Education, training, and experience in public health ethics and law within the UK public health workforce

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In order to better understand the extent of education, training, and experience in PHEL within the UK public health workforce, a comprehensive survey was designed and disseminated to workforce members. This article reviews the survey data and describes the extent to which members of the public health workforce experience PHEL issues in their day-to-day work. It describes respondents' awareness of resources to deal with these issues, and how they manage them. It also seeks to provide a cross-sectional description of the current extent of PHEL education and training, yielding some insight into the level of PHEL capacity existing within the wider public health workforce. The public health workforce here is defined by members of the agencies via which the survey was disseminated. These data may be used to inform and guide the development of education, employment, and guidance materials for public health students, practitioners, researchers, and policy makers.

Background

The various ethical and legal challenges that arise in the context of public health may impact good public health practice. For example, these challenges can exacerbate tensions between professional principles or personal values that can impede effective collaborative practice. For this reason, ethics—and to a lesser extent law4—is recognised as a key professional competence for public health professionals by the FPH,5 along with other public health bodies nationally and internationally.1,6–10 Developing this PHEL competency enables public health professionals to comply with ethical and legal requirements, and ensure that public health activity is undertaken in a justified and legitimate way. This competency also contributes to workforce resilience and helps mitigate moral distress that can arise when someone's ability to pursue a course of action they believe to be ethically appropriate becomes unattainable owing to institutional constraints.11 Of particular note is the current climate of austerity affecting local populations and the corresponding need for local authority interventions, which is generating many challenging decisions for public health teams regarding resource allocation.

Before progress can be made in supporting and enhancing competency in PHEL, it is essential to acquire a baseline descriptive assessment of the public health workforce in terms of their relevant education and training, and how they experience ethical and legal issues in practice. Unfortunately, there are no recently published peer-reviewed data describing PHEL education and training among the UK public health workforce. Similarly, there is a paucity of data about how members of the public health workforce experience ethical and legal issues in the course of their work. It is for this reason that we sought to

include both ethics and law together within our survey, emphasising the importance of treating PHEL as a unified area of public health practice.12

Methods

In late 2017, the University of Southampton, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), and the FPH developed and disseminated a survey to the UK public health workforce. The survey was developed to explore the following three domains: education and training in public health ethics and public health law, experience and resolution of ethical dilemmas, and knowledge of available ethical and legal resources. The survey aims were to better understand the extent of PHEL education and training public health workforce members receive either during or following their formal training, to explore the extent to which they experience ethical dilemmas in their day-to-day professional life, and the degree to which they feel qualified to address these dilemmas.

The PHEL survey was deployed using Online Surveys, formerly Bristol Online Surveys (University of Bristol, 2018). A link to the survey was disseminated via the FPH, Royal Society of Public Health (RSPH), and the UK Public Health Register (UKPHR) member mailing lists. PHE also included a link to the survey in a newsletter. The survey was deployed for 13 weeks from 31 October 2017 to 31 January 2018.

This study received ethics approval from the University of Southampton Research Ethics Committee (ID: 31286). The survey did not include any requests for potentially identifying personal information.

Results

A total of 562 individuals completed the survey. Respondent characteristics are included in Table 1. Respondents represented a broad range of members of the public health workforce, though over a third (n = 213, 38%) identified themselves as a public health consultant and specialist. Respondents were engaged in a similarly broad range of activities with nearly a third (n = 184, 33%) involved in health improvement and/or health promotion. Thirty-one percent (n = 173) of respondents had been working as a public health professional for 21 years or more, 18% (n = 101) for 16–20 years, 18% (n = 101) for 11–15 years, 17% (n = 98) for 6–10 years and 16% for 0–5 years. The majority of the respondents (n = 434, 77%) worked in England. Just over half of the respondents were clinically trained (n = 325, 58%).

Nearly all respondents indicated either a master's-level degree (n = 363, 65%) or a doctoral-level degree (n = 149,

Table 1 Respondent characteristics

	n	*Percentage*
Main field of activity		
Other[a]	200	35.6
Health improvement and/or health promotion	184	32.7
Biostatistics or epidemiology	60	10.7
Community health	52	9.3
Health administration	34	6
Global health	30	5.3
Occupational health	2	0.4
Which best describes your current, or most recent, role?		
Public health consultant and specialist	213	37.9
Registrar (trainee)	78	13.9
Other	76	13.5
Public health academic	58	10.3
Director of public health	52	9.3
Public health practitioner	42	7.5
Public health manager	38	6.8
Public health nurse or midwife	5	0.9
How long have you been working in a professional public health role?		
21+ years	173	30.8
16–20 years	101	18
11–15 years	101	18
6–10 years	98	17.4
0–5 years	89	15.8
Where do you currently, or most recently, work?		
England	434	77.2
Other	46	8.2
Scotland	45	8
Wales	31	5.5
Northern Ireland	6	1.1
Are you clinically trained?		
Yes	325	57.8
No	237	42.2
What is your highest level of study?		
Master's-level degree (or equivalent)	363	64.6
Doctoral-level degree (or equivalent)	149	26.5
Bachelor's-level degree (or equivalent)	27	4.8
Other	16	2.8
Diploma of higher education	4	0.7
I prefer not to say	2	0.4
Certificate of higher education	1	0.2

Nearly all survey questions allowed respondents to indicate 'other' should they be unable to provide a specific, predefined response. When a respondent indicated 'other' they were invited to provide additional detail. Many of the 'other' categories

include many distinct responses. In order to ensure anonymity, we have not provided any information on the range of 'other' responses as to do so could potentially identify respondents.

26.5%) as their highest level of study. Respondent training experience and training needs can be found in Table 2. One quarter of respondents (n = 143, 25%) reported not receiving any public health ethics and/or public health law courses as part of their formal training, of these 96 (17%) also reported not receiving any PHEL training since entering the public health workforce. Conversely, 17% of respondents had taken a compulsory course in public health ethics and/ or public health law as part of their formal training. Overall, 73% (n = 411) of respondents believe that they would benefit from more training in public health ethics and/or public health law.

Over half of the respondents (56%) reported encountering ethical issues in the course of their work either monthly (n = 170, 30%) weekly (n = 95, 17%), or daily (n = 48, 9%) (Table 3). Over half (n = 306, 54%) of the respondents believed they had no problem distinguishing between a technical issue and an ethical issue, with an additional 35% (n = 198) indicating that they had 'some difficulty' distinguishing between the two. Respondents were also asked if their organisation had set up mechanisms, adopted tools, or recommended resources to facilitate consideration or resolution of ethical issues; only 27% (n = 150) confirmed that their organisation had done so.

Respondents were also asked to indicate how they would usually seek to resolve ethical dilemmas (Fig. 1). Most notably, personal reflection and discussion with colleagues were the most common means of resolving ethical dilemmas. Consulting an ethicist was reported as the least likely means of resolving ethical dilemmas.

Finally, respondents were asked to indicate how dealing with ethical (and/or legal) dilemmas at work affected them. Over half (n = 304, 54%) of the respondents indicated that they sometimes wondered if they dealt with ethical issues in the best way, while 126 (22%) reported feeling anxious about having to deal with ethical issues at work. Interestingly, 253 (45%) of respondents indicated that they enjoyed the challenge of dealing with ethical issues at work. In total, 35 (6%) respondents stated that dealing with ethical issues at work did not affect them.

Discussion

PHEL is a relatively new field, initially starting as an identifiable and organised effort in the 1970s, but it is only now in the last decade emerging as a large and vibrant area of scholarly inquiry—along with a sizable academic literature, area of policy development, inclusion in some degree/training programmes, and recognition of its contribution to professional public health practice. Nevertheless, attention to

Table 2 Training and training needs

	n	*Percentage*
Have you taken any public health ethics and/or public health law courses as part of your formal public health education?		
I have attended a LECTURE that was not part of a public health ethics and/or public health law course	209	37.2
I did not take any courses or attend any lectures as part of my education on public health ethics and/or public health law	143	25.4
I have taken an ELECTIVE COURSE in public health ethics and/or public health law	134	23.8
I have taken a COMPULSORY COURSE in public health ethics and/or public health law	97	17.3
Other	32	5.7
I am not sure	30	5.3
Have you received any public health ethics and/or public health law training that was not part of your formal education?		
No, I have not attended any training in public health ethics and/or public health law since becoming a public health professional	200	35.6
Yes, I have attended a day long training session in public health ethics and/or public health law	158	28.1
Yes, I have attended a half-day long training session in public health ethics and/or public health law	107	19
Yes, I have attended a short course taking place over multiple days in public health ethics and/or public health law	86	15.3
Other	34	6
Yes, I have a post-graduate degree in public health ethics and/or public health law	6	1.1
Yes, I have a diploma in public health ethics and/or public health law	4	0.7
Do you believe you would benefit from more training in public health ethics and/or law?		
Yes	411	73.1
No	51	9.1
Uncertain	100	17.8

Table 3 Identifying and resolving ethical issues

	n	*Percentage*
How often do you encounter ethical issues in the course of your work?		
Monthly	170	30.2
Less than once a year	144	25.6
Weekly	95	16.9
Annually	66	11.7
Daily	48	8.5
I am not sure	27	4.8
I have never encountered an ethical issue in the course of my work	12	2.1
When it comes to ethics, what describes your own situation?		
I have no problem distinguishing a technical issue from an ethical issue	306	54.4
I have some difficulty distinguishing a technical issue from an ethical issue	198	35.2
I often have difficulty distinguishing a technical issue from an ethical issue	18	3.2
I am unsure how to distinguish a technical issue from an ethical issue	40	7.1
To your knowledge, has your organisation set up mechanisms, adopted tools, or recommended resources to facilitate consideration and resolution of ethical issues?		
Yes	150	26.7
No	200	35.6
Uncertain	212	37.7

learning and teaching PHEL,13–20 there is very little literature on the extent to which public health trainees and professionals are receiving PHEL education, especially within the UK. Previous research on the nature and extent of public health ethics

teaching within the UK is quite limited, with a study by Anthony Kessel being the most recent and comprehensive peer-reviewed study.21 While it was reported that public health ethics was taught in 75% of medical schools and 52% of universities providing M.Sc. and MPH degree programmes in the UK, Kessel notes that 'many respondents mentioned that there was little in the way of formally taught courses in public health ethics… [and] some respondents indicated a desire for more substantial ethics teaching, describing current provision as inadequate…'.21,p.1441 The finding that the vast majority of medical schools taught public health ethics appears implausibly high, though we suspect this is derived from the fact that respondents failed to distinguish between medical ethics and public health ethics as distinct areas of practice.22 It would be erroneous to presume that education in medical ethics is equivalent to public health ethics education. The extent of the ethics teaching was described as patchy and minimal, with total amount of teaching ranging from 2 days to 2 weeks for post-graduate trainees and 1.5–4 weeks for medical students. While public health law was investigated as a topic included within the curricula, 70% of medical undergraduate programmes and 74% of public health post-graduate programmes reported not covering public health law.

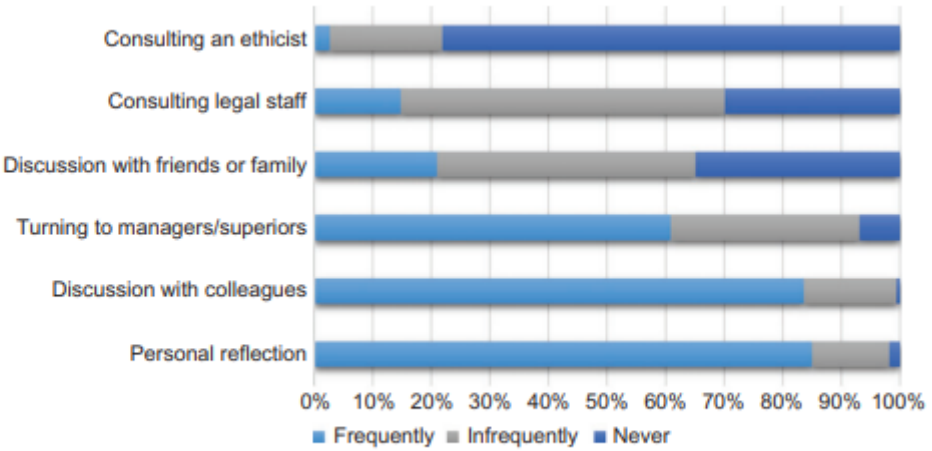

Fig. 1 How do you usually seek to resolve ethical dilemmas?

Kessel maintained that, 'If medical schools and postgraduate institutions are serious about improving the discussion and teaching of ethical issues in public health, there will need to be considerable investment and commitment, accompanied by creativity and imagination'.21,p.1439 A decade later, while the commitment to PHEL within the profession has solidified, considerable investment in PHEL education is lacking and, as a result, progress has been slow. This raises an important question of whether the current state of education received by public health trainees is allowing them to be ethically and legally prepared to deal with public health dilemmas.23 This is not, however, a problem faced by the UK alone. The uneven and inconsistent provision of PHEL education amongst public health trainees has also been found in other jurisdictions.24–29

There will be a number of issues that will need to be explored in integrating and improving PHEL education and training, including: Should PHEL teaching be elective or compulsory options? Should PHEL be taught as a standalone subject or incorporated within teaching on different areas of public health? What knowledge and skills should PHEL teaching seek to develop? What are the best methods and materials that should be used for PHEL teaching?

More concerted efforts will be needed to promote and enhance PHEL education and training within the workforce — especially in light of the overwhelming belief expressed by respondents that they would benefit from more training in PHEL. This will need to take various forms, e.g. ensure more PHEL content is included within post-graduate level public health education, FPH Public Health Specialty Training Curriculum, and professional accreditation processes, such as the FPH Part A and B exams. Recent work has been undertaken on what kind of PHEL content, delivery and assessment could be used to

help fill the gap.30 In order to support the social mission of public health to protect population health and reduce health inequalities, and to make better use of the social machinery available to advance our shared obligation for assuring the conditions under which people can be healthy and enjoy health equity, members of the UK public health workforce will need robust PHEL educational and training opportunities. This will need to include opportunities that are able to address the ethical and legal issues that arise in the context in which UK public health practice now resides (i.e. within local government). This must include the ability to navigate local democratic imperatives and decision-making processes, and their balance with national priorities and policies that bring their own challenges within the current political and economic climate (e.g. how to pursue public health's social mission under conditions of austerity).

Frequency, response and impact of dealing with ethical (and legal) issues

Ethics is not an occasional or fanciful aspect of issues encountered by the public health workforce. With a majority of respondents reporting encountering ethical issues frequently in their work, it is a key aspect of practice that must be given adequate attention. While over half of respondents reported confidence in being able to distinguish between what is a technical issue and what is an ethical issue in public health, research involving the public health workforce in North America illustrates that this confidence may be inflated.31 Importantly, the study by Pakes found evidence that some members of the public health workforce frequently used reframing an ethical issue as a technical or scientific matter as an approach to avoiding ethical issues. If it is similar here, then members of the UK public health workforce are likely encountering even more ethical issues than they recognise.

While education and training in PHEL contribute significantly to understanding how prepared members of the workforce will be when encountering ethical and legal issues, it is also important to understanding the way in which they are actually responding to ethical and legal issues. The majority of respondents were inward looking in their approach, with most respondents relying on personal reflection and discussion with colleagues as the most common way of resolving ethical dilemmas. Outward facing approaches were not very popular, with consulting an ethicist the least likely means of resolving ethical dilemmas and only a quarter of respondents reported being aware of mechanisms, tools, or resources that could be consulted to facilitate consideration or resolution of ethical issues. In a qualitative study by Baum et al.,32 they found that public health professionals infrequently used ethical frameworks and often relied on consultations with colleagues to resolve ethical issues. It is a bit uncertain how we should interpret such practices. On the one hand, while respondents frequently encounter ethical issues, perhaps they are small and easy enough to resolve via simple reflection or discussion. On the other hand, lack of access to, or awareness of, specialised technical resources or personnel to assist in ethical (and potentially legal) decision making may indicate that taking an inward looking approach is done out of sheer necessity.

Finally, the anxiety felt from the uncertainty or inability to pursue ethically appropriate action can cause moral distress, adversely affecting workforce morale and resilience. With nearly a quarter of respondents reporting feeling anxious about having to deal with ethical issues at work and more than half reporting feeling uncertain about whether they have dealt with an ethical issue in the best way, it is evident that ethical dilemmas can have serious implications for the performance of the public health workforce. The provision of adequate PHEL education, training, and resources are not only key in ensuring good public health practice, but also in allowing members of the workforce to feel prepared and confident in how they are confronting ethical and legal issues.

What this study adds

Previous UK-based studies have only examined education provided within the university setting as part of degree programmes. This study also asked about professional educational and training opportunities (e.g. seminars, workshops, continuing professional development).

The study also provides a description of how members of the public health workforce experience ethical issues—i.e. how often they deal with ethical issues, how they approach resolving ethical issues, and the impact of making such decisions. This is the first study to describe the frequency, response, and impact of ethical decision-making across the wider UK public health workforce.

Limitations of this study

Without knowing response rates and characteristics of responders versus non-responders, it is unclear how representative our sample is or how generalisable the survey responses are to the total population of members of the UK public health workforce. The survey was sent to members of the FPH, RSPH and the UKPHR via their mailing lists; a link to the survey was also included in a PHE electronic newsletter. The public health workforce is a diverse group; however, the respondents to the survey will include a greater number of senior public health professionals (e.g. consultants, specialists, registrars, and practitioners) as they are frequently linked to professional membership bodies. The survey did reach other public health professionals, and all respondents are in a range of strategic (e.g. PHE), operational (e.g. local authority), and frontline workers (e.g. substance misuse services). However, the skew in respondents towards more senior public health professionals suggests—but does not guarantee—that the survey may be biased towards older age groups making it difficult to establish if education and training have improved over time.

The email inviting members of the FPH was opened by 1396 individuals. Though there are 976 individuals on the distribution list for the UKPHR we do not know how many individuals opened the email, nor do we know the number of individuals on the RSPH mailing list. Further, individuals are likely to be members of more than one organisation. However, the range of respondent characteristics suggests that the survey has captured the views and experiences of a diverse sample. Further, most surveys are subject to response bias. The present survey may be particularly prone to social desirability bias as respondents may have felt discomfort not admitting to an expected level of competency.

Finally, the survey provided participants with the option to indicate how adept they believed themselves to be in identifying ethical issues. Only 54% of participants indicated that they have no problem distinguishing a technical issue from an ethical issue. This suggests that participants may be underreporting the frequency with which they encounter ethical issues, as not all ethical issues may be recognised as such, or may be subject to reframing as an approach to dilemma resolution.

Conclusions

This study provides a snapshot of the background education, training, and experience in PHEL within the UK public health workforce. It reveals that a majority (i) regularly encounter ethical issues, (ii) primarily resolve them through personal reflection, (iii) have little or no education and training in PHEL, and (iv) wonder if they have dealt with the ethical issues encountered in practice in the best way. These results demonstrate that there is a clear and urgent need to develop and support wider PHEL capacity in the UK public health workforce. Avenues include: (i) incorporating PHEL education within both public health master's degree programmes and continuing professional development training, (ii) increasing PHEL resources (including guidance materials, ethics/law consultants, and mentorship opportunities), and (iii) fostering an openness about the importance of ethical decision-making in public health practice.

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