Council of Deans of Health

The voice of UK university faculties for nursing, midwifery and the allied health professions

Briefing: Public health in pre-registration AHP curriculum

1. Introduction

The following briefing outlines the views of allied health educators on public health content delivery within pre-registration allied health curricula in UK Higher Education institutions. From March to August 2024, the Council of Deans of Health conducted a survey and a focus group to gather intelligence on how well public health content is embedded and whether any extra support is needed to improve provision. This briefing outlines the context behind this work, the methodology used to collect the data, and the results from the analysis of the quantitative and qualitative data. The results were used to discern themes and patterns to better understand the current level of public health provision; what has changed in the last 5 years; and which further changes are needed to ensure public health remains at the forefront of healthcare education, training, and delivery.

2. Context

In 2015, the Council of Deans of Health (CoDH) and Public Health England published a report where data was gathered to get a picture of healthcare education's appetite and a view on public health in allied health profession (AHP) curriculum. Two surveys were conducted as part of this work. One survey focussed on identifying public health learning outcomes within pre-registration AHP curricula in England. The other survey aimed to gather examples of good practice in teaching public health knowledge and skills in AHP pre-registration programmes across the UK. This was published in light of the AHP public health strategy for England that same year.

This report led to the first AHP pre-registration curricula guidance for public health published again by CoDH in 2017. This was then refreshed in 2021. The AHP Federation in collaboration with the UK nations' Chief AHP teams published a with goals to improve public health knowledge and skills. It set out 5 measures of success for these goals and plan to report on them in a similar way to their previous strategy AHP Public Health Strategy Impact Report.

In 2023, CoDH was commissioned by the Office for Health Improvement and Disparities to undertake a project following the 2021 publication of 'Guidance: Public Health Content within the Pre-Registration Curricula for Allied Health Professions'. The purpose of the project was to gain an understanding of how public health principles have been embedded into pre-registration AHP curricula, and the overall appetite for public health for learners and educators. Phase one was to distribute a public health survey

for AHP pre-registration courses aimed to assess the current level of provision of public health content. The results of the survey aimed to help determine if any additional action is required to support public health delivery. Phase two was to host a focus group to gain further insights and perspectives into how public health delivery has changed, what changes are still needed, and to share good practice in public health delivery.

3. Methodology

Drafting of the survey questions began in February 2024 with guidance from the Department of Health and Social Care Office for Health Improvement and Disparities. Once the questions were approved, the survey was created using Microsoft Forms software. Dissemination of the survey began the first week of March via the CoDH weekly bulletin and regional and nation group meetings. The target audience for dissemination were course and programme leads of pre-registration AHP education across the UK. A full list of the survey questions can be found in Appendix A.

The Health and Care Professions Council website states that there are 599 AHP courses delivered by 95 educational providers, 82 of which are members of the Council of Deans of Health. Only providers that were members of the Council of Deans of Health were included in the survey. The survey aimed to gather profession and course-specific responses and therefore suggested that course and programme leads complete the survey. The survey could be repeated multiple times for different programmes or once for multiple professions. The AHP programmes included in the survey were: Art Therapists, Chiropodists/Podiatrists, Diagnostic Radiographers, Dietitians, Drama Therapists, Occupational Therapists, Music Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Physiotherapists, Prosthetists/Orthotists, Speech & Language Therapists, and Therapeutic Radiographers.

By completing the survey, participants consented to the Council of Deans of Health holding the data provided. The data from the survey was anonymised and contact was made only to those giving consent in question 11. The rest of the data provided in the survey was not identifiable. The survey remained in circulation until the end of July. The results of the survey were then used to undertake high level analysis using Microsoft Forms and Excel to discern patterns or themes in the data.

In late August, a focus group was held with participants giving consent to discuss their answers from the survey. The focus group was held online on Microsoft Teams, and attendees were asked the following questions:

1. How do you think public health/health inequalities education for AHPs has changed over the last 5 years?
2. What do you think needs to change over the next 5 years, and what support do you need to improve your public health provision?
3. Could you share an example of good practice in public health delivery?

The purpose of the focus group was to gather qualitative data on the perceptions of public health within AHP programmes, the appetite for it, and whether any additional support is needed to improve public health delivery. Notes from the focus group can be found in Appendix B.

4. Results

4.1 Part One: Public Health Survey for AHP Pre-Registration Courses

The results of the survey represent an accurate cross-section of the Council's UK-wide membership, with responses covering all 14 AHP programmes, from all four nations and the seven regions of England. The survey comprised 11 questions aimed at assessing the current level of provision of public health content within AHP pre-registration curricula in the UK, and to help determine if any additional action is required to support public health delivery. A full list of the survey questions can be found in Appendix A. There were 128 responses in total, from 65 out of the 82 CoDH member institutions delivering allied health programmes in the UK, constituting a response rate of 79%.

4.1.1 Key findings:

- 100% of respondents claim that public health is included in their AHP programme, however 8% seeing its growing importance but are yet to reflect this in their programme.
- The most common method by which public health is incorporated into programmes is by weaving it throughout the curriculum, with 91% of respondents reporting this.
- Just 2% of respondents claim public health is delivered as an optional module, and 5% offer a dedicated public health placement.

4.1.2 Qualitative Analysis

Question 7 asked participants what support, if any, would they need to improve public health provision in their programme.

4.1.3 Key themes identified:

1. **Need for placement opportunities in public health settings**:
    - Numerous respondents emphasised the lack of public health placements and the importance of providing students with opportunities to engage in public health settings. There was particular mention in responses of requests for placement opportunities outside of the NHS, within GP surgeries, health advice clinics, and community settings.
2. **Resources and funding**:
    - Many participants indicated a need for additional resources and funding to effectively integrate public health into their curricula. Some responses provided an in-depth overview of the resources required, including faculty hiring, student scholarships, and infrastructure development. Further responses touched upon the need for dedicated funding to support these initiatives.
3. **Professional development and knowledge enhancement**:
    - A significant number of respondents expressed a desire for enhanced knowledge and professional development opportunities for staff. The need to develop staff expertise in public health and understand the key concepts that should be taught to students was emphasised.

4. **Curriculum integration and content development**:
    - Several responses focused on the challenges of integrating public health into an already crowded curriculum. Some acknowledged the difficulty of finding space in the curriculum for additional public health content without compromising other essential areas. Suggestions for high-quality e-learning materials, standardised educational materials, and specific guidance on curriculum content, were common.
5. **Collaboration and networking**:
    - Respondents noted the importance of collaboration both within and outside their institutions. The need for partnerships with public health professionals, other academic institutions, and local public health groups to share best practices and enhance curriculum delivery was highlighted.
6. **Student engagement and understanding**:
    - Several respondents highlighted challenges in getting students to see the relevance of public health in their future careers. Responses noted that students often perceive public health as less important compared to clinical skills, with suggestions to incorporate more profession-specific examples and case studies to make public health more relatable.
7. **Institutional and professional support**:
    - Some respondents pointed out the need for greater support from senior leadership and professional bodies to prioritise public health in allied health curricula. There was indication that institutional buy-in and recognition from professional bodies are essential for successfully embedding public health into their programmes.

4.1.4 Summary of survey responses:

The above survey results suggest that public health is included in all allied health programmes, with 100% of respondents confirming its presence in their curricula. However, there are still areas in need of attention. While some respondents do include public health in their programmes, the component does not reflect its growing importance. Many respondents emphasised the lack of dedicated public health placements and called for more resources to support effective integration. Challenges such as finding space in the curriculum, securing funding, and providing professional development for staff were also highlighted. To ensure public health remains a priority, there is a need for stronger institutional support, better collaboration, and more efforts to engage students in understanding its relevance to their future careers.

4.2 Part Two: Focus Group

A focus group was held on Wednesday 28 August which was attended by those who responded to the survey and consented to discussing their answers further. There were 16 attendees at the focus group, and it represented a good cross section of CoDH membership with participants from all four nations, and five out of the seven regions of England. The focus group was led by Linda Hindle, Deputy Allied Health

Professions Officer for England, who used three questions to guide the discussion. Notes from the focus group can be found in Appendix C but key themes drawn out from the discussion are outlined below.

4.2.1 Key findings:

How do you think public health/health inequalities education for AHPs has changed over the last 5 years?

- **Increased interest and collaboration**: There has been a notable increase in interest from various professions, with more conversations and collaborative efforts, especially among AHPs. This shift includes a greater emphasis on interprofessional education (IPE) and a focus on health inequalities and public health.
- **Curriculum changes**: The teaching focus has evolved from social determinants of health to include policy, activism, and interprofessional modules. Most regions have observed positive changes over the past five years, with the integration of health and social care in Northern Ireland specifically cited as enhancing the focus on public health.
- **Variability across professions**: There is significant variation in how different AHP professions address public health. For instance, occupational therapy (OT) is seen as being ahead in this area compared to more technical professions like prosthetics and orthotics.
- **Drivers of change**: Stakeholder influence, especially during the pandemic, and issues like sustainability and health inequalities have accelerated changes. Simulation and global perspectives have emphasised community-centred approaches and health across the lifespan.

What do you think needs to change over the next 5 years, and what support do you need to improve your public health provision?

- **Community-based learning**: There should be more focus on community-based learning and engagement, exposing students to diverse environments early in their education. This includes increasing opportunities for case studies, placements, and multi-professional work.
- **Integration across modules**: Public health should be integrated across all modules rather than being treated as a separate topic. This integration could involve more phenomenological research and a focus on upstream interventions.
- **Data access and literacy**: There is a need for better access to public health data and improved data literacy among students. This would help in understanding and meeting population needs.
- **Real-life application**: Public health education should be linked more closely with real-life clinical environments. This involves understanding the impact of health literacy, cultural competence, and communication barriers in practice.

Do you have any examples of good practice you can share?

- **Community engagement**: A participant highlighted working with voluntary organisations and local councils to take students into communities facing social deprivation as an extracurricular activity.

- **Integrated placements**: An example of public health and community-based placements being embedded within dietetics curricula was shared, although not all Trusts have adopted this model.
- **Mandatory engagement**: Mandatory community engagement and the development of public health interventions was recognised as an essential part of student modules.
- **Innovative projects**: A participant shared an example of an interprofessional project where students identified demographic challenges and developed interventions, while another participant mentioned an IP simulation exercise focused on health inequalities.
- **Non-traditional placements**: A contributor noted non-traditional placements in public health departments within social care for OT students, though these were limited to small numbers.
- **Leadership and emerging practices**: The use of assessments to encourage students to explore their passions and propose evidence-based solutions, and its role in preparing them to be leaders in emerging public health practices was discussed.

4.2.2 Summary of focus group responses:

The analysis of these qualitative responses reveals several key areas where healthcare academics and senior leaders in health education require additional support to enhance the public health component in their programmes. The most frequently mentioned needs include more public health placement opportunities, increased funding and resources, and professional development for staff. There is also a clear desire for collaboration and networking with public health professionals, as well as the need for curriculum integration support, particularly in making public health content relevant and engaging for students. Finally, institutional and professional backing is crucial for driving these changes and ensuring that public health is adequately embedded in allied health curricula across the UK. Targeted interventions such as funding allocation, leadership workshops, standardised public health educational materials, and strengthened partnerships with community placement providers could be instrumental in addressing these needs. Efforts to shift the mindset of both students and faculty towards recognising the importance of public health in allied health education will be key in future curriculum development.

5. Conclusion

The findings from this work highlight both the progress and challenges of integrating public health content within pre-registration allied health programmes in the UK. While all survey respondents confirm that public health is embedded within their curricula, there remains a clear need for further development in several areas. The themes of placement opportunities, funding, professional development, and curriculum integration surfaced repeatedly as areas requiring additional attention and resources. The focus group echoed these sentiments, emphasising the importance of community-based learning, real-life applications, and interprofessional collaboration to better equip students with public health competencies. Looking forward, a concerted effort to enhance public health education will require increased institutional support, partnerships with more public health settings, and more innovative approaches to both curriculum design and student engagement. Addressing these gaps can ensure that future allied health practitioners are well-prepared to meet the evolving demands of public health and contribute meaningfully to reducing population health inequalities.

References

Public Health England & the Council of Deans of Health. (2015) *Embracing the Challenge: Public Health in Allied Health Professional Pre-Registration Education*.

Council of Deans of Health. (2021) *Guidance: Public Health Content within the Pre-Registration Curricula for Allied Health Professions*.

Allied Health Professions Federation. (2019) *UK Allied Health Professions Public Health Strategic Framework 2019-2024*.

6. Appendix A: Public Health Survey for AHP Pre-Registration Courses

This quick-fire (3 minute) survey aims to assess the current level of provision of public health content within the pre-registration curricula for Allied Health Professions in the UK. The results of this survey will help to determine if any additional action is required to support public health delivery. The Council of Deans of Health has been commissioned by the Office for Health Improvement and Disparities to distribute this survey following the 2021 publication of 'Guidance: Public Health Content within the Pre-Registration Curricula for Allied Health Professions'.

Link to guidance: < http://tinyurl.com/ytxuavdv>

We are looking for profession and course-specific responses, so suggest that course and programme leads complete this survey. The survey can be repeated multiple times for different programmes, but we also welcome responses which cover multiple professions.

By completing this survey, you consent to the Council of Deans of Health holding the data provided. The data from this survey will be anonymised and we will only get in touch with those giving consent in question 11. The rest of the data provided in this survey is not identifiable and will be held for one year in order to undertake high level analysis.

Thank you for taking the time to complete this survey.

1. **Please indicate which region your university is in:**
   North East
   North West
   Yorkshire and Humber
   East Midlands
   West Midlands
   East of England
   Kent, Surrey, & Sussex (South East)
   South West
   London
   Scotland
   Wales
   Northern Ireland
   Other

2. **To help us understand the breadth of responses, please tell us the name of the institution you are responding on behalf of:**

3. **This concerns education for (tick all that apply):**
   - Art therapists
   - Chiropodists/Podiatrists

- Diagnostic radiographers
- Dietitians
- Dramatherapists
- Occupational therapists
- Music therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/Orthotists
- Speech & language therapists
- Therapeutic radiographers
- Other

4. **Which best describes the current priority you give to public health within the programme(s)?**
    - We do not consider it to be a priority compared to other aspects of the course
    - We can see its growing importance but have yet to reflect this in our course
    - We include public health within our course and plan to do more
    - We are confident that our course has a strong public health component

5. **Which of the following areas are covered in the programme(s)?**
    - Awareness of population health needs
    - Awareness of lifestyle risk factors, mental wellbeing and wider determinants of health
    - Ability to raise health risks for discussion and undertake brief interventions (including key messages for major lifestyle risk factors)
    - Understanding of behaviour change concepts and skills
    - Understanding of public health interventions specific to their profession/area of specialism
    - Recognition of the importance of prevention in health policy, strategies and care pathways

6. **How is it covered within the programme(s)? (tick all that apply)**
    - Woven through curricula
    - Mandatory module
    - Optional module
    - Woven into placements
    - Dedicated public health placement
    - Written assessment (dissertation, essay, etc)
    - Other

7. **What support, if any, would you need to improve public health provision in your programme(s)?**

8. **Are you aware of any of the following resources? (tick all that apply)**
    - Health Care Professions Council revised standards of conduct, performance and ethics <http://tinyurl.com/3zudbn3z>
    - Guidance: Public Health Content within the Pre-Registration Curricula for Allied Health Professions <http://tinyurl.com/ytxuavdv>
    - NHS England's E-learning for Healthcare platform <https://www.e-lfh.org.uk/programmes/all-our-health/>
    - The Royal Society for Public Health Allied Health Professions Hub <https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub.html>

9. **Are you aware of the 2023 publication 'Guidance: Education for sustainable healthcare within UK pre-registration curricula for allied health professions'? <http://tinyurl.com/9ret4nbr>**
    - Yes
    - No
    - Not sure

10. **Do you have any other comments?**

11. **If you would be willing to have a conversation about your responses, please provide your email address below:**

Appendix B: Notes from focus group August 2024

How do you think public health / health inequalities education for AHPs has changed over the past 5 years?

- More interest from other professions, more conversations, more desire to work together, expanded among AHPs, and perhaps shrunk around nursing.
- Teaching has shifted from focusing on social determinants to a call to action, with a focus on policy and activism, interprofessional modules across AHPs around public health, and health inequalities.
- There are consistent and good numbers in public health elective modules.
- Northern Ireland's mix of social care and health has led to more integration between health and public health.
- Anecdotal evidence is that there is not enough emphasis on public health.
- Public health is changing slowly, with a greater focus now on health inequalities, behaviour change, promotion, and population health, though elements on health protection are less strong for AHPs.
- There is huge variation across professions, but the field is moving in the right direction; for example, prosthetics and orthotists are more technical and specialist, whereas OTs are further ahead.
- Public health and inequality are great vehicles for interprofessional education (IPE), which has been a huge driver from stakeholders in the last 5 years.
- This can be reflected in how students view the content and its application to their profession in IPE modules too.
- Some universities have dedicated public health modules or mentioned that their Health and Wellbeing modules.
- Stakeholders and professional bodies have placed this higher on the agenda, accelerated by vehicles like the pandemic, sustainability, climate change, and inequality impacting different parts of the population.
- Simulation has given the opportunity to embed cases of population health and inequalities in health and to think about the people, their health status, and wider determinants.
- The curriculum as a whole has needed to take on a more global, public health flavour, with community-centred working and health across the lifespan.
- Some institutions really recognise the importance of considering diverse populations, lived experiences, cultural competence, and the voice of communities. Demographics of student cohorts affects curriculum – having more international students means taking a more global public health perspective

What do you think needs to change over the next 5 years, and what support do you need to improve your public health provision?

- There needs to be more focus on community-based learning and engagement, exposing students early on to different environments and contexts, and increasing awareness of barriers people face.
- There should be greater opportunities for students to be exposed through case studies and placements, and also to work in multi-professional teams.
- More engagement is needed directly with the community; one university has been very proactive around this, creating opportunities for public health work.
- Suggested that it is not just about placements; there should also be opportunities for more phenomenological-style research.
- There should be a focus on upstream interventions, integrating public health across other modules.
- Making publicly available data accessible to see and meet population needs is important, but there is a gap in the data available and data literacy among students.
- Expanding the remit for all clinicians to include public health is necessary; at the moment, it is just a module, but momentum is lost in clinical practice.
- There needs to be more access to placements around public health, and public health should be a criterion for all AHPs, not just linked to real-life clinical environments.
- Public health should not be a boxed-in topic; it should be everyone's responsibility, all of the time.
- A good example to use with students is the exploration of communication barriers and enablers, including health literacy and all the inequalities around this.
- All professions and all specialties can benefit from this approach.
- Many years ago, dietitians in Manchester were expected to do public engagement as part of their role, but this stopped about 15 years ago and now it is just clinical.
- Some professionals think they need to pay lip service to public health, depending on their roles (e.g., diagnostic radiographer vs. OT working in the community).
- Students need the opportunity to see public health in real-life situations.
- People who are passionate and AHPs who can show a direct relationship between what happens in the social sphere versus in the clinic and their recovery process are important.
- There is limited space in the curriculum to fit everything in, such as health economics.
- Influence is a key word; do our students/clinicians really understand their impact and sphere of influence?
- Health economics and politics are probably key areas that are neglected.

What are some examples of good practice you could share?

- A participant mentioned working with voluntary organisations, the local city council, and taking students to the community as an extracurricular activity to meet people in areas of social deprivation, homelessness, and disenfranchised individuals.
- Another participant shared that their dietetics students have started to embed public health and community-based placement experiences alongside their clinical placements. For example, students may have a public health placement where they work on a project with a charity, workplace, or educational setting for one day a week for 12 weeks. However, not all Trusts have signed up for this model.
- It was mentioned that their students have mandatory community engagement as part of their modules, developing public health interventions and addressing health disparities in a collaborative approach. They also collaborate with public health courses to integrate content into the curriculum.
- A contributor shared an embedded IP project where students were asked to identify a demographic affected by inequality, find out their challenges, environment, and census data, and come up with an innovation/intervention to address the issues; this project was not assessed.
- A participant mentioned embedding public health into an IP simulation exercise, such as a measles outbreak where a patient having a CT scan has measles, and looking at health inequalities. A virtual town was used to build case studies using population health data.
- Another participant noted that there are instances of OT students being placed in non-traditional placements within Public Health departments in Social Care, which offered great opportunities but only for a small number of students.
- A contributor emphasised using assessments as an opportunity for students to explore their passions and propose evidence-based solutions. They emphasise that this is an emerging and innovative practice and that students will be leaders in this area. This has helped bridge the experience of moving into practice where this approach is not yet widely seen.
- Another participant reflected on whether the challenges could be traced back to the lack of integration between health and social care, especially considering better integration in Northern Ireland and why social work colleagues might be further ahead. She noted that it might be easier for some AHP professions (e.g. OTs) more than others.