



Supporting the Development of Placements for Allied Health Professionals in Public Health Settings

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Description

This example will outline a partnership between Public Health England, Health Education England, The University of Lincoln and The Royal Society for Public Health to increase opportunities for Allied Health Professions students to experience public health placements during pre-registration education.

Context

Aims and objectives:

- To explore the opportunities and barriers to increasing public health placement capacity from the perspective of students, higher education institutions, practice placement coordinators, clinical teams and potential providers of public health placements including providers in the voluntary sector
- To develop a toolkit to simplify and streamline the setting up of public health placements for AHP students
- To create a digital tool to support the matching of interested AHP students with potential placement settings

Starting point, baseline and useful data about population or demographics:

- AHP engagement in public health and prevention has increased over recent years and the [UK AHP public health strategic framework](#) sets out the commitment to do more. One of the priorities within the strategic framework is to ensure newly qualified AHPs are equipped with the skills, knowledge and attributes to embed public health and prevention into their practice and take actions to reduce health inequalities. The Council of Deans of Health [Guidance: Public Health Content within the Pre-Registration Curricula for Allied Health Professions](#) was published at the start of this journey and since then there have been efforts to increase availability and uptake of public health placements.

- The recent COVID-19 pandemic has necessitated a rapid re-imagining of practice-based learning including virtual placements. This, alongside the drive to increase overall placement capacity to meet the growing demand for Allied Health Professions, has created an opportunity to expand public-health placements.

Rationale for improvement

Expanding placement opportunities for pre-registration students in organisations such as public health teams and voluntary sector organisations will ensure the future workforce recognise and experience where they are able to contribute to improving health and reducing health inequalities.

Method

To explore the value of AHP students undertaking public health placements and the barriers currently preventing access, we conducted five focus groups for people from the following perspectives:

1. Students
2. Higher Education Institutions
3. Clinical Placement Co-Ordinators
4. Clinical Placement Teams
5. Local government, private and charitable organisations

In total 50 people took part in these focus groups, from a wide range of institutions in different parts of England and collectively representing nearly all of the fourteen AHP disciplines (music therapy and drama therapy were the two exceptions). We received four written responses to our questions by those who were unable to take part in the focus groups but wanted to inform our research. The focus group discussions were then transcribed and, together with the written responses, thematically analysed to identify commonalities in the experience of providing non-clinical placements to AHP students, as well as notable divergences.

The information from the focus groups and an advisory group for this work was used to identify key areas to be included within the toolkit. It was agreed by the advisory group that 3 toolkits would be preferable: one for potential public health placement providers, one for AHP students and one for education providers.

The focus groups were also useful to explore the requirements of the digital tool. Following this, a specification was devised to develop and pilot the digital tool.

Outcomes

The project is now at the piloting phase and will be piloted in one Health Education region with the support of the Royal Society for Public Health and one Health Education Region without the support of the Royal Society for Public Health.

There are plans for evaluation of the digital tool, evaluating the tool from the perspective of those who will be using the tool to look for a placement and those providing a placement and a number of questions applicable to both. This evaluation will inform future work on the digital tool.

We will also capture the number of increased placements provided as a result of this project and we are scoping a longitudinal study to identify the impact of public health placements from the perspective of students as they progress through their careers.

Key learning points

This project demonstrated the value of cross organisation working between Public Health England, The University of Lincoln, The Royal Society for Public Health and Health Education England. We also develop some broader key recommendations following the focus groups:

- The Health and Care Professions Council (HCPC) to review adding public health-related understandings and competencies into the standards of proficiency for the Allied Health Professions to encourage the further integration of public health into the curricula and placement offering of all AHP programmes.
- Higher Education Institutions (HEIs) to include public health-related learning outcomes in their assessment criteria for clinical placements, to enable students to view their clinical practice through a public health lens, irrespective of whether specific public health placements are available on their courses.
- HEIs to consider innovative ways of adding public health into the curricula of AHP courses where it does not yet exist, including online courses, elective accredited schemes, and public health-related activities in the community.
- HEIs should make the placement provider aware of the funding allocated in the DHSC Education and Training Tariff which contributes towards placements. The placement provider can then be contracted by HEE for this activity at the nationally mandated tariff price. Where HEIs receive this funding from HEE, they should ensure the funding to the placement provider is reflective of the national tariff price.
- HEIs to explore the possibility of virtual placements with potential providers, beyond Covid-19, to enable organisations who might otherwise struggle with some of the practical barriers to offering placements.
- Occupational Therapy Programme staff who have experience in training long-arm supervisors to share this learning with other AHP departments and professional bodies.
- Health Education England to commission further research and engagement with recruiting managers in the NHS to explore whether public health placements would present a true barrier to students finding employment in clinical settings and ways of communicating their value to employers within the NHS.
- AHP Professional bodies, Public Health England, Health Education England and HEIs to work together to raise the profile of AHPs working in public health and the contribution all AHPs make to the four domains of public health.

References

The UK Allied Health Professions Public Health Strategic Framework:

<http://www.ahpf.org.uk/files/UK%20AHP%20Public%20Health%20Strategic%20Framework%202019-2024.pdf>

Council of Deans of Health Guidance: Public Health Content within the Pre-Registration Curricula for Allied Health Professions: <https://councilofdeans.org.uk/wp-content/uploads/2017/09/Public-Health-Content-within-the-Pre-Registration-Curricula-for-Allied-Health-Professions.pdf>

Royal Society of Public Health - **Expanding public health placements to AHP students: The barriers and solutions:** <https://www.rsph.org.uk/static/0c06c3a5-8bc2-41f1-9e85438ade7c674f/Expanding-public-health-placements-to-AHP-students-report-1.pdf>