

From Macro to Micro-Level Constructions in Course Design and Development in Higher Education: the case of a ‘principled’ framework for a new Masters in Public Health

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Introduction

Toohey (1999) reminds us that, ‘teachers in higher education retain a very significant advantage over teachers in other branches of education: their control of the curriculum’ (p.1). This advantage in higher education comes from a long-standing feature of academic life – the ‘freedom’ and ability to design and develop courses. It gives academics a chance to be creative and enrich the learning and teaching experience in higher education. However, ill-thought, poorly researched and consulted, and badly planned course design can be quite unfortunate, producing graduates who are what Nordberg (2006, p.22) calls ‘negative ambassadors for a course that did not meet their needs’. Thus, this paper sets out to discuss the *macro-level* process of course design and development in higher education, based on a ‘principled’ framework for a new MSc Public Health (MSc PH) developed at the Centre for Primary Health and Social Care in the Department of Applied Social Sciences (DASS). It outlines the characteristics of the process, focusing on the contextual background and rationale for the course, design approach, and steps and activities undertaken. The project lasted from summer 2006 to first semester of 2007/08.

Contextual Background and Rationale for the Course

As highlighted in the MSc PH Outline Approval - Form OA (DASS, 2006), development of this course was prompted by the Department’s response to a rising unmet demand and many new developments related to public health, taking place within and outside London Metropolitan University, such as:

- increased UK Government focus on public health¹
- EU emphasis on benefits of investment in public health²
- increased global focus on public health, underpinned in Millennium Development Goals (MDGs)³

- formation of the Commission on Social Determinants of Health (CSDH) by the World Health Organisation (WHO)
- formation of the London Health Commission, with a public health approach to its work
- establishment of a London Teaching Public Health Network (LTPHN)⁴
- establishment of research units within London Met, whose work is related to public health
- increased research within DASS related to public health
- appointment of a Professor of Public Health in DASS
- re-focusing of the UK's Nursing and Midwifery Council (NMC) programmes towards public health⁵
- changing profile of students applying to postgraduate health portfolio - more interest in a provision with more transferable skills and knowledge base to widen career destinations.

These and many other points helped to establish need, demand for and relevance of the course. To have a firmer understanding of the context in which these changes are happening, an overview of current and emerging perspectives in public health within the UK and beyond was undertaken. It was noted that although in the UK and many other countries, a combination of national health services and medical advances over the years meant that old awesome killers were no longer a threat to population, new ones have emerged and some longstanding ones became more apparent. Inequalities in health have persisted and in many cases, have worsened. In addition, as life expectancy increases, more of the additional years are spent in poor health and dependence. For example, life expectancy of a baby girl in the UK is about 80 years, but over 17 of them could be years of illness or disability (Jowell, 1999). And, new public health concerns such as drinking habits, smoking, nutrition and diet, physical exercise, HIV, etc have been mounting. Thus, public health has become more topical. The UK Government has indicated the importance of public health by refocusing National Health Services (NHS) from ill health and hospital care, to prevention and health promotion – recognising the impact of wider determinants of health; that the worse-off in society are more prone to morbidity and premature mortality (Department of Health, 1998).

Globally, emphasis in public health is growing. The MDGs call for universal equitable good health. WHO is leading a philosophy that argues for more attention to public health to establish conditions that prevent people from falling ill in the first place. On the other hand, the growing global shortage of health professionals (at 4 million today; WHO, 2006) implies greater pressure on healthcare systems as people live longer and require care for more years than before. At the same time, increased globalisation, migration and the spread of new epidemics require that health personnel working in different settings have sound skills, understanding and knowledge to 'think globally but act locally'. As London Met student catchment areas span into global markets, our public health programme was to focus at the

wider determinants of health and social interactions in the context of ‘global health for local health issues’. Therefore, such a contextual overview helped the course team to think about the course focus, philosophy, structure and modules to include.

The Approach to Course Design and Development

In deciding what approach to follow, reference was made to established models and principles of course design including: the linear generic models of Toohey (1999) and Diamond (1989), the objectives-driven curricula model summarised by Bates *et al* (1998, in Ross, 2000), the learning outcomes model of Jessup (1991) and Allan (1997), the model on macro curriculum design by Hartman and Warren (1994), and the conceptual imagery approach of Jackson and Shaw (2002). It is ambitious to think of consulting all the models. But, the complexity of course design and development in higher education today, means that course teams hardly find any one model that can adequately address their needs and intentions. And despite some overlapping, these models’ fundamental approaches vary. Toohey (1999) and Diamond (1989) run on similar lines of process linearity, but as Nordberg (2006) noted, their curriculum approach is largely inward looking. While Jessup (1991) and Allan (1997) share elements of objectives orientation, their outcomes model moves further to focus on assessment, competence and student achievements yet remaining inward looking. Thus, most of these models focus on *micro-level* (internal) aspects of course design. Hartman and Warren (1994) set a departure from this trend. Like others, they also identified internal aspects of course design but went further to consider *macro-level* (external) influences to the process. Therefore, course teams can gain a lot of insight from extensive consultation of these models, although their own discretion in view of the circumstances surrounding a particular project is inevitable.

As shown in Figure 1, in today’s complex environment of higher education, it is crucial that micro-level (internal) imperatives of course development are well informed by macro-level (external) influences.

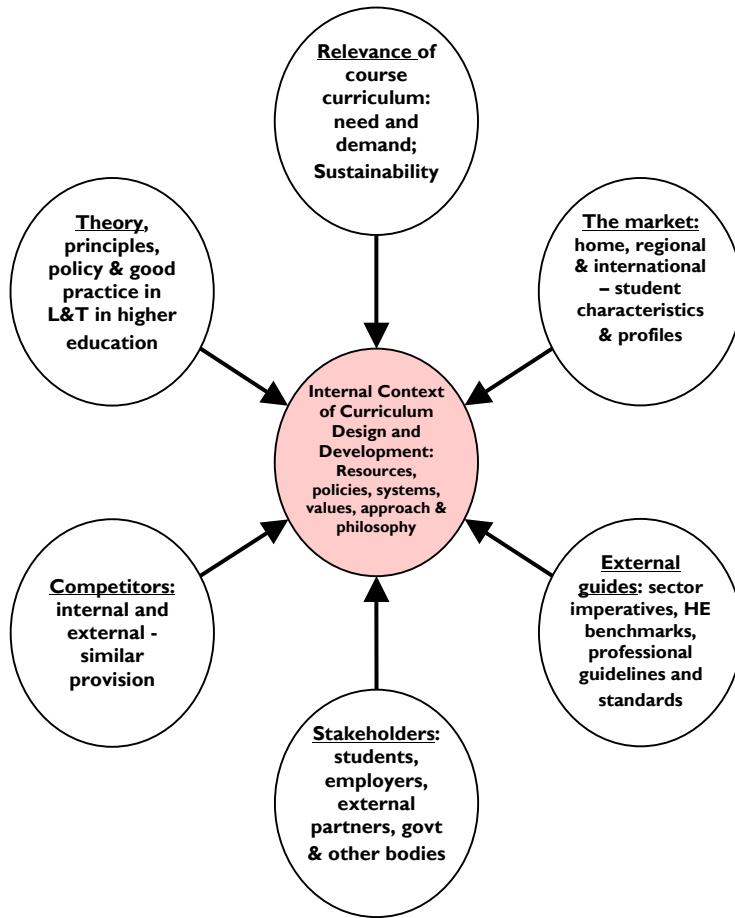


Figure 1: From macro to micro level considerations – ‘outside-to-inside’ approach in course design

Substantial macro-level information about subject benchmarks, professional bodies’ guidelines, competitors, stakeholders, the markets and relevance of the course had to be gathered right at the beginning of the process. Reference to policy, good practice, theories and principles of learning and teaching in higher education whilst focusing at institutional and educational values and philosophy, informed content development. This gave the process an ‘outside-to-inside’ orientation. Thus, the new MSc PH project followed a ‘hybrid’ approach: the process was predominantly linear, but progressed through the interconnectivity and interactivity reflected in the Jackson and Shaw (2002) model and adopted a macro-level (external) perspective (Figures 1 and 2). The process evolved in five stages: setting the framework; establishing modular teams; obtaining course approval; course marketing; and course launch and implementation. Each stage had a set of tasks, activities and outcomes (Figure 2). Although the process happened with interconnectivity and interactivity, completion of each stage paved the way for the next. Interactivity is inevitable but healthy for course development. Since final course approval may often happen late near the planned course launch, timing is therefore very crucial, for example if a new

course is to enrol student numbers around projected figures in its first year of provision and be ready for them.

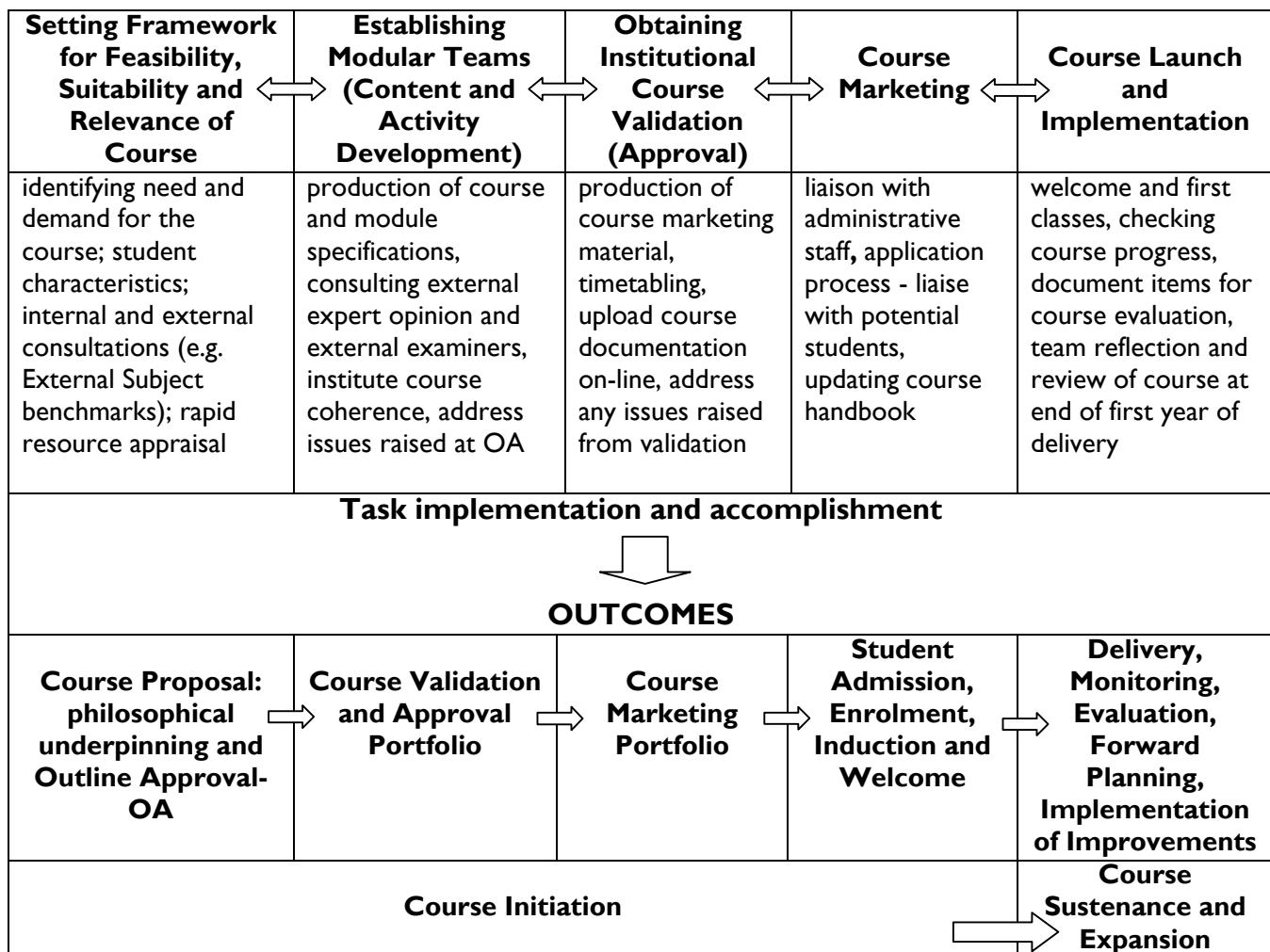


Figure 2: Blocks of outcomes and activities undertaken in designing and developing the MSc in Public Health

Stages in Course Design and Development

The first stage was about establishing the feasibility, suitability, rationale and relevance of the course – building the case for it. It was a *foundational* stage in which the course design and development framework was set. What happened here had great bearing on other stages. For example, modular constructions and meanings of selling points in course marketing material reflected the course philosophy and intentions set up during this stage. As shown in Figure 1, it was crucial for the course team to have precise macro and micro-level knowledge regarding facts, key issues and trends in the subject area before producing any outcomes. Macro level information was required in order to:

- establish extent of need, demand for and relevance of the course – international, regional and national contexts
- validate the team's ideas and observations on the sector

- determine student characteristics and expected profile
- evaluate market trends and nature of internal and external competition –similar provision at other institutions
- familiarise with employability attributes of public health
- evaluate current approaches and predict changes in public health higher education
- make sense of statutory and professional bodies requirements, guidelines and set standards
- establish and reconcile interests of stakeholders⁶
- conceptualise and resolve the philosophy of the course
- flag up preferred course structure
- undertake resources-gap and systems assessment
- determine expected career destinations and job types

These points helped to think about necessary consultations and assessments to make at this stage of the project. Much of the information related to first point above had been gathered prior to this point via discussions with students on health portfolio programmes, employers and external partners⁷; and observations on the health sector in and outside the UK.

In order to articulate on the learning outcomes, core values, skills and competencies expected from public health graduates, reference was made to the following external subject benchmarks:

- a) Faculty of Public Health (FPH) Learning Outcomes Framework for Public Health (LOFPH)⁸;
- b) National Health Services Knowledge and Skills Framework (NHS KSF)⁹;
- c) Quality Assurance Agency for Higher Education Subject Bench-marks for Health and Social Care Professions (QAA, 2004)¹⁰; and
- d) Framework for Higher Education Qualifications in England, Wales and Northern Ireland (QAA, 2001)¹¹.

In considering expected student characteristics and profile, it was noted that London Metropolitan University health portfolio was increasingly tapping into black and minority ethnic and international students. Thus, with respect to the points raised by Haslum (1994), Jiwani and Gosling (1997), Toohey (1999, p.6), Warren (2002), and Biggs (2003, pp1-2), the course team took into account that:

- a) demand for part-time study at postgraduate was rising, but most students have to balance their lives across family, work and studies;
- b) the range of ability in postgraduate classes is now considerable;
- c) both home and overseas students have become more sensitive ‘clients’, paying increasingly more for education and hence, will continue to demand more value for money;

- d) students are becoming more diverse in terms of age and experience, educational, professional, cultural, religious, linguistic, ethnic and socio-economic backgrounds;
- e) students are increasingly bringing professional work experience to their studies and want courses with relevance to their work and career;
- f) increasing number of students have very limited time for study but are capable of completing tasks and meet deadlines;
- g) making provisions to address wider participation should mean allowing greater access for students with disabilities or learning difficulties onto the course; and
- h) potential students were expected to have qualifications and experience from related subjects and areas¹².

These points were vital to modular teams (stage two) when thinking about learning activities and assessments. In addition, they were useful in predicting recruitment estimates and expected progression rates for the first five years of the course. The Department of Student Recruitment, Marketing and Communications and the Planning Office, can help with advice on predictions. With respect to point (g) above, reference was made to relevant policies¹³. Reference to the University's Student Mental Health Policy at this stage reminded the course team of issues around student diversity, disability and the concept of *reasonable adjustment* (London Metropolitan University, 2005). Additional student support mechanisms for academic skills and learning difficulties were identified from the Department of Student Services and Learning Development Unit. Information about these services was included, at a later stage, into printed and on-line course material¹⁴. It was acknowledged that providing such services was a shared responsibility between academics and the various student services units.

To capture the views of employers and professional bodies, the Centre consulted NHS partners¹⁵, professional nursing programmes approved by the NMC and the QAA through a major review of health delivery portfolio at London Met at the beginning of 2006. Employability aspects of the curriculum were informed by labour market information, experiences and perspectives of sector employers expressed in various skills frameworks¹⁶. Reference was also made to the FPH's Career Guidance and Workforce Development Framework. These explain the key skills and knowledge required for public health work, areas of employment, levels of employment, career prospects, professional attitudes and ethics expected from those working in this field. Furthermore, in line with Section 8 of the QAA Code of Practice on Careers (QAA, 2001), information on career education and guidance had to be identified for the course through the University's Career Development and Employment Service in the Student Services Unit.

In order to determine competition, similar provision at other institutions in London was mapped. It was noted that London had at least 15 HE institutions delivering curriculum in public health. However, only 4 had portfolios closer to that of London Met. Eight offered courses that had a medical emphasis as most were based within

medical institutions. The remaining 3 offered combined disciplines. The team was aware that even with some similarity in provision from four institutions, research strengths and focus differ much. Furthermore, the philosophy of the new course views public health ‘as reaching far beyond the usual immediate remits of the health care structures’¹⁷. As such, the curriculum was going to differentiate this course from existing provisions¹⁸. Therefore, the new course was to occupy a niche space in higher education in this field. It was to prepare students for wide reaching roles in public health from applied social science perspectives, with a unique range of skills and knowledge from specialist modules in other areas of research expertise of the Department¹⁹. These are some of the course’s selling points.

All the macro-level points discussed above had serious implications for curriculum design and development. They helped the course team to think critically in relation to educational aims, learning outcomes, curriculum content, course structure, learning and teaching activities and assessment methods. As acknowledged in the course Form OA (p.5), there was an ethical obligation to include in the curriculum the views of previous students who wanted us ‘to develop a course that would widen their career prospects in both domestic and international public health’. Thus, as with Jiwani and Gosling (1997; p.315), the important question was: ‘is there a responsibility to ensure that the students are introduced to alternative perspectives to the dominant ‘Eurocentric’ curriculum?’

Turning to micro-level considerations, the course team had to think of the nature of internal provision, answering what, when, how and who would contribute to teaching on the course – would it be University wide or department based? Making use of existing modules minimises cost of new provision. As Nordberg (2006) noted, self-funding programmes in higher education are under pressure to keep cost of provision minimal. Thus, the programme was adapted largely from existing modules²⁰. The structure consists of 4 core modules, 2 optional modules (1 designate from a list of 14 and 1 elective) and a triple-module dissertation. The challenge of course structuring was to achieve a balance between cost minimisation of the new provision and ensuring that such a structure would adequately meet the educational aims, intended learning outcomes, philosophy, values and objectives, focus and flexibility aspirations of the new course.

Once a clear course structure was developed, intended delivery was then matched against departmental resources. Any additional resources required from other departments like Systems and Services and Estates Department were highlighted. A challenging aspect related to resource-gap auditing is course costing which must be attached for all course proposals. The Finance Department provides valuable advice on this. The final part in this stage is authorisation of completed Form AO²¹. Form AO was then sent to Portfolio Development Group (PDG) for course approval, concluding this stage. Thus, concepts and activities discussed above resulted in the first major outcome: the course proposal – MSc PH Outline Approval Form (Form

OA). Amount of work required to this point should not be underestimated as Form OA is a course proposal – a roadmap that must give a case convincing enough through its ten major sections²² to warrant an initial institutional approval. It must show that the course team has done its homework to understand in great detail the macro and micro-level key imperatives of the proposed course.

The second stage involved establishing modular teams to work on the modules content and specifications. Work was carried out at two levels simultaneously: as one team and as modular teams to prepare the Course Specification (CS) and Modules Specification (MS) documents, respectively. These documents are prepared on University templates covering specific aspect/s of the course or module. The documents explain the nature of a course and its modules; what they do and how they do it. In addition, reference to these documents will be made by many different groups of people²³, and they will also be used for future references by the course team should any modification or re-design of the course becomes necessary.

Frequent meetings were held to reveal progress and harmonise the curriculum by looking at different aspects of modules in relation to the course focus, philosophy, educational aims and objectives, learning outcomes, and external subject benchmarks. As Toohey (1999) and Nordberg (2006) noted, the design and development of modular programmes is at risk of fragmentation and loss of coherence. Thus, curriculum harmonisation meetings helped the team to continue to reflect upon the whole curriculum in order to institute programme coherence. A modular programme should not be treated as a sum of individual modules, but as a holistic entity with modules tied up together through common educational aims and learning outcomes. Even though three core modules were adopted as existing, only *Social Research* (a department-wide core module) was not modified. The other two, *Public Health and Health Promotion*, and *Health in the City* were redesigned to reflect aspirations of the new course. A challenging aspect here was to think critically about the nature of knowledge, content, learning and teaching activities, teaching methods and assessment tools that, on one hand, conform to course philosophy and focus, and on the other, ensure that course educational aims and learning outcomes would be achieved. Thinking about these aspects required reflection upon much of the macro-level constructions put together previously and consultation with established educational principles. Therefore, with reference to various educational theories (Bloom's taxonomy, SOLO taxonomy and Herrmann's 'whole brain' model – see Figure 3 below), various aspects of each module - from aims, learning outcomes, pre-requisites and exit competencies, syllabus, learning and teaching activities, to assessment strategy - were examined carefully to ensure 'deep' rather than 'surface' learning (Ramsden, 1992; Biggs and Collis, 1982). Emphasis on types of skills students should gain was placed on 'high' rather than 'low' cognitive demand (Bloom's taxonomy).

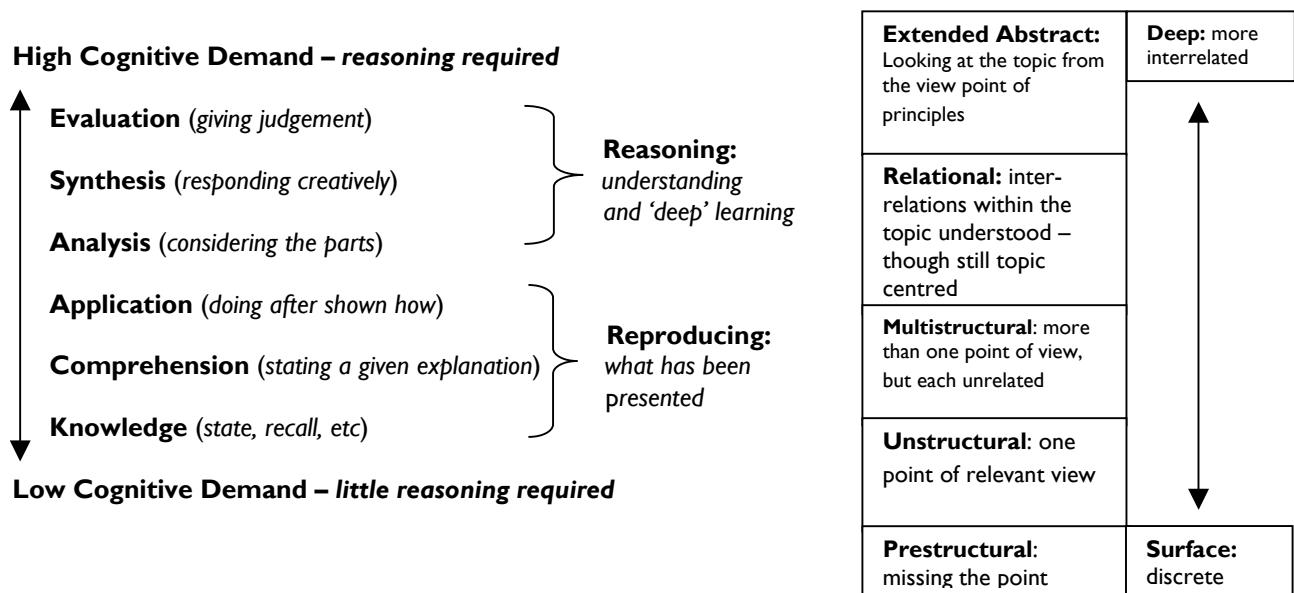


Figure 3: Bloom's Taxonomy

** Adopted from: Petty (2006) and Toohey (1999).

SOLO Taxonomy

Expectations regarding the *quality* and *structure* of student work conformed to Biggs' SOLO taxonomy, with the highest response level, extended abstract, being the most preferred target. This is because extended abstract requires learners to go beyond the immediate context and factors given and use subject *principles* and *values* to analyse and evaluate situations. Further studies on Biggs' SOLO taxonomy done in the USA discovered that experts do not just know more, but 'structure their understanding around principles rather than around topics' (Bransford, 2000; cited in Petty, 2006 p.21). They understand the conditions when these principles apply. Petty (2006) further points out that 'crucially if learning is structured around principles this enables the learner to transfer their learning to entirely new contexts' (p.25). Thus, given the pressure on higher education today to ensure learners get curricula that gives them transferable knowledge and skills, and that previous students had pointed to a need for a course that widens career prospects in health by giving them more transferable skills, the course team agreed to include teaching of subject principles in the core modules.

Now, let us see how these learning theories and principles were amalgamated with other macro and micro-level factors (stage one) into the designing of the full programme. The *Public Health and Health Promotion* module provides the theoretical and methodological frameworks, and policy contexts of public health within local, national, and international settings. *Social Research* gives students social science research skills. *Health in the City* focuses at public health within urban settings with the view that increasing globalisation and migration are creating new public health challenges in world cities, requiring public health authorities to 'think globally and act locally'. *Social Epidemiology* provides the principles and methods of social epidemiological investigation to help explain the determinants of population health

and disease patterns. The 14 designate modules were selected with the view that skills in management, finance and policy are now regarded as additional advantage for work in the health sector. These were placed into two categories: management-related and policy-related modules. Adding an elective was to allow some flexibility to student choice and programming. The triple-module dissertation is a highly indispensable part of the course, to be taken in stages over the duration of the programme. It was designed to give students an opportunity to bring together learning from taught core modules to inform a substantive independent investigation in an identified area of concern in public health. Students are required to demonstrate a high level of autonomy; synthesis, analysis and evaluation of knowledge; and critical reflection on a research question in relation to the course learning outcomes. Assessment strategy is designed to test students' ability to demonstrate the above by means of a proposal and a dissertation. These aims, learning outcomes and assessment aspects firmly conform to the discussions about the Bloom's and SOLO taxonomies, thus promoting reasoning, understanding and 'deep' learning.

Other activities were undertaken simultaneously during this stage. Once feedback on the course proposal (From OA) was received from the PDG, and now with more information at hand, the course team responded to issues raised in relation to staffing; details of staff development related to the course; and resource statements from Systems and Services. Furthermore, the course team consulted external expert opinion and external examiners, and prepared other supporting documentation. The outcome of this stage was the production of *course portfolio* for validation and approval²⁴.

Submission of the *course portfolio* for validation and approval took us to the *third stage*. Departmental approval was sought from the Departmental Taught Provision Committee (DTPC) and University central approval from PDG. Whilst waiting for course approval, the course team undertook further developments. Consultation with the Department of Student Recruitment, Marketing and Communications was necessary in order to produce *course marketing portfolio*²⁵. When producing on-line marketing material, it was important to make sure that appropriate phrases were included so that the course would be more visible on the worldwide web to audiences making internet searches. Timetabling issues were resolved at this stage. The outcome of this stage was the *course marketing portfolio*.

The *fourth stage* was much more concerned with course marketing, which had started soon after submission of course documentation for approval. This was because course marketing had to start well in time if we were to be successful in recruiting student numbers close to our predictions. Once *final approval* was granted, this decision was communicated to the Department, Centre and other appropriate users within the University, and final approved course documentation was electronically archived. The course team carefully monitored this public

introduction of the course to ensure prompt attention to any mistakes, misleading statements, etc. There was also active liaison with staff in administrative units such as Admissions, Recruitment, Finance, and Postgraduate Registry to make sure that correct details about the course were known. It was also important to ensure visibility of all course material, especially on the internet, to stakeholders (particularly potential students and employers) as this facilitated the beginning of the application process. Working with Student Recruitment and the Admissions Office, the course leader followed applications through to place offers and liaised with potential students where necessary. At the same time, course handbook and module booklets were updated to prepare for enrolment, induction and *course launch*. Thus, the outcomes of this stage included student admission, enrolment, induction and *course launch*.

The *fifth stage* can only take place if a course obtains final institutional approval. This was *final phase* of the course design and development process - course launch, implementation, delivery and evaluation. The first cohort of students enrolled in autumn 2007 and implementation and delivery of the programme as per the CS started. This phase was the ‘litmus test’ for the course team – monitoring the outcome of this project - to deliver the curriculum to the best possible learning and teaching experience for students and staff – experience that can be referred to for any improvement. Thus this final phase was also, in fact, the beginning of course monitoring and evaluation – an important process that will give the course team opportunities to reflect on the curriculum for any modifications, forward planning, further development, improvement and overall sustenance of the course. Monitoring and evaluation will also help the course team to check how the course is progressing and settling into the University’s existing systems, and to document observations to reflect upon for a major review at the end of first year of delivery.

Discussion

The process of course design and development in higher education, despite Toohey’s remarks at the beginning of this paper, has become a more complex undertaking. Increasingly, a number of related and unrelated internal and external imperatives must be understood and taken into consideration prior to and during the project. Above all, course teams must pay special attention to their subject areas and sectors of professional practice. Some sectors are heavily regulated and training courses have to be sensitive to this. The health sector in the UK, for example, is always in a state of perpetual change as health policy, practice environment, standards, guidelines and public expectations change rapidly. As such, it is heavily regulated by government and professional bodies, making the NHS the most politicised public service. Caution should be taken with reference to quality assurance as it can be very prescriptive, constraining the space for course creativity.

On different aspects, Nordberg (2006) points out that issues such as resources, financing, cost, income, relevance and sustainability are now central in decisions to

approve new courses. Thus, course teams should assess their course ideas with an awareness that resources are likely to be allocated to new courses that promise to generate significant income, from both student intake and third-stream activities. On the other hand, factors such as student characteristics and needs; skills requirements and expectations of future employers; government regulations; internal and external quality standards, guidelines and benchmarks; and challenges posed by competitors, are all demanding more attention from course teams. Therefore, course design is becoming more complex and macro-level orientated, necessitating an ‘outside-to-inside’ approach

In line with established models of course design (third section of this paper), this ‘outside-to-inside’ approach can be described in five related stages, summarised in Figure 2, each with a myriad of tasks and activities that result in specific outcomes. The process can be narrowed down into two stages: *course initiation* (bringing the course into life or existence) and *course sustenance and expansion* (giving the course more life). Thinking this way makes course design and development an *organic* process – the outcome of each stage in course initiation is a *specific organ* that sustains the next stage. And the complete formation of all organs results in the birth (course initiation) of a living organism (course).

The process described in this paper offers a principled framework to course design and development. This made the execution of the project more systematic. The approach also allowed wide consultations to be conducted for each stage, especially the first and second. The duration it takes to complete a stage depends on the nature of the course and subject area, but most importantly on the ability of the course team to consult widely and as quickly as possible. As demonstrated in section four of this paper, the first and second stages were the longest for the described project.

On reflection, student characteristics highlighted in stage one, especially point (f) had serious implications for perceived student expectations and quality of academic skills and commitment. The fact that an ‘increasing number of students have very limited time for study but are capable of completing tasks and meet deadlines’ means that more students coming to academic courses expect to get professional training rather than knowledge-based education. They prefer to have courses that train them for performance (task-orientated) rather than focusing on knowledge expansion. It is not clear yet how ‘limited time’ for study affects the ability of many average students to engage properly with ‘high cognitive demand’ and ‘deep’ (interrelational) learning at which the MSc PH course aims, based on the Bloom and SOLO taxonomies. With regards to this course, for example, it was acknowledged that SOLO taxonomy measures *quality of understanding* (depth and breadth), hence careful scrutiny of tasks and assessments was important to ensure that no student’s work gets marks higher than its actual response level. On the other hand, an individual student’s understanding may be at a higher SOLO level than the work they

produce, due to poor writing skills or lack of effort' (Petty, 2006 p.21). Disability or learning difficulties may also bring about such a scenario. To deal with such anomalies effectively, the course team adopted various assessment methods (reports, essays, seminar presentations, unseen examination and a dissertation) intended to give all students varying but equal opportunities to demonstrate their level of ability, knowledge and competences.

Conclusion

Looking at the process of course design and development from the perspectives of Toohey (1999) and related models (above), this paper has discussed a 'principled' framework developed for a new Masters in Public Health. It is a 'systematic' (step-by-step) approach to course design and development that views the process as 'organic' and built from macro (external) to micro (internal) level considerations (illustrated in Figures 1 and 2). Hence, this experiential process is referred to here as an 'outside-to-inside' approach in course design. The paper has demonstrated that a contextual background in course development is important as it helps to set the rationale for the course. It has argued that the *macro-level* approach described here requires, first and foremost, that need, demand for and relevance of a course be established in line with market trends. Without this, it is pointless to embark on a course development project.

Furthermore, as demonstrated in section two of the paper, reference to various educational theories and principles (e.g. Bloom's and SOLO taxonomies) against sound knowledge on student characteristics and other essential macro and micro level factors, is a useful aide when thinking through learning and teaching activities and assessment strategies for a new curriculum. With extensive reflection, this can also help course teams to ensure programme coherence on modular structured courses.

Finally, course design and development in higher education today in the context of increased pressure on funding and resources, on one hand, and wider participation and new legislation on disabilities, on the other, is a very complex undertaking. It requires a lot of disciplined planning, systematic execution of tasks and team work with good consulting skills, all informed by curricular and educational principles – in short, a 'principled' framework.

Endnotes

¹ This is emphasised in many recent policy documents: The Acheson Report (1998); Our Healthier Nation (DoH, 1999); Choosing Health (Department of Health, 2004); The Wanless Report (2004); Patient-led NHS (DoH, 2005); Our Health, Our Care, Our Say (DoH, 2006).

² European Health Policy Forum (EHPF): Recommendation on Health and EU Social Policy. Draft 2, April 2003.

³ MDGs were established by the United Nations General Assembly in 2000.

⁴ LTPHN was established 'to ensure strengthened local public health delivery systems' and to call 'for avibrant and productive collaboration across academic and service public health'. The London Teaching Public Health Network Final Draft, 19th February 2006

⁵ The UK Nursing & Midwifery Council (NMC) Circular SAT/EP: Phasing out of Specialist Practice Qualifications leading to health visiting, school nursing and occupational health nursing. October 4th, 2006

⁶ Students, external partners, employers (mainly the health sector), international health organisations, government and professional bodies, course team and the University

⁷ As shown in Form AO (DASS, 2006 p.12), these include NHS Primary Care Trusts (PCTs) of Camden & Islington, Barnet, Hackney, Enfield &Haringey

⁸ The Faculty is a renowned standard setting body for specialists in public health in the UK

⁹ A developmental system that describes knowledge, skills, and attitudes for NHS staff from non-medical backgrounds

¹⁰ QAA – sets the values, knowledge, understanding, practice perspectives and characteristics of study programmes in health and social care; and represents general expectations on standards of qualifications, attributes and capabilities desired

¹¹ It gives guidance on competence descriptors to the five levels (certificate, intermediate, honours, masters and doctoral) of academic qualifications awarded by universities and colleges in England, Wales and Northern Ireland

¹² To include health studies, psychology, sociology, social policy, social enterprise, nursing, medicine, social work, development economics, development studies, health and allied professions, and public health

¹³ They include Race Equality Policy, Equality and Diversity Policy, SENDA, and London Met Student Mental Health Policy.

¹⁴ Course Handbook, module booklets, and WebLearn sites.

¹⁵ As shown in Form AO (DASS, 2006 p.12), these include NHS Primary Care Trusts (PCTs) of Camden & Islington, Barnet, Hackney, Enfield &Haringey

¹⁶ The NHS Knowledge and Skills Framework (KSF), NHS Agenda for Change, NHS National Service Frameworks (NSFs), Sector Skills Council for the Health Sector, Assessment of Current and Future Skills Needs (Skills for Health, 2005), and the Department of Health Workforce Framework.

¹⁷ In various MSc Public Health course documentation: Course Specifications, Course Handbook, and marketing material, e.g. Prospectus

¹⁸ The curriculum focuses on the wider determinants of health, especially on the impact of disadvantage, social exclusion, poverty, compromised citizenship, inequalities in health, and social determinants of health. It was built on the principles of social justice, user rights, community empowerment, equal opportunity, social inclusiveness and equal access to service use

- ¹⁹ Such areas include social evaluation, regeneration and housing, media and information management, social policy, policing, social work practice, the environment and sustainable communities.
- ²⁰ Two core modules (Public Health and Health Promotion, and Social Research) were taken from the phased out MA in Community Health. The third, Health in the City, was adopted from another programme where it was a designate module. The fourth, Social Epidemiology, was a complete new development
- ²¹ The course leader, Head of Department and on behalf of the Director of Finance authorise
- ²² The ten major sections of Form AO are: course details, course rationale, market rationale, student numbers, funding, course costing, departmental resources, systems and services and estates department resources, collaborative course provision, and authorisation
- ²³ These include external examiners, PDG, various administrative units, students, external consultants, course and module leaders, potential applicants, etc
- ²⁴ A collection of documentation: the CS; individual MS for all core and designate modules; draft course handbook; a list of CVs for all course teaching staff and external examiners to be involved with the course; evidence of consultation for external expert opinion; and details of past, present and future staff development related to the course
- ²⁵ The *marketing portfolio* consisted of material for the postgraduate prospectus, on-line course database, course fliers/leaflets, advert for mass media, special platforms like the unit's website pages; and guidelines for person-to-person marketing through meetings with external partners and employers.

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