

<b>Institution:</b> University of Southampton		
<b>Unit of Assessment:</b> 18 Law		
<b>Title of case study:</b> 18-03 Building Ethics and Law Capacity within the UK Public Health Workforce		
<b>Period when the underpinning research was undertaken:</b> August 2012 – January 2019		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b> Adrian M. Viens John Coggon	<b>Role(s) (e.g. job title):</b> Associate Professor of Law Professor of Law	<b>Period(s) employed by submitting HEI:</b> September 2013 – January 2019 August 2012 – September 2016
<b>Period when the claimed impact occurred:</b> June 2016 – December 2020		
<b>Is this case study continued from a case study submitted in 2014?</b> N		
<p><b>1. Summary of the impact</b></p> <p>Research conducted in the Health Ethics and Law Centre at Southampton Law School (SLS) has impacted the UK public health (PH) workforce by building and supporting professional capacity in public health ethics and law (PHEL), ensuring public health policy and practice is conducted lawfully, and is ethically informed and justifiable. The impacts have been achieved through collaboration with key UK PH professional bodies, whose combined membership comprises a workforce of approximately 10,000 people: the Faculty of Public Health, Public Health England, the Royal Society for Public Health and the UK Public Health Register. Specifically, the research has led to:</p> <ol style="list-style-type: none"> <li>1. The development of knowledge and skills training in ethics and law for the PH workforce;</li> <li>2. A new examination and assessment of PHEL skills and knowledge for professional validation, ensuring PHEL became a core competence for the PH workforce;</li> <li>3. Embedding PHEL into the activities and practices of professional public health bodies.</li> </ol>		
<p><b>2. Underpinning research</b></p> <p>Public health bodies identify ethics and law as a core individual professional competency within their workforce because of the necessity for public health decision-making to be made in ways that are not only lawful and ethical, but which also reduce the incidence of moral distress and uncertainty faced by practitioners. Historically, PHEL competency was perceived by public health bodies as being the most underexplored and underdeveloped of all workforce competencies. Little was known in the UK context about what constitutes ‘competency’ in ethics and law, or how best to promote and implement procedures through education, training and guidance to benefit the public health workforce, in particular, practitioners when faced with challenging ethical decisions.</p> <p>Adrian Viens and John Coggon started to address this deficit in PHEL knowledge in their co-edited book <i>Criminal Law, Philosophy and Public Health Practice</i> [3.1]. The book, published in November 2013, explored the relationship between criminal law and public health in terms of their philosophical underpinnings, aims and practical effects, and laid the foundations for subsequent collaborations with public health bodies to promote greater awareness within the PH workforce of the importance of law for public health. Coggon <i>et al.</i> advanced a number of reasons as to why an understanding of criminal law is crucial for public health: a) the two systems ‘share a primary objective, broadly speaking, of protecting important public goods’ (p.2), b) ‘law and regulations’ are not separate from public health, but rather ‘should also be seen as public health measures in themselves’ (p.4), and c) law, as one tool amongst others, ‘might be used as a means of promoting or protecting public health.’ (p.4) [3.1] (in the Introductory chapter) observed furthermore that both public health and criminal law face questions about the legitimacy of resorting to potentially coercive or punitive means to achieve their respective goals. The research found that analysis of these questions requires attention to moral and ethical issues, and hence to questions of what makes the use of criminal law in the service of public health justifiable.</p>		

These observations represent an important contribution to the impact described in §4 in two ways. First, the book (describing the interconnectedness of criminal law and public health and the centrality of an ethical agenda that lends legitimacy to both) provided the underlying principles for arguments advocating for a greater focus on PHEL in PH organisations. Second, the collaborative relationships between the authors led to: a) increasing awareness of SLS research within PH organisations, Professor Kessel being the Director of Global Health at Public Health England (PHE), and b) Viens's arrival at SLS in September 2013, accelerating the research activity.

Viens's subsequent collaboration with Coggon to advance the PHEL research programme built on the insights of [3.1]. Viens and Coggon presented their arguments on how legal and ethical values should (and at that time did not) underpin PH practice at a number of interdisciplinary workshops, and in their written response to a Faculty of Public Health (FPH) consultation in 2014 on the content of their training curriculum for the PH workforce. Viens also initiated the project *Impacting Health Outcomes through Advanced Public Health Qualifications and Professional Education* [G.1], bringing together policy-leaders from the FPH, PHE and RSPH to inform work on building and supporting PHEL capacity, and creating a greater drive to focus on PHEL considerations.

During 2016, Viens and Coggon also collaborated together (and also with Professor Keith Syrett, then at Cardiff to 2017, then Bristol) on the book *Public Health Law: Ethics, Governance, and Regulation* [3.2], considered by senior PH leaders to be an authoritative resource from which PH 'trainees and practitioners' would 'benefit significantly' (according to John Middleton, President of FPH). A key finding of [3.2] was that greater breadth and interdisciplinarity was needed in the education and training of PH professionals. In particular, it identified a lack of an appreciation of the full breadth of relevant governance tools and the 'whole range of available legal and regulatory measures' pertinent to public health (p.67). It observed that 'most public health practitioners and policymakers have not been exposed ... as part of their education and training' (p.19) to skills of philosophical and ethical reasoning and reflection that, in addition to relevant legal knowledge, could a) enhance PH professionals' 'critical evaluation of ... actual and proposed public health policies and measures' (p.19), b) ensure decisions are 'rigorous and less prone to bias or error' (p.20) and c) help to determine in a principled manner 'what should or should not be done in the name of public health' (p.21). These observations were pointedly directed to the priorities of PHE and FPH, accentuating how building PHEL capacity is key to achieving legitimacy, trust and authority whilst realising their stated commitment to 'equality' (PHE), 'wellbeing' (FPH) and the 'common good' (pp.28 and 66). The book plots a route to achieving this, emphasising the importance that PH professionals faced with difficult decisions can confidently identify 'all of the relevant values in the circumstances and investigate the nature, strength and scope of these values' (p.25). It stressed that strengthening such a capacity for ethical reasoning in the PH workforce will 'contribute to public health professionalism' (p.27).

As a result of increasing familiarity with the research of Viens and Coggon (the latter now at Bristol), PHE in 2017 commissioned them to write guidance setting out how PHEL underpins the various professional skills set out in the Public Health Skills and Knowledge Framework (PHSKF). In their resultant guidance paper [3.3], Viens and Coggon advanced further the arguments made in [3.2]. It emphasized that the ethical mandate of PH, namely its commitment to health outcomes and social justice, means that PHEL values are 'an integral component of public health decision-making that should be incorporated into all aspects of policy and practice.' (p.5). After explaining why ethics is a 'central part of public health', the guidance illustrated that centrality in the context of three key case studies – childhood obesity, fluoridation and pandemic preparedness – each of which is addressed by way of a different aspect of ethical thinking. The guidance draws in part from research carried out for the book (obesity and pandemic preparedness are also discussed in [3.2]) but is also an original research output in its own right. Above all, [3.3] is a practical tool for PH practitioners to refer to as an *aide memoire* when assessing decision-making in the course of their work. It has been this output that has been the most deeply and widely penetrating and has been the most potent vehicle for the transfer of the relevant SLS research into the practices of the PH organisations and workforce.

### 3. References to the research

**3.1** A.M. Viens, J. Coggon and A. Kessel (eds.), *Criminal Law, Philosophy and Public Health Practice* (Cambridge University Press, 2013). Available on request

**3.2** J. Coggon, K. Syrett and A.M. Viens, *Public Health Law: Ethics, Governance and Regulation* (Routledge, 2017). Available on request.

**3.3** J. Coggon and A.M. Viens, *Public Health Ethics in Practice: A Background Paper on Public Health Ethics for the UK Public Health Skills and Knowledge Framework* (London: Public Health England, 2017). <https://www.gov.uk/government/publications/public-health-ethics-in-practice>

**G.1** A.M. Viens, *Impacting Health Outcomes through Advanced Public Health Qualifications and Professional Education*. ESRC Impact Acceleration Account 2016-2018. £10,000.

### 4. Details of the impact

The impact of this work has manifested itself in important changes made by key professional PH bodies to their structural, governance and training approaches to incorporate PHEL. The paragraphs below expand on the information summarised in §1, above:

#### 4.1 Development of Knowledge and skills training for the PH workforce

In order to deliver new PHEL training, knowledge and skills for the PH workforce, Public Health England (PHE), the executive agency sponsored by the Department of Health and Social Care and charged with responsibility for PH in the UK, commissioned Viens and Coggon to write the accompanying background guidance paper [3.3]: *Public Health Ethics in Practice (PHEiP)*. This paper crucially explains how PHEL underpins the various professional skills set out in the Public Health Skills and Knowledge Framework (PHSKF) – the Interim Director of Public Health for Southampton confirming that the latter is an “integral part of my role” and that “it informs my everyday decision-making” [5.6]. [3.3] made good a conspicuous deficit in previous PH skills and training since, as noted by PHE: “there was no UK central guidance on public health ethics available to practitioners”, a situation about which “a concern [had been] expressed by the workforce” [5.2]. This guidance accompanies and informs the work setting out the standards required for the PH profession and is hosted on uk.gov website. Users of the PHSKF are referred to [3.3] on p.9 on the “professional and ethical underpinnings” of the tool and the fundamental principles of “legal and ethical practice” [5.3]. The practical significance of the new training materials and its successful adoption as the basis for PHEL training is attested by the organisation that commissioned it: “PHE were very happy with the end product after a long journey: it was useful tool for front line workers which practitioners could refer to, to help to navigate challenging PH situations in an ethical way.” [5.2]

In terms of its adoption by the PH workforce, the Programme Manager of PHE confirmed that “I know that public health workers reference the document when preparing evidence for professional registration, and universities delivering public health curricular reference it.” [5.2]. In the Southampton area for example, we have confirmation that “various members of the Public Health Team [at Southampton City Council] had used PHEiP, when participating in, or delivering, professional development activities.” [5.5] For example we understand that PH speciality training involves trainees “using the case studies to consider broad ethical questions, and relating these to a topic at hand” [5.5]. The Director of Public Health at Southampton City Council explains how “[t]he PHEiP paper is used ... to help practitioners navigate the less clear cut ethical aspects of public health issues. For example, the Coca Cola truck visiting Southampton has local economic benefits in drawing people into the City ... but ultimately... this could also contribute to other health issues such as diabetes” [5.6]. Indeed, one of the case studies in the paper concerns childhood obesity, and the same source testifies that “The case studies are beneficial in informing ethical decision-making in practice by helping me to think about the issues in a conceptually holistic way” [5.6]. An NHS Public Health Consultant in a different region in England furthermore testifies that “I use the skills and knowledge developed to provide a clear rationale to underpin the decisions I make at work: how I support the teams I manage, the values that I want to bring to my engagement with other services, and how I prioritise service delivery. And my decision making and ability to act is informed by a clear

*framework, thereby reducing my personal vulnerabilities and increasing my confidence around decision making.” [5.7]*

Giving a more general picture: between its publication in April 2017 and 31 December 2019, the background paper had been downloaded from the gov.uk site 3752 times, and analysis of the data by PHE shows the number of downloads increasing every year from a modest 759 in 2017, with 1368 downloads in 2018 and 1624 more in 2019 [5.4]. Data for 2020 are not available, but data to 31 December 2019 suggests a large number of PH professionals have accessed the document, and potentially over 30% of the UK public health workforce (i.e. at least 3000 people).

#### **4.2 New examination and Assessment of PHEL skills and knowledge for professional validation, ensuring PHEL became a core competence for PH workforce**

Informed by [3.2] and accompanying interactions between the researchers and relevant PH organisations (i.e. the activity described in §2 involving presentations by Coggon and Viens at practitioner workshops, their response to the 2014 FPH consultation, and Viens’s *Impacting Health Outcomes* project) FPH added ethics content to its ‘Part A examination’ (Public Health Training), which is the exam used by the profession to test candidates’ knowledge and understanding of the scientific basis of PH, and their ability to apply their knowledge and skills to its practice. In [3.2] Viens and Coggon had highlighted the shortcomings of PH professionals’ PHEL education and training, and FPH confirms that prior to adopting the research conclusions of Viens and Coggon, the Part A examination “*previously had a much narrower and more limited ethics component*” focusing on research ethics and issues around personal integrity, honesty and record keeping. The research of Viens and Coggon “*provided a seminal and necessary basis for devising and designing rigorous new questions relating to ethics and law*”, and these have been added to the Part A question banks, becoming “*a core competency of public health training and assessment*” (namely the Public Health Knowledge and Skills Framework). [5.1]

The FPH evidence goes on to attest more generally that: “*The research and its practical application have changed the shape of education, training and assessment of the public health workforce ...*” As a consequence of the research of Viens and Coggon therefore, expectations on PH practitioners are such that registration by the UKPHR now requires demonstration of PHEL competence. [5.1]

#### **4.3 Embedding PHEL into the activities and practices of professional public health bodies**

As a result of the SLS research’s “*crucial contribution to public health ethics*” [5.1], the activity and practices of key PH bodies have been changed in order more deeply to embed PHEL culture and values. This is shown in a number of ways. For example, PHE amended its key reference platform for PH professionals, so that the PHSKF now states on p.9 that “*...the standards, frameworks, and guidance related to personal conduct and legal and ethical practice...*” form the basis of that tool, and that they are “*relevant to all workers, paid and voluntary, regardless of sector*” [5.3]. This signifies an important change of emphasis in the organisations representing PH, which moved to place PHEL at the foundation of their mission as a result of the research. The research now informs regional PH practice in England, and it has also led to significant improvements to PH practices and procedures outside of England. For example, an NHS Public Health Consultant reports that, using the research, she has “*worked with Public Health Wales to develop some tools for managing resource based on ethical considerations. This has helped local authorities and public health agencies deliver services according to defined and clear ethics-based underpinning providing a clear rationale for decision making.*” [5.7] Collaboration with key personnel at PHE and FPH has also led to the co-production with them of new materials for PH professionals published in the FPH’s official journal, the *Journal of Public Health* [5.8] – “*This work is helping to inform training for public health consultants, registrars and practitioners.*” [5.7]

The second main impact of the research on the activities and practices of PH bodies is that it has provided the knowledge basis for the creation by the FPH of The Faculty of Public Health Ethics Committee – an internal ethics committee that allows the FPH to drive focus on ethical development in educational, policy and practice aspects of the profession. FPH evidence confirms that the Committee was “*established in consultation with Viens and Coggon*” after a significant high-level workshop on PH values at Royal College of Physicians was held in London

in 2015, where Viens and Coggon presented on the urgent need to promote education and training in public health ethics and law and for a better understanding of the moral mandate of PH. The Committee reports directly to the Faculty Public Health Board, and testimonial evidence from the FPH confirms that the impact of the Committee has been widespread: “*The Committee has since undertaken a number of important projects and supported the Board and other public health organisations around a number of important issues*” [5.1]. Examples of these issues referred to by the FPH include: “*work by all Royal Colleges to divest from fossil fuels, issues around data sharing between NHS and Home office for migrants, and advising around ethical and legal dimensions of various issues*” [5.1]. FPH is explicit that the research underpins this activity, and that furthermore: “*Viens and Coggon have been leading thinkers and supporters of many of the activities.*” [5.1]

The Committee established on the principles of the underpinning research has led to the formation of local PH ethics committees elsewhere in the UK, including in Scotland and Northern Ireland, which is testament to the further reach of the research. The forum in Scotland, according to the FPH, “*has become the first pilot site in Europe for development of a code of ethics for public health practice.*” [5.1]. This has helped the PH bodies further to embed knowledge and understanding of PHEL in the practice of the PH workforce.

## 5. Sources to corroborate the impact

**5.1** Corroborating statement from Dr Farhang Tahzib, Chair of the Public Health Ethics Committee, UK Faculty of Public Health, 30 September 2019.

**5.2** Corroborating statement from Claire Cotter, Programme Manager, Public Health England, 30 April 2020.

**5.3** Public Health Skills and Knowledge Framework, 2016 (Public Health England, November 2016). <https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf>

**5.4** Public Health Skills and Knowledge Framework Google Analytics data summarised 15 November 2016 – 31 December 2019 (Public Health England).

**5.5** Corroborating statement from Dr James Morris (Public Health Specialty Registrar, Southampton City Council Public Health Team), 14 January 2021, reporting response from Southampton Public Health team to query about [3.3].

**5.6** Corroborating statement from Dr Debbie Chase, Interim Director of Public Health, Southampton City Council, 13 January 2021.

**5.7** Corroborating statement from Caroline Vass, Consultant in Public Health, Surrey and Sussex NHS, 19 September 2020.

**5.8** A M Viens, Caroline Vass, Catherine R McGowan, Farhang Tahzib, Education, training, and experience in public health ethics and law within the UK public health workforce, *Journal of Public Health*, Vol. 42(1), Mar 2020, pp. 208–215. <https://doi.org/10.1093/pubmed/fdz008>