



**Expanding public health placements to AHP students:  
The barriers and solutions**



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## Introduction

There is an urgent need to increase the number of Allied Health Professionals (AHPs) in the UK. By 2024, the NHS People Plan estimates that around 27,000 more AHPs will be required, demanding a significant increase in AHP student numbers. However, a limiting factor on the number of students which Higher Education Institutions (HEIs) can admit comes from the number of clinical placements available to support them.

We regard this as an opportunity to expand the range of placements offered to AHP students into public health settings. Not only could this increase the capacity for more students to be trained into these professions, but it would also give them a better understanding of the wider determinants of health, and how their role can support health promotion and premature mortality prevention efforts. Public health is being increasingly incorporated into pre-registration education curricula, but this has yet to be adequately reflected in the pre-registration placements offered to students.

Accordingly, as part of the Clinical Placements Expansion Programme for AHPs, the Royal Society for Public Health were funded to carry out research into some of the barriers, preventing AHP students undertaking placements in public health settings, with a view to scoping out and developing solutions. This report documents our findings from the research stage of that project, and will be used to inform the design of a digital platform which the RSPH will be building to help connect placement providers with HEIs/AHP students.



## Overview of recommendations

- 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.



## Methodology

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 findings from that analysis are presented here.





## There is support for public health placements for AHP students

We were encouraged to hear several focus group participants observe that now was the right time to be investigating public health placements for Allied Health Professional students. Not only would they expand the number of placements on offer when supply for clinical placements is running especially short, as a result of the Covid-19 pandemic, but such placements were also judged to be in line with the general trajectory of healthcare in the NHS. For instance, one senior occupational therapist in a county council noted that a better understanding of the wider determinants of health and the health needs of a particular area would chime well with the aspiration to shift focus away from treatment at the point of crisis towards prevention and place-based care. Likewise, the Associate Head of Practice Learning at a university thought a better grasp of health promotion and health prevention amongst AHP students could enhance the sustainability of their care, which would be especially apt given the UK's ageing population. In a similar vein, a lecturer in Dietetics linked the development of public health placements with the 'transferable skills agenda' and indeed some of these skills, including communication, team-working, leadership, planning, adaptability and flexibility, problem-solving, and networking, were repeatedly presented by focus group participants as some of the benefits of undertaking a public health placement to AHP students.<sup>1</sup>

Focus group participants also believed that public health placements would equip students well for the expanding scope of AHPs. For instance, we heard that Operating Department Practitioners are now moving out into different settings within hospitals, like ICUs, and taking on different responsibilities, as surgical practitioners. Paramedics, we were told, are also now working in primary care and community settings as well as in ambulance care. Having a public health placement in a non-traditional setting was thus felt to be good preparation for these AHPs who have historically been more confined to specific clinical environments.



1. <https://www.healthcareers.nhs.uk/explore-roles/doctors/medical-school/transferable-skills-whilst-medical-school>

The timing of this project also felt apposite as Covid-19 had forced HEIs and placement providers to work innovatively by, for example, establishing virtual placements, and finding new ways of assessing placements, as will be discussed later. Developing public health placements would thus provide an opportunity to build on learnings from the experiences of this year.

Several participants in the HEI focus group also thought that a public health placement programme would better reflect the expanded curricula of AHP programmes. These participants felt that public health had been well integrated into the formal teaching, but that when it came to clinical placements, students were not necessarily able to identify how what they saw or their activities in that setting related to the domains of public health. Having an explicit public health placement, to these participants, would therefore help embed that theoretical learning.



## **But opportunities for these placements are limited, and the integration of public health into curricula varies across the disciplines**

Familiarity with the possibility of a public health placement was low amongst students: only three students we heard from had undertaken such a placement – for one Dietetics student at King's College London, it was an integral part of her course, undertaken by all students, while another Dietetics student at a different university had arranged a placement at a homelessness charity by herself and undertaken it during her summer holidays. The third student had had a virtual placement with Public Health England as part of her MSc in Occupational Therapy, and another student in her final year of a Nutrition Honours degree had tried to request such a placement but been unsuccessful. Students from most other disciplines told us that public health was not included on their curricula, and several clinical placement co-ordinators also agreed, highlighting this as a barrier to offering public health placements. Indeed, when asked what they understood by the term 'public health placement', some members of both groups thought that this referred to a placement done in the NHS as opposed to in a private clinic, or struggled to differentiate treating members of the public in a clinical setting from one with specific public health outcomes.





In the main, our focus group discussions with those involved in arranging and providing placements built on their experience of role-emerging placements within Occupational Therapy as these, it was observed, took place in a wide variety of settings, including those suitable for a public health placement. Resemblance was also noted with the 'Health Promotion and Prevention' clinical placements on certain Speech and Language Therapy Masters programmes. These precedents are of great value in paving the way for placements with more explicit public health learning outcomes as they have developed solutions to some of the barriers discussed below, which we would like to see rolled out across more AHP programmes.

This divergence brings home one of our findings which emerged time and again: that there is great variety not only between the Allied Health Professions the extent to which public health is embedded into their programmes and practice, but also between different universities and members of staff involved in those courses. The students from all other AHP backgrounds were unaware that public health placements existed, even though they recognised the importance of public health and the benefits such an experience could bring to them.

Radiography provides a good case-in-point of the divergence within professions on the possibility of public health placements being integrated into students' training. We heard from a Radiography student and Educational Lead that a public health placement would be unlikely to fit well in their degree, on the grounds of it being a highly clinical practice and the pressure to fit sufficient clinical hours into the course as it stands already. As the third-year student put it: "I'm a diagnostic radiography student so it's only clinical, NHS hospitals placements. We have had no mention of public health. It's not relevant. You can't take an X-ray outside a hospital." Yet, conversely, we heard from a public health consultant in a local authority, whose background was in Radiography and a Radiotherapy Advanced Practitioner for Professional Education that a public health placement for Radiography students would be beneficial in helping them better understand cancer prevention and the other resources and support available for their patients.

This variety within and across professions with respect to how far the relationship between the AHP discipline and public health is embraced, and the existence of placements in non-traditional settings, is of great significance to the outcomes of this project. It is unfortunately beyond our scope to advise on how programme designs could be changed to better facilitate public health placements. But we hope that by increasing the number of public health placements across as many AHP disciplines as possible, that we can feed into a wider cultural shift towards AHPs as a whole championing their role in contributing to public health goals. This report will touch on some steps which could be taken towards this overarching objective.



## Benefits of public health placements to AHP students

An encouraging finding from our focus group research was the unanimous view that undertaking a public health placement would be of great benefit to AHP students. Even those students who had not been clear on the meaning of ‘public health’ at the beginning of the discussion, or were doubtful of whether a public health placement would be viable within their course, could see ways in which it would enhance their own skillset and improve their patient care, and acknowledged that public health was an inescapable part of all AHPs’ work. As one Orthoptics student put it: “I think that definitely some education in public health is essential. We can’t just kind of go, ‘well, you know, you’re not interested, you don’t have to do it’. You kind of have to be interested in it, it is incredibly important.” The skills and competencies which focus group participants thought a public health placement would bring to AHP students can roughly be divided into public health-specific competencies on one hand, and transferable skills on the other.

With regards to the public health related skills and understanding, it was widely noted that a public health placement would increase students’ understanding of the four public health domains: improving the wider determinants of health; health improvement; health protection; and healthcare, public health and preventing premature mortality. Health promotion, prevention and understanding the wider determinants of health were the most frequently mentioned by participants. For instance, several participants noted that a greater familiarity with public health campaigns and messages, and certain guidelines around physical activity, for instance, could help them identify warning signs in their patients and signpost them to other services. This would enhance their ability to ‘Make Every Contact Count’, as some participants put it.

Focus group participants also related these four domains to the specific area in which students were based. For instance, a public health placement was thought to be a good opportunity to understand the health needs of a local area, explore and analyse local health data, and become more familiar with the services which exist in the locality. This ability to map the assets of a community was considered to be beneficial for referring patients on and, especially for those students who found themselves working outside the NHS (osteopaths being a clear example in this regard), developing partnerships with other organisations and stakeholders.

Understanding the wider determinants of health was raised not just as an intellectual exercise: several focus group participants described it as a ‘mindset shift’ which would inspire greater empathy amongst AHP students towards those they treated, thereby improving the quality of that treatment. For example, a Radiography student noted that understanding more about public health would help her to appreciate the wider context and causes of how alcohol addiction develops, giving her more compassion for a patient showing signs of alcohol dependency. That would in turn improve her patient care, she noted:

*“In terms of the HCPC standards of patient care, I think it could help to have more empathy with the patients and to just learn how to give the patients best care we can, to consider personal situations separately and consider that every patient is different.”*

This student also thought the opportunity to work with other professionals in different settings could also improve her patient care. She gave the example of moving a patient with bedsores, and suggested that shadowing someone who supports the elderly or bed-bound out in the community might give her insight into how to make a patient suffering with bedsores more comfortable as she moved them between scans. A placement in a community setting would also help an AHP student better identify safeguarding or welfare concerns, this student felt, noting the difficulty in recognising when an adult is vulnerable.

The care AHP students could give to a greater variety of patients would also be enhanced through a placement in a non-traditional setting. This would expose students to a greater variety of people than they might encounter in a clinical placement, and depending on the organisation with which they were based, potentially some groups usually considered ‘hard-to-reach’, with the result that they would become more culturally sensitive and better communicators. Such an experience, several participants noted, would help students have more realistic expectations about treatment goals. For instance, a Dietetics student who did a placement with CentrePoint said that working with people living in poverty meant she had a better appreciation of what food suggestions would be accessible for people on low incomes. Similarly, a dietician based at a HIV charity noted that hosting students gave them exposure to a “very hard-to-reach, very diverse community” and gave them a more realistic sense of who might be their future patients and some of the challenges they would have to overcome in treating them:

*“So, for example, I have people [service-users] who can’t read or write, and we get the students to produce information and factsheets which can be given to them. And it really does open their eyes to the clients’ needs and how information has to be accessible and the sort of patients that they’re going to be dealing with in the future if they go into the NHS. So it’s really widening their scope because what they learn at university is fairly narrow and what they see on a clinical placement is fairly narrow”.*

Similarly, the CEO of a nutrition charity serving the BAME community said that a placement in an organisation such as hers would give AHP students the cultural insight often lacking within the NHS when it came to engaging particular demographic groups.



In terms of the transferable skills which AHP students could develop in public health placements, there was a good deal of commonality across the discussions: leadership, autonomy, project planning and management skills, research, communication skills, creativity in problem-solving, and skills in developing partnerships and working collaboratively were all noted by participants from all professional perspectives. Stepping out of their comfort zone, learning to use their skills in a non-traditional setting, and engaging with people from different backgrounds had all been seen to increase students' confidence, several participants noted.

Students could also develop business skills, it was observed, by having a placement outside the NHS through several different routes. In some cases, for instance, role-emerging placements had resulted in a business case for an AHP to be employed permanently, and, more commonly, students would become more aware of the funding pressures experienced by public or not-for-profit organisations outside the NHS. But equally, one student noted, her placement with the public health team of a London Borough council had given her experience of the "business side of the NHS":

*"Now I know how the NHS works, how the CCG works and sort of the more business side of the NHS as well - what are the priorities for stakeholders and why? It was definitely very interesting to see the dynamics outside of the clinical sector, but that do affect the clinical sector."*

These business skills would develop th systems-level thinking of AHPs, and especially help those who go on to work in the private sector, as is necessary for most osteopaths.

However, there was divergence on whether these skills would make AHP students more employable. Some participants thought that having a broader perspective and experience of working with people from other professional backgrounds and other organisations would prepare them well for a future career where they may have to be more innovative, more entrepreneurial, and more creative at problem-solving, inside or outside the NHS. It would also help students to move into a public health specialism should they be inclined to do so. But, if students wished to remain in the NHS, other participants noted that employers based in acute settings valued specific sorts of placements and might see a student who had done a public health placement instead of a clinical one as less suitable. For instance, a Professional Lead in Physiotherapy commented:

*"Although we don't say now that you have to have had a 'placement' in respiratory and MSK and also in neuro, for example, we do still say you need to have 'experience' in those areas. So it's about linking the experience that they will get with what they need for employment. Because I'd hate for them to feel like they're losing out because they're maybe not getting a rotation in a more traditional setting, which then may be seen unfavourably by an employer when they go for their first newly-qualified role."*

Fears that spending time on a public health placement could actually be a disservice to students' employability feeds into one of the barriers to be discussed later in the report: student expectations. How students will view a public health placement opportunity will depend on whether it is presented as enhancing their skills and expanding their network, or as a tick-box exercise. To better explore whether this would present a true barrier to students finding employment in a clinical setting and how we can get employers in the NHS to appreciate the value of public health placements, we recommend further research and engagement with recruiting managers in the NHS.



## Benefits of public health placements to the healthcare system at large

To the extent which AHP students were able to develop their skillsets through a public health placement, not only would those in their care benefit, but so would the healthcare system at large. In this respect, two benefits in particular were highlighted: first, by creating leaders who are able to work flexibly and creatively, and second, by raising the profile of AHPs in different settings which would in turn foster multidisciplinary team-working and partnerships. Both of these were seen to feed into each other. For example, the Operational Lead for Orthotics and Occupational Therapist at an NHS Trust commented:

*“When we talk about developing leaders for the future, some of those softer skills like the ability to project-plan and work collaboratively, to think outside of the box, I think are the real key competencies that we don’t necessarily give our undergraduates. I help with the apprenticeship programme and certainly when we talk about clinical leadership, they’re often the things that our newly qualified staff are lacking in terms of those leadership skills and the confidence to take those things forward.”*

This was echoed by the Dietetic and Acute Speech and Language Therapy Manager at a hospital:

*“Thinking about our leaders for the future, we need people who have the ability to work in what we’re now looking at integrated care systems and who have that knowledge of other organisations and other bodies, and how we can work together with them. I think if we’ve got no experience of ever being in those situations or knowing what those bodies are, I think that’s not going to produce well-rounded leaders for the future, really.”*

Even in their current position, as students, it was recognised that public health placements could be a medium by which learnings could be transferred across different settings and illustrate the value of the different professions. Moreover, public health placements could present an opportunity to build stronger links between the NHS, local government, charities and other health-related groups and organisations in the community, again, creating more well-rounded care.

A first-year paramedic student recognised that by encouraging multidisciplinary working, public health placements for AHP students could improve public health intelligence:

*“I think paramedics and prehospital clinicians in general are quite well placed to see the warning signs of public health problems in the community. We don’t just go to acute emergencies. We go to a lot of exacerbations of chronic conditions. We get a lot of social problems. And there’s a lot of encouragement for paramedics now to do more ‘see and treat’ in the community and reduce avoidable conveyance to A&E. So I think it’d be really helpful for paramedic students to get some exposure to public health so that when we are leaving patients in the community, we have an idea of all the things that can be done to help improve their circumstances, beyond just safety-netting and dealing with the problem immediately in front of us.”*

This student singled out public health approaches to trauma as one way in which paramedics could be more involved in prevention efforts if they had greater understanding of how their role related to public health:

*“I think it’d be really interesting for the system if paramedics were better informed in that field so that we can feed into where problems are happening in a way that’s potentially able to prevent them. At the moment there’s not really any feedback mechanism for paramedics to say, ‘I’ve been to ten road traffic collisions with vulnerable road users on this junction’, or ‘I’ve been to eight avoidable calls in this building related to air pollution’ [...] Broader awareness of public health and a broader incorporation of public health into practice might see more focused referral routes like the one for hoarding, [whereby a paramedic can refer a patient to the fire brigade who will then conduct a home safety visit], where we’re not just referring vaguely into the void of social services, but we’re actually aware of specific services that exist and have direct access to them like we do with hoarding.”*

This student thought this could help “improve right care, right time referral.” In other words, this student was able to identify how increasing AHPs’ understanding of public health issues, and experience of working with other frontline teams and organisations, could lead to more joined-up thinking across the system and better public health responses.

This example illustrated a broader point that by being more involved in preventative efforts, and not just working at the point of crisis, AHPs could help improve health outcomes at a broader scale than they might expect to be able to if they only had placements within clinical settings. As one Senior Lecturer in Occupational Therapy articulated it, a public health placement would help students “think about their role in a much more political agenda. I think quite often when they set out, students often think about their role with individuals, but they don’t think about how powerful they can be as advocates for a wider group.”





## Benefits of public health placements to providers

In our focus group with individuals from private providers, charitable organisations and local government, we were able to hear from people who had experience of providing placements to AHP students in community settings, and to discover the benefits for them of doing so. One of the greatest positive impacts to organisations was the opportunity to have a fresh pair of eyes experience their service from the inside, which could more readily identify gaps in their delivery or in individuals' outcomes than existing employees might be able to. Students were best able to add value to an organisation when they developed an intervention to address such a gap or could dedicate time to a project which the organisation would have liked to carry out themselves but lacked the capacity to do so. For instance, the Community Connector at a day centre for adults with learning disabilities explained how the students recently placed there had improved the centre's sensory room based on recent studies on sensory integration. This had not only improved the centre's facilities but had also been a "shared learning opportunity" for the staff team.

Examples such as this contrasted with public health placements where projects were not integrated into the organisation's service delivery or did not leave a legacy. For example, an Occupational Therapist and Practice Educator at a hospital told us of a recent mixed public health placement (dividing their week between MSK and management) where students were asked to collect data on staff awareness of guidelines around physical activity and health promotion campaigns, to compare that to awareness amongst patients, and to then develop a health promotion poster. But because the project had not been designed by the team with which the students were placed, and it was not something they otherwise would have looked into, the usefulness of it was queried, especially as it took attention away from the clinical side of the mixed placement. *"It might be interesting [to have that poster], but from a staff or clinician perspective, they might be less inclined to do these public health mixed projects if they don't see a direct benefit to their service or their time".*

As alluded to in the example of the sensory room, another benefit of student placements to organisations outside the NHS was that they served as a touch-point to the latest research and teaching around best practice which those working on the ground felt they did not have time or ability to access. Accordingly, one task which three focus group participants described asking of students on placement was to do a critical appraisal of a journal article or research study or to host a 'journal club' where they presented their findings in order to share learning across an organisation. Hosting a student on placement thus provided CPD for those working most closely with them.



Just as focus group participants thought that an advantage to public health placements was the opportunity to raise the profile of their profession, those based in community organisations also thought that learning what the different AHPs could bring to their service would be a benefit of these placements. As noted above, it was observed that in some cases, the value of a particular AHP had been demonstrated so decisively that the organisation was able to make the case for employing someone from that profession on a permanent basis. More generally, we heard that it helped organisations' recruitment because when it came to hiring new staff, they were able to employ students who had previously done placements with them. In a similar vein, students who had completed a placement with an organisation might go on to volunteer further with that charity, adding to their capacity on a longer-term basis.



## Format of a public health placement

Although there was agreement across the focus groups on the benefits of AHP students conducting public health placements, there was more divergence on the shape they should take and where they should sit within AHP programmes. It was in this respect that the variety within the AHPs was most evident. Ultimately, the decision about the structure and format of a public health placement opportunity will sit with HEIs. But it is worth highlighting here, to demonstrate that a one-size-fits-all solution is unlikely to be achievable at this point in time.

In terms of the structure of existing placements, for example, it was noted that Arts Therapy students in London spend two days each week on placement alongside their learning while for most, there is a dedicated block of time, ranging from two to twelve weeks. Many focus group participants thought ideally a longer timeframe would be best for a public health placement as it would allow the different way of thinking and working to really bed in. But practically speaking, some were concerned there would not be time within the course to allocate so many hours to a non-clinical setting. Thus, for instance, an Educational Lead in Radiography thought that a one-week placement would be the maximum time that Radiography students could give to such a placement, while participants from an Orthoptics background felt that the best way to give their students exposure to public health was by integrating certain public health-related experiences into their placement in an NHS Trust.

Others also thought split or mixed placements could be a way forward – having two organisations responsible for a student could reduce the pressure on organisations new to hosting students, offer an 'anchor' to a more familiar setting for less confident students, and could encourage an iterative learning process whereby students were continually transferring what they learned in a public health setting back into clinical practice. Another way of providing students support whilst on a placement, which is often used for role-emerging placements in Occupational Therapy, was to allocate placements in pairs. It was even suggested that students from different professional backgrounds could be placed together to maximise the opportunity to learn about the roles of other AHPs, both for the students and the placement providers.





The majority of focus group participants agreed that a public health placement should be elective rather than mandatory. Although on some courses, all students can undertake a role-emerging or public health placement, most participants thought that, if elective, this option would only be open to a few students. In this case, it was suggested that those students who had done such a placement could feed back what they had learned to their peers through a Project Based Learning exercise.

As for where the placement would sit within the degree, participants from most backgrounds thought that the final year would be the most appropriate place to situate such a placement, so that students had had time to get sign-off on their clinical competencies, had built their confidence, and were in a better position to understand some of the sensitivities or conceptual thinking associated with public health. Some programmes had elective periods in their final year where students felt this could be offered as an option, and it was noted by a dietician in a HIV charity who is used to hosting Dietetics students that the farther along in the course they were, the more they brought to their time with the organisation and the easier it was to manage their placement.





## Barriers which may prevent public health organisations hosting AHP students on placement

If one benefit of AHPs undertaking public health placements is an increased awareness and recognition of what different AHPs do and the value they bring, then the flip side is that as it stands, certain organisations may not have a strong enough sense of what an AHP could bring to their organisation to think it would be an appropriate setting. Participants who had arranged placements in non-traditional settings in the past observed that organisations' reluctance often came from doubt that they were the best-placed to support a student:

*"I certainly haven't come across any resistance that has been anything other than 'we're not quite sure that we're the best people to support your students'. You know, that desire to want to give them a really good experience and not be sure that they're the best people to do that. And then often when we talk about it, we get around that."* (Head of Subject, Physiotherapy)

These kinds of discussions of course require time from the HEIs. Therefore, a resource which provides **a strong narrative and 'explainer' for HEIs to present to organisations as they seek out organisations who could be a potential placement setting** could address certain questions and concerns without direct involvement from the HEIs, or could at least open such discussions with providers which would not otherwise have considered hosting an AHP student.

In addition, providers would need to know what was required of them in order to be able to host a student, and for that student's experience with them to tie in with their learning. As one student explained, *"the placements themselves need to have knowledge of the competencies, of what we're being asked to do, our learning outcomes, and what things they need to provide for us to complete the competencies."* This is, of course, where the toolkit being developed by the University of Lincoln as part of the AHP public health placement expansion programme will add a great deal of value. **We recommend that HEIs use that toolkit as part of their engagement with potential placement providers to both manage providers' expectations and to ensure that placements offered across a variety of settings are of an equally high quality.**

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Many of the barriers which organisations thought they might encounter were practical in nature, relating to, for instance, practical space, IT equipment, or distance from a university. Others had a legal dimension, as one member of the clinical placement team observed:

*“If it's a face-to-face placement, with the student on site, the public liability insurance, the safety of students in these workplaces, confidentiality, data protection, all of these other things, the provider would have to feel assured that all these things are ticked. I think with a lot of these placements, the package would have to be offered to them almost 'oven ready' so that it makes it more appealing to them, so it's not such a drain on their resources.”*

One way of overcoming some of these practical barriers could be through offering virtual placements, which had been necessitated in some circumstances by Covid-19 but, from the perspective of the placement providers we spoke to, had been effective and were something they were considering doing in the future to open themselves up to students from a wider range of HEIs. Providing virtual placements is one way in which organisations which do not have a physical base or which are out of reach from universities offering AHP programmes can be opened up to student placements. **We recommend HEIs offer this as an option to providers who might otherwise struggle with some of the practicalities of supporting a student.**

We identified variation in the reimbursement of placements across AHP professions. For example, one placement had not received any payment for hosting an Arts Therapy student and, had they had to cover her travel expenses, then the arrangement would have come at a considerable cost to them. Therefore, to ensure that further public health placements do not drain the resources of the organisations in which they occur, **we recommend that all providers are fairly and fully reimbursed for their time managing a student.**





## Barriers which HEIs may experience in arranging public health placements

Several of the barriers which HEIs might face in arranging placements relate to the set-up of placement providers but ultimately originate in the requirements set by the HEIs themselves. Focus group participants identified that there were potential workarounds and solutions which they could implement, without the providers themselves having to change. This, we felt, was the right way in which obstacles should ideally be overcome as focus group participants agreed that hosting students on placement should not be a drain on the resources of the provider.

For instance, it was noted that one barrier might be a lack of practice educators within an organisation from the student's professional discipline who would be able to supervise the student and sign off on certain competencies. However, focus group participants from an Occupational Therapy background were familiar with long-arm supervision arrangements, whereby a student's assessment was triangulated between a HCPC-registered clinician from the same background who could sign off on profession-specific competencies and a supervisor within the organisation who could testify to their having demonstrated other skills like communication, leadership, project planning and management. We believe there is an opportunity here for **those with experience of finding and co-ordinating long-arm supervisors to share their learnings with programme leads and placement co-ordinators from AHP backgrounds where placements have previously only taken place in settings with practice educators in post.**

A related concern, noted by an AHP Clinical Facilitator and Faculty Project Lead, was a potential lack of long-arm supervisors to be able to facilitate an expansion in public health placements: "In my experience, there is even reluctance within qualified OTs to long-arm supervise (even if they did do a role emerging placement themselves)". She suggested that **HEIs could help deliver training in how to supervise in this way. We believe that alongside this, the digital solution developed as part of this project could help facilitate a three-way match: between students, placements and long-arm supervisors.**

Related to the issue of supervision was that of how public health placements would be assessed and the need to adjust marking criteria to apply to the skills which would be achieved on this kind of placement. While representatives from certain professions thought that the ways their competencies were phrased and their placement assessment forms were flexible enough to be adapted to a public health setting – including participants from physiotherapy and occupational therapy backgrounds, not all AHPs were in a similar position.

A promising development in this regard, of which two focus group participants informed us, comes from the Chartered Society for Physiotherapists (CSP), which have recently developed a new Common Placement Assessment Form (CPAF), with much broader criteria to allow students to work in different settings. Rather than only applying to patient-facing roles in clinical practice, and specifying that students should have undertaken objective or subjective assessments, it talks about ‘gathering and analysing information’, which could be applied equally to assessing a patient or to a research-based project. The CPAF not only allows for placements in diverse settings to be easily assessed, but it also standardises assessment across settings and universities, which appealed to other focus group participants from different professions. So, **we would encourage other professional bodies representing other AHPs to follow the CSP’s example** as the benefit to developing public health placements is clearly evident.

Several focus group participants noted that identifying and building relationships with placement providers took a lot of time and that those efforts could be undone when there was a change in personnel, either at the HEI or the organisation where the placement would be based. Focus group participants recognised that the arrangement depended on there being someone in place who understood the value an AHP student could bring and so the departure of such an individual from a provider organisation could threaten the longevity of the opportunity.

As well as being less stable than building relationships with clinical placement teams in the NHS, they were also comparatively more time-intensive. For while establishing such a relationship with a local hospital could yield multiple placement opportunities, the Head of Practice Learning at one university observed that, in a non-traditional setting, they might only be able to host one student at a time. Similarly, while NHS settings were well prepared to deal with the paperwork associated with hosting a student on placement, like a workplace agreement, other organisations may have to consult their legal team:

*“The processes just take a lot longer, in my experience, anyway. That’s not to say it’s not worthwhile. It absolutely is once you get that relationship, but it’s a lot of work for often a smaller number of placement opportunities.”*

We believe a **digital platform which matches HEIs with placement providers could minimise the amount of work required in sourcing and scoping out placements, and, if accompanied with resources to help potential providers understand the legal and quality assurance requirements involved in providing a public health placement**, this could enable HEIs to access a greater number of diverse placements for AHP students.

As implied here, the administrative burden of organising public health placements for AHP students was felt on both sides. We heard from several participants that it could be full-time job to handle the paperwork associated with placements if an organisation was hosting multiple students at a time and on an ongoing basis. Thus there could be a role, like a clinical placement co-ordinator, who links the NHS with organisations in the community and voluntary sector or local government to create placements and establish marking schemes. Indeed, one of our participants' role - Virtual Placements Co-Ordinator - had been created using Health Education England funding as liaising with different universities which all used different paperwork and assessment criteria had created significantly more workload. In the first instance, **we would encourage Health Education England to consider funding similar roles that would expand the number of placements in public health settings.** But in the longer term, introducing assessment forms like that developed by the CSP could reduce the need for such positions.

The comparatively small number of placement opportunities that might be opened up by exploring public health providers was also raised as a barrier for those who thought that changes to their programme design would be required to facilitate them, but for few additional placements. For instance, when we discussed the possibility of having competencies achieved across a course rather than being signed-off in each placement to add more flexibility, one participant told us that for students training to be physiotherapists and occupational therapists, for instance, "it's not about competencies per se, it's about kind of skills, and you can develop those skills in multiple settings", making it possible to have those skills signed-off in a public health placement. However,

*"with some of the other professions within our school, like paramedicine, where it is much more competency-driven, I can see some challenges there [...] I think it depends how your programme is set up and how your DMRs (Definitive Module Records) are set up. I can't see any programme wanting to rewrite the programme outcomes or go through major changes for one or two small placements. It's just not viable. You know, if there were there were lots and lots of these placements and it became apparent that you were missing out on lots of placement capacity unless you did restructure things, I think that would give a different focus. I think it really depends on what your paperwork says you have to achieve at what point and how you can flex those."*

For programmes which were more competency-focused, students, clinical placement co-ordinators and those working within HEIs were concerned about whether a public health placement would take time away from that needed for students to fulfil their clinical hours. A first-year paramedic student summarised how, despite his interest in public health and belief that it would be of great value to himself and the healthcare system at large, the time pressures within the course already might prove an insurmountable barrier:

*"Would I choose one [a public health placement] if one was available? I certainly would, but it would largely depend on how that fitted in with the sort of HCPC registration requirements and placement hours. There aren't infinite hours. We do about fifteen hundred hours of placement already. I'm really interested in public health personally, but it would really depend on how that fitted in with the outcomes I need and the skills I need to get signed off."*



As alluded to here, the most thoroughgoing solution identified by several focus group participants was to **strengthen public health within the HCPC standards**. That would **ensure public health was included in the curricula on those courses where it is not already mentioned**, and help public health placements be seen as equal in value to those in traditional settings. Having teaching about public health was identified across the board as a pre-requisite for AHP students undertaking public health placements not only so they were able to connect what they were seeing and doing to their classroom learning, and to ensure they were adding value to the organisation where they were based, but also to “build up the appetite”, as one student put it, for a placement in a public health setting. Otherwise, as several participants working in HEIs or as clinical placement coordinators observed, students’ perceptions of the placement could itself be a barrier.

*“I think our [physio] students would be a barrier because [...] sometimes physio students are quite set in their ways, and they want a very set experience of what they perceive physio to be. I think our programmes are changing to reflect the changing role of physio, but sometimes our students, unless they see that they are given, you know, an MSK placement in an acute hospital or a respiratory placement on an acute respiratory ward, unless you have the right type of student, sometimes they can be the barrier to those new type of placements. [...] Because students know there are placement shortages across the board, anything that is seen as different to what they’re used to unfortunately may be seen as ‘they’re only using these now because they can’t get the “normal” placement opportunities’ [...] I think it’s about their expectations and about how we package it to make sure that it’s not seen as a second-rate placement, which it’s not.”*

This lecturer noted one influence on students’ perceptions of these placements was the attitude of practice educators. If those members of staff felt that it was more difficult to assess public health placements, harder for students on them to score the highest marks, or that they could hold them back from certain employment opportunities in the NHS, then that would result in students feeling anxious about whether they were a good use of their time. So, as mentioned above, **how public health placements are ‘packaged’ will be crucial to the success of any digital solution**. Alongside a solution to the logistical challenges of securing these placements, we need to: **make visible the links between public health placements and students’ clinical practice; raise the profile of AHPs working in public health so that students see how their role relates to the four domains; and create a platform for students who have had public health placements to talk to their peers about their experience and assuage any concerns about their value and relevance.**

This broader, more cultural piece, will be important not only for the students' sake but also for those working within HEIs and practice educators who are less convinced of the relevance of public health to AHPs. As one Occupational Therapy lecturer explained, we need to “I do think a culture shift needs to happen out there with educators maybe who've been out there for a while [...] because they may not have that public health perspective. So the student comes in with these ideas and thoughts and they've often got to tread carefully around that.” Indeed, one Nutrition student who was interested in public health but had not been able to access a public health placement because when she raised it with the staff in the Department, they had been unable to point her to any organisations with which she might be able to get in touch. On the whole she felt “pushed into” working in a clinical setting, when she wanted the chance to explore working in public health. The digital platform matching public health placement opportunities to AHP students would be an ideal solution for such a scenario.

This barrier may well connect to the fact that, as noted at the beginning, some of the developments and changes which make considering public health placements for AHP students apposite are, by their very nature, recent. So, there will, of course, be both personnel within HEIs and students who do not appreciate the value of these placement opportunities and until there is a well-rooted culture change, some students will find themselves with tutors and lecturers who are unreceptive to their interest in doing a public health placement and, on the flipside, there will be lecturers and tutors who have to convince students that a placement outside of a clinical setting is not ‘second-rate’.

Accordingly, when it comes to expanding public health placements, we think it would be best to **begin by targeting those programmes which already have teaching on public health included in the curricula**, as it was felt by lecturers within such programmes that it was a weakness of their current programmes that while the academic learning in the course was wide-ranging, the experience which students got on placements was limited by comparison, and students struggled to relate what they saw in clinical settings to their public health learnings. In these courses in particular, a public health placement would not feel like a bolt-on but would create better integration between the theory and the practice to which students were exposed. We hope this would then gain momentum across different universities and courses as it was recognised by several focus group participants that as a greater number of placements in non-traditional settings are set up, more solutions will be found to issues such as supervision and assessment – with role-emerging placements for Occupational Therapy students being a clear example of this. Therefore, starting with courses where public health fits more readily seems the best foundation on which to build: **the learnings taken from overcoming some of these barriers discussed can then be taken by those AHP programmes who have not travelled as far in embedding the public health agenda into their practice and training.**



In the meantime, we recommend **AHP programmes which do not currently include public health do find ways of adding teaching about the four public health domains into their curricula and incorporating public health learning outcomes into their placement assessment forms**, so that even when on a clinical placement, students are helped to see their experiences through a public health lens. Indeed, this approach would fit with the desire expressed by some participants to see public health interwoven into all placements. For Programme Leads who feel there is space within the curricula, students in our focus group presented some solutions: they suggested that public health theory could be taught through an online module or as an accredited elective module, and some were even willing to do a public health placement within their summer holiday. We were impressed by students' interest to learn more about public health and its relationship to their future roles – this certainly should not be overlooked. An Occupational Therapy Lecturer also described outings and activities that could be done with students out in the community to help them embed those learnings without requiring a full placement. We would **encourage HEIs to consider all these options in consultation with their students in order to equip them with some of the skills and insights which all our focus group participants agreed experience of public health would provide to AHPs**.





## What functionalities should our digital solution have?

Based on the findings from our focus group discussions, we have identified several recommendations for HEIs and other bodies, and an opportunity for a digital matching service which could connect students with public health placement opportunities. Based on our participants' input, some of the features of such a platform which would add value include:

- A description of the learning outcomes which students could fulfil at a specific placement
- Student profiles, listing the clinical competencies they have already had signed-off
- A bank of case studies, demonstrating the different kinds of organisations which are suitable for hosting students, the value that AHP students can add, and the variety of projects which can be undertaken as part of placements
- Online resources for placement providers including for example, marking criteria, assessment forms, descriptions of each competency, and template policy documents
- The ability to match placements to long-arm supervisors
- The ability for HEIs who have access to more placements than they need to share them with other institutions