



north east teaching public health network

Mapping of Public Health Education: Phase 2

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Executive Summary

Aims

- To develop an accurate, up to date map of public health and public health related provision within higher and further education.
- To identify the extent to which existing HE public health provision is 'fit for purpose' by comparing course and module learning outcomes to public health skills framework.
- To develop recommendations to education providers for the future development of public health and public health related education provision.

Key findings

- Some competency gaps were identified, for example there is little provision that addresses leadership and collaborative working, teaching about public health, commissioning public health, use of media or health economics.
- Mapping skill levels was complex and further work will be required to enable current or future public health practitioners to make decisions about course choices.
- Public health educators capacity and quality assurance was variable across institutions.
- A variety of delivery methods and styles is being used to deliver public health teaching.

Recommendations

- To extend this activity to include a wider public health workforce.
- To develop existing expertise in existing public health education and to address gaps in provision identified against the public health competencies.
- To make the map available on the website, including monitoring and updating.
- To develop a public health educator database and support them in developing their skills.
- To engage with past students to describe the student experience of public health teaching and to talk to service managers to identify their views of current educational provision.

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Introduction

The report outlines the findings from a project carried out by the North East Teaching Public Health Network to map current public health content of curricula in higher and further education, to compare this to the public health skills framework and to identify gaps in current public health provision.

The project supports the achievement of the aims outlined in the regional strategy *Better Health Fairer Health*.

Background

The Teaching Public Health Networks (TPHNs) were established by the Department of Health in 2006 in response to the 'Choosing Health' White Paper. The aim of TPHNs is to start to embed public health into curricula for major sections of the public health and wider workforce and thus support the implementation of the recommendations from 'Choosing Health'.

There are nine TPHNs across England each with a small core team of staff to support their activities. Each network sets its own priorities and all seek to provide a link between the different stakeholders in public health education including: NHS, university, college, local authority and third sector partners.

The North East TPHN

In its first year the North East Teaching Public Health Network (NETPHN) sought to develop infrastructure, to engage with and develop links between stakeholders, to identify strategic objectives and to draft a business plan.

During this process the overall aim of NETPHN was identified as:

'To bring together education providers with the public sector workforce and workforce planners to increase capacity to improve health in its widest sense'

In consultation with all of its partners the three strategic priorities for 2008/09 were identified as:

- promoting healthy universities and colleges
- facilitating the embodiment of public health throughout higher and further education curricula
- developing public health educator capacity and capability.

More recently NETPHN has been incorporated into the newly developed School for Public Health in the North East under the leadership of Alyson Learmonth. To this end the work of NETPHN will support the implementation of the regional public health strategy *Better Health Fairer Health*.

Mapping public health activity: Phase 1

One of the first activities undertaken by NETPHN was to map public health teaching and learning activity in the North East. It was anticipated that the data collected in Phase 1 would help to identify future changes to provision and provide a baseline of information about teaching in public health in higher and further education (Geddes, 2007:8).

Key objectives of Phase 1 were to:

- identify basic information about the range of courses and levels of accreditation provided by each institution
- identify current public health curriculum content of undergraduate and post graduate courses related to education, social work, environmental health, nursing, allied health professions, health care assistants, dental nurses, dentists, pharmacists, medicine
- provide an indicative measure of the volume of students specialising in public health and health improvement
- identify course costs and funding streams.

The quantity and quality of responses varied greatly and it was apparent that different institutions were using different definitions of public health and different criteria to describe the public health components of their courses. Some institutions didn't respond and others provided limited information. Engagement of further education colleges was particularly patchy. This made comparisons difficult but did provide a snapshot of some of the public health provision at that time. It also highlighted the complexity of the task in hand and generated a great deal of discussion regarding what constitutes public health. It also identified the need for a more focused and detailed piece of work that would be needed to provide an accurate and meaningful map of public health education. This more focused piece of work became Phase 2 of the mapping undertaken by NETPHN.

Mapping public health activity Phase 2

Aims

- To develop an accurate, up-to-date map of public health and public health related provision within higher and further education.
- To identify the extent to which existing public health provision is 'fit for purpose' by comparing course and module learning outcomes to public health skills framework.

Methods

As each of the universities has been fully engaged with the mapping process since the early days each was asked to identify a researcher to work one day a week for two months to carry out an internal review of programmes.

Further research time was identified to focus on the colleges and in particular to try and engage some of the colleges more in this process.

Given the potential for a large number of programmes, courses and modules within each institution, which could potentially be included under the term 'public health', it was agreed that explicit inclusion/exclusion criteria were established to ensure the project was achievable within the timescale. It was agreed in the first instance that each institution identify the 4 - 5 programmes that have a significant public health element, although they might not have the term 'public health' in the programme title.

The researchers met together on a regular basis with the project lead and the university leads to discuss the format of the mapping activity. In brief the methods employed were:

- a questionnaire format developed nationally to gather basic information about student demographics, funding, educator capacity and a notion of degree of public health content
- a template format to gather information about course outcomes against public health competencies and skill levels
- an interview was conducted with course leaders to describe quality issues, educator capacity and to enable a discussion about the aims and levels of the various programmes.

A national questionnaire which had been developed by other TPHNs, after the NETPHN Phase 1 mapping, was piloted by the researchers with a view to providing data for a national data set and to see how this could be developed to meet regional needs.

Findings from Phase 2

Table 1: Information from National Proforma adapted version. Please see Appendix 1.

Table 2: Student Demographics. Please see Appendix 2.

The information supplied in the tables highlighted the complexity of comparing data across institutions, where basic data like student age and ethnicity are not always gathered using the same parameters. Additionally the information is not readily accessible to programme leaders consequently there are still gaps in the information.

The main themes identified from the mapping activity are:

- Skill levels.
- Gaps in provision.
- Researcher issues/complexity.
- Educator capacity.
- Educator skills.
- Delivery methods.

Skill levels

The Public Health skills and Career Framework provides a means to map skill and competency across a set of defined criteria (see appendix 3). The skill levels are defined as levels 1 to 9, 1 being the lowest skill level identified. Researchers asked course and programme leaders to identify where on the skills continuum they pitched the course objectives.

The specific public health learning programmes matched against the public health skill levels are mainly pitched at levels 5/7 for undergraduate programmes and 5/8 for post graduate programmes. Some of the course leaders found it hard to map levels because it depended on student capability if they were already working in the field or had a specific area of interest they might be working at a higher level. Discussion within the research group also highlighted the difficulty in distinguishing academic level from a competency based approach. In general programme leaders tended to rate skill levels as the same throughout the competency framework; this is perhaps a feature of programme leaders maintaining an academic level rather than a skill level across a programme. This is an area for future development within each university to assess the relative strengths across competencies. This will become increasingly important as the public health workforce choose modules rather than programmes of study to enhance existing knowledge or to further career opportunities within public health. The skill levels described by programme leaders for non specialist

public health courses was lower around 2/4 for most of the undergraduate courses and 3/5 for post graduate.

The levels at which HEIs are working are 5 and upwards so the next part of the mapping activity needs to identify where levels 1 to 4 provision is taking place across the competencies.

Gaps in provision

The gaps in provision refer to gaps identified by assessing course objectives across the range of core and defined competencies within the career framework. In brief the competencies are:

Core

- Surveillance and assessment.
- Assessing the evidence.
- Policy and strategy.
- Leadership and collaborative working.

Defined

- Health assessment.
- Health protection.
- Public health intelligence.
- Academic public health.
- Health and social care quality.

Some of the gaps identified in terms of the competencies reflect a national shortage for example leadership and collaborative working.

The gaps reported here have been identified from learning outcomes provided by the course or programme leaders, future work will include the student experience. The gaps are reported under the competencies headings -

- *Core area 2 Assessing the evidence*

Some programmes at masters' level specifically look at Health Economics but it is not clear from all programmes if cost effectiveness of public health programmes is covered in any detail despite the courses being rated at a high skill level.

- *Core area 4 Leadership and collaborative working*

Using the media effectively to promote health and well-being for example is largely missing from the masters' level programmes and it is not clear how much is undertaken on alliances and collaboration, particularly for those expecting to then work at a very strategic level.

- *Defined area 6 Health protection*

The Health Protection elements of some of the programmes particularly the masters' levels and Public Health Nursing undergraduate and post graduate programmes are rated at high levels that don't appear to match the learning outcomes; this is an area that would merit further work on the mapping.

- *Defined area 8 Academic public health*

We appear quite strong in terms of research skills but very little in terms of teaching about public health. The researchers found that universities use a mix of permanent staff but often bring people in on the basis of specific areas of knowledge, for example Health Improvement, Health Protection. The quality is assured by level of academic achievement of the visiting lecturer.

- *Defined area 9 Health and social care quality*

Commissioning process looks to be an area of weakness based on the learning outcomes and the skill levels identified.

Researcher issues

The researchers completing the mapping identified a number of issues relating to the complexity of the task, as follows:

- some modules are optional so would need to map at a detailed level in some cases
- skill levels (based on the career framework) have been hard to identify and often take into account the experience the student has coming into the programme, for example there may be students with very high levels of expertise and experience in a particular competency but want to complete the programme to enhance other areas or to gain accreditation
- some detail for the adapted national proforma was hard to get at, even demographics of students, for example
 - information is not recorded in the same way for each university for example age ranges or ethnicity categories making comparisons across universities difficult
 - universities in some cases were reluctant to share funding information across the collaborative.

Educator capacity

The weakest area overall across the five universities was in the area of academic public health in particular the teaching of public health, educator capacity is potentially the area of most concern.

Universities identified a number of issues in relation to the capacity to deliver public health education.

- How educators are developed and supported is quite ad hoc, there was comment about levels of educator, for example where does the professional development of programme leaders come from?
- Quality assurance of educators is similarly uneven; some universities have a mentoring or buddying system for new and full time staff. Visiting lecturers appear to have less support but this depends on the level of input they have to courses.
- The cost and availability of external speakers was raised as an issue.
- There is no consistent mechanism of external support to universities on work based input and relies on a network being established in some cases at an individual level or at a school level.
- The educator may be very good at a particular issue but not necessarily have academic (or teaching) background or the breadth of coverage to teach across the whole discipline.

Educator skills

Programme and university leads were asked what skills they would see as being important to the educator role and how they might quality assure educators. A comprehensive list of qualities came out of the consultation:

- Based on academic achievement.
- Specific teaching qualification.
- 'Expertness' in a particular field.
- Have published (peer reviewed journal articles).
- Enthusiasm for public health teaching.
- Ability to see the wider picture and to help students see it move away from disease orientation.
- Understanding of diversity issues.
- Up to date with current practice.
- Keeping up to date, networks and forums, conferences getting involved in research.
- Liaising with field workers through student placement opportunities for example.

Delivery methods

Delivery methods tend to be a mix including:

- Classroom.
- Guest speakers.
- Learning sets.
- Self directed learning.
- Placements.
- Research/dissertation.
- Case studies.
- Practical.
- Learning logs.
- Personal development plans.
- Student directed seminars.
- Supervision.
- Web based/virtual learning environments.

The Group felt that e-learning and mentoring in the workplace would be increasingly used to capitalise on resources and learning opportunities

Discussion

There are two areas highlighted for discussion:

- Potential benefits to HEIs.
- Lessons learned and added value.

Potential benefits to HEIs

The research group identified potential benefits from the process in the initial stages of the mapping activity. These were:

- Providing HEIs with potential opportunities for increasing income and/or achieving economies of scale should provide a driver for change in the future development of public health education and training provision.
- Potential areas that could be further capitalised on in terms of extending non traditional public health related education provision will be identified within each HEI. These should be based on the specific strengths/areas of excellence of each HEI, for example Psychology at Newcastle, Human Resources at Northumbria.
- Recommendations will also be developed in relation to opportunities for being more responsive, creative, innovative and cost-effective with regards to existing public health course provision, including collaboration with other HEIs, alternative modes of delivery etc.

Lessons learned/added value

The research group discussed at some length what the mapping process had achieved so far across and within HEIs. In summary:

Across the five universities

- Group discussion occurred across the five universities which has been valuable and could be the beginning of a public health educator support and development group subject to funding and steering group sign up.
- Stimulated discussion across universities.
- Created a vehicle for collaboration potentially on a range of issues.
- Flagged things up that we didn't even know existed.
- Researchers found it a useful activity and had developed skills through the process.

Within universities

- Raised the profile of public health within universities.
- Stimulated discussion and opportunities across the university.
- Built on across school working, stimulated discussion across schools.
- Stimulated discussion on curriculum development.
- Stimulated multi-professional education.

It was also felt that it would be important to have mechanisms in place within universities for on-going development, for example how the mapping and lessons learned will be fed back into the universities.

Engaging FE and the wider 16-18 agenda

The NETPHN conference held in January 08 gained some interest from the FE sector. One of the main elements of the next part of the mapping activity will be to engage with FE providers to gain the same level of detail we have for HE provision. In brief the aims are:

- To facilitate a network of FE providers, drawn from existing networks, to begin the mapping process.
- To build on Phase 1 identifying the main public health courses provided at FE across the region.
- To map skill levels and public health competency provision across the main courses.
- To engage FE providers in the healthy colleges initiatives.

It is recognised that there will also be community provision and sixth-form provision so a complete picture of public health teaching will not be achieved even by this level of detail, however some of the main accredited training such as health trainer provision could still be mapped relatively easily

since this is now a national programme. Sixth-form provision is also likely to cover many of the same courses provided at FE albeit on a smaller scale, content therefore will be the same though teaching methods may vary.

Recommendations and Summary

Extending mapping to include wider public health workforce

The mapping activities to date have given a great deal of useful information about the competency and skill levels within our main public health programmes. One of the challenges now is to identify where public health needs to be a feature within our extended workforce and identify gaps within those programmes of study. Each university has begun to identify other programmes which may (or should) have a public health component. As a network we need to now build on this.

The Healthy Universities/Colleges initiative should help to engage institutions beyond the traditional health related programmes

Developing the expertise we have and addressing gaps

Nationally the purpose of developing the mapping was to enhance public health teaching. There are areas regionally we could improve in order to effectively deliver on *Better Health Fairer Health*. The second challenge is to continue working as a teaching and learning collaborative to best meet the needs of a large workforce and to continue to develop curricula to meet the public health workforce needs

Making the map available on the website, including monitoring and updating

The mapping activity has already had benefits for the HEIs. We now need to ensure the information is useful and user friendly, for the public health workforce. The third challenge is to develop an information system through the NETPHN website, which helps the workforce to identify competency and skill levels appropriate to their development and to keep it updated.

Our audience is:

- Anyone looking to develop a career in public health.
- An existing public health workforce looking to enhance skills or move in a different direction.
- The wider public health workforce who may need some additional skills.

Decision analysis

The mapping activity has highlighted the complexity in using the public health framework skill levels to identify course choices. The next element of work will identify course strengths enabling students and workforce to identify which programmes and modules best meet their learning needs.

Identifying the public health educator/developing the public health educator

There are, as suggested by the title, two elements to this, we need to know who our educator workforce is and how they can best be supported. There are a number of specialists delivering significant elements of public health education. A register of public health educators will be developed and a stakeholder meeting organised to agree the best way forward in terms of professional support and development. The stakeholder group will also look at issues of quality.

Engaging with students to describe the student experience of public health teaching

The research group recognised that the student experience was missing from the mapping activity and that by including this in the next phase would give us a better understanding of competency and skills in relation to work force needs.

Summary

The Phase 2 mapping activity has had a number of benefits:

- Continued engagement and collaboration across the five universities.
- A mechanism to continue to develop a public health workforce able to deliver on the regional strategy *Better Health Fairer Health*.
- A clearer picture of the public health competencies being delivered across HEIs.

There are however significant challenges:

- An agreed and robust information system which allows the public health workforce (current and potential) to elect the study path which will best suit service and career needs.
- Developing the capability and capacity of the public health education workforce and supporting this workforce.
- Engaging and developing curriculum with the wider public health workforce.
- Engaging and developing a network across FE provision.

Appendix 1 - Table 1 National Proforma (adapted) information

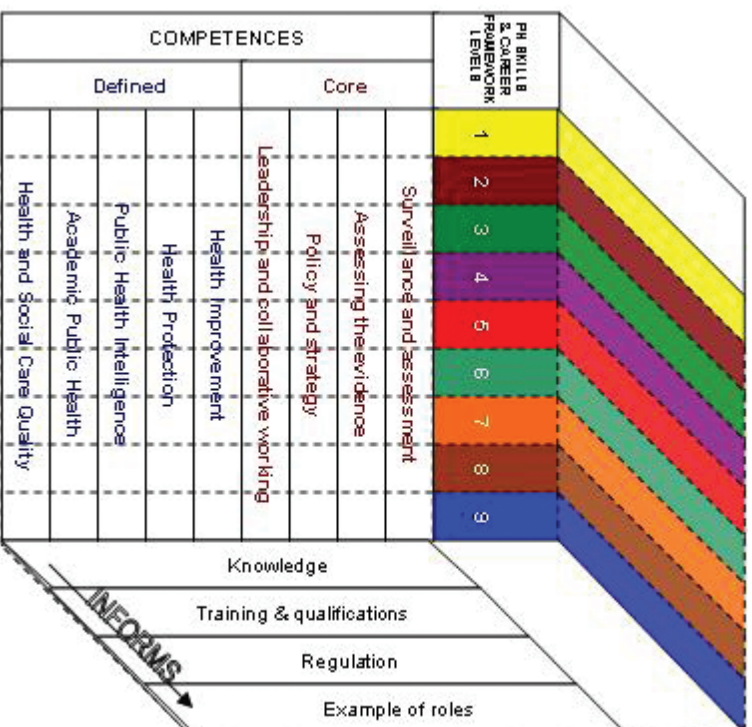
University and Programme	Funding sources	Public Health Content	Collaboration with other HEIs	Last Validation
Durham				
MSc Medical Anthropology	Self	30 - 50%	None	2006/2007
MSc Integrated Health Sciences	Self/Employer	50 - 75%	None	2007
MBBS	Self/LEA	60 out of 360 credits	Newcastle	Not recorded
Human Sciences BA, Biological and Medical Anthropology BSc	Self/LEA	5 - 10%	None	Not recorded
Newcastle				
MSc health Sciences	SHA/HEFCE/Studentships/Self	100%	Northumbria	Running since 1987
MBBS	Self/LEA	5 weeks out of 5 years	Durham	GMC Visit 2005
BSc Clinical Psychology	NHS	unavailable	None	Running since 1964
BSc Food and Nutrition	Self/Bursaries/Scholarships	33%	None recorded	Running since 1991
BDS Dentistry	Self/Bursaries/NHS Scholarships	Low	None	Not recorded
Northumbria				
MSc MPH	NMET/HEFCE/Self/NHS	100%	Newcastle	2004
BSc/grad diploma - School Nursing	SHA/Self	120 credits	None recorded	2006
BSc/grad diploma - Health Visiting	SHA/Self	120 credits	None recorded	2006
BSc /grad diploma - District Nursing	SHA/Self	120 credits	None recorded	2006
Sunderland				
MSc Community health (PT)	Self/Employer	100%	None recorded	2007
BSc Community Health	HEFCE/Self/Employer	300-360 credits	None recorded	2006
BA Health and Social Care	Mainly HEFCE apart from international students	360 credits	None recorded	Not recorded
Diploma in Drug & Alcohol Studies	Self/Employer	High	None recorded	2003
Teesside				
BSc Public Health Nursing School Nurse route	Employer/Sponsorship	100%	None	2007
MSc Health Sciences Public Health Pathway	Self/Employer	100%	None	2004
BSc Public Health - Health Visiting	SHA contract	100%	None	1998
BSc Public Health and Well Being	Self/NHS/Bursaries/Scholarships	100%	None	2003

Appendix 2 - Table 2 Student demographics

University and Programme	Student Numbers (2007/2008)	Age Range	Ethnicity	% of international students
Durham				
MSc Medical Anthropology	0			
MSc Integrated Health Sciences	16	21+	Data incomplete	38
MBBS	94	69% 18 - 21 31% 21+	72% white, 12% Asian or Asian British 3% mixed, 0.5% other, 10% info refused	7
Human Sciences BA, Biological and Medical Anthropology BSc	60	68% 18 - 21 32% 21+	71% white, 3% Black British, 7% Asian or Asian British 4% mixed, 1% other, 11% info refused	3
Newcastle				
MSc Health Sciences	27	21 - 45	Data incomplete	12
MBBS	250	18 - 35	Not available	7.5
BSc Clinical Psychology	18	20 - 40	Not recorded	3
BSc Food and Human Nutrition	66	67% 18 - 21 33% 22 - 44	93% White British, 3% Asian or Asian B, 5% Chinese	6
BDS Dentistry	90	Info not collected	Info not collected	8
Northumbria				
MPh MSc	19 FT, 18 PT	23 - 57	55% White, 45% BME	35
BSc/grad diploma - School Nursing	2 FT, 1 PT	20 - 50	100% White	0
BSc/grad diploma - Health Visiting	9 FT, 8 PT	26 - 46	100% White	0
BSc /grad diploma - District Nursing	6 FT, 6 PT	20 - 50	100% White	0
Sunderland				
MSc Community Health	4	20 - 30	3 Asian, 1 White British	75
BSc Community Health	38	20 - 50	82% White, 5% Asian, 2% Black African 5% info refused	8
BA Health and Social Care	104	86% students 21 - 39	Not recorded	5
Diploma in Drug & Alcohol Studies	15	20 - 30	90% White British, 10% Black British (1 student)	0

University and Programme	Student Numbers (2007/2008)	Age Range	Ethnicity	% of international students
Teesside				
MSc Health Sciences Public Health Pathway	Not recorded			
BSc Public Health - Nursing School Nurse route	1 FT	30 - 35	100% White British	0
BSc Public Health - Health Visiting	13	25 - 50	12 White British 1 other	8
BSc Public Health Occupational Health	1 FT 5 PT	Unknown	4 Caucasian, 1 Afro Caribbean, 1 White Malawi	33
BSc Public Health and Well Being	53 FT 26 PT	21 - 50	75% white, 22% Black or Black British 5% Asian or Asian British, 1% Unknown	8

Appendix 3 - The Public Health Skills and Career Framework



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