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# Guidance: Public Health Content within the Pre-Registration Curricula for Allied Health Professions

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# Contents

1. Foreword.....	3
2. Acknowledgements .....	4
3. Background.....	5
4. Definitions and terminology.....	6
5. Guidance document: methodology and development.....	7
6. Recommendations .....	9
7. Frameworks and Quality Assurance.....	11
8. Other useful tools and resources.....	14
9. References .....	15

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## 1. Foreword

In recent years, the Allied Health Professions (AHPs) have turned their ambition to be recognised as an integral part of the public health workforce into positive action. Collectively, AHPs have developed their public health contribution and profile, resulting in some excellent examples of AHP-led public health initiatives across the life course, from falls prevention for older adults to helping children to have the best start in life. We now need to maintain this momentum and spread good practice throughout our professions so that our approach to prevention and population health becomes our core way of working for the future.

Higher education institutions (HEIs) are well placed to drive forward the prevention agenda for AHPs; influencing the future workforce's knowledge, understanding and application of public health in practice, and developing the current workforce through continuing professional development opportunities.

It is important to recognise that the responsibility for developing learners' knowledge and skills within public health doesn't sit exclusively with HEIs. Professional bodies and the regulator have a role in setting and monitoring standards and therefore have a significant contribution to make. Practice educators also play a part in enabling learners to develop and refine prevention and behaviour change skills in the field.

The recommendations in this paper have been developed as a result of consultation and consensus across the four UK home nations. They outline what we believe provides a best practice approach to both the mapping of current public health content in pre-registration courses, and the development of future content. The recommendations are intended as a reference guide to support a systematic approach to public health knowledge and skills development across the AHP workforce. These recommendations provide a framework that is applicable across all the allied health professions, setting clear direction and support in order to drive innovation for embedding public health within education, practice and settings.

In essence, this paper is about underpinning AHP curricula with 'what it takes' to facilitate, support and empower sustainable lifestyle changes in the populations we work with; ensuring learners are enabled to develop the skills and knowledge to drive positive behaviour change and improve health and wellbeing outcomes.

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## 2. Acknowledgements

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### 3. Background

An emphasis on population health and prevention is the core message in a number of key policy documents across England, Scotland, Wales and Northern Ireland (1,2,3,4,5,6). These identify that a radical upgrade in the approach to prevention is imperative if we are to achieve improved population health and well-being, reduce health inequalities and manage long term demand for health services.

The current and future allied health professions (AHP) workforce needs the knowledge, skills and attributes that will enable them to further contribute to population health outcomes and embed a focus on prevention as a core element of their practice. (7,8,9,10).

A whole system approach to public health as ‘everyone’s business’ recognises the influence of the wider public health workforce, including AHPs, in embedding prevention in health and social care (11) and creating a stronger social movement for health (12,13). AHPs<sup>1</sup>, who cover a diverse range of professional staff working across a variety of settings and organisations, have agreed a collective ambition to be recognised as an integral part of the public health workforce (3,8,14,15,16).

This document provides best practice guidance to inform the inclusion of public health content within pre-registration curricula for the AHP workforce. It was developed in response to a request by professional bodies and higher education institutions (HEIs), to support them in the development of their profession specific curricula and in reviewing and developing courses for AHPs.

This guidance has been produced in collaboration across the four home nations; England, Scotland, Wales and Northern Ireland; and developed through consultation with parties with a direct interest in the development and provision of AHP curricula, including: Health Education England (HEE), Public Health England (PHE), Scottish Government, Public Health Wales, Public Health Agency Northern Ireland, AHP Professional Bodies, Health and Care Professions Council (HCPC), NHS Improvement (NHSI), and the Council of Deans of Health (CoDH) representing HEIs.

The recommendations contained in this guidance have a focus on the future workforce and development of pre-registration courses. Supporting and developing the existing workforce is of equal importance, and the recommendations are also applicable and transferrable to the provision of continuing professional development opportunities.

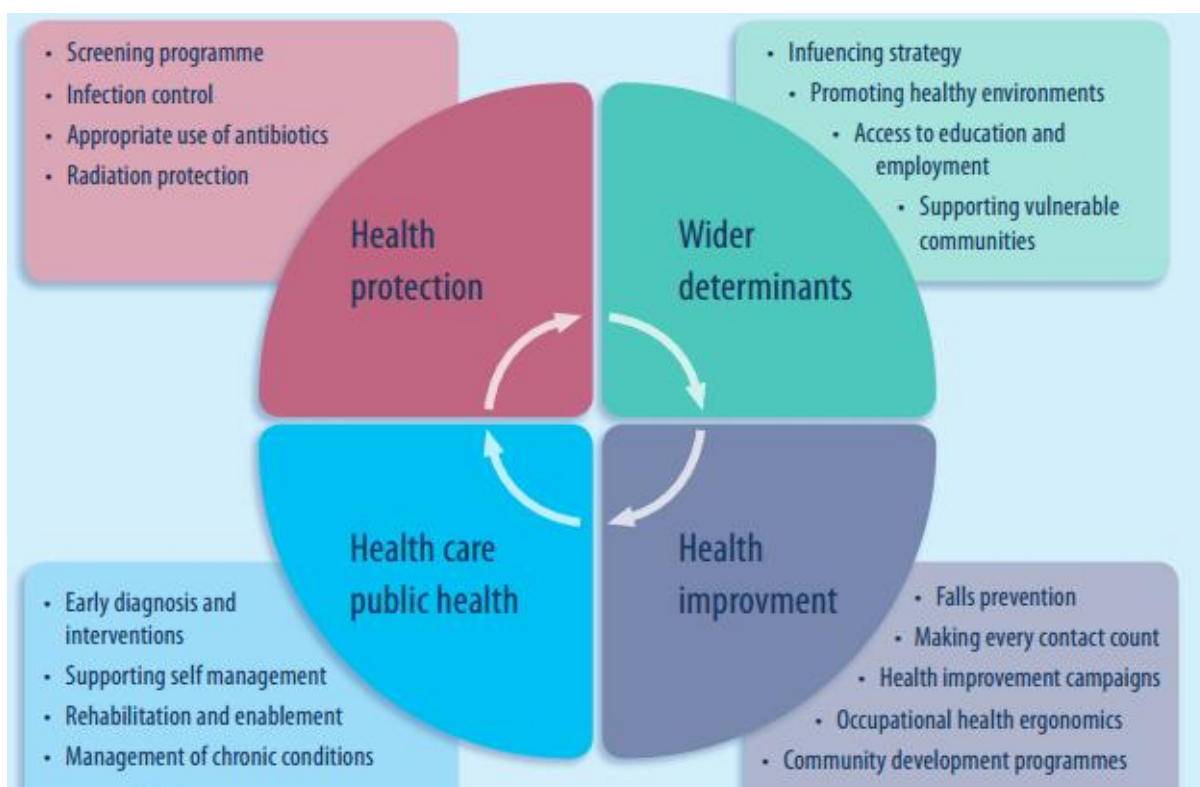
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<sup>1</sup> Paramedics not currently included in Allied Health Professions for Northern Ireland.

## 4. Definitions and terminology

'Public health' relates to the prevention of avoidable ill-health, achieved through protecting people from exposure to infection, toxins or other environmental hazards ('health protection'); working to improve the wider determinants (social, economic and other factors) that can adversely affect our health; helping individuals, communities and populations make changes to their lifestyles and behaviours to improve health ('health improvement'); and the ways that our healthcare system can inform, advise and work together with partners ('healthcare public health') to prevent ill-health and improve health outcomes.

*Figure 1: AHP contributions across the four domains of public health*



Source Public Health England and Allied Health Professions Federation (2015)<sup>14</sup>

Note: this figure is intended to provide examples of some of the ways AHPs can contribute to public health across the four domains rather than an exhaustive list of examples

## 5. Guidance document: methodology and development

The process of developing the guidance and achieving consensus for the recommendations was delivered by convening an advisory group with representation across the stakeholder organisations and bodies.

The group met virtually via Skype over an 11-month period to discuss development of the guidance, identifying priority areas to inform the recommendations and framing of the document to be practical and relevant to the target audiences.

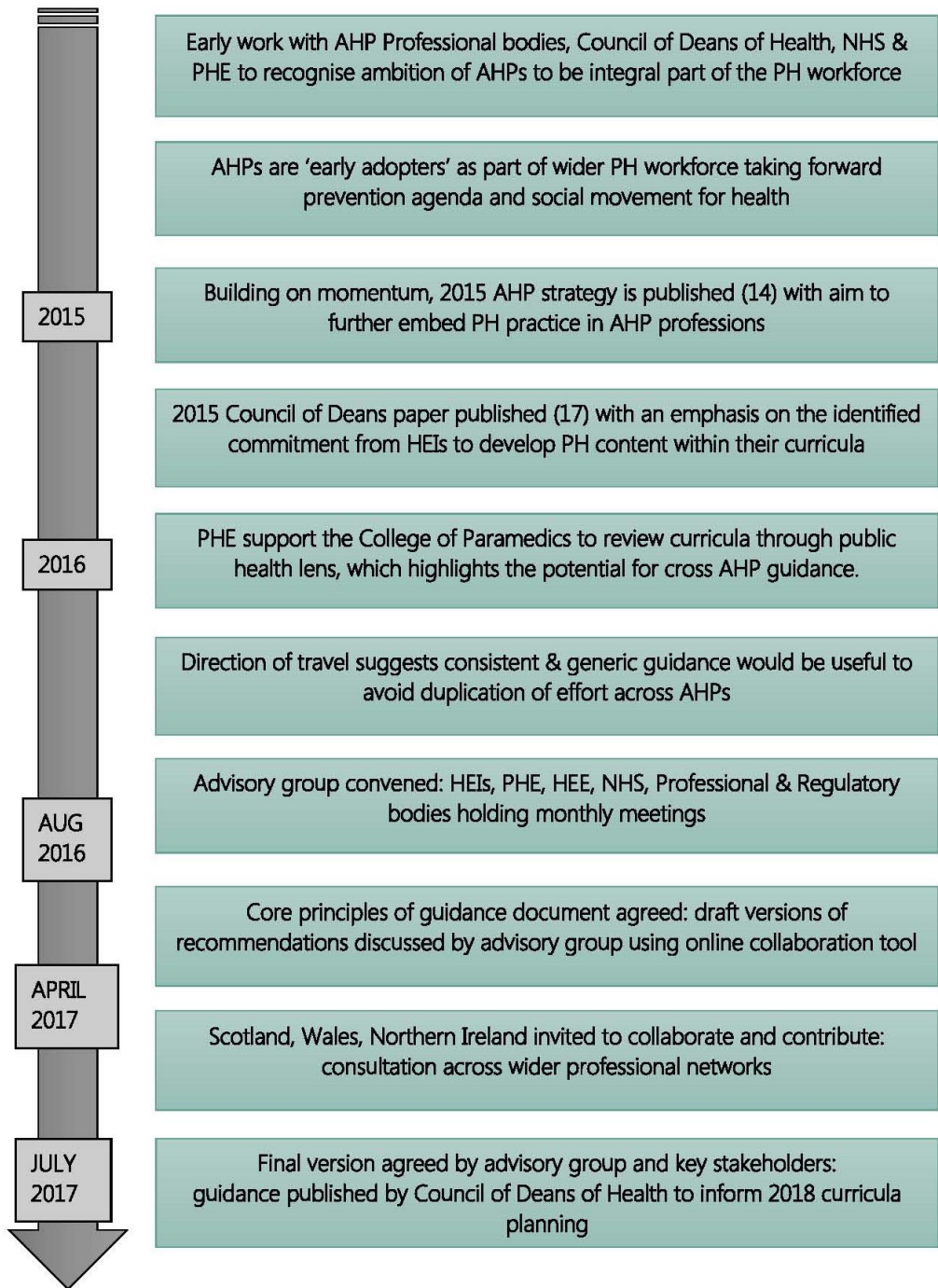
Early decisions were taken to keep the guidance as brief as possible, use a guiding rather than directive format and cross reference to work already available wherever possible.

An initial draft was created by PHE colleagues based on discussion with the advisory group. An online collaboration tool was used to gather and share feedback to further develop the paper.

Key partners have kindly commented; including relevant PHE colleagues, the Faculty of Public Health and Royal Society for Public Health.

Figure 2 provides an overview of the process and stakeholder involvement.

Figure 2: Development Timeline





## 6. Recommendations

The 2015 scoping report by Council of Deans of Health, shows clear indication that many AHP pre-registration course leaders see public health as a priority, with many already including content on prevention within their programmes, and most others planning to do so. (17).

Determining the content of pre-registration programmes is complex, involving a range of stakeholders, and there will be differing priorities, needs and processes for each professional group and in each of the four home nations.

The following recommendations therefore aim to offer generic guidance, whilst providing a framework for a best practice approach to both the mapping of current public health content, and the development of future content.

### 6.1. Recommendation 1

All AHP pre-registration courses should include prevention and public health content to enable learners to understand the contribution they can make to improving the public's health and reducing health inequalities. The [Public Health Knowledge and Skills Framework](#) provides an architecture to describe the generic activities and functions undertaken by the public health workforce, including AHPs.

### 6.2. Recommendation 2

Course designers include prevention and public health throughout curricula rather than as a stand-alone module. Prevention is integral to everything AHPs do therefore its inclusion in practice and education should be embedded rather than an additional task.

### 6.3. Recommendation 3

Curricula should aim to address the following components of public health:

- i. Understanding prevention, population health and public health data
- ii. Improving the wider determinants of health with a view to reducing health inequalities
- iii. Health improvement
- iv. Health protection
- v. Healthcare public health: delivering sustainable and effective health care services
- vi. Enabling health, wellbeing and independence
- vii. Health and wellbeing across the life-course
- viii. Place-based approaches to service of care

### 6.4. Recommendation 4

The [All our Health Framework](#) is used as a tool to inform course content development and learning outcomes for population health topics such as obesity or smoking (18)

## 6.5. Recommendation 5

Curricula and courses are structured to enable learners to develop the skills and knowledge to facilitate behaviour change using evidence based approaches such as making every contact count, motivational interviewing and supporting self-management. [The person and community centred approaches education and training framework](#) is a useful tool intended to support behaviour change conversations from prevention through to specialist practice (19)

## 6.6. Recommendation 6

Curricula and courses include evidence-based approaches and practice in relation to public health, including knowledge of critical appraisal of different approaches and their value and impact, with an emphasis on continuous improvement in relation to practice and development.

## 6.7. Recommendation 7

Interdisciplinary training opportunities are created where possible to support learners to understand a collaborative and whole system approach to prevention and population health, developing insight and leadership capability beyond their profession.

## 6.8. Recommendation 8

Opportunities to build on public health knowledge and skills are created during practice placements, e.g. by practicing approaches such as MECC (26) or undertaking health improvement projects.

## 6.9. Recommendation 9

Learners are encouraged to demonstrate leadership and act as change agents to influence learning in practice within the current workforce, advocating an approach to prevention that underpins their day to day role.

## 6.10. Recommendation 10

Professional bodies develop and provide specific guidance on the public health knowledge and skills required for their own professional context, for example radiographers may require an additional focus on radiation protection, dietitians on population health nutrition, occupational therapists on work and health.

## 6.11. Recommendation 11

Learning around prevention and population health is assessed as part of existing quality review and assessment processes.

## 6.12. Recommendation 12

In England in particular, the [HEE Public Health Quality Assurance Framework](#) is used to assess the public health content of curricula and support action planning to further embed public health and prevention. This can be used as a self-assessment tool by HEIs developing curricula and as a guiding framework for professional bodies undertaking quality assurance (20).

## 7. Frameworks and Quality Assurance

There are a number of key frameworks and toolkits that have been referenced in the development of this document. The table below highlights which are relevant in each of the 4 home nations:

Supporting document	Country applicable to			
	England	Scotland	Wales	NI
<a href="#">Allied Health Professions into Action</a> : this document describes the transformative potential and role of AHPs within the health, social and wider care system, including examples of innovative practice and a framework to help develop local delivery plans. (21)	x			
<a href="#">A strategy to develop the capacity, impact and profile of allied health professionals in public health 2015-2018</a> : this 3-year joint strategy sets out the vision for the role of AHPs in public health, including details on strategic implementation, goals and measures of success. (14)	x			
<a href="#">Allied Health Professions Education Strategy 2015-2020</a> : this strategy from NHS Education for Scotland outlines the priority education and development for AHPs over 5 years, linking to the 2020 Workforce Vision paper. (22)		x		
<a href="#">Public Health Strategic Framework for Allied Professions in Wales</a> : a framework that sets out goals for AHPs contribution and support for the Public Health agenda in Wales. (16)			x	
<a href="#">AHP Strategy 2012 -2017 – Improving Health and Wellbeing through Positive Partnerships</a> : AHP strategy for Northern Ireland. (8)				x
<a href="#">AHPs in Scotland – Active &amp; Independent Living Programme</a> : Scotland's Active and Independent Living Programme, or AILP, is a three-year Allied Health Professions-led national improvement programme, which builds on the AHP National Delivery Plan 2012-2015. (15)		x		

<p><a href="#">Public Health Skills &amp; Knowledge Framework</a>: the revised PHSKF framework describes functional areas, in which an individual, team, organisation, or professional group operates in order to deliver public health outcomes, there is also a published <a href="#">PHSKF user guide</a>. (25)</p>	x	x	x	x
<p><a href="#">Quality Assuring Health &amp; Wellbeing Content in Healthcare Education Curricula</a> The framework is a structured self-assessment benchmark and action planning tool, enabling HEIs to assess the current content of public health within their curricula and plan for future inclusion by describing a broad good practice approach to foundation level public health education. (20)</p>	x		x	x
<p><a href="#">All Our Health</a>: a framework of evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing. All Our Health is a call to action for all healthcare professionals to use their skills and relationships to maximise their impact on avoidable illness, health protection and promotion of wellbeing and resilience. (18)</p>	x	x	x	x
<p><a href="#">Making Every Contact / Communication Count</a>: MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. (26)</p>	x		x	x
<p>Further resources for MECC can be accessed via the <a href="#">e-learning for health website</a></p>	x			
<p><a href="#">Public Mental Health leadership and workforce development framework</a>: a framework to inform and influence the development of public health leadership and the workforce in relation to mental health. (27)</p>	x			

<p><a href="#">Framework to promote person centred approaches in healthcare</a> this framework is a collaboration across a wide range of stakeholders including Health Education England, Skills for Health, Skills for Care, citizen, patient and carer voice, voluntary sector organisations, Public Health England, Local Government, NHS England, Royal Colleges, the professional bodies, professional regulators and others. (19)</p>	x			
<p><a href="#">Public Health Glossary of Terminology:</a>                  Developed by Health Education England to support consistent use of terminology in relation to public health. (30)</p>	x		x	x

## 8. Other useful tools and resources

This section includes links to other work which is relevant to developing pre-registration curricula either because it sets a policy context or provides examples of work in a specific area of public health.

Making Life Better (23): is a whole system strategic framework for public health in Northern Ireland spanning 10 years from 2013-2023.

Research Briefing (24): Public Health (Wales) Bill: this Bill was presented to the Welsh Assembly in 2016 with the aim of addressing a number of Public Health concerns.

Taking Wales Forward 2016-2021 (28): a paper setting out how the Welsh Government will deliver more and better jobs through a stronger, fairer economy, improve and reform our public services, and build a united, connected and sustainable Wales.

Systems not Structures (29): a report produced by an Expert Panel, led by Professor Bengoa and tasked with considering the best configuration of Health and Social Care Services in Northern Ireland.

Health and Work Champions - promoting the health benefits of employment (31): a programme to increase the emphasis on the positive association between good work and health and wellbeing and the role of health care professionals.

Everybody active, everyday – what works, the evidence (32): a document setting out the evidence base for what works to get people active at a population-scale.

Childhood Obesity a Plan for Action (33): a plan to significantly reduce England's rate of childhood obesity within the next ten years.

Improving the health of the public by 2040 (34): a document laying out recommendations for a strategic response to complex health challenges, and opportunities to secure improvement of the public's health.

[A movement for movement resources](#) (35) to support the inclusion of physical activity into health care professional curricula.

[Health Profile for England](#) (36)- summarises and interprets current trends in health outcomes in England, in particular: life expectancy, health life expectancy, morbidity and mortality.

It explores the impact of risk factors on these health outcomes and considers how England compares with other developed countries. It summarises inequalities in outcomes and the impact of the social determinants of health.

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