

Embedding Public Health into Paediatric Training

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A Toolkit for Paediatric Trainees and Educational Supervisors

 **RCPCH Progress+**
Paediatric training for excellence

TOOLKIT


NHS
England



This Toolkit was developed by Public Health EduQual and Health Education England in collaboration with the Royal College of Paediatrics and Child Health and the Faculty of Public Health and British Association for Child and Adolescent Public Health

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“ Paediatricians support the health and wellbeing of the population and the health and wellbeing of children with their families. The Progress + curriculum has been designed to reflect this, and recognises the strong role paediatricians have in preventing illness and promoting the well-being of babies, children and young people and their families/carers.

This comprehensive toolkit supports trainees and their supervisors to embed all aspects of health promotion into their practice, at individual baby, child, young person and family level, as well as at strategic service and population levels in whichever part of the health system they are working.”

Dr Helen Stewart, Officer for Health Improvement, Royal College of Paediatrics and Child Health Consultant in Paediatric Emergency Medicine (2023)



“ Paediatricians today have the opportunity to play a much more significant role in shaping the health of future generations by broadening the scope of their specialist practice.

This requires paying regard to not just treating the illness which is presented, but being involved in prevention and working within the wider community. When paediatricians are enabled to focus on preventing illness as well as treating it, then they will be able to make a truly positive impact on the health and wellbeing of the children they care for and the local communities they serve.”

Dr Sarah Birks, Head of School of Paediatrics, Health Education England for Kent, Surrey and Sussex (2019)

This Toolkit is designed to support paediatric trainees to develop their capabilities in Health Promotion and Illness Prevention, identified by the RCPCH Progress + curriculum Learning Outcomes mapped to GPC Domain 5.

The Toolkit was developed in response to a request for support with curriculum domain 5, Health promotion and illness prevention from trainees, educational supervisors and training programme directors. This is a revised version to align with the requirements of the [RCPCH Progress+ curriculum from August 2023](#).

The Toolkit aims to support both core and specialty trainees during their postgraduate years. It offers advice, highlights illustrative case studies and examples of good practice to assist trainees to progress through the training programme.

The Toolkit also aims to support educators (educational supervisors and training programme directors). It provides guidance in relation to trainee and supervisor interactions and provides illustrative examples of good practice

Supportive resource

This Toolkit is a supportive resource for trainees, educational supervisors and training programme directors. The content is not prescriptive or exhaustive; it is to be used as a guide to support embedding good public health principles in the everyday clinical practice of paediatricians. It complements the [RCPCCH Progress+ syllabus](#) specifically around Learning Outcomes mapped to GPC Domain 5, and may also be useful for other Learning Outcomes, in particular, those mapped to GPC Domains 2, Communication; 6, Leadership and team working; 6, Quality improvement; and 11, Research and scholarship.

Linked guidance

This Toolkit provides guidance across several key areas, which are inextricably linked to each other. They are not to be viewed as stand-alone areas and the reader is encouraged to move between each area depending on their learning needs, prior experience, areas of interest and the key capabilities that need to be evidenced.

System wide change

Training is one part of the health and care system wide changes that need to happen as part of the [NHS Long Term Plan](#) (2019) to embed prevention and a population focus right across the NHS. It is recognised that developing competence in health promotion and illness prevention during training alone will not change practice.

Whole Population Approach

The Learning Outcomes in RCPCCH Progress + encourage holistic judgement as to the trainee's overall capability and support the move away from a 'disease-based' structure to incorporate a Whole Population Approach that prioritises the needs and complexities of each individual patient.

Health Promotion & Illness Prevention



Why is it important to learn about population health in paediatrics?



“Health Promotion and Illness Prevention is key for everything. It is key for getting things right to keep children out of hospital. It is key for getting things right for stopping them staying in too long, when they need to come in. And it means that we can use the limited number of beds we’ve got more effectively.”

Dr Ravi Jayaram at Countess of Chester Hospital - explains why he thinks health promotion and illness prevention is important part of paediatric training.

[> Go to film](#)

Core Learning

Overview & Outcomes

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Core Training



Overview

Core training includes all aspects of health promotion, be that with individuals, groups or populations. Global health and sustainable medicine are at the forefront of Paediatrics. The trainee must become increasingly proficient in considering the baby, child and young person as a whole, taking into account those wider aspects of cultural, economic, social and educational perspectives, optimising opportunities to promote healthy life-style education.

Learning outcome

Promotes healthy behaviour in conversation with children, young people and their families/carers, from early years through to adulthood taking into account the potential impact of cultural, social, religious and economic factors on the physical and mental health of children and families

Key capabilities

- Recognises the potential impact but also limitations of health promotion advice.
- Applies knowledge of the factors which contribute to child health inequalities and the consequences of those inequalities in terms of disability, life expectancy and health economics.
- Anticipates contextual factors (socioeconomic, cultural, psychological) which constrain the ability to make “healthy choices”.
- Interprets the impact of environmental, economic, global and cultural contexts on health promotion and physical and mental health illness prevention.
- Interacts effectively with children, young people and their families from a broad range of socioeconomic and cultural backgrounds, appropriately using translated materials and interpreters, if required.

Example illustrations

- A two-year-old presents with anaemia. Investigations reveal dietary deficiency. The child lives with an older sister and mother who works as a part-time cleaner. The trainee takes dietary history, sensitive to social and financial context and signposts to benefits and housing and dietary advice.
- An underweight seven-year-old who recently arrived as a refugee from Afghanistan is referred for investigation. The trainee explores the child’s experience and health using a biopsychosocial model.
- A seven-year-old boy is referred for investigation of ADHD. His BMI is 29. The trainee explores in a sensitive and non-judgmental way the family’s difficulties in controlling the child’s behaviour and eating.

Specialty Learning

Overview & Outcomes

RCPCH Progress+
Paediatric training for excellence

Specialty Training



Overview

Specialty training requires the trainee to consider the promotion of health from a leadership perspective. The domain covers health promotion, prevention and public health, including global aspects.

The trainee considers these concepts from the perspective of not only the individual baby, child, young person and family but also from a strategic service and population perspective

Learning outcome

Works with the wider healthcare community, promoting wellbeing, physical and mental health to improve the health of babies, children and young people

Specialty Learning

Capabilities and Illustrations

Key capabilities

- Understand the impact of wider economic, cultural and social factors which impact on mental and physical health at a population level.
- Demonstrates leadership and understanding of the systems that enable clinicians to analyse data relating to the patients under their care.
- Utilises local, national and international health information in order to advocate for systems and policies which promote health and reduce inequalities.
- Understands contextual barriers to accessing healthcare and adapts practice to reduce these.
- Demonstrates leadership in health promotion by undertaking educational and/or quality improvement activity in this area across professional groups.
- Evaluates the way that patients and families use the health system and adapts their practice to encourage self-management and early engagement.
- Leads the process of anticipation, prevention, preparation, detection, response (contain, delay, and mitigate), communication, research and control of an epidemic in order that the population health impacts are minimised.

Example illustrations

- A 13-year-old girl presents with recurrent headaches. Neurological examination is normal. What would the trainee include in a comprehensive history that may help explain the headaches? The young person mentions they are being bullied at school and online. How would the trainee explain the headaches to her parents? What might be included in her care plan?
- A 17-year-old is found alone without identification semiconscious on the street and is brought in by ambulance. He smells of alcohol and has bruises on his face, ribs and right forearm. How would the trainee assess his clinical condition? What differential diagnoses needs to be considered?
- A trainee is reviewing a young person in clinic who has a chronic condition. The trainee takes the time to understand the young person's thoughts about their care plan, including consultation time without their parents/ carers present. The trainee discusses with the young person how they can be enabled to take a more active role in managing their own care.

What does a 'good paediatrician' look like?

Core trainee

To identify what a 'good' paediatrician looks like views of the local multi-disciplinary paediatric community were harnessed.



Paediatricians of the future are expected to be champions and the driving force behind improving the health and wellbeing of children and the communities they live in.

During [core training](#) trainees must become increasingly efficient in considering the baby, child and young person as a whole, taking into account those wider aspects of cultural, economic, social and educational perspectives, optimising opportunities to promote healthy lifestyle education. Trainees should gain skills and experience and build confidence to look beyond the presenting condition and explore opportunities to raise children's, young people's and families/carers' awareness of prevention. For example whilst diagnosing a child with asthma, a competent trainee will be able to raise the harmful effects of parental smoking.

There is also an opportunity to pay regard to other circumstances and provide information on various health and wellbeing matters by taking a [person centred approach](#) and utilise [Making Every Contact Count](#). During the same encounter the trainee may provide information about the local foodbank or Citizen's Advice Bureau if appropriate and give additional advice to maximise impact of the context.

What does a 'good paediatrician' look like?

Specialty trainee

In specialty training what we want you to do is to engage in the wider health setting. To make a difference. To demonstrate making an impact on the broader health of the population you serve. To engage outside the hospital with the wider determinants of health.

This level of training requires the trainee to consider the promotion of health from a leadership perspective. The domain covers health promotion, prevention and public health, including global aspects.

The [specialty trainee](#) considers these concepts from the perspective of not only the individual baby, child young person and family, but also from a strategic service and population perspective.

Trainees are encouraged to learn through participating in or lead in multidisciplinary projects These may involve different organisations in addition to the local hospital e.g. primary care teams, the Integrated Care Board, local authority public health, voluntary organisations.

For example undertaking a review of local mental health support available to children and young people, supervising a junior member of staff to design patient resources signposting to these, and then presenting the work at a regional quality improvement forum.

Proactive involvement in such work and developing strategic and population level thinking, multi-professional practice, multi-organisational collaboration will lead trainees towards the realm of clinical health service and system leadership. Trainees will develop leadership characteristics and enable them to lay down foundations for such future leadership roles.

Moving away from a disease based structure

Dr Max Davie, Consultant Paediatrician and RCPCH Officer for Health Promotion (2019), explains the importance of health promotion and illness prevention during training and in everyday practice.

> [Go to film](#)

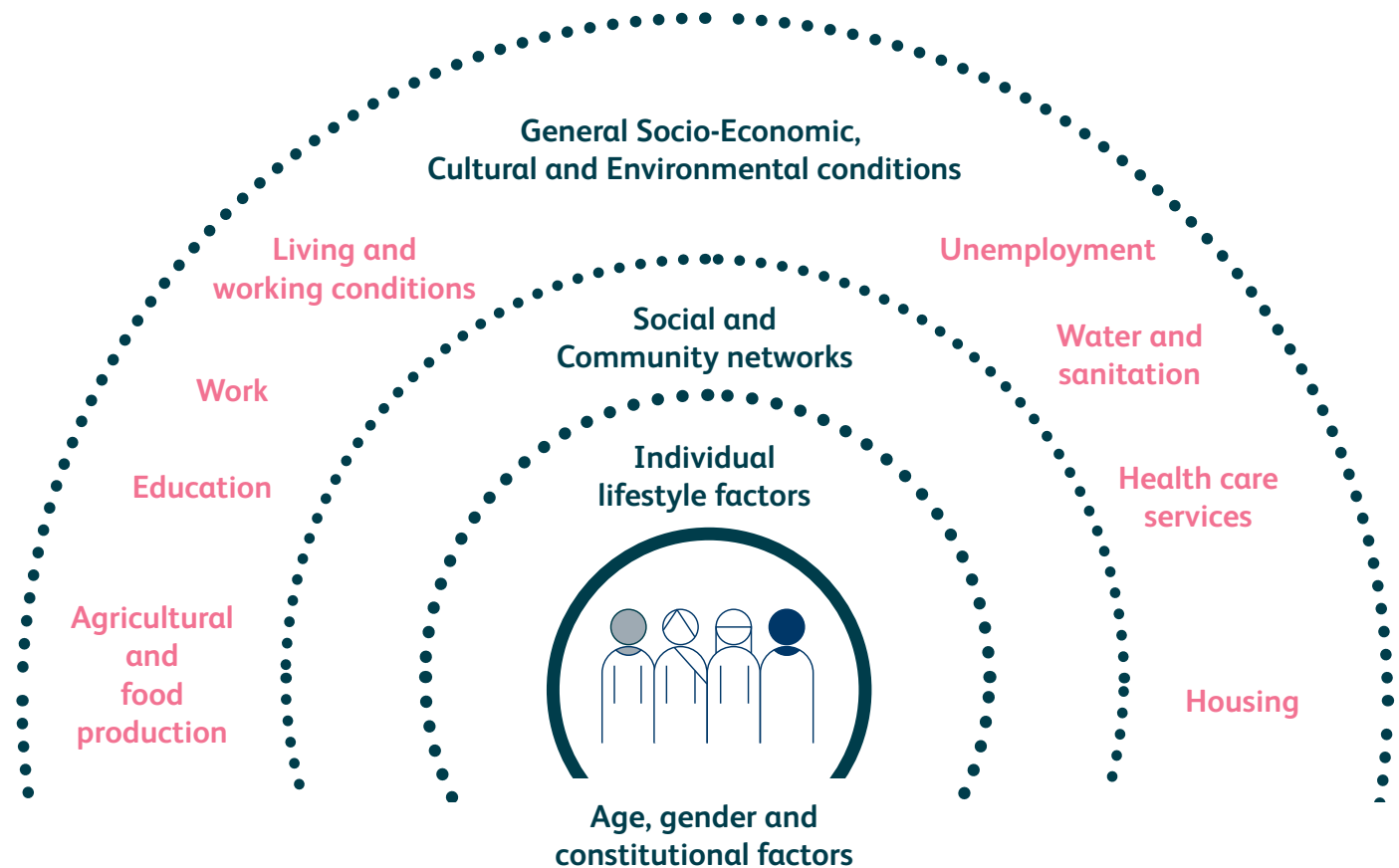


Our Health

The wider determinants of health

Our health is shaped by a range of factors. It is hard to be precise about how much each of these factors contributes to our health, but the evidence is convincing that the wider determinants of health in the outer ring have the most impact, followed by our behaviours, and the health and care system. There is also now greater recognition of the importance of the communities we live and work in, and the social networks we belong to.

Health is dependant on our genes, our behaviours, environment and health care



Dahlgren G, Whitehead M (1993). *Tackling inequalities in health*: what can we learn from what has been tried? Working paper prepared for The King's Fund International Seminar on Tackling Inequalities in Health, September 1993, Ditchley Park, Oxfordshire. London, The King's Fund, accessible in: Dahlgren G, Whitehead M. (2007) European strategies for tackling social inequities in health: Levelling up Part 2. Copenhagen: WHO Regional office for Europe: <https://apps.who.int/iris/handle/10665/107791>

Our Health

Social determinants of health

What causes heart disease? To some, the clear answer would be 'blocked arteries'. So, what, in turn, causes those arteries to become blocked? Perhaps it's the unhealthy food and drink people consume, their lack of exercise or their stress levels. And what, in turn makes them feel stressed, shapes their opportunities to be active and determines their choices about what they eat and drink?

The answers lie in the circumstances in which people are born, grow, live, work, and age: wider determinants of health (also known as social determinants). These can enable individuals and societies to flourish, or not. These are the causes of the causes.

"The social determinants of health have the strongest influence on our health and wellbeing."

[The Health Foundation](#)



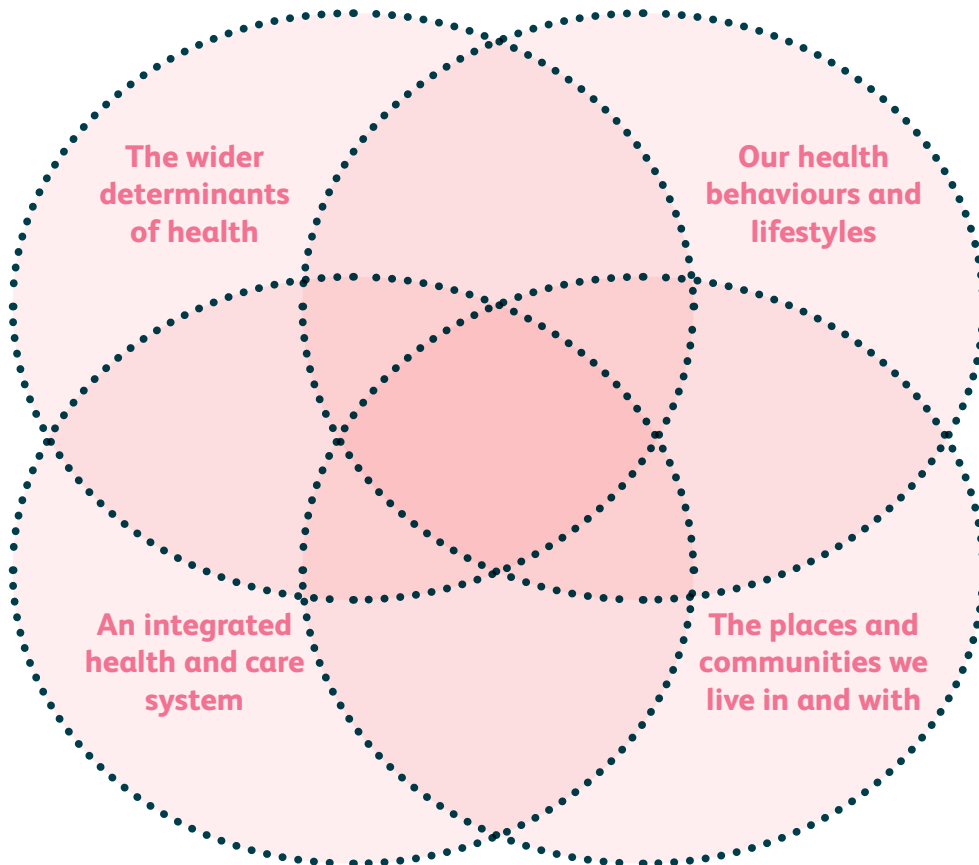
What makes us healthy Social determinants of health

> [Go to film](#)

Our Health

The four pillars of population health

A Population Health System ([Kings Fund 2018](#))



- There is now a wealth of evidence that **the wider determinants of health** are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport and leisure.
- **Our health behaviours and lifestyles** are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise.
- There is now increasing recognition of the key role that **places and communities play in our health**. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of social relationships and community networks, including on mental health.
- Recent years have seen a strong focus on developing an **integrated health and care system**. This reflects the growing number of patients with multiple long-term conditions and the need to integrate health and care services around their needs rather than within organisational silos.

Our Health

What is population health?

This helpful [animation](#) produced by the King's Fund explains what a 'population health' approach is and the role we all play in keeping our communities healthy.



A Population Health System (Kings Fund 2018)

> [Go to film](#)

Section

The Toolkit is divided into three main sections.

A

Section A

This section of the toolkit covers areas of clinical practice which paediatric trainees can explore and learn; gain experience and embed and plan future public health and preventative action.

- Assess & Identify
- Engage & Intervene
- Systems Leader

B

Section B

This section of the toolkit explores formal learning in the curriculum as well as developing new opportunities for learning; with ideas of how paediatric trainees and supervisors can co-create these during postgraduate years.

- Creating Learning Opportunities
- Taught Curriculum

C

Section C

This section of the toolkit provides additional pointers, further help guidance and valuable references during training years and beyond, for supervisors and paediatric trainees alike.

- Guidance for Educators

Reference guide

Throughout this Toolkit visual aids intend to enhance the reader's experience. They aim to enrich learning in relation to a particular topic and awake interest to read and investigate further.

In addition, to make further reading and investigation easy to access the Toolkit has links for websites [underlined in blue](#) and internal document page references are noted in **pink** where applicable.



Information

Here the reader is pointed to further information sources on a particular issue explored.



Quotes

Poignant thoughts and expressions from various sources.



Resource tools

These point the reader to web-based tools, analytical platforms and data sources that may enhance the learning experience. These may be particularly useful for practical interventions; assist project design and evaluation; needs assessment and monitoring; establishing evidence-base or as a quick reference guide.



Good practice

This showcases examples of good practice. It offers inspiration for trainees and supervisors on how new learning may be achieved and demonstrated.

Assess & Identify

Ascertain children, young people, families and populations with increased risks and modifiable health behaviours

A

- Assess & Identify
- Engage & Intervene
- System Leader



Taking a good history that goes beyond conditions and symptoms, is essential to enable you to understand how to intervene with your patient and their family.

The questions that are asked, who they are addressed to and how they are asked are all important factors in eliciting an insightful response.

Taking a history accurately and sensitively that routinely includes biological, physiological, educational and social factors in the child and family or carers is important. This will contribute to an accurate assessment of signs and symptoms of the child to aid differential diagnosis.



The Evelina London Children's Hospital have developed a [biopsychosocial assessment tool](#). This tool is part of a population health management tool and more importantly, it is suitable for early intervention. Parents, carers and young people are asked to complete it electronically before their appointment. This supports the paediatric team to have more holistic conversations with children, young people and their parents/ carers, and enables them to undertake a more comprehensive history and assessment.



“Public health- minded paediatricians are more likely to ask better questions. They are likely to take a fuller social history as a result, and signpost families to better advice and support.

Take the example of a child with asthma. A good paediatrician will consider it being their professional duty to ask about parental smoking and do something about it. A good paediatrician will be able to open up the conversation about housing security and food security and will signpost to appropriate local support.”

Dr Ingrid Wolfe, Consultant Paediatric Population Health doctor at Evelina and Chair of British Association for Child and Adolescent Public Health

Core Skills

Communication and relationship building

Good communication with children, young people, their families and carers is a fundamental skill for paediatricians.



Supporting individuals to better manage their own health and wellbeing through bespoke care, planning and support. Utilising a framework that encourages shared decision making by outlining all reasonable options and ensuring that all information is personalised and accessible is an effective way of developing these skills.

A core skills and education training framework called [Person Centred Approaches](#) gives clear examples and guidance on empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support.

Skills can be learnt and developed to help communicate, meaningfully both verbally and non-verbally, tailoring the care and advice given to suit peoples' needs.

It covers:

1. Conversations to engage with people
2. Conversations to enable and support people
3. Conversations to collaboratively manage highest complexity and significant risk

Core Skills

It's good to talk

More and more health professionals are building the prevention of ill health into their day to day practice.

Better conversations can improve patients' physical and mental wellbeing, helping people to take control of their health, avoid illness and in turn reduce pressure on our stretched NHS and social care services.

Framing things differently can build rapport with people which allows more meaningful conversations. A narrative based approach sees attentive listening, careful enquiry with the attempt to offer opportunities to change.



[Conversations inviting change](#) explains how to have a different conversation with patients.

Understanding that peoples' knowledge, attitudes and belief systems shape who they are and have an impact on their behaviours can give us insight into why health related behaviours are not always adhered to, compliance can be problematic and medical advice is not always followed.



Whilst specialist advice and treatment will always be needed for patients in specific risk groups, a really important message is that brief interventions and advice can be delivered by any health and care professional at any time. The impact of adopting a healthy conversation for health professionals can be very valuable.



Be mindful of the "health literacy" amongst the public. This is a term which is used to describe the extent to which individuals are able to use health information, make subsequent decisions and engage with health care structures and systems. Handing out a leaflet does not always suffice. Ensuring information is given in an enabling way can increase compliance. The impact of adopting [conversations inviting change](#) for health professionals can be very valuable.

Core Skills

Brief and extended interventions and advice



The NHS long term plan recognises that wider action on prevention is needed from everyone working in the NHS. All health professionals have a role to help people stay healthy.

Trainees must promote healthy behaviour in conversations with children, young people and their families/carers, from early years through to adulthood; taking into account the potential impact of cultural, social, religious and economic factors on the physical and mental health of children and families.



In England, there is a 19-year gap in healthy life expectancy between the most and least affluent areas of the country, with people in the most deprived neighbourhoods, certain ethnic minority and inclusion health groups experiencing worse health outcomes. (OHID 2022)

Every 24 hours the NHS comes into contact with more than a million people at moments in their lives that bring home the personal impact of ill health. [Very brief, brief and extended brief interventions](#) make the most of this opportunity to support individuals to make changes that will benefit their health.

Individual behaviour change

NICE recommends that all health and care staff in direct contact with the public should use very brief interventions to motivate them to change behaviours that may damage their health, and brief interventions to those whose health and wellbeing could be at risk.



“[A very brief intervention](#) can take from 30 seconds to a couple of minutes. It is mainly about giving people information, or directing them where to go for further help. It may also include other activities such as raising awareness of risks, or providing encouragement and support for change. It follows an ‘ask, advise, assist’ structure. For example, very brief advice on smoking would involve recording the person’s smoking status and advising them that stop smoking services offer effective help to quit. Then, depending on the person’s response, they may be directed to these services for additional support.”

[A brief intervention](#) involves oral discussion, negotiation or encouragement, with or without written or other support or follow-up. It may also involve [a referral for further interventions](#), directing people to other options, or more intensive support. Brief interventions can be delivered by anyone who is trained in the necessary skills and knowledge. These interventions are often carried out when the opportunity arises, typically taking no more than a few minutes for basic advice.”

(NICE PH49. Behaviour change: Individual approaches)

NICE also recommend that health and care staff should provide [an extended brief intervention to people](#) they regularly see for 30 minutes or more who are involved in risky behaviours, have a number of health problems, are at increased risk of harm or need more support to make a change. Trainees are well placed to signpost or refer on to others to provide extended brief interventions.

An individual's ability to engage, adopt and sustain a healthy lifestyle is complex.

An individual's illness or health condition can be affected by many other interconnected factors. An individual's priorities or mindset maybe in a very different place to you, as their clinician.

The biopsychosocial model of disease

My long-term health conditions are biological in origin, but the impact has been felt physically, psychologically and socially. My long-term health condition can't be treated just through the biological medical model alone



pathology / disease
symptoms / science
doctors / treatments / tests



depression / stress
guilt / anxiety
identity / tears



hobbies / family
isolation / money
career / friends / burden

Source: [The Patient Patient 2013](#)

“The medical support keeps me alive, but it is the psychological and social support that enables me to live”

Anonymous patient

Identify Issues

A progressive approach through your training will enable you to develop your own style in identifying those public health issues that you are able to intervene and confidently and competently address with your patients.



Understanding your patient in the context of population health and prevention is not always easy. The role you play as a clinician in population health and the contribution to improving health outcomes in the community starts with identifying and understanding the drivers that affect a health behaviour or condition.



[This Kings Fund animation](#) highlights the varied and complex issues impacting on the presenting health condition of different patients.

Be mindful that most of the social determinants of health lie outside the health care system. [Marmot](#) has written extensively on this.

The Office for Health Improvement and Disparities publish wider determinants of health on [Fingertips](#); Public Health Data use this tool to identify the factors affecting health in your area, and compare to similar areas, national and regional comparators.



Consider what **influences your health and your patients' health** (see page 97).

What Affects our Health?

Health inequalities

The concept of health inequalities and their causes can be difficult to convey. It is easy to focus just on behavioural risk change with patients and communities as simple messages, but there remain more complex reasons for poor health due to interconnected social, economic and structural reasons.

For paediatricians to successfully contribute to reducing health inequalities, it is necessary to have a firm grasp of the issues.



Examples of recent publications on health inequalities:

[Fair Society, Healthy Lives \(The Marmot review\) \(2010\) and the Marmot Review 10 years on \(2020\)](#)

The Covid-19 pandemic highlighted and exacerbated health inequalities as highlighted in [Build Back Fairer; The COVID-19 Marmot Review \(2020\)](#). This report makes recommendations on what needs to be done to reduce inequalities

Public Health England produced a range of guidance documents before the pandemic to inform action on reducing health inequalities. These included:

- [a place based approach](#)
- [reducing health inequalities in local areas](#)
- [reducing ethnic inequalities](#)
- [reducing health inequalities in mental illness](#)
- [reducing social isolation](#)

[The Kings Fund's Equity and endurance: how can we tackle health inequalities this time?](#) provides a good overview of health inequalities including a history of reports on health inequalities and what we can learn from previous actions

[NHS England's Core 20 Plus 5](#) is a national approach, which aims to inform action to reduce healthcare inequalities

Health inequalities are avoidable and unfair differences in health status between groups of people or communities.

It is essential all of us working in the health and care system and beyond understand and appreciate the main contributors to health inequalities and what actions we can take to reduce them.

Paediatric doctors on the ward and in the community are witnessing inequalities in health every day, when treating children and young people or advising families and carers. Understanding and identifying inequalities in health status in clinical practice is important so that appropriate action can be taken.



In 2018 to 2020, males living in the most deprived areas were living 9.7 years fewer than males living in the least deprived areas, with the gap at 7.9 years for females. Female healthy life expectancy at birth in the most deprived areas was 19.3 years fewer than in the least deprived areas in 2018 to 2020; for males it was 18.6 years fewer ([ONS 2021](#)).



The [Health Inequalities Dashboard](#) is a useful source of information on health inequalities England. Measures of inequality are provided for 19 key indicators which are being used to monitor progress on reducing inequalities within England. Inequalities are considered across a range of dimensions, including deprivation, ethnic group, sexual orientation and employment status.

These key indicators of the Health Inequalities Dashboard are drawn from the [Public Health Outcomes Framework](#) which sets out a vision for public health, that is to “improve and protect the nation’s health, and improve the health of the poorest fastest”. The framework is divided into the following domains:

Overarching indicators			
Wider determinants	Health Improvement	Health Protection	Healthcare and Premature Mortality

Adverse childhood experiences and trauma

There is robust evidence linking Adverse Childhood Experiences (ACEs) to severe negative health and social outcomes across peoples lives.

It is estimated that 50% of the population experience at least one Adverse Childhood Experiences (ACE). Experiencing one ACE increases the probability of experiencing another one.

Various comprehensive research has been undertaken on this area and is still underway. Raising the profile of ACEs locally will continue to build momentum and contribute to further awareness.



A number of reports are available representing work across the UK. [NHS Scotland report Childhood experiences in context 2019](#) and [Adverse Childhood Experiences \(ACEs\) and Trauma - gov.scot](#) Public Health Wales have published a [a suite of reports](#). The Health Foundation has a project underway called [Creating ACE informed places](#). This aims to develop stronger local partnerships to address and tackle ACEs and forge a way forward for England.



'ACEs should not be seen as someone's destiny. There is much that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life'
Scottish Adverse Childhood Experience Hub

Experiences such as physical and sexual abuse, domestic violence or parental separation can have a negative impact on a child's mental, physical health, education outcomes and future employment and involvement in crime.



[Resilience](#) is a documentary that delves into the science of and a new movement to treat and prevent toxic stress.

[NHS Scotland ACE animation](#) is an informative animation which highlights the issues surrounding ACE's in an engaging manner.

The British Psychological Society's report on [How adverse childhood experiences shape our brains | BPS](#). This gives an overview of the impact of ACEs.



Facing challenging situations during childhood is a normal part of growing up. However, some children grow up in environments and with experiences that they are unable to cope with, which can have a long lasting effect on their development, learning, health and behaviour. These resources have been developed for professionals with this in mind: [Addressing trauma and adversity](#).

Population Context

Guidance and evidence

In order to treat your patients well it is essential to establish if they fall into a high risk group so that treatment, care and advice may be tailored.

Extra help is provided by NICE in addition to other paediatric clinical decision making tools.

There are many resources available to assist with exploring patient's individual needs in the population context which will help you see the bigger picture.

Understanding that the patients you are seeing are only a proportion of the children and young people population. There may be preventative measures that could be put in place to stop more patients presenting with the same problems.

Exploring the context and understanding the need of the wider population will assist in viewing individual patients through a preventative lens.



The [National Institute of Care Excellence \(NICE\) Guidance](#) provides the latest evidence and guidance of the most up to date and effective public health interventions for children and your people.



The [child health profiles](#) can help you identify local population's health issues. Search for your Local Authority's Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy to identify local health priorities.

An extensive menu of [e-learning](#) sessions on health-related issues is continually being developed by Health Education England. These provide tailored learning opportunities for a combination of vulnerable and high risk populations, conditions and setting specific topics.

Engage & Intervene

Adopting a person-centered approach to deal confidently with influencing and enabling change

A

- Assess & Identify
- **Engage & Intervene**
- System Leader



Engage

Developing a strong person-centred foundation

Person-centred approaches and/or personalised care are the basic building blocks on which to build engagement. Engaging meaningfully with babies, children, young people and families/carers is crucial to ensuring children receive the care they need and parents are enabled to provide this.

Paediatricians will:

- **be expert communicators** with strong inter-personal skills. They will place at the heart of their practice the principle that all decisions should be made in the best interests of the baby, child, or young person in collaboration with their families/ carers (Progress +, Curriculum purpose)
- **understand** the principles of participation in decision making for children, young people and their parents in the process of improving their health.” (core, LO2)
- **engage** with children, young people and families, facilitating shared decision making (core LO6)



The [person-centred care framework](#) supports you to communicate meaningfully, tailoring the care and advice you give to suit peoples’ needs.



The BMJ has lots more information on [person-centred care](#), including what is it, what it can add to your practice and how to do it.



[Shared decision making](#) is based on the principles of patient-centred care and at the heart of the [NHS Long Term Plan](#). It ensures that people are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports children, young people and their parents to reach a decision about their treatment.



“People will forget what you said, people will forget what you did, but people will never forget how you made them feel”.

Shared Decision Making Summary guide by NHS England and NHS Improvement. February 2019.

Engage

Enhanced communication skills

The principles of person-centred care provide a strong foundation from which to develop your communication, influencing and behaviour change skills. Listening to, informing and involving Children, young people and their families/ carers in their care develops your understanding of what is meaningful and adds value to them. The following communication techniques build on this and may be useful in more complex and challenging situations.



Building on the foundations of a person-centred approach.

Progress + recognises the importance of trainees engaging in active reflective practice to support their development. Reflecting on communication as part of case-based discussions with your supervisor may help you build and refine these communication skills.



The BMJ have provided a free e-learning module on [Motivational interviewing in brief consultations](#). Motivational interviewing is an empathetic and supportive counselling style that encourages and strengthens a client's motivation for change. Research shows that motivational interviewing techniques lead to greater participation in treatment and more positive treatment outcomes.

Identify what work is going on in your area to tackle this issue including the **wider determinants (page 16)**. Is there anything you could contribute to this work? How could you engage with it?



[e-lfh](#) has a useful module which covers communication and consultation with young people. [Teen Health Talk](#) is an excellent communication tool specifically designed by GPs for consultations with teenagers. However access must be requested from [Children and Young People's Health Partnership \(CYPHP\)](#).

Intervene

Influencing behaviour change

Paediatricians must demonstrate during core training “the promotion of healthy behaviour in conversations with children, young people and their families/ carers, from early years through to adulthood; taking into account the potential impact of cultural, social, religious and economic factors on the physical and mental health of children and families.”

As a health professional, you are in a unique position to influence your patients’ health and that of their family. A child’s health is very dependent on the health of their parents, carers and wider family, and includes their health related behaviours.

Interventions to promote health behaviours can be very quick. They can take as little as 30 seconds for a very brief intervention. Evidence is developing, but shows brief interventions are effective. Despite this evidence, brief interventions do not occur as frequently as they should. Making Every Contact Count (MECC) is the first level of behaviour change that every health and care professional should be able to deliver.



MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information. Drawing on behaviour change evidence, the approach maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health and wellbeing factors.



MECC skills enable all health and care professionals to deliver the very brief interventions outlined in [NICE behaviour change guidance](#). Further information is available on the [MECC website](#).



[Online MECC training](#) is available on the e-learning for health portal. It is recommended this is supplemented with face to face learning to enable you to practice these skills.

Intervene

Consider what influences health

Considering the influences on your own health related behaviours can be a powerful learning activity. It may support you to consider the influences, children, young people and their parents have on their health behaviours and choices.



1. Pick a lifestyle factor affecting you, that can have an adverse health impact.

- Eating habits
- Physical inactivity
- Smoking
- Alcohol or other substance use
- Psycho-social factors e.g. stress

2. What influences this health behaviour? Consider the following.

- Social/ community influences
- Living and working conditions
- Socio-economic, cultural or environmental conditions

3. Consider a patient or their parent/ guardian you have seen recently.

- What lifestyle factors did you identify?
- What may have influenced their health behaviours?

Adapted from Naidoo and Wills, 2009

Intervene

Topic focus - mental health and wellbeing

Adolescence is a critical period for young people's mental health and wellbeing. Mental health problems start early in life. Half of all mental health problems have been established by the age of 14, rising to 75% by age 24.

Illustration

A 13-year-old girl is seen in the Emergency Department who is self-harming by cutting her upper thighs. Talking to her reveals she is being bullied, both online and in person. The trainee explores the impact of bullying, provides practical advice regarding online safety and signposts for further support. (Core, LO5)



Progress + has an increased emphasis in the curriculum and training to equip trainees with skills to support children and young people with mental health needs, as it is known that there is a significant mental health component to many of the presentations to child health services.

More information about how you can [promote mental health and wellbeing is available](#).

[Mental Health First Aid](#) (MHFA) teaches people how to identify, understand and help someone who may be experiencing a mental health issue.

Topic focus - mental health and wellbeing

Illustrations

The trainee notes that there has been an increase in children and young people presenting with mental health difficulties during the COVID-19 crisis and undertakes a review of locally available support for children and young people. They supervise a junior trainee in designing a patient information leaflet, signposting children and young people to these and presents the work at a regional quality improvement forum. (Specialty, LO 5)

A 15-year-old boy with a stab wound to his thigh is brought in by the police. The officers report he was found with a large quantity of drugs and does not live locally. History reveals he has spent time in and out of foster care as his mother has had a number of admissions for mental health issues. The trainee recognises the risk factors of adverse childhood experiences. (Core, LO9)



Schools and colleges have an important role to play in [promoting children and young people's emotional health and wellbeing](#) based on 8 evidence based principles.

Take into account any issues relating to [Adverse Childhood Experiences \(page 32 and 33\)](#).

[The Zero Suicide Alliance](#) is concerned with improving support for people contemplating suicide by raising awareness of and promoting free suicide prevention training which is accessible to all. The aims of this training are to: enable people to identify when someone is presenting with suicidal thoughts/behaviour, to be able to speak out in a supportive manner, and to empower them to signpost the individual to the correct services or support.

Intervene

Topic focus - weight

Excess weight is a significant health issue for children and their families. There can be serious implications for a child's physical and mental health, which can continue into adulthood.

Over 1 in 5 children are overweight or obese when they begin school, and more than 1 in 3 children by the time they leave primary school. Children living in the most deprived parts of the country are more than twice as likely to be living with obesity than those in the least deprived areas. ([OHID, 2023](#)).



Childhood obesity rates in the most deprived 10% of the population, are around twice the rates of the least deprived 10%. Find out more about [childhood obesity](#) here.

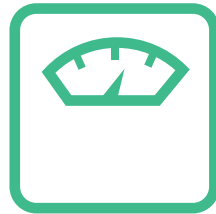
[Let's talk about weight](#) provides a [step by step guide](#) to talking about weight with children and families. Further information is available in the supporting guidance.



[More information](#) is available on weight prevalence and contextual data in your area, including trends, comparators and health inequalities. Paediatricians play a crucial role in raising awareness of excess weight and the risks of excess weight and influencing parents to take action.

Intervene

Topic focus - weight



Practice example

The emergency department of Cityscape hospital routinely weighed all children and started to interpret this for parents and patients. They showed parents where their children were on the BMI centile charts and what this meant. They offered all children with excess weight a referral to the dietitian.

There was a long waiting list for the dietitian and many children did not attend their appointment. Follow up with parents identified that since coming to ED their children's weight had stabilised so they did not need the referral. The ED intervention was enough to raise awareness of their child's weight status. Parents had made a few changes to their child's food and physical activity and felt empowered to continue with these changes without the need for further intervention.

Ideas of brief learning opportunities (up to 2 hours a day) to develop your understanding of factors influencing your patients' [food and physical activity \(page 71\)](#).

Illustration

At a follow-up clinic appointment, **a young person's parents ask for advice about healthy eating** as they are concerned that their son is already overweight and could become obese. The trainee offers advice about an appropriate diet and how to encourage healthy eating (core LO5)

In the clinic the trainee sees a young person for a history of constipation and abdominal pain. **They notice that the young person is obese.** They explain what this might mean for the young person and what help is available to support them in losing weight. The trainee agrees a plan with them and their family and makes a referral to the local weight loss clinic (specialty LO1)

Intervene

Topic focus - smoking

Smoking is one of the main causes of health inequalities in England, and children are especially vulnerable to the effects of second-hand smoke. Smoking is the single most important modifiable risk factor in pregnancy and is associated with a range of poor outcomes for their child.

Health matters has more information about smoking.



Stopping smoking is a priority in the NHS Long term plan (2019) and every healthcare professional has a role to play in rolling out the new NHS stop smoking model.

Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. As a result many young people become addicted before they fully understand the health risks associated with smoking, so all health professionals have a role to play in encouraging adult smokers to quit and prevent young people from starting.

All health professionals should be able to deliver a [Very Brief Intervention](#) (VBI) for smoking cessation. This consists of:

- ASK and record smoking status; is the patient a smoker, ex-smoker, or non-smoker?
- ADVISE on the best way of quitting; the best way of stopping smoking is with a combination of stop smoking aids and specialist support
- ACT on patient response; build confidence, give information, refer, and prescribe

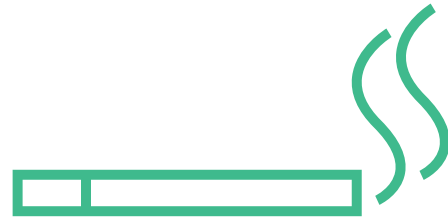
The National Centre for Smoking Cessation and Training (NCSCT) has brief training to enable all healthcare professionals to deliver a very brief intervention for smoking cessation. The training is just 5 short videos lasting from just 1 to 5½ mins.

[Further NCSCT training](#) is available on a range of topics including very brief advice for pregnant women, second hand smoke and vaping. Further advice is also available in [Stop smoking options: guidance for having conversations with patients](#)

Intervene

Topic focus - smoking

Practice example



Dr G works on NICU. She uses the time with parents to Make Every Contact Count by asking them about their smoking status; advising them of the risks of smoking to their baby, their other children themselves and future siblings; and acts by referring them on to the local stop smoking services.

Dr H audits smoking status of parents with babies on NICU and compares to [local and national data](#). She presents it at an multi-disciplinary team meeting. It is identified as a useful benchmark contributing to a maternity team priority to improve identification of smoking at time of booking and strengthen the care pathway into smoking cessation services.

Smoking remains the leading cause of preventable illness and premature death in England. Reducing smoking rates is the single biggest thing we can do to improve the nation's health as it will reduce cardiovascular disease, respiratory conditions and cancer, meaning people can live longer in better health.

Illustration

The trainee identifies that opportunities for health promotion (smoking cessation advice, vaccination promotion, highlighting current public health guidance etc.) **are being missed** when patients are admitted to the short stay unit. They undertake an audit of the proforma use and then work with the senior nursing team to develop a new admission proforma with a section that specifically addresses health promotion. They deliver a teaching session to the medical and nursing teams and then re-evaluate the proforma after a period in use (Specialty LO5)

Intervene

Topic focus - alcohol

28% of men and 15% of women consume alcoholic above the recommended maximum levels (over 14 units in the last week for both men and women). ([ONS, 2022](#)) This increases their risk of alcohol-related ill health and alcohol consumption can impact on parents and carers ability to parent.



More information is available about alcohol at [All our Health](#).

Evidence shows that [brief interventions for alcohol](#) can reduce alcohol consumption among people who are drinking at hazardous or harmful levels, although those who are dependent need referral to specialist services.



Free [alcohol intervention and brief advice training](#) is available to enable you to support parents and carers consider their alcohol consumption. More tailored resources to support young people is available at [Teenage drinking, Drinkaware](#).

[Local Alcohol Profiles for England \(LAPE\)](#) provide data on local alcohol use, the impact of alcohol and interventions to reduce the harmful impact of alcohol.

Intervene

Topic focus - immunisations

Evidence shows that parents value advice from healthcare professionals regarding vaccinations.

Illustration

A child is admitted with pneumonia.

On history taking the child has had no immunisations. The trainee explores reasons for non-immunisation, provides accurate information and facilitate further discussion, if necessary. (Core, LO5)

The Paediatric Intensivist who is managing a child with a serious infection, who will ensure that the siblings are protected through immunisation. (*Specialty, page 14*)

Paediatricians need the appropriate knowledge and confidence in immunisation policy and procedures, to enable them to able to confidently, competently and effectively promote vaccinations.



Information about childhood immunisations, including the immunisation schedule is available in the [Green book](#)



It is important that all professionals opportunistically promote uptake of vaccinations, using the [Making Every Contact Count](#) (MECC) guidelines:

- ASK “Are you / your child up to date with your immunisations?”
- ADVISE Keeping up to date with your immunisations is a quick, safe way of protecting you, your family and your friends from serious diseases.
- Immunisations are available to protect against a wide variety of serious illnesses in children and adults including measles, flu, whooping cough, cervical cancer and meningitis.
- ACT Deliver the vaccine or signpost to GP surgery.



Comprehensive information and guidance is covered in the [immunisation e-learning programme](#).



“The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccines”
(World Health Organisation)

Intervene

Topic focus – oral health

Is this still a link

Almost a quarter of 5 year olds have dental decay and there are significant health inequalities with respect to oral health. Children from the most deprived Areas of the country are almost 3 times as likely to have dental decay as those living in the least deprived areas.

Illustration

A four-year-old is admitted with croup. Examination reveals dental caries. The trainee explores reasons for poor dental hygiene and helps the family to access dental services. (core LO5)

Poor oral health impacts on children, young people and families/ carers. It affects children's ability to eat, smile and socialise and causes pain and infection with days missed at school, and parents' work, to attend a dental service to receive care. Dental decay is largely a preventable disease.



[Key oral health information and messages](#) are available via the [All our Health website](#).



[The oral health module](#) of the RCPCH Healthy Child Programme gives an overview of child oral health, including key evidence, data and signposting to trusted resources to help prevent illness, protect health and promote wellbeing.



Dr B is shocked at the number of children he sees on the day ward, admitted for dental extractions for tooth decay. He works with colleagues on the ward to:

- reduce the availability of sugary food and drinks on the ward, promoting water, milk and non-sugary snacks as healthier options.
- ensure information is available on the ward promoting the 3 key oral health messages: reduce frequency of sugary food, regular tooth brushing with fluoride toothpaste and visit your dentist.

Intervene

Disability aware

Under the [Equality Act 2010](#), organisations have a legal duty to make changes in their approach or provision to ensure that services are as accessible to people with disabilities as they are for everybody else. These changes are called **reasonable adjustments**.

Illustration

A seven-year-old boy with a background of **non-verbal autism** is brought to the Emergency Department by his foster carer as he appears to have injured his foot. He is very worked up and anxious and becomes more and more agitated, refusing examination. The trainee finds out from the foster carer what he likes and what tends to help him relax and then uses play strategies to help calm him down so that he can be examined with as little distress as possible. (Core, LO2)



Reasonable adjustments not only mean physical alterations such as wide doors and ramps but also ensuring that services work equally well for people with physical or sensory disabilities, learning disabilities or 'hidden' disabilities. Adjustments may include longer appointments, providing easy read materials or communications via a carer. It may also be adjustments in how you communicate to the child, young person, family or carer.



This legal duty is anticipatory which means a service should know about a patient's need for adjustments when the patient is referred or presents for care. For this to happen, adjustments need to be recorded and shared across the NHS.



Detailed guidance on reasonable adjustments for people with a learning disability on a range of topics covering constipation, obesity and substance misuse can be found on the [government's reasonable adjustments for people with a learning disability](#) webpage.

A useful insight into neurodiversity by [Neurodiversity - The Donaldson Trust](#) can act as a helpful aid for highlighting areas of practice and communication styles that enables better understanding and communication when working with neurodiverse children, young people and families/carers..

System Leader

Developing your leadership role in the wider healthcare system.

A

- Assess & Identify
- Engage & Intervene
- System Leader



One way of understanding system leadership is that of working beyond organisational boundaries, on challenges of mutual concern that cannot be solved by any one person or institution. The system is no longer focused on operating as sole organisations and calls for a collaborative approach across a variety of new boundaries.

The paediatric doctors of tomorrow are being encouraged to think and work differently. Addressing complex public health issues at a population level require well-developed system leadership skills.

The complexity of the challenges that exist within the system are varied and do not stand still. Therefore the 'ask' of leaders across the health and care system is to embody future-focused and inclusive leadership qualities.



[Leading across the health and social care system](#) provides insight into experiences of successful system leadership across the country, written by the Kings Fund.

In line with the Whole Population Approach, trainees are particularly encouraged to utilise opportunities for working in an integrated fashion. Paediatricians need to lead and work in multi-disciplinary teams (MDTs) and with colleagues from a wide range of professional groups in a variety of hospital settings, primary care and in the community, for example in social care, schools and the voluntary sector. The composition of these teams will vary according to the needs of the baby, child, young person and family/carer.

A range of materials are available to enable clinicians to develop into leaders of their teams, organisations and beyond.



Here are some useful links.

[Healthcare Leadership Model - NHS Leadership Academy](#)

The Healthcare Leadership Model will help you to become a better leader in your day-to-day role. The model is made up of nine leadership dimensions, which you can explore in your own time, at your own pace. You'll find brief descriptions of each dimension – why it is important and 'what it is not' – so that you can fully understand it in relation to your role.



[Healthcare leadership model self-assessment tool - NHS](#)

A self-assessment tool to support the Healthcare Leadership Model has been developed and has a greater focus on helping individuals to assess their leadership behaviours and more fully understand their leadership development.



Two Paediatric consultants talk about their experiences and thoughts of domain 5 and the important role of population health leadership in paediatrics.

[Watch videoclip by Dr Max Davie](#)

[Watch videoclip Dr Ravi Jayaram](#)

It can be useful to think around these three practical areas when looking how best to develop a trainees skills in becoming a population health system leader in the 21st century.

All paediatric trainees should engage in the wider health setting of their practice, in order to successfully impact on the broader health of the population they serve.

For this to happen, in addition to developing a good understanding of the wider determinants of health, paediatricians of the future need to develop new working relationships with partners outside the hospital walls. Effort is needed to engage with, and influence those new partners and organisations who impact on the wider determinants of health. Paediatricians of the future will be in a prime position to champion and lead system wide change where prevention can be prioritised in addition to cure.

The 3 areas to consider are:

Facilitate culture change (page 54)

Forge partnerships (page 55)

Find out about strategies and policies (page 56)



“Helping people see the larger system is essential to building a shared understanding of complex problems. This understanding enables collaborating organisations to jointly develop solutions not evident to any of them individually and to work together for the health of the whole system rather than just pursue symptomatic fixes to individual pieces.”
Peter Senge, Hal Hamilton and John Kania (2015)

Facilitate Culture Change

Leaders of any organisation play a vital role in affecting the culture and helping to ensure everyone can work in line with the organisation's values and key priorities.



Paediatric leaders are in a good position to ensure that population health is a key priority within their organisation and that a sustained focus on values such as reducing health inequalities are embedded in the fabric of the workplace.

Paediatricians are also in a good position to ensure that prevention penetrates everything the NHS does and that as leaders of their organisation they act to improve the health of their workforce as well as that of the population they serve.

NHS workers are trusted experts in the wider community and so it is important leaders equip and enable them to advocate for prevention within and outside NHS premises. This includes recognising, promoting and supporting the [Healthy Child Programme](#) led by [health visiting and school nurses](#) and recognising the importance of the [first 1,001 days](#).



As future system leaders, paediatricians are well placed to champion partnership working and lead by example. Partnership action is greater than the sum of its parts.

[The NHS Long Term Plan](#) has outlined a population health and prevention vision, for this to succeed organisations need to work together.

To become a successful system leader, paediatricians may take up leadership roles initially within their organisation. For example they may lead a multi-disciplinary team including colleagues from a wide range of professional groups. Later on they are hoped to take on leadership roles outside their workplace and forge partnerships with other agencies including general practice, social care, schools, commissioning organisations, community groups and with the voluntary sector.

These partnerships can also contribute to Core Learning Outcome 6: Develops personal leadership skills and demonstrates their own leadership qualities, adjusting their approach, where necessary; utilising these skills to work constructively within multi-disciplinary teams (MDTs), valuing the contributions of others.

Identify key partnership opportunities with the [Checklist for Connect & Locate \(page 98\)](#).

Find out about Strategies and Policies

There are many national, regional and local strategies available. They are also ever changing. Scanning the horizon for these constant changes in policy is necessary to be aware of the landscape you work in and enabling you to adapt as is necessary.



[The 2019 NHS Long Term Plan](#) is the NHS's strategy. It was developed collaboratively with frontline staff, patients groups and national experts and sets out the vision for the future of the NHS.

Locally each Integrated Care System (ICS) develops their own ICS strategy. This sets out how commissioners in the NHS and Local Authorities, working with partners can deliver more joined up, preventative and person-centred care for their population across the whole life course. This is an opportunity to do things differently across organisational boundaries.

The ICS strategy sets out how the health needs of all people, including babies, children, young people and families/carers will be met. These needs are identified through Joint Strategic Needs Assessments (JSNAs) and other sources of intelligence. Further information on how these strategies are developed is available in the [NHSE guidance](#).

There may be other local strategies for specific issues eg a childhood obesity, mental health and wellbeing or oral health strategies. Integrated Care Board (ICB) will also produce annual operational plans which set out how they will meet national objectives set by NHSE as well as local priorities agreed with system partners.

For further suggestions please see [Checklist for Connect & Locate \(page 98\)](#).

Ensure Young People have a Voice

Having a voice means that young people are able to speak up and contribute to conversations about decisions that may affect them. It means that they can express their views and share their experiences to inform the way a service should be designed or delivered. After all, young people are the experts in understanding young people.

Paediatricians should be committed to a policy of advocacy for a healthy lifestyle in children and young people, and for the protection of their rights. Involving young people in decisions can not only help to create a sense of belonging and ownership, but also support services to become more effective.



How is it possible to really know the impact of a service or an approach without talking to the people it seeks to serve?



Dedicated organisations exist to facilitate the voice of young people being heard. [The Children's Society](#) works with the country's most vulnerable children and young people.

A host of activity and ideas are brought together on [RCPCH website](#).

The Kings Fund

[The Health and Care system](#) is explained in a simple video clip by the Kings Fund.



[Local Government Association](#) explains the role of Local Authorities in Public Health. Each Local Authority area has a Director of Public Health with a specialised public health team that will be responsible for improving and protecting the health of the local population.



UK Health
Security
Agency

[The UK Health Security Agency](#) (UKHSA) is responsible for protecting the population from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. They provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure. UKHSA is an executive agency, sponsored by the Government's Department of Health and Social Care.



Office for Health
Improvement
& Disparities

[The Office for Health Improvement and Disparities](#) (OHID) is part of the Government's Department of Health and Social Care. Their focus is on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.



[National Council of Voluntary Services](#) is a national organisation with over a third of voluntary sector workforce in England being members. Additionally each region, district or borough will have it's own local umbrella voluntary organisation. This organisation will be in regular contact with all voluntary and community groups within your local area.

There are many sources of information available which although helpful, can sometimes be overwhelming.



Here are some pointers about how and where to locate key sources of information that maybe relevant to your local situation.

All geographical areas present their information and partnership strategies differently but our [checklist \(page 98\)](#) can help you identify what is relevant to you at different points in your training.

The Office for Health Improvement and Disparities publish rich and diverse datasets about the health of the population on [Fingertips: Public health data](#). These include the child and maternal health profile. Data is available on a wide range of indicators and depending on the source, available at different levels, for example GP or Local Authority level.

“Not everything that can be counted counts and not everything that counts can be counted.”

Albert Einstein

Creating Learning Opportunities

A menu of ideas to embed learning experiences for Learning Outcome 5 into your training

B

- Creating Learning Opportunities
- Taught Curriculum



Opportunities to Meet Learning Outcome 5

There are many opportunities at every stage of paediatric training and in every setting to meet Domain 5. However you may need to think creatively with your educational supervisor to identify these learning opportunities and make the most of them to maximise your exposure to public health related practice.

A menu of suggested Learning Activities follow with ideas of how to explore further and examples of good practice from around the country. These are included to give ideas and inspiration for discussions between you and your educational supervisor.

Learning activity 1

Getting the most from reflective practice - page 62-65

Learning activity 2

Self directed learning - page 66

Learning activity 3

Case based discussions - page 67

Learning activity 4

Community paediatric placements - page 68

Learning activity 5

Shadowing other health and care professionals - page 69-70

Learning activity 6

Very brief activities to understand 'place' - page 71

Learning activity 7

A public health project - page 72-74

Learning activity 8

Public health networks - page 75-76

Learning Activity 1

Take time to reflect on your everyday clinical practice



Practice example

Dealing with patients and their families and carers is an everyday occurrence for paediatricians.

Opportunities for intervention and adopting practices that fulfil the requirements for Domain 5 should also be an everyday occurrence.

Reflective practice is an extremely important element of your training. Reflecting on your experiences is not only vital to your own personal wellbeing and development but enables you to improve the quality of patient care.

Experiences, good and bad, are learning opportunities for the individuals involved and for the wider system.

[The Reflective Practitioner](#) is guidance for doctors and medical students, jointly published by the General Medical Council, the Academy of Medical Royal Colleges, the Conference of Postgraduate Medical Deans, and the Medical Schools Council.

“ Reflective practice is crucial for doctors. It helps to ensure that when things go wrong; errors can be learned from and measures put in place to prevent a similar incident from happening again. Clear guidance on reflective practice is needed to encourage doctors to use their notes for honest, open reflection without fear of negative repercussion.”
RCPCH President Professor Russell Viner (2018)

Learning Activity 1

Getting the most from reflective practice

Use reflective practice to help you think constructively about how prevention can be incorporated into your everyday clinical practice and the wider influences on health.



The [GMC's The reflective practitioner – guidance for doctors and medical students](#) will support you to develop reflective practice.

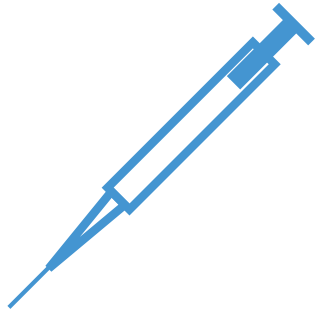


Tips for reflective practice for Learning Outcome 5

- Put aside time to reflect specifically around Learning Outcome 5
- Record it as something you need to address and remember to complete your reflective notes when this is finished
- Discuss the situation with your colleagues
- Look at the literature and any clinical guidance to further inform you
- Reflect on how your team functions in addressing this problem.
- Act on what you have learned
- Communicate what you have learned with your colleagues.

Learning Activity 1

Parental decline of routine childhood immunisations



Practice example

How did this situation arise?

A 3 year old child is admitted with a severe community acquired pneumonia with effusion, spiking high fevers and has an oxygen requirement. Chest ultrasound demonstrates a large 5cm effusion requiring a chest drain and intravenous antibiotics. Bacterial culture of this pleural fluid has grown *Strep pneumoniae* serotype 6A. This serotype should be covered by the pneumococcal vaccine given as part of the routine childhood immunisation schedule.

On review of the history, you note that the child's parents declined routine vaccinations.

What happened?

This is a very difficult time for the family as their child is acutely unwell with a serious respiratory illness. While the decision not to vaccinate one's child would seem like an unusual decision to medical professionals, parents usually believe that they are acting in their child's best interests and generally, don't make decisions to risk harm to their child.

It is important to discuss the bacteriology results with the parents, highlighting that this was a potentially preventable infection. Most parents would feel very guilty in this scenario therefore it is important not to blame them but remain professional and be empathic throughout.

Explore why the family declined routine immunisations – was this due to misconceptions about the safety of immunisations or perhaps this was due to cultural, social or religious factors? Whatever the reason, provide the parents with the most up-to-date information about vaccinations, address any safety concerns and help them to make a more informed decision. Allow them to reconsider consenting to vaccinations and if possible, administer first set of immunisations pre-discharge. Update the GP and health visitor.

How did this support your development?

This scenario helps to develop communication skills in providing health advice in a non-judgemental manner and supporting families to make informed public health decisions.

Any practical tips?

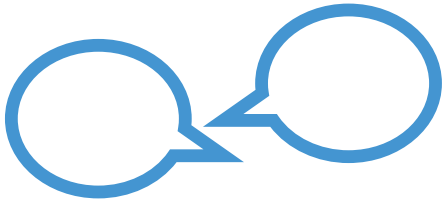
You may come across many families who choose not to vaccinate their children during your training and often this information may have nothing to do with the child's presenting complaint. As paediatricians we must remain professional throughout and ensure that families are making informed decisions based on best evidence by providing them with appropriate information.

"It is important not to blame [the parents] but remain professional and be empathic throughout"

Trainee ST3 (2019)

Learning Activity 1

Opportunistic discussion about weight in acute paediatrics



Practice example

Setting: Paediatric on-call rota

How did the opportunity arise?

You are the paediatric ST4 working the night shift at a busy district general hospital. Your GPST1 colleague has just seen a nine-year old boy with difficulty breathing and has made an appropriate initial management plan for the acute problem. As part of your discussion about the case, she informs you that the patient's body mass index is above the 98th centile and she is concerned this may be impacting on his health. She has also noted that both parents are overweight.

“Consider the timing of these interventions”

What happened?

As the senior clinician on duty you need to prioritise patients with regard to the available resources. The immediate problem for this patient is his respiratory compromise which needs to be appropriately managed in the first instance.

It may however be reasonable to discuss issues such as excess weight at a later date. This could be done on the morning ward round, for example using tools such as [Supporting professionals to have healthier weight conversations - consensus statement | RCPCH](#). It may be helpful to involve other professionals such as dietitians, or signpost to other resources or community support you are aware of such as foodbanks, sports and clubs and other physical activity opportunities.

How did this support your development?

Such a scenario is not uncommon in paediatrics and represents a valuable opportunity to practice holistic medicine. It is important to offer families and children realistic options and to be open and honest with them about health concerns when they are recognised as such.

Excessive weight is linked to multiple co-morbidities therefore effectively addressing it at an early stage is important.

Any practical tips?

Consider the timing of these interventions, for example it may not be appropriate to discuss with the patient who presents overnight. Broaching the subject of somebody's weight is often challenging and you may be concerned this might affect the doctor-patient-family relationship. However, raising the issue empathically and sensitively at a time when the family may be most responsive to change because their child is in hospital can have a big influence on this child's health, both now and in the future.

The excellent trainee will however become adept at these consultations. The aim is to suggest ways to mitigate this problem, for example creating a specific pathway for such patients to facilitate the discussion and therefore help patients and families to make progress.

Learning Activity 2

Self-directed learning

Self-directed learning encourages an active approach which allows students to explore their interests. It also embeds the concept of life-long learning for individuals.

Use a range of self-directed learning activities to meet your individual learning needs.



Read journal articles that explore the social, economic and political determinants of child health. Articles may be found in a range of paediatric or public health journals, e.g. Archives of Disease in Childhood; ChildCare, Health and Development, or the Journal of Public Health.

The [Child and maternal health data and intelligence guide for professionals](#) hosts the most up-to-date information. Also the Department of Health and Social Care produces a Children, Families and Maternity [eBulletin](#) which appears 4-6 times per year which you can sign up to.



Read text books such as those listed in the 'Resources' (page 88) section of the website. Explore [Health Knowledge](#) a website that provides a range of material to support people to expand their public health knowledge. [All our Health](#) is a framework of evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing along with All our Health [e-learning](#) for health.

Learning Activity 3

Case based discussion

A case based discussion is a structured discussion between a supervisor and a trainee. The aim of case based discussion is to explore clinical decision-making and professional judgement by reflecting on a clinical case.



Case based discussions are most valuable when they focus on one or two domains. This could include a focus on Learning Outcome 5.

Core trainee

Reflect on any opportunities you had to advise on health-related behaviours.

Reflect on the potential cultural, social, religious and economic factors and their impact on child and family health

- What approach did you take?
- What went well?
- What didn't go so well?
- What was the impact?

Is there anything different you would do next time?

Specialty trainee

Could anything have been done upstream to prevent this patient presenting, or to promote their health and wellbeing? What needs to happen to change this in future? What role could you play in facilitating this change?

Learning Activity 4

Community paediatric placements

Most trainees have a community placement. This is an excellent opportunity to explore aspects of the wider determinants of health and weave this learning into your placement.

It is an opportunity to experience a variety of multi-disciplinary teams and experience healthcare being delivered in many different settings. You may work with a wide range of healthcare professionals, as well as education, social care professionals and voluntary organisations. This gives you insight into the wider health and care system. There are many opportunities to demonstrate Domain 5.

Trainees report that community placements can offer more flexibilities to create your own learning opportunities. Think about what you might like to get from this placement and how it might contribute to Learning Outcome 5.



Speak to your Educational Supervisor about how you can go about embedding these activities in your training programme. Ideas include:

- Experiencing a range of different settings in which health and care is delivered. This might include community clinics, Children's Centres, schools, nurseries and other early years settings, youth offender settings and patients homes.
- Gaining a better understanding of place and the impact this has on your patients' health, by observing and experiencing the local area including the community networks and support as well as the physical and cultural environment.
- Undertaking projects to enable you to improve quality of care or patients' health outcomes.

Learning Activity 5

Inter-professional learning through shadowing

Shadowing other members of the MDT is a great opportunity to learn about their roles and how they fit into a patient's overall care. It is also an opportunity to observe another professional's communication style, approach, practice, perspective and culture.

Educating healthcare professionals for collaborative work aims to improve knowledge and appreciation of partners' roles, as well as to improve communication within teams.



Ask another health professional if you can shadow them. Whilst you're shadowing them, consider:

- What is the role of the professional you're shadowing. What specific functions do they fulfil?
- How would you describe their values and attributes? Are there similarities or differences to yours?
- What role do they fulfil within a team?
- What is their communication style? What effect does it have? How does it compare to your communication style?
- What setting does the professional work in?
- Are there any other insights you gained?



Reflect on your experience. How will this influence your practice?

Adapted from [Kusnoor and Stellies. Interprofessional Learning through Shadowing: Insights and Lessons Learned.](#)

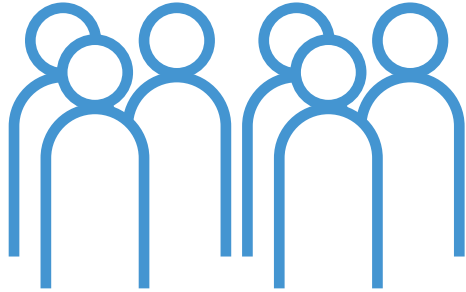


“The World Health Organization has defined inter-professional learning as “occasions when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”

(World Health Organization 2010).

Learning Activity 5

Multi-disciplinary learning



Practice example

Collaboration with colleagues from a variety of disciplines is an effective way to enhance new learning and gain a different perspective of an issue that is common to you all.

Collaboration with General Practice

[Learning Together](#) is an educational intervention: a paediatric registrar and a GP registrar see children or young people in a joint clinic based in a GP surgery, sitting in the same consultation, seeing patients together. The intervention is inter-disciplinary and aims to provide participants with experiential learning. Both participants learn clinical knowledge and skills from one another; they also learn how to work together to provide more holistic care centred around the child. The ultimate aim is to improve outcomes for children and young people.

Sharing collaborative approaches

Professor Mitch Blair reflects on a number of collaborative approaches with paediatrics and health visiting that have had successful outcomes.

The annual [RCPCH conference](#) routinely hosts a child public health session as part of the programme. The [BACCH conference](#) similarly has child public health orientated presentations.

“If we are going to be effective at improving the life chances of children, we need to ensure an effective preventive strategy which reaches all members of the community. The shift from surveillance to promotion requires paediatricians to play several roles in a larger multi-disciplinary and multi-agency team.”

Professor Mitch Blair Reader in Paediatrics and Child Public Health (2019)

Learning Activity 6

Very brief activities to understand 'place'

You can create very brief learning opportunities to enable you to understand your patients environment and how it might impact on their health.



More information about how 'place' impacts our health. These examples focus on understanding the food and physical activity environments, however they could be adapted for other topics such as smoking, air pollution, unintentional injuries etc.

Brief activities to understand the food and physical activity environment

2 hours – What food and physical activity opportunities are available in the hospital? If you were a parent with a child in hospital, how might this affect your health? Consider whether there are any changes that could be made in your department that might facilitate healthier eating or activity. Speak to parents about this. What is their perspective?

½ day – Investigate your local food environment. Visit the shops on a local estate. What food choices are available? How much would it cost to provide a healthy meal for a family? Is the cost comparable to wherever you shop? How affordable do you think this might be for families on a low income?

1 day – Identify opportunities to signpost children with excess weight to in their local area for example through a web search, walking the area to find community noticeboards, talking to parents. What barriers do families experience to taking up these opportunities?

Learning Activity 7

A public health project

Use some of your study days to plan and deliver a public health project. Some of these could be used for a public health project.

Completing a public health project will provide you with a range of transferable skills (not just in public health) but also help to develop your project management, planning, systems thinking and leadership skills.



Project ideas:

- Assessment of the health needs of a population
- Data management, quality appraisal & use of data to inform decision making
- Evidence identification, critical appraisal, synthesis and application
- Opportunity for multi-agency working
- Project leadership
- Service evaluation and development



Make links with your **local networks** (page 98) and develop opportunities to enhance your **systems leader** (pages 50-59) skills.

Learning Activity 7

Unintentional injury – contribution to a needs assessment



Practice example

The Local Safeguarding Children’s Board have expressed concerns that Townsville has a higher than expected rate of unintentional injuries. A working group has been established to look at what could be done to reduce these injuries.

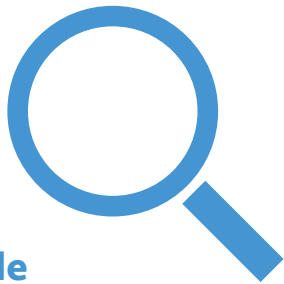
The unintentional injuries working group are planning a health needs assessment of unintentional injuries in Townsville. The NICE quality standard for unintentional injuries highlights the importance of using high quality injury data from children’s Emergency Departments to inform this.

Dr K agrees to be the clinical lead to the unintentional injuries working group. She ensures the group get access to the hospital data that is available. She discusses the data with them to inform the analysis. Once the analysis is complete, she reviews the findings with the group to help them interpret the results and prioritise areas for action.

The analysis highlights some gaps in the data. Dr K presents these findings back to the children’s Emergency Department, and explains to her colleagues what the data will be used for. Together they agree how they could improve data collection and develop an action plan to implement this.

Learning Activity 7

Using public health intelligence to identify variations in care and outcomes



Practice example

Getting it Right First Time (GIRFT) is a national programme which aims to improve the quality of care and outcomes within the NHS by reducing unwarranted variations.

Each Trust is visited by a specialist team, lead by a prominent paediatrician. Before the visit the Trust receives a report full of public health information. This information is reviewed at the visit and is known as a 'deep dive'.

The deep dive provides context to unwarranted variations, identify challenges within the Trust, share best practice and review practice to date.

A report is produced for the Trust which includes an action plan of proposed changes and improvements.

Learning opportunities through GIRFT

- If your Trust has had a GIRFT visit
- Review the GIRFT data pack – what does it say about your areas of care?
- Can you attend the deep dive/ is there an implementation group following on from the visit? What could you contribute?
- Review the Trust action plan. Are there opportunities for you to contribute? Could these contribute to LO5, as well as quality improvement and other leadership LO?
- What do you need to do to take this forward? Who do you need to speak to?

Learning Activity 8

Public health networks

There may be exciting opportunities within the local Public Health networks that would benefit from the specialist input that a paediatrician could give.



This is worth exploring and is real-time dependant. There will always be different priorities and agendas in each area, however a paediatric specialists perspective and skill set will always be welcomed for the local children and young peoples agenda.

Make contact with your local public health colleagues in your local County or Unitary Council.

Introduce yourself to your regional public health [Training Programme](#) Director and Head of School. They may be able to advise you of local opportunities or Consultants in Public Health who have a particular remit for, and/ or interest in Child and adolescent public health.

The regional public health training programme may have an administrator or coordinator who can advise you about training events, meetings or conferences that are open to you.

Speak to some of the local public health trainees, to understand the work they are involved in.

Apply for a placement in a public health team.

Learning Activity 8

Public health networks continued...

Networking and keeping up-to-date with local organisational structures is all part of understanding the wider system that paediatricians work within.



The [FPH](#) are actively encouraging the development of collaborations between regional paediatric and public health training programmes to establish opportunities for paediatric trainees to spend time working in public health teams.

Some Training Schemes have collaborations between paediatrics and public health, offering Paediatric trainees placements within public health teams.

RCPCH and FPH's joint group British Association for Child and Adolescent Public Health (BACAPH) is dedicated to the development of child public health within both paediatrics and public health. Membership is open to members of BACCH and FPH who have an interest in the subject area and to child health practitioners from other disciplines. More information is available at the website www.bacaph.org.uk. To join see the contact details at www.rcpch.ac.uk/specialty-groups-special-interest-groups#british-association-for-child-and-adolescent-public-health-bacaph

Taught Curriculum

Increase the availability of public health related training

B

- Creating Learning Opportunities
- Taught Curriculum



RCPCH Progress + is the curriculum for use by doctors undertaking postgraduate paediatric training from August 2023



The Progress + curriculum embeds key public health principles within it; encouraging holistic judgement, supporting the move away from a 'disease-based' structure to incorporate a Whole Population Approach. It recognises the whole health and care system, developing trainees to lead and work in multidisciplinary teams with colleagues across the system including hospital settings, primary care and in the community, for example in social care, schools and the voluntary sector.



A summary of the Generic Learning Outcomes in health promotion and illness prevention required of doctors in each core and specialty training is available on page 32 of the [Progress + curriculum](#).

Further details of the learning outcomes, key capabilities and illustrations are described for each [core \(page 25\)](#) and [specialty training \(page 22\)](#).

Doctors should never stop learning. At every stage of their career, they should continue their professional development and refine their clinical skills and the quality of their interactions with others. Doctors must understand their strengths and weaknesses, their personal style, assumptions and beliefs. This requires them to be open to feedback and, with reflection and guidance, to be able to modify their behaviour and this is where curriculum outcomes can be achieved..



Learning takes place in a variety of settings with a range of approaches

- Acute settings
- Community settings
- Handover
- Ward rounds
- Multi-disciplinary meetings
- Audits and research
- eLearning
- Seminars
- Lectures
- Simulation
- External training courses
- Reflective practice
- Self-directed learning
- Simulation
- Face to face meetings with trainers

Most events in the workplace will contribute to the learning process. Trainees are encouraged to utilise all these opportunities, as well as managing their study leave, to work towards achieving the Learning Outcomes and meeting the needs within their Personal Development Plan.

There are many and varied opportunities to embed public health into the curriculum.

Many of these will fit neatly into the teaching and learning specifically for Learning Outcome 5: Health Promotion and Illness Prevention.

Enhancement of public health skills, knowledge and behaviours can also be weaved in to other aspects of the more formal 'taught' curriculum.



An alternative approach which may fit better with the training approach in your area is to utilise this simple [population health and prevention checklist \(page 99\)](#).

This tool provides you with prompts as:

- an **educational supervisor** to request trainers to consider as part of their presentations and training sessions
- a **trainee** to seek out and understand the topic being taught through a 'population health and prevention' lens



'Trainees should recognise and optimise everyday opportunities to promote healthy lifestyles and prevent illness'
RCPCH



The Faculty of Public Health run a 3-day course for trainees from any discipline to provide an introduction to the principles and practice of public health. The course is run twice every year. For more information see <http://www.fph.org.uk/courses> or look out for details on the '[Events](#)' section of the [BACAPH](#) website.

All of these formal taught programmes have opportunities to embed public health into their programme.



Regional monthly training days – ensure a minimum number of public health related training days feature in the programme. Or use the [checklist \(page 99\)](#) to identify the public health relevance and utilise that learning.

Simulation training sessions – these are ideal opportunities to be able to practice brief intervention and advice skills as well as gain deeper understanding of the wider determinants of health. Educators and trainees alike, can explore these to develop the communication and intervention skills needed for effective behaviour change.

Local training programmes – if there is flexibility in the design and content at a local level, ensure there is public health related content offered. Inviting external speakers and public health colleagues to run educational sessions can be extremely beneficial.

RCPCH conferences – Look out for public health related learning as part of the [RCPCH conferences](#).

E-learning for health – Utilising these resources as a method of self-directed learning to ensure a foundation knowledge is advisable.

Ad-hoc training days – being aware of the [local public health networks \(page 98\)](#) could enable a wealth of training opportunities to be available to trainees in the local area. This would provide added value in inter-professional learning.

Bite-size Public Health – a series of 1 hour sessions over a year with a multi-disciplinary focus. Trainees could take a leadership role in organising such sessions in collaboration with wider partners.

Guidance for Educators

Enabling public health learning
opportunities for your trainees.



— Guidance for Educators





Educators influence the direction that the workforce of tomorrow take. Their role is extremely important. Educators need a combination of these three approaches to maximise their impact.

Embedding Health Promotion and Illness Prevention in the paediatric postgraduate curricula in a meaningful way can sometimes be a challenge. This section aims to support educators to embed Health Promotion and Illness Prevention principles, and provide a range of ideas to embed them, in order to best support their trainees.

The Toolkit was designed with this dual purpose in mind. This section aims to assist educators. It recommends and maps the journey for educators to enhance their knowledge and skills in the field of Health Promotion and Illness Prevention, in order to supervise their trainees with competence and confidence. Guidance is provided in three ways:

- via suggested actions detailed over the next few pages,
- via links to other relevant sections and
- via signposting to [resources \(pages 88-96\)](#) to find out more.

Needless to say, that good supervisory skills are a prerequisite of effective training and teaching, and this Toolkit does not intend to replace these. Instead it aims to enhance supervisors' approach to teaching and training in this topic area.



As Health Promotion and Illness Prevention is not typically an area of specialist expertise for educators, it is important to recognise that educators may also have training needs in this area. Take stock of your learning needs as part of your own CPD.

Take stock of your knowledge and skills of the place (your local environment in) your patients and neighborhoods who you look after.

Understand your local networks and strategies to enable you to design and lead change. To find out more you may review the chapter on [System Leadership \(pages 50-59\)](#) with specific attention to [Checklist for Connect & Locate \(page 98\)](#).

Familiarising yourself with the [All our Health](#) framework might also be useful. It provides evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing along with [All our Health e-learning for health](#).

Further practical information about learning more about Health Promotion and Illness Prevention is presented in chapters [Assess & Identify \(pages 22-34\)](#) and [Engage & Intervene \(pages 35-49\)](#).

Using this Toolkit yourself is one of the best (quickest, easiest and perhaps the most effective) ways to support your learning about Domain 5 Prevention and Health Promotion.



Unblock barriers to learning and create learning opportunities for trainees.



By familiarising yourself with the range of learning opportunities available and possible to be created in paediatric postgraduate training, you will be able to offer a more diverse menu locally.

Visit Section B chapters [Create learning opportunities \(pages 60-76\)](#) to generate ideas.

The annual trainee survey may identify obstacles to trainees' learning. Reviewing this will enable you to support them to overcome these barriers. Your local training programme may benefit from this even if the findings relate to another region.

Promoting this Toolkit amongst your trainees is one of the best (quickest, easiest and perhaps the most effective) ways to support their learning about Learning Outcome 5 Health Promotion and Illness Prevention. Encourage your trainees to use it and revisit it!



Spreading good practice is important in improving the quality of teaching and learning across any educational system. This is especially true for the NHS. Often, teaching and learning that has been developed by and with other practising clinicians and educators is considered trusted as it is realistic and grounded.

Educational supervisors and training programme directors of Paediatric Medicine are together responsible for ensuring and enhancing their trainees' quality of learning and learning experience. It is therefore essential that all educators collaborate, network, share good practice and support one another. Together they can be more effective and efficient to discharge their duties, and also likely to have a more enjoyable experience in their everyday training practice.

It is hoped that in future new networks and communities of practice are developed amongst educational supervisors and training programme directors.

As well as educational supervisors, training programme directors are also invited to take stock. They may explore these questions: 'How do I know if educational supervisors in my region receive the support they need to step up to the task?' and 'What action do I need to take to assure that educational supervisors receive the needed support?'

Promoting this Toolkit amongst your peer educators is one of the best (quickest, easiest and perhaps the most effective) ways to support their teaching practice in relation to Learning Outcome 5 Health Promotion and Illness Prevention. Encourage your colleagues to use it and revisit it!

Consider the best ways to embed public health into the already packed curriculum.



Designing a curricula that meets the required learning outcomes as well as being dynamic, relevant and engaging can be challenging when time is limited.

Make specific public health related courses mandatory with Making Every Contact Count (MECC) as a basic requirement and then potentially Brief Interventions & Advice (IBA), Motivational Interviewing and understanding of Adverse Childhood Experiences (ACEs) or Trauma Informed Care (TIC).

Develop a range of local community partners (see [Forge Partnerships page 55](#)) to attend educational events or build relationships so that trainees can attend community multi-disciplinary events.

Encourage trainees to utilise their 30 days study leave to complete public health projects (see [Creating Learning Opportunities pages 60-76](#)). Facilitating this with the appropriate links and contacts may enable some creative projects to be designed and implemented.

Integrate other services into local training programme with an emphasis on getting to know local services and on-going referrals into the community, with the idea of supporting and sustaining behaviour change.

Linking into the local [social prescribing](#) model could provide valuable networks, will help understanding of local referral processes and will ensure that families are advised appropriately.

Resources Hub

External resources

(All links were created in August 2023 and active at time of issue. The links below will open in a web window. You may prefer to copy links directly into your web browser).

Health Promotion and Illness Prevention

RCPCH Progress + curriculum and syllabi from August 2023 - includes Health Promotion and Illness Prevention

<https://www.rcpch.ac.uk/resources/rcpch-progress-curriculum-syllabi-summer-2023>

RCPCH Curriculum Paediatric Specialty Postgraduate Training

<https://www.rcpch.ac.uk/sites/default/files/2022-01/RCPCH-Progress-Plus-curriculum-2023-08.pdf>

RCPCH Core Syllabus for Paediatric Training

<https://www.rcpch.ac.uk/sites/default/files/2022-01/RCPCH-Progress-Plus-core-syllabus-2023-08.pdf>

RCPCH Generic Syllabus for Specialty Paediatric Training

<https://www.rcpch.ac.uk/sites/default/files/2022-01/RCPCH-Progress-Plus-specialty-generic-syllabus-2023-08.pdf>

Dr Ravi Jayaram at Countess of Chester Hospital explains why he thinks health promotion and illness prevention is important at all levels of training.

https://www.youtube.com/watch?v=_1g_cdOaYlw

Dr Max Davie, Consultant Paediatrician and RCPCH Officer for Health Promotion, explains the importance of health promotion and illness prevention in everyday practice.

<https://www.youtube.com/watch?v=clfzUI72-TU>

HealthKnowledge website of public health information and resources.

<https://www.healthknowledge.org.uk/>

The Kings Fund have developed a vision for population health, explain what this means and that action to improve population health requires a focus on four broad areas, known as the 4 pillars of population health.

<https://www.kingsfund.org.uk/publications/population-health-approach>

Sir Michael Marmot at The Institute of Health Equity provides information to support action on the social determinants of health.

<https://www.instituteoftheequity.org/about-our-work/action-on-the-social-determinants-of-health->

The Health Foundation's animation gives an introduction to the social determinants of health.

<https://www.kingsfund.org.uk/audio-video/population-health-animation>

The Health Foundation infographic explains the social determinants of health in an accessible and engaging way.

<https://www.health.org.uk/infographic/infographic-what-makes-us-healthy>

The Public Health Outcomes Framework is a set of indicators through which the public's health can be measured and monitored.

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

This includes indicators on:

— The wider determinants of health

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000041/pat/15/par/E92000001/ati/6/are/E12000008>

— Health improvement

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/15/par/E92000001/ati/6/are/E12000008>

— Health protection

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/15/par/E92000001/ati/6/are/E12000008>

— Healthcare and premature mortality

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000044/pat/15/par/E92000001/ati/6/are/E12000008>

The 'NHS Long Term Plan' considers NHS action on prevention and health inequalities, including specifically in Chapter 2.

<https://www.england.nhs.uk/long-term-plan/>

<https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/>

Health Inequalities – what affects our health

A progress report on health equity in England, 10 years on from the Marmot review: Fair Society Healthy Lives 2010.

https://www.health.org.uk/funding-and-partnerships/our-partnerships/health-equity-in-england-the-marmot-review-10-years-on?gclid=EAIaIQobChMI7Zv75NGW5gIVFODtCh3aZgAmEAAAYASAAEgIkvwD_BwE

Fair Society, Healthy Lives (The Marmot review) (2010) and the Marmot Review 10 years on (2020)

<https://www.instituteoftheequity.org/resources-reports/marmot-review-10-years-on>

Build Back Fairer; The COVID-19 Marmot Review (2020)

<https://www.instituteoftheequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>

The Health Inequalities Dashboard presents various indicators and evidence of health inequalities in England.

<https://www.gov.uk/government/statistics/health-inequalities-dashboard-data-update>

Health inequalities: place-based approaches to reduce inequalities Guidelines to support local action on health inequalities. 2019

<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities>

Health inequalities: reducing inequalities in local areas Guidance to support local action on health inequalities to improve outcomes. 2017

<https://www.gov.uk/government/publications/reducing-health-inequalities-in-local-areas>

Health inequalities: reducing ethnic inequalities Guidance to support local and national action on ethnic inequalities in health. 2018

<https://www.gov.uk/government/publications/health-inequalities-reducing-ethnic-inequalities>

Health matters: reducing health inequalities in mental illness. Actions that local areas can take to reduce health inequalities experienced by people living with mental illness. 2018
<https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness>

Local action on health inequalities: reducing social isolation. This practice resource and summary explain how social isolation affects public health and outline ideas for reducing the problem. 2015
<https://www.gov.uk/government/publications/local-action-on-health-inequalities-reducing-social-isolation>

NHS population screening: access for all. Guidance and resources to help reduce inequalities in population screening by ensuring that all eligible people have access. 2019
<https://www.gov.uk/government/collections/nhs-population-screening-access-for-all>

Tackling health inequalities in infant and maternal health outcomes. This report sets out the work done to address inequalities and improve infant and maternal health in disadvantaged areas. 2010
<https://www.gov.uk/government/publications/tackling-health-inequalities-in-infant-and-maternal-health-outcomes-report-of-the-infant-mortality-national-support-team>

The Kings Fund's Equity and endurance: how can we tackle health inequalities this time? This report sets out the case for tackling inequalities
<https://www.kingsfund.org.uk/publications/how-can-we-tackle-health-inequalities>

NHS England's Core 20 Plus 5 – an approach to reducing healthcare inequalities
<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

Assess and Identify – guidance and evidence

National Institute of Care Excellence (NICE) Guidance includes guidance and evidence supporting health improvement of children and young people
<https://www.nice.org.uk/search?q=public+health+children+and+young+people>

Office for Health Improvement & Disparities' Child and Maternal Health profiles includes child and maternal health data, information, reports, tools and resources.
<https://fingertips.phe.org.uk/profile/child-health-profiles>

e-learning is available on a range of health-related issues, developed by Health Education England.
<https://www.e-lfh.org.uk/programmes/>

All our Health: includes evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing.
<https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health>

The person-centred framework supports health and care professionals to put people, families and communities at the heart of health, care and wellbeing.
<https://www.skillsforhealth.org.uk/info-hub/person-centred-approaches-2017/>

Person Centred Approaches sets out best practice and core transferable behaviours, knowledge and skills.
<https://www.hee.nhs.uk/our-work/person-centred-care>

Resources Hub

External resources

NHS England has a range of resources to support shared decision making.

<https://www.england.nhs.uk/shared-decision-making/>

This 'Conversations inviting change' video demonstrates advanced communication skills.

<https://vimeo.com/user4672630/review/169849023/7067282731>

Very brief, brief and extended brief interventions

<https://www.nice.org.uk/guidance/ph49/chapter/Recommendations#recommendation-9-deliver-very-brief-brief-extended-brief-and-high-intensity-behaviour-change>

The Patient Patient – explores the biopsychosocial model of disease

<http://thepatientpatient2011.blogspot.com/2013/04/the-biopsychosocial-model-of-disease.html>

The BMJ has a set of resources to support patient-centred care.

<https://improve.bmj.com/person-centred-care-2/>

This BMJ e-learning module explains what motivational interviewing is, its uses, and explanations.

<https://learning.bmj.com/learning/module-intro/motivational-interviewing.html?moduleId=10051582>

Adverse Childhood Experience

The Health Foundation are running a project “Creating ACE-informed places: promoting a whole-system approach to tackling adverse childhood experiences in local communities”.

<https://www.health.org.uk/improvement-project/creating-ace-informed-places-promoting-a-whole-system-approach-to-tackling>

This short film introduces Adverse Childhood Experiences and the development of resilience.

<https://kpjrfilms.co/resilience/>

NHS Scotland’s website provides an overview of ACE’s.

<https://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>

NHS Scotland ACE animation.

<https://youtu.be/VMpIi-4CZK0>

NHS Scotland’s report on Adverse Childhood Experiences in Context. 2019

<http://www.healthscotland.scot/media/2676/adverse-childhood-experiences-in-context-aug2019-english.pdf>

Public Health Wales have published a suite of reports on Adverse Childhood Experiences (ACEs).

<https://phw.nhs.wales/files/aces/>

Resources Hub

External resources

The British Psychological Society's report on "How adverse childhood experiences shape our brains" explores impact on brain development and cognition of early childhood experiences

<https://www.bps.org.uk/psychologist/how-adverse-childhood-experiences-shape-our-brains>

Engage and Intervene

Making every contact count practical resources

<https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>

Making Every Contact Count - an interactive online learning resource

<https://www.e-lfh.org.uk/programmes/making-every-contact-count/>

NICE guidance covers approaches to changing behaviour among people aged 16 and over

<https://www.nice.org.uk/guidance/ph49>

This UK Health Security Agency blog explores the benefits health and care professionals can make through making referrals to lifestyle services

<https://publichealthmatters.blog.gov.uk/2018/01/08/health-and-care-professionals-your-lifestyle-referrals-can-create-a-force-for-change/>

Communicating with children and young people

e-learning for healthcare module covering communication and consultation with young people

<https://portal.e-lfh.org.uk/Component/Details/391281>

Teen Health Talk is a communication tool designed by GPs for consultations with teenagers.

<https://www.youtube.com/watch?v=MB7FzBRCKJQ>

Request access via Southwark's Children and Young People's Health Partnership – access must be requested.

<https://childsframework.org/about-us>

Mental health and Wellbeing

OHID Resources to improve the public's mental health are available <https://www.gov.uk/government/collections/public-mental-health#data-and-intelligence>

A range of resources available through the Mental Health First Aid website

<https://mhfaengland.org/mhfa-centre/resources/>

All our Health website explores adolescent mental health and wellbeing.

<https://www.gov.uk/government/publications/early-adolescence-applying-all-our-health/early-adolescence-applying-all-our-health#mental-health-and-wellbeing>

Guidance on promoting children and young people's emotional health and wellbeing, includes 8 principles of whole school or college approach

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

The Zero Suicide Alliance provides training and resources to help prevent suicides in the UK

<https://www.zerosuicidealliance.com/>

Weight

All our Health childhood obesity

<https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health>

Let's talk about weight step-by-step summary

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675029/WM_infographic_children.pdf

Let's talk about weight. A step-by-step guide to conversations about weight management with children and families for health and care professionals. PHE publications 2017

<https://www.gov.uk/government/publications/child-weight-management-short-conversations-with-patients>

Office for Health Improvement & Disparities Obesity Profile

<https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

Smoking

Health Matters: Stopping smoking - what works

<https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>

National Centre for Smoking Cessation and Training (NCSCT) website. Very Brief Advice on Smoking training module.

<https://elearning.ncsct.co.uk/vba-launch>

Further National Centre for Smoking Cessation and Training (NCSCT) e-learning options.

<https://elearning.ncsct.co.uk/england>

Stop smoking options: guidance for conversations with patients.

<https://www.gov.uk/government/publications/stop-smoking-options-guidance-for-conversations-with-patients/stop-smoking-options-guidance-for-conversations-with-patients>

OHID's' Local Tobacco Control Profiles – contains data, information and tools.

<https://fingertips.phe.org.uk/profile/tobacco-control>

Alcohol

OHID Guidance - Alcohol: applying All our Health

<https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>

e-learning for health Alcohol Identification and Brief Advice training programme.

<https://www.e-lfh.org.uk/programmes/alcohol/>

Drinkaware explores teenage drinking.

[https://www.drinkaware.co.uk/advice/underage-drinking/teenage-drinking/Local-Alcohol-Profiles-for-England-\(LAPE\)](https://www.drinkaware.co.uk/advice/underage-drinking/teenage-drinking/Local-Alcohol-Profiles-for-England-(LAPE))

Local Alcohol Profiles for England (LAPE)

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

Resources Hub

External resources

Immunisations

Immunisation against infectious disease explains The Green Book and how this supports professionals.

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-boo>

e-learning for healthcare's Immunisation module.

<https://www.e-lfh.org.uk/programmes/immunisation/>

Oral Health

Results of the National Dental Epidemiology Programme's Oral Health survey of 5 year old children (2017)

<https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2017>

OHID Guidance Child oral health: applying All our Health

<https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health>

e-learning for healthcare offers an oral health programme

<https://www.e-lfh.org.uk/programmes/childrens-oral-health/Disability>

The Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

UK Government website - reasonable adjustments for people with a learning disability.

<https://www.gov.uk/government/collections/reasonable-adjustments-for-people-with-a-learning-disability>

The Donaldson Trust explores neurodiversity.

<https://www.donaldsons.org.uk/neurodiversity/>

System Leaders

The Kings Fund, Leading across the health and social care system

<https://www.kingsfund.org.uk/publications/leading-across-health-and-care-system>

NHS Leadership Academy's Leadership Model - includes nine dimensions of leadership behaviour

<https://www.leadershipacademy.nhs.uk/healthcare-leadership-model/explore-the-healthcare-leadership-model/>

NHS Leadership Academy's Health Care Leadership Model Self Assessment Tool

<https://www.leadershipacademy.nhs.uk/healthcare-leadership-model/self-assessment-tool/>

Strategies and policies included in the NHS Long Term Plan

<https://www.england.nhs.uk/long-term-plan/>

Department of Health & Social Care's Guidance on the preparation of integrated care strategies.

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

Resources Hub

External resources

The Children's Society website.
<https://www.childrensociety.org.uk/>

The RCPCH website.
<https://www.rcpch.ac.uk/>

The Health and Care system
<https://www.kingsfund.org.uk/audio-video/population-health-animation>
[Local Government Association](#)

Local Government Association
<https://www.local.gov.uk/topics/social-care-health-and-integration/public-health>

The UK Health Security Agency
<https://www.gov.uk/government/organisations/uk-health-security-agency>
[Department of Health and Social Care](#)

Department of Health and Social Care
<https://www.gov.uk/government/organisations/department-of-health-and-social-care>

The Office for Health Improvement and Disparities
<https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities>

National Council of Voluntary Services
<https://www.ncvo.org.uk/#/>

The Healthy Child Programme
<https://www.e-lfh.org.uk/programmes/healthy-child-programme/>

Health Visitor and School Nurse services
<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning#history>

The best start for life: a vision for the 1,001 critical days
<https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>

Family Hubs and Start for Life programme guide
<https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide>

Learning Resources

GMC's The reflective practitioner – guidance for doctors and medical students
<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students>

Supporting professionals to have healthier weight conversations – consensus statement | RCPCH
<https://www.rcpch.ac.uk/resources/supporting-professionals-have-healthier-weight-conversations-consensus-statement>

Resources Hub

External resources

Child and maternal health data and intelligence guide for professionals

<https://www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals>

eBulletin newsletters providing guidance and advice on children, families and maternity

<https://www.gov.uk/government/publications/children-families-and-maternity-e-bulletin>

Faculty of Public Health's learning resource - Health Knowledge

<https://www.healthknowledge.org.uk/>

All our Health: includes evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing.

<https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health>

All our Health bite-sized e-learning sessions to help professionals protect and improve the nation's health.

<https://www.e-lfh.org.uk/programmes/all-our-health/>

Learning Together – collaborative learning between GPs and Paediatricians.

<http://www.learningtogether.org.uk/>

RCPCH Conference

<https://www.rcpch.ac.uk/news-events/rcpch-conference>

BACCH Conference

<https://www.bacch.org.uk/pages/events>

Faculty of Public Health training programmes

<https://www.fph.org.uk/training-careers/specialty-training/training-placements/training-programmes/>

RCPCH Special interest groups

<https://www.rcpch.ac.uk/specialty-groups-special-interest-groups#british-association-for-child-and-adolescent-public-health-bacaph>

NHSE - Getting it Right First Time (GIRFT) training programme to improve treatment and care of patients.

<https://gettingitrightfirsttime.co.uk/>

NHSE 75 – Social Prescribing website.

<https://www.england.nhs.uk/personalisedcare/social-prescribing/>

The Kings Fund. Creating healthy places: perspectives from NHS England's Healthy New Towns programme. 2019

<https://www.kingsfund.org.uk/publications/creating-healthy-places>

Consider what influences health

Considering the influences on your own health-related behaviours can be a powerful learning activity. It may support you to consider the influences, children, young people and their parents have on their health behaviours and choices.

1. Pick a lifestyle factor affecting you, that can have an adverse health impact.

- Eating habits
- Physical inactivity
- Smoking
- Alcohol or other substance use
- Psycho-social factors e.g. stress

2. What influences this health behaviour? Consider the following.

- Social/ community influences
- Living and working conditions
- Socio-economic, cultural or environmental conditions

3. Consider a patient or their parent/ guardian you have seen recently.

- What lifestyle factors did you identify?
- What may have influenced their health behaviours?

Adapted from Naidoo and Wills, 2009

EduQual Resources Hub

Checklist for Connect & Locate

1. Identify your **Director of Public Health** and where the local Public Health team is located (typically in the Local Authority).
2. Locate the **Annual Public Health Report**, which is a statutory publication produced every year to describe the health of the local population. See if a children and young people's Public Health Report has been done in recent years. (The Local Authority's website is a useful starting place).
3. Identify the local **Integrated Care Board(s) (ICB)** that serves your area. Their website will outline the local priorities for improving health and wellbeing.
4. Your local area will also have a **Children and Young People's plan** which highlights the longer term vision for the local population. This is normally a partnership strategy which will focus wider than the NHS, including Education, Social Care and Youth Justice.
5. The **0-19 year services** are delivered differently in each area. These normally cover school nursing, health visitors and family nurse partnerships, who may work alongside other services and support through Children's Centres or [Family Hubs](#). Identifying the overall service lead is valuable.
6. The Local **Safeguarding Children's Board** should have a partnership website with useful contacts.
7. Locate the **Joint Strategic Needs Assessment** for your local area. This is normally found on both the Local Authority website and the Clinical Commissioning Group website. There will be a selection of topic based population needs assessments that have taken place in your area. These provide population statistics specific to your geographical area as well as a review of evidence relating to specific health issues, population groups and settings.
8. **SEND Parents Forums** focus on the voice of parents with children with Special Education Needs and Disabilities. They are normally co-ordinated through the Education department of the Local Authority.
9. Each area will have a **young peoples forum**, various names such as pupil parliament, young advisors, young mayor maybe used. These are infrastructures that allow young people to have a voice in decision-making.
10. Explore how your area meets the emotional wellbeing and mental health needs of children and young people. Each area commissions a different area of services depending on local need. **The Children and Young Peoples Commissioner** is a useful contact in understanding local service provision.
11. Explore how your area commissions public health services such as stop smoking support, sexual health services, NHS health checks, substance misuse services etc. **Public Health Commissioners** usually work in the Public Health team in the Local Authority and can advise on local service provision.

EduQual Resources Hub

Checklist for Educational Sessions: View through a Public Health Lens

Utilise the range of resources in this toolkit (especially [All our Health](#) and the [Kings Fund 4 pillars of Public health](#)) as a reference point to decide what public health issues you would like to find out more about in relation to your learning session.

Most educational sessions that are incorporated into the paediatric curriculum can be viewed through a public health lens. It may not be obvious at first where the links are and what the relevance is to population health and prevention. However, applying public health principles to different situations will enable learning in relation to embedding public health into paediatric clinical practice, to take place.

A quick scan through the above suggested resources will enable a public health-related question or view to be explored.

Formulate a question around:

- One or more of the [4 pillars of Public Health](#) (Kings Fund)
- Preventative action that could be taken around modifiable behaviours see [Engage & Intervene \(pages 35-49\)](#)
- Population groups most at risk and if there are marked health inequalities see [Assess & Identify \(pages 22-34\)](#)
- The evidence base and available NICE guidelines to demonstrate clinical effectiveness see



Thank you for using this toolkit.

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For any further detail on the content of this toolkit please contact the Public Health EduQual team on info@eduqual.org.uk

Working in partnership with:

