

Due 30/11/06

Dr Gay Keating  
Generic Competencies Project  
Public Health Association  
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Dear Gay

**Submission from the Auckland Regional Public Health Service on the Discussion Document: Draft Generic Competencies for Public Health Practitioners in Aotearoa-New Zealand.**

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Discussion Document: Draft Generic Competencies for Public Health Practitioners in Aotearoa – New Zealand.
2. This submission represents the views of the Auckland Regional Public Health Service (the Service). The Service provides public health services for the three district health boards in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board. This submission represents the views of the Service and does not necessarily represent the views of the three District Health Boards.
3. The Service understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:

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**5. Introduction**

6. Thank you for taking the time to present these draft competencies and allowing ARPHS the opportunity for feedback.

Generic competencies are described as ‘the ability to apply particular knowledge, skills, attitudes, and values to the standard of performance required in specific contexts’. Draft Generic Competencies for Public Health Practitioners in Aotearoa – New Zealand (the discussion document) has two overarching objectives:

- Objective 1: Develop an effective and sustainable public health workforce.
- Objective 2: Support public health environments to grow and develop the public health workforce.

## 7. **Competency Levels**

8. ARPHS whole heartedly supports the development of generic competencies for public health staff and considers this to be of utmost importance as a component in developing the workforce. ARPHS has invested time and energy into developing a set of generic competencies for its own staff in the absence of a national set. ARPHS has had the opportunity to engage in considered discussion through the development of these and has identified and resolved some issues in relation to these.
9. ARPHS ‘Whole of Service Competencies’ (ARPHS competencies) [copy attached<sup>1</sup>] are broadly similar to those presented in the discussion document, but differ in emphasis and layout. One area where the ARPHS competencies are substantially different is that the ARPHS competencies have been produced to have a range of differing levels of competence. Staff are employed in a range of roles, ranging from junior administrative staff through to public health medicine specialists. These differing roles require differing levels of understanding and knowledge of public health issues and practices. A junior administrative employee would be expected to master the ARPHS competencies to level one, while those in more senior roles will need to demonstrate competency at a higher level.
10. ARPHS recommends the introduction of levels into the Generic Competencies as we believe that some of the performance requirements are too high for some roles within Public Health. The discussion document competencies are also open to interpretation which could lead to an inconsistency in their implementation at local and national levels.
11. **Training**
12. To ensure Public Health staff are able to meet the competencies outlined in the discussion document, significant training and development would be required at substantial cost to Public Health services. If these are to be implemented nationally, ARPHS believes that training should also occur at a national level. This may mean the introduction of a training course offered at the main learning institutions that would represent a minimum level qualification for Public Health.
13. Any course of this type would need to ensure graduates are able to reach minimum competencies upon completion. ARPHS would also recommend that there is provision for ‘recognition of prior learning’ and the course be run in modules that can be mixed and matched accordingly.
14. Consideration also needs to be given to how often staff competencies would be measured and whether on-going training is required. The establishment of a training course in module format would give staff the ability to refresh their knowledge of particular areas as required, and/or complete core components on a regular basis to remain current (Objective two).
15. Timeframe is also an important consideration in the application of the competencies. ARPHS would recommend that competencies need to be achieved within a certain

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<sup>1</sup> Please note the attached document contains the current draft competencies (levels 2 and above).

timeframe after employment rather than pre-employment, thus assisting in the development of an effective and sustainable workforce (Objective one).

16. **Resources**

17. Training funds are limited within existing contract funding and are not specifically budgeted, other than as an overhead cost. The majority of available funds are spent on maintaining professional competencies and/or accreditation for regulated groups such as Nurses, Public Health Medicine Specialists (PHMS) and Health Protection Officers (HPOs).

18. In order to raise and/or enhance the basic minimum competency levels of the non-regulated workforce, the Public Health sector will require sustained increased funding and/or training resources. Contracts would need to reflect the time component that would need to be prioritised for training and learning opportunities in a more systemic way than is current practise. ARPHS believes that the increased training implications would be of particular concern to smaller organisations and/or isolated positions. Individuals / smaller organisations may require access to external training resources or providers should a national training provider not be identified. If larger Public Health Units are asked or expected to have a role in supporting training for third parties this will further stretch available resources.

19. **Recruitment**

20. ARPHS, in common with other public health units has difficulty in recruiting to some posts. Many employees have entered public health mid career and care needs to be taken that the discussion document doesn't result in a situation where the competencies create an additional barrier to recruitment from outside public health. Avoiding an additional barrier to entry means that any training courses offered to help employees meet the competencies need to be available on a regular basis.

21. **Merit Progression Criteria**

22. The current Allied Health staff MECA contains a merit progression scheme whereby staff can advance their salary beyond the normal scale by demonstrating higher levels of competency across a range of factors. A regional public health version of this scheme has been developed and is currently being implemented for ARPHS staff. ARPHS understands that public health merit criteria will be developed nationally during the next round of collective negotiations. There are similarities between the discussion document's generic competencies and any merit progression criteria collective agreement. Consideration should be given to how the discussion document's competencies could be linked to the merit progression criteria to make the competencies more attractive to staff and to ease assessment against the merit progression criteria.

23. **Discussion Document Additional Information**

24. At the time of the PHA presentation of the discussion document to ARPHS staff it was stated that there was more detailed information available on each competency, but that in the interests of clarity this information had not been included in the discussion document. ARPHS would like to receive a copy of the complete information on each competency when it is made available.

25. **Conclusion**

26. Thank you again for making yourself available to present the discussion document to ARPHS staff. ARPHS is supportive of the generic competencies project and believes that the current proposal can be improved to make it more valuable to both staff and public health organisations.

Yours sincerely

Monica Briggs  
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**Auckland Regional Public Health Service**