.4 Reasons given for career recommendations: a sample

Reasons given for why people would, or would not, recommend a career in public health
"Excellent opportunity to work in a variety of roles and with a broad range of disciplines."
"It is an excellent career if you want to have an important impact on patient outcomes. There is a real opportunity to help large numbers of people."
"It's an extremely varied career which can take you from local to international, frontline to academia, health protection to policy: it has something for everyone."
"Mostly I've had a fantastic career, and I've loved it. Public health, and reducing inequalities and addressing injustice, is my passion and my life's work.
"I have had a very fulfilling career in public health, but I'm not sure what the future will bring for consultants in public health and whether there will be job opportunities."
"Not any more— unless it moves with the times and embraces the new local authority world. I can't

Reasons given for why people would, or would not, recommend a career in public health

imagine medics will survive in this new arena, unless they throw themselves into the integrated health and social care agenda."

"At the moment it is too fragmented, and it is not clear what a career in public health looks like."

"While I still believe public health is an exceptionally valuable speciality and I am passionate about it, following the current reforms, the career prospects, progression and value placed by some organisations is uncertain."

Disclaimer

The Centre for Workforce Intelligence (**CfWI**) is an independent agency working on specific projects for the Department of Health and is an operating unit within Mouchel Management Consulting Limited.

This report is prepared solely for the Department of Health by Mouchel Management Consulting Limited, in its role as operator of the CfWI, for the purpose identified in the report. It may not be used or relied on by any other person, or by the Department of Health in relation to any other matters not covered specifically by the scope of this report.

Mouchel Management Consulting Ltd has exercised reasonable skill, care and diligence in the compilation of the report and Mouchel Management Consulting Ltd's only liability shall be to the Department of Health and only to the extent that it has failed to exercise reasonable skill, care and diligence. Any publication or public dissemination of this report, including the publication of the report on the CfWI website or otherwise, is for information purposes only and cannot be relied upon by any other person.

In producing the report, Mouchel Management Consulting Ltd obtains and uses information and data from third party sources and cannot guarantee the accuracy of such data. The report also contains projections, which are subjective in nature and constitute Mouchel Management Consulting Ltd's opinion as to likely future trends or events based on i) the information known to Mouchel Management Consulting Ltd at the time the report was prepared; and ii) the data that it has collected from third parties.

Other than exercising reasonable skill, care and diligence in the preparation of this report, Mouchel Management Consulting Ltd does not provide any other warranty whatsoever in relation to the report, whether express or implied, including in relation to the accuracy of any third party data used by Mouchel Management Consulting Ltd in the report and in relation to the accuracy, completeness or fitness for any particular purposes of any projections contained within the report.

Mouchel Management Consulting Ltd shall not be liable to any person in contract, tort (including negligence), or otherwise for any damage or loss whatsoever which may arise either directly or indirectly, including in relation to any errors in forecasts, speculations or analyses, or in relation to the use of third party information or data in this report. For the avoidance of doubt, nothing in this disclaimer shall be construed so as to exclude Mouchel Management Consulting Ltd's liability for fraud or fraudulent misrepresentation.

The CfWI produces quality intelligence to inform better workforce planning that improves people's lives

CENTRE FOR WORKFORCE INTELLIGENCE

Centre for Workforce Intelligence
209-215 Blackfriars Road
London SE1 8NL United Kingdom

T +44 (0)20 7803 2707
E enquiries@cfwi.org.uk

www.cfwi.org.uk