

Scoping and mapping education & qualifications for public health practitioners

*A report for the Faculty of Public Health
Practitioner Development Working Group*

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Introduction

1. This is a report of the first phase of a project commissioned by the Faculty of Public Health for the Practitioner Development Working Group. The remit was to scope educational provision and qualifications for practitioners in public health, and to map provision against the draft standards for practitioners and advanced practitioners for registration with the United Kingdom Public Health Register (UKPHR).
2. The report is intended to provide information about the scale and scope of current provision and to help inform decisions about the second phase of the project – development of an assessment framework for practitioners seeking registration. It describes the information we have sought, the progress we have made in mapping provision against the draft standards, and the issues that have arisen. The report was initially circulated to the Practitioner Development Working Group, amended in the light of comments and feedback received, and is now published to a wider forum. If you have any comments on the report, or you are aware of any inaccuracies in the listings of provision, please forward them to Nic Donati at the Faculty – nicdonati@fph.org.uk

Background

3. The Faculty of Public Health (FPH) is the standard-setting body for specialists in public health. It seeks to improve the health of the public through three key areas of activity: education and standards, professional affairs, and advocacy and policy. The FPH is working closely with the UKPHR to deliver a practitioner development work programme. This is intended to help secure a well-trained and regulated workforce to improve public health and reduce inequalities, and to promote implementation of the *Public Health Skills and Career Framework*¹. Through the Practitioner Development Working Group, the FPH is working in partnership with other public health stakeholder organisations to develop education, training and assessment mechanisms for public health practitioners.

UK Public Health Register

4. Draft standards have been developed for practitioners and advanced practitioners for voluntary registration on the UKPHR. The former are currently in the process of consultation. These standards comprise statements of competence – i.e. activities that a competent practitioner and advanced practitioner should be able to carry out – and statements of related knowledge. The standards are grouped in five clusters: surveillance and assessment; evidence and quality; policies and strategies; working

¹ Public Health Resource Unit & Skills for Health, April 2008, *Public Health Skills and Career Framework*, Bristol, Skills for Health and PHRU.

in partnership and leadership; ethical practice ('legal and ethical practice' at practitioner level). Thanks to the team who are developing the standards, we have been able to use the most recent practitioner and advanced practitioner drafts for this project.

Scope and limitations

5. In our review we have encountered a number of frameworks (career, pay, academic) and a variety of descriptors (standards, competence statements, learning outcomes and so on). Each has been designed to categorise and to classify, but with a particular purpose in mind. As a consequence there is a lack of commensurability. We highlight this here to emphasise the importance of citing the source in any dialogue about levels, and to make the point that mapping the content of one framework against another is not straightforward.
6. For the purposes of this project we have assumed that the standards for public health practitioners relate to roles and functions associated with level 5, and advanced practitioners with level 7, of the NHS Career Framework² and the Public Health Skills and Career Framework. As a consequence we believe the minimum level for academic qualifications that might underpin claims to practitioner registration will be level 4 of the Framework for Higher Education Qualifications³, and level 7 of the Scottish Credit and Qualifications Framework⁴, and at levels 7 and 11 respectively for advanced practitioners (see Appendix 1 for an overview of these frameworks). We have focused particularly on provision at these levels, but have also considered vocational, professional and other training. We have not attempted to provide a comprehensive catalogue but rather to build a representative picture sufficient to inform decisions about phase 2 of the project.
7. With the exception of nursing⁵ we have excluded education and training leading to registration as a regulated healthcare professional because the prime focus of pre-registration training is the care and treatment of individuals. Furthermore, education and training leading to registration as a regulated healthcare professional is approved and quality monitored against standards specified by the relevant statutory body⁶,

² Skills for Health, January 2008, *Career Framework Descriptors*, Bristol, Skills for Health.

³ Quality Assurance Agency for Higher Education, 2008, *The framework for higher education qualifications in England, Wales and Northern Ireland*, Gloucester, QAA.

⁴ See: www.scqf.org.uk.

⁵ Nursing is an exception because the Nursing and Midwifery Council is the only regulator to have a part of the register dedicated to public health (for specialist community public health nurses); because course provision is widespread and has been a significant feature of our searches; and because we understand that there are registered nurses (who are not also registered as specialist community public health nurses) working in public health roles for whom registration with the UKPHR may be appealing. It should also be noted that the General Dental Council maintains 12 lists of specialists linked to its register, one of which is for Dental Public Health.

⁶ As distinct from voluntary accreditation of education and training, and voluntary registration, such as currently applies in the case of the Nutrition Society and the UK Voluntary Register of Nutritionists respectively.

and we have assumed that the UKPHR would not wish to seek additional evidence as to standard or quality beyond that implied by the healthcare professional's registration. We acknowledge that dual registration is not a priority for the UKPHR but have considered the possibility on the grounds that some public health practitioners will have undertaken other professional training en route to the public health role underpinning their claim to registration, and that in most cases they are likely to wish to retain that professional registration irrespective of an application to the UKPHR.

8. We recognise that pre-registration education and training for many healthcare professionals does include a population and public health dimension, but we have judged that its nature and scope is unlikely to be considered sufficient on its own to justify registration as a public health practitioner. This is not to deny the importance of the additional education and training that is undertaken by many healthcare professionals after registration in order to develop their public health knowledge and competence, not least through postgraduate courses in public health.

Information search

9. We have sought information on relevant education provision across the UK, from national and regional bodies, from databases, and from individual providers (see Appendix 2 for a list of sources of information and advice). Appendix 3 shows the providers and programmes we have identified as being of relevance to this study.

Provision at associate practitioner level

10. Our review has focused particularly on provision most closely aligned with the expectations implied by the draft practitioner and advanced practitioner standards, but we recognise that some potential public health practitioner registrants may have progressed to practitioner level jobs from assistant or associate practitioner roles, and that they may have undertaken higher level vocational or other non-higher education qualifications. Our survey has, therefore, also included a brief review of qualifications falling within the National Qualifications Framework⁷, not least because these qualifications may be considered more important in the future as efforts are made to develop the public health workforce by supporting progression up the skills escalator.
11. A search of the National Database of Accredited Qualifications⁸ revealed over 500 qualifications related to 'health'. Many of these qualifications are concerned with protecting and promoting public health in the broadest sense, but only a small

⁷ Qualifications and Curriculum Authority; Qualifications, Curriculum and Assessment Authority for Wales; Council for the Curriculum, Examinations and Assessment, March 2006, *The National Qualifications Framework*. A new framework for recognising and accrediting qualifications in England, Wales and Northern Ireland is currently being implemented as part of a major reform of vocational qualifications (see Appendix 1).

⁸The database can be found at: www.accreditedqualifications.org.uk.

minority are likely to be relevant to, or to form part of, a claim for registration as a public health practitioner. Filtering by sub-selection using the term 'health promotion' returned 34 qualifications, 3 of which were at level 4. Of the 77 qualifications returned in response to 'community development', 6 are at level 4 or above. However these qualifications concern narrow fields of practice and a limited volume of learning at a level below that implied by the draft practitioner standards, an observation reinforced by colleagues in one of the awarding bodies, the Royal Society for Public Health (RSPH).

12. The RSPH is one of a number of awarding bodies cited in the database. It currently offers around 50 qualifications (including, for example, in areas such as health promotion, health improvement, emergency planning, and nutrition and health), and can, therefore, be considered representative of bodies accredited by Ofqual⁹, but of particular relevance to this review because of its expertise in public health. The RSPH confirmed our assessment that the qualifications it provides are undertaken by people who recognise the public health dimension of their work (and use the qualifications for career advancement), but who are unlikely to see themselves as public health practitioners or to occupy roles requiring the breadth of skills or depth of knowledge envisaged by the proposed public health practitioner standards. Most of the qualifications focus on circumscribed areas of practice and a limited volume of learning. Nevertheless, many of these qualifications are relevant to staff who may, in due course, progress from support or associate roles to practitioner posts.

Provision at practitioner and advanced practitioner level

13. A search of the University and Colleges Admissions Service (UCAS) database revealed 1,253 undergraduate courses under the subject heading 'health' (excluding medicine but including combined studies degrees where health is a major component). This extensive listing does not include non-health subjects – such as some of the biological, social and behavioural sciences – which could lead to a career in public health. Furthermore, we understand that it is not unusual for Arts graduates to move into public health roles and to progress to practitioner level posts, particularly in non-NHS organisations. Including potentially relevant courses from these disciplines would result in a catalogue of several thousand degrees.
14. Our attempts to refine the search were largely unsuccessful because the approach to categorisation within the database is inconsistent and the 50 sub-categories of 'health' are neither mutually exclusive nor comprehensive. For example a search for 'public health' courses generates a mix, ranging from a Foundation Degree for Health Trainers to a combined studies degree in 'American Studies and Health and Wellbeing'. More significantly the search results excluded a substantial number of courses that appear in other categories that we would have expected to have been listed under 'public health'. As a consequence we were unable to use the database to

⁹ Office of the Qualifications and Examinations Regulator.

generate a circumscribed and definitive list of public health courses for closer inspection, but we did use it to help confirm some of the inputs to our sampling frame that came from the other sources we have used.

15. The challenge of making a judgement about the extent to which particular academic awards could contribute to the preparation of public health practitioners is further compounded by the flexibility now commonplace across undergraduate provision. Combined studies degrees, modular frameworks, credit accumulation schemes, flexible pathways, and electives all have the effect of limiting the predictability of outcome of an undergraduate degree. In contrast to undergraduate courses linked to registration as a healthcare professional, where common standards must be met and core content is predictable – and also to a lesser extent where voluntary accreditation applies¹⁰ – it is extremely difficult to make generalisations about the relevance or otherwise of other undergraduate education courses. In short, each needs to be assessed on its merits.
16. While we do not know the employment destinations of graduates from the programmes listed below, the wide range of undergraduate courses that could potentially underpin a public health practitioner role is noteworthy. In addition to degrees associated with healthcare professional training, in health studies with psychology, sociology or biological sciences, and the many ‘health and social care’ derivatives, the diversity is evident from the list of degrees in:

- Applied sport and exercise psychology
- Biomedical informatics
- Children’s health
- Community health and wellbeing
- Community practice and outdoor adventure
- Community sport development
- Diet nutrition and health
- Entrepreneurship with health studies
- Environmental health
- Food nutrition and health
- Health improvement and social change
- Health informatics
- Health Trainer
- Health promotion
- Health promotion and personal training
- Health and wellbeing
- Health fitness and personal training
- Mathematics/health studies
- Nutrition and community health
- Nutrition health and lifestyles
- Physical activity, nutrition and health
- Public and environmental health
- Public health
- Public health nutrition

¹⁰ For example in the case of public health nutritionists.

Sexual health studies
Sport with community health
Sports studies – exercise and health
Women’s health
Working with children young people and families

17. During our review, we have noted a number of public health education and training activities provided by NHS organisations, including some developed by Public Health Observatories, and some by Local Authorities. Many of these are programmes that do not formally assess the learning and development of participants, nor are they accredited by an academic or other awarding body, or by a professional society. There is little doubt, however, that many of these programmes help to build the capacity and capability of the public health workforce, and fulfill a valuable role in this respect. We have not been able, in the course of this project, to identify all of the available provision of this nature, but it would seem beneficial for public health communities (through the national organisations in Northern Ireland, Scotland and Wales, and the TPHNs in England) to maintain lists of such programmes that are relevant to the registration of practitioners in their catchment areas. It appears likely that some of this provision will be cited by aspirant registrants as evidence of relevant learning but, unless the programmes are accredited in some way, each claim would have to be assessed on its merits.

Narrowing the search

18. We were helped considerably in our search for relevant programmes by information already gathered by the Teaching Public Health Networks in England, by NHS Health Scotland and NHS Education Scotland, and by the Wales Centre for Health. In each case we took the information we were given by these organisations, and sought further details of the content of samples of the programmes from the websites of individual providers. We also investigated other provider institutions directly. Appendix 3 shows the providers and programmes we have identified to date as being of relevance to this study.

19. With the wealth of potentially relevant provision, we felt a need to prioritise areas for investigation. Whilst a number of postgraduate and first degree programmes may be relevant to some aspects of the standards for registration on the UKPHR, those that we might expect to be most relevant are those that are particularly focused on public health. As a first priority area of inquiry, we focused on Masters degrees in public health.

20. Whilst Masters degrees may be expected to address knowledge and understanding needs at advanced practitioner and specialist levels¹¹, they should also address these needs at practitioner level. Many Masters degrees are available not only as

¹¹ A number are recognised as delivering formal academic input in preparation for the Member of the Faculty of Public Health Part A examination.

part-time courses of study, where they may be undertaken by practitioners in employment, but also as one-year full time programmes, where they may be undertaken by individuals immediately following on from a first degree. They may therefore be used by individuals seeking a first post in public health. Most Masters degrees also provide lesser exit qualifications of Post Graduate Diploma, and many also offer exit qualifications of Post Graduate Certificate. Some institutions also offer individual modules from these degrees.

21. We found 48 Higher Education Institutions (HEIs) across the UK providing Masters degrees with 'public health' in the title, with two more due to be offered from 2009 (see Appendix 4). The information publicly available on these degrees varies from provider to provider: in most cases a list of module titles is easily available. In some cases detailed learning objectives for modules can be easily accessed. We appreciate that this approach underestimates the number of degrees at this level that may provide a sound basis for registration as a public health practitioner/advanced practitioner. We are aware of some Masters degrees without 'public health' in the title – such as in Advancing Healthcare Practice (Open University) and Community Health (Sunderland) – which evidently have a strong public health component, and doubtless there are more examples such as these. However, within the time and resource of this phase of the project, limiting more detailed analysis to those degrees in Appendix 4 appeared a practical way to proceed.
22. In addition, 33 providers offer programmes in public health nursing that are designed to meet the Nursing and Midwifery Council (NMC) standards for specialist community public health nursing, which may be at first degree or Masters level (see Appendix 5). There are also six institutions that offer postgraduate environmental health programmes recognised by the Chartered Institute of Environmental Health (CIEH) and/or by the Royal Environmental Health Institute of Scotland (REHIS), and 12 institutions that offer first degree environmental health programmes recognised by the CIEH and/or by REHIS (see Appendix 6). There are also 14 undergraduate and 12 postgraduate programmes accredited by the Nutrition Society and 34 approved programmes and qualifications for dietitians approved by the Health Professions Council (see Appendix 7).
23. As noted above, there are numerous first degree programmes with health as their subject, many of which appear to have a public health dimension. Typically, first degree programmes are larger and longer than postgraduate courses, with many more modules, choices and pathways available. Generally it was more difficult to identify from provider websites the content of these programmes than it was for Masters degrees. Narrowing our search, we found 22 HEIs across the UK offering first degrees with 'public health' (or a particular aspect of it, such as health promotion or health protection) in the title, at BSc, BA or Foundation Degree level (see Appendix 8). This probably underestimates provision at this level, as degrees with broad titles, such as Health Studies, may contain relevant modules. At least two of

the undergraduate programmes are offered on a distance-learning basis. Several providers also offer individual modules from their degrees on a stand-alone basis. It is apparent that, in a number of these programmes, the compilation of a portfolio recording work-based activities forms a part of the assessment.

Mapping

24. The next stage of the project has been to map programmes and syllabi against the draft UKPHR standards.
25. A number of programmes across the UK are recognised by the NMC and follow its guidelines on content. We have mapped those guidelines against the competences in the standards at practitioner level. This shows that all the competences in the standards are mapped at some point by the NMC domains, principles and supporting guidance (see Appendix 5).
26. We have carried out a matching of the module titles for individual Masters and undergraduate degree programmes against the broad areas within which the competences and knowledge statements in the UKPHR standards are clustered (Appendix 9).
27. In the case of the Masters programmes, there is widespread coverage of the surveillance and assessment cluster of standards, with most programmes offering one or more modules on epidemiology. Certain aspects of the evidence and quality cluster were also matched by modules on evidence, public health management, and quality. A number of institutions offer modules in the area of policy making, relating to the cluster of standards on policies and strategies. It appears that only a small number of institutions offer modules explicitly concerned with partnership working, or with ethics – although it may be that these subjects are embedded in other modules.
28. In the case of undergraduate programmes, the coverage of surveillance and assessment appears less intense, although a number of programmes contain a module on epidemiology. The legal and ethical practice cluster is not well covered, judging by the module titles – although one course director explained that ethical issues were woven throughout the course provided in her institution. The other clusters were matched by module titles from different courses. A number of the degree courses include work-based experience.
29. We have carried out a matching of learning objectives for some individual programmes where we have obtained this level of detail about the programme (see Appendix 10 for an example). Further mapping work at this time appears impractical, while the standards are still in draft form.

30. In any mapping exercise such as this, where one framework is being matched against another, difficulties and ambiguities may arise through a number of reasons – for example, differences in the primary purpose of the frameworks, differences in emphasis, and differences in the language used. In this case, it has emerged that mapping issues also include:
- a) many of the competences in the standards concern ongoing activities in the workplace (such as reflecting on practice, working in partnerships, developing relationships, acting in ways that value others): these are rarely expressed as aims or objectives in educational provision, although educational programmes could provide the underpinning knowledge to enable individuals to meet these competences. However, some undergraduate degree programmes do contain workplace activities, and some do ask for portfolios to be developed to evidence workplace performance.
 - b) many of the competences and the related knowledge statements concern the individual being able to do something, or know something, in relation to their own area of work, or own area of practice: educational programmes more typically require a candidate to know concepts, theories, principles and examples – which should equip the individual to be able to perform or to understand something in their own area of work, but this is rarely directly assessed.
 - c) for registration, the individual is expected to be able to meet all the competences and the related knowledge statements: many of the courses we have reviewed, however, offer a range of option modules. The extent to which an individual completing a course will have covered the competences and knowledge statements will depend on the particular modules they have undertaken.

Conclusions

31. Detailed mapping of course content against each of the competences and knowledge statements in the standards is not straightforward, but we can say with a degree of confidence:
- a) most programmes are likely to cover (and to assess) aspects of knowledge, not competence itself. Successful completion of a programme, or part of a programme, may provide evidence that an individual has the required knowledge, but rarely will provide evidence of competence in practice, as set out in the standards. An exception is the ability to analyse and assess statistical data, as required in the surveillance and assessment, and the evidence and quality clusters of standards, where skills can be demonstrated and assessed in exercises and case studies. However, the inclusion in a number of undergraduate degree programmes of workplace activities, and in some programmes the inclusion of portfolio-based assessment of work activity, may enable participants to evidence competence. When the draft standards have been agreed, the range

and the level of competence which is assessed by these programmes should be examined to evaluate the extent to which participants may be able to demonstrate the competences required for registration.

- b) option modules and choices of pathways make it difficult to say exactly what has been covered by a candidate completing a programme. This appears to be particularly the case for first degrees, where there are often numerous options a candidate may undertake. In postgraduate courses, some Masters degrees appear to be mainly core modules, with choice presented only in the matter of the subject of the dissertation, whereas others offer a small core and a wide range of options. It would be necessary, therefore, to consider the modules that an individual has undertaken, rather than the whole programme. Successful completion of a module could constitute reliable evidence that an individual has met, in part or in whole, a standard or a number of standards.
 - c) the surveillance and assessment cluster of the draft standards is generally well covered by postgraduate programmes, and appears to be well covered by a number of the undergraduate programmes. From an examination of module titles, the clusters on evidence and quality, and policies and strategy, and reasonably well covered, although it is not clear whether module titles that appear to match these areas will in fact provide coverage of all the detail, particularly in the case of the evidence and quality cluster, which brings together a range of diverse contents.
 - d) the main gaps in coverage appear to be related to the cluster of standards concerning law and ethics – particularly at undergraduate level. Also, the cluster of standards concerning partnership working and leadership appears, on the whole, to be not well covered by postgraduate programmes.
32. Further work on scoping and mapping public health education that will support registration could be undertaken, at a time when the standards for registration have been agreed and finalised. If there is a demand for registration from practitioners and advanced practitioners, course teams in the universities should see a benefit in offering modules that are explicitly related to the competences and the related knowledge statements of the standards. Even where these modules do not enable participants to gain and demonstrate all the competences they need in order to achieve registration, they could provide and assess most of the required knowledge, and help individuals to establish a firm foundation for competence in the workplace.
33. Records of relevant modules and programmes could be maintained locally, where they can be publicised to members of the workforce, as happens at present with NHS Education Scotland, the Wales Centre for Health, and the Teaching Public Health Networks in England. The potential for distance learning programmes to provide national coverage, and the overlap between national borders, and between network

areas, means that the development, through aggregation, of a national record would be of benefit. The accredited programmes we have considered in this exercise are relatively stable – validation of award-bearing courses in higher education usually confers a period of 3-5 years of life – but they may be withdrawn if they do not recruit, they may be amended, and new programmes may be developed and offered more frequently. An annual updating of the record would probably be an appropriate time period.

Appendix 1: Academic and Career Frameworks

Appendix 2: Sources of information and assistance

Appendix 3: Providers and programmes

Appendix 4: Postgraduate programmes in public health

Appendix 5: Academic and professional qualifications currently in place for practitioners - nursing

Appendix 6: Academic and professional qualifications currently in place for practitioners – environmental health

Appendix 7: Academic and professional qualifications currently in place for practitioners – nutrition and dietetics

Appendix 8: Undergraduate programmes in public health

Appendix 9: Mapping module titles against the standards

Appendix 10: Example of mapping to advanced practitioner standards