

Feedback from Training the Trainer day in Newbury on 3rd October, 2007, about new closer working between Thames Valley and Hampshire and Isle of Wight public health training

1. “Vision”

- Public health as a career of choice
- Have a positive vibrant approach with enthusiasm
- A climate of opportunity
- Value diversity and experience
- Recognise transferable skills
- Ensure PH workforce makes a dynamic contribution to health and wellbeing agendas in the broadest sense
- Individuals have a broad range of skills and competencies – provide a platform for further development
- Curriculum and programme of education offer adaptability to ensure workforce has skills and competencies for changing environment
- Advocacy – national competencies and skills (other professional groups don't have these)
- Link training to jobs that need PH skills

2. Views about the principles (see notes at end)

- Focus on delivery, best practice and evidence
- Support for academic research
- ?Fewer bullet points
- Rephrase PH needs for commissioning – convey effective contribution
- Meeting the PH needs of commissioner and other staff is ambiguous
- Add advocacy for developing and applying PH skills
- “Fine”
- Principles – all reasonable, nothing to add

3. Things to retain

- Breadth of opportunity
- Local relationships
- Knowledge and connections
- ELP
- Experiential learning Programme
- Keep training identities
- H&IoW integration of training scheme with other PH training
- Local infrastructure to ensure local connection, but need a joint strategic approach – function follows form

Opportunities

- Increase opportunities for cross fertilisation
- More sharing of resources e.g. PHRU – but only where it works.
- Share programmes of training sessions
- Share materials at least virtually – but practically need local sessions
- Overnight stay for networking with training sessions
- Joint training events

- Come together for some things
- CPD – on topics of interest, in good venue and communications, but not in Newbury (access issues and environment)
- Variety of training and CPD
- CPD e.g. monthly
- Learn from each other – but travelling difficult
- Economies of scale – integrating resources and training days
- Opportunity to develop full range of learning modes and methods
- Learning from best practice
- Trainees sessions with shared materials
- More locations

Communication

- Use technology e.g. videoconferencing/telephone – training people in their use
- E-mail
- Electronic communication
- Electronic (e-mail) and non-technology of cross fertilisation through meetings
- Meeting to network, train and keep informed
- Newsletter, flyers, regular sending
- May need local structure – named leads to maintain personal interface

Issues that emerged from the feedback

- Is it geographically sensible/feasible
- Need to use a car – urban emissions, travel and environmental costs
- Time matters
- Are we responsible for the workforce outside the NHS e.g. local authorities? Is it the role of this group to use resources to support the wider workforce
- Will resources be sustainable and adequate.
- Should only commit to whatever we are funded to do.
- Should we priorities? First priority is to maintain the integrity of the specialist training programme
- Deanery budget is for PH training not wider workforce

Early principles that had been developed (item 2 above)

- *Need to address the education and training needs of the whole public health workforce – specialists, practitioners, wider workforce*
- *Single policies and strategies*
- *Not lose what we already have and what is good*
- *Capitalise on current best practice*
- *Fulfil the requirements of the NHS Careers Framework, including lifelong learning and CPD*
- *Promote inter-professional learning and working*
- *Maximise potential for working together to achieve value for money, greater efficiency and effectiveness*
- *Meet the PH needs of commissioners and other staff*
- *Sustainable resources/funding*
- *Equity of access to training*