Enable the design of portable public health modules e.g. where the same module can be used across a range of workforce groups and multiple programmes

A number of higher education and further education institutions offer short courses or single modules in community health, health promotion and other public health oriented subjects. Some of these institutions are now offering the City and Guild NVQ Certificate for Health Trainers, which is very much focused on health improvement. At present almost all of these short courses and modules target health practitioners. Their content could be equally applicable to wider workforce groups with a bit of tweaking.



You have recently taken on the health and social care course portfolio at a well established, but struggling, college of further education. As government funding streams have changed you not only have to increase course fees, but also find ways of attracting different types of students on to your programme. You previously worked in a public health department in a primary care trust and think that there could be good potential in re-branding some of your unit's modules as community health or public health modules targeting both statutory services and the voluntary sector. You have heard of the PHSCF, as well as the City and Guild health trainer qualification and start to analyse what content you would need to cover to attract people who make up the wider public health workforce. After some analysis and discussion with people working in local government, health trusts and the voluntary sector you decide to develop a course that targets social care assistants, teaching assistants, volunteers and volunteer managers working with vulnerable groups (homeless, travellers, house-bound elderly, people with learning disabilities, etc.)

You then decide to do an audit of your existing health and social care modules using the PHSCF to see which ones could be made into stand alone short-courses or re-bundled to create a new certificate level course, as well as to see what additional content may be needed.

Based on your audit you start discussions with your key informants in different areas of work (both employers and workforce) whether there would be any interest in bundling the four core health and social care modules together with the community health and networking modules to create a more public health oriented programme. You also wish to see whether there is any market for a stand alone community health promotion module based on the curriculum of your 'Contribute to raising awareness of health issues' module.

For further information about the PHSCF please visit:

www.phru.nhs.uk www.skillsforhealth.org.uk

Ref: PHSCF03A5





PUBLIC HEALTH SKILLS AND CAREER FRAMEWORK (PHSCF)

HOW TO USE IT: FOR EDUCATORS

How the framework can help you

Course designers, programme managers and lecturers can all make use of the public health skills and career framework in order to:

- have a consistent template to inform the content and help with assessing the public health training and CPD for practitioners and specialists
- informing formats for students to use for self-assessment
- inform the content of core training for the wider workforce groups that have roles with potential strategic and operational influence on public health
- enable the design of portable public health modules, e.g. where the same module can be used across a range of workforce groups and multiple programmes

Purpose of the Public Health Skills and Career Framework

- inform skills and career development of everyone who contributes to improving and protecting the health and wellbeing of the population
- facilitate the development of a skilled public health workforce that is fit for purpose to tackle health inequalities and deliver the national public health agenda
- provide a consistent and coherent vision across the whole of public health, value everyone's contribution and the interactions between those contributions

How you can use the framework

Have a consistent template for informing the content and assessment of public health training and CPD for practitioners and specialists

Educators can use the PHSCF to help inform the content of public health training. All public health educators focus on the knowledge practitioners and specialists need to fulfil their public health function, while some go further by assessing basic levels of skills as well. While there is no single accreditation process as yet for the full range of public health courses, the Faculty of Public Health is using the PHSCF competence areas to inform the FPH curriculum and exams. This should provide a strong incentive to educators of specialists and practitioners to also use the framework to help prepare students who might eventually be interested in taking the FPH Part A exam.

Programme Leader, Post-Graduate Public Health course, School of Health and Social Care

You have been running a post-graduate public health course for the last three years. Your students come from a cross-section of services, with most working as specialist community public health nurses (SCPHN - health visitors, school nurses, occupational nurses and, for Scotland, Family Health Nurses). Your school was recently assessed by the Quality Assurance Agency for Higher Education, where assessors showed a particular interest in public health education. The assessment recommended that the course team undertake an internal review of course content and update it to meet any new national standards that have been developed since the course's inception. While you have ensured your programme is already meeting the Nursing and Midwifery Council 2004 Standards of Practice you are keen to map these with the 2007 PHSCF. You are now embarking on this process, with a view to launching a redesigned and revalidated course in the next academic year.

The steps you decide are required include:

- Re-alignment of the course learning outcomes with the PHSCF nine core competence areas;
- Analysis of re-aligned learning outcomes to check whether they a) adequately cover core knowledge areas, and b) that they are covered at Level 7 as the minimum knowledge level required at postgraduate level;
- > Decide which knowledge areas are not being adequately covered at the moment;
- With your team, re-write the curriculum so that the more neglected knowledge areas are adequately covered.

Inform the content of core training for the wider workforce groups that have roles with potential strategic and operational influence on public health

A number of wider workforce groups have expressed interest in exploring how public health skills and competences could complement the training they already receive. Chief executives of health trusts/boards and of local councils are also prime audiences for building a greater understanding of how their organisations affects public health. There are also important groups of third sector workers who contribute to health improvement and protection, and many of these are receiving more organised training to support them in their work.

Programme Lead, BSc in Urban Planning, School of Built Environment

You have just taken over the lead of your department's BSc in Urban Planning, and have been part of the course team for a few years. You have recently read an article on the Royal Town Planning Institute about the links between public health and planning, and you are interested in considering how you might include some public health elements in your curriculum. With a bit more exploring on the internet you come across the Public Health Skills and Career Framework, and recognise that it could help you to see what your course already implicitly covers, and what else it might be feasible for you to include. Using the framework you decide that there are probably four or five public health competence areas that you are already covering, or that you could do more with. You take the following ideas to your course team for further discussion:

- Surveillance and Assessment, Level 2: you think planners need to understand issues of health inequalities, and know which agencies are responsible for assessing population health, as planning assessments need to take into account the health impacts of proposed planning applications
- Assessing the evidence, Level 3: part of being able to understand potential health impacts will be knowing where to look for health impact related evidence
- Policy and strategy development, Level 3: you realise that planners need to be aware of public health legislation and how these interact with and inform planning legislation.
- Health improvement, Levels 2/3: planners need to be aware of the main health improvement strategies, in particular those related to structural influences on health improvement (water and sanitation, community facilities and green spaces).
- Health protection, Level 1: planning decisions need to be taken on the basis that they at least do not harm health, and that they hopefully help to improve health. Planners therefore need to have an awareness of the basic hazards to health and how planning processes can help to reduce these.