

# UKPHR

Public Health Register

Protecting the public | improving practice



## Supporting Information

*for Public Health Practitioner Registration*

*May 2023*

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## Introduction

1. The *Supporting Information* document is intended to assist practitioners in their interpretation of UKPHR's amended practitioner standards, published in April 2019, and set out in the *UKPHR Practitioner Guidance for Applicants, Assessors and Verifiers*, and is written from that perspective. The *Guidance* sets out our requirements for practitioner registration and must be followed. This document complements but does not replace the *Guidance*.
2. This document will also be of use to assessors and verifiers and help ensure consistency of assessment. The standards are for use across the whole range of public health practices, so assessors and verifiers will see a wide range of work whose relevance to the standards claimed must be explained by the practitioner.
3. The *Supporting Information* document will be updated periodically. The latest version of this document is available on our website; please ensure you are using the most recent version.

## Eligibility for registration

### *Criteria*

4. Practitioners wishing to start the process towards registration with UKPHR must demonstrate they:
  - are working as a public health professional with autonomy (i.e., managed rather than supervised directly) in their area of public health practice;
  - have sufficient experience working in an autonomous public health role (likely to be at least two years' work experience in an autonomous public health role).
5. **Autonomous practice** is an important concept in this context. It relates to the standard of public health practice that assessors will be looking for when they come to assess a practitioner's portfolio of evidence later in the process. See Annex 2 in the *UKPHR Practitioner Guidance for Applicants, Assessors and Verifiers* for a definition of autonomous practice.
6. When practitioners apply to start the process towards registration, there should be evidence in, for example, (i) a relevant CV; (ii) a job title; and (iii) a role description to help make a judgment whether a practitioner is working (a) in a public health role and (b) with autonomy.
7. **Work in a public health role** does not have to be paid work. Many roles in the voluntary, community and social enterprise sector will meet these criteria as long as they are relevant to the delivery of the public health function.

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## *Timings*

8. Practitioners must have been working with autonomy in a public health role for a sufficient time to be able to demonstrate competence. This is likely to have been at least two years. The time for making this judgment will be when practitioners make their initial application for registration. Practitioners must confirm length of time worked in public health roles with autonomy in their completed application form or by providing other information.
9. The practitioner's experience in an autonomous public health role must have been carried out in the time immediately running up to the time when practitioners make their application.
10. In cases of interrupted careers – for example because of maternity and paternity leave, caring responsibilities or redundancy or other similar reasons - an extended period prior to applying can be considered. Practitioners who wish to ask for consideration under this extension should draw attention to this at the outset when applying for registration.

If this extension applies, the time over which the practitioner has worked in a public health role does not have to have been a single, continuous period of work.

It is unlikely, however, that work carried out more than five years before the practitioner starts the process towards registration will be counted towards work experience in an autonomous role (because of the likely impact on currency of evidence).

## Organisation of your Portfolio

11. Each submission to an assessor consists of a commentary, its associated evidence, and an assessment log.
12. A commentary is a subjective document you generate as part of the registration process. Your evidence, in contrast, is generated as a result of the work you undertook and provides objective corroboration of the claims you make in your commentary. This is the basis of portfolio assessment. Your evidence must be clearly linked to the description in the commentary of how you meet the standard.
13. You must submit at least three commentaries, each of which covers a discrete piece of work from which you have derived evidence of application. A piece of work can be a project, a programme, an aspect of your routine work or any other type of public health work you have undertaken; in short, it is up to you to identify work which demonstrates the standards you have claimed. The evidence of application should be from 'real life' public health practice rather than a theoretical example such as from academic study. The choice of standards to be covered by each piece of work is yours, but you may find some standards link together naturally, depending on the nature of your work. Each standard should be claimed only once.
14. The choice of appropriate work to demonstrate each standard shows your understanding of each standard (see more on demonstrating understanding

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below). Breaches of confidentiality often occur because identifiable details have not been removed from evidence, so it is important that you check your evidence carefully before submission. Information about confidentiality is provided below.

15. Each commentary and item of evidence should be clearly labelled and dated (the date when the commentary or evidence was generated) and include the practitioners name (where practicable). This is because evidence needs to be generated from an applicant's own work. Where this isn't practicable e.g., where applicant has contributed to a larger piece of work such as an annual report, then supporting evidence such as an email or other such information should be provided demonstrating they have contributed in the way described in the commentary.
16. If changes to a commentary are made in response to a clarification, the change should be added to the original commentary in a way that is clearly visible e.g., a different text colour.  
  
Original text should not be removed but struck through, so it remains visible and preserves the audit trail. The updated commentary should be re-labelled and re-dated to show it has been updated.
17. You should use a numbering system that links the commentary and evidence e.g., evidence for **Commentary 1 (C1)** should be labelled **Ev 1.1** etc. It also helps if you distinguish between evidence of knowledge and application e.g., **Ev1.1K** and **Ev1.1A**.  
  
Whatever system you use, it should make your evidence easy to find for both the assessor and the verifier.
18. Enter all your evidence for a standard on the assessment log; only evidence entered against a standard on the log will be assessed.

## Commentaries

19. Commentaries should contain information on:
  - The context for the work
  - A brief description of the work (including aims, objectives and outcomes)
  - The standards you are claiming
  - Your role in the work (specific to each standard if this differs across the standards)
  - How you acquired the knowledge underpinning the standards
  - How the work demonstrates the standards
  - The date the work was undertaken
  - A reflection on your learning from the work, what went well, what you would do differently

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- List of evidence (numbered, dated and titles) at the end of commentary
20. In your reflection you should focus on your involvement, rather than that of others. If there were challenges with individuals or organisations, which had an impact on the work, these can be explained, but be careful to describe these in a professional manner.
- Reflection in the commentary does not require corroborative evidence, unlike reflective pieces used as evidence.
21. We allow flexibility in the way you write your commentaries. However, try to maintain a narrative flow when describing your work and demonstrating how it is relevant to the standards you have claimed. This may mean it is better to address some standards together in a commentary, rather than in numerical order. However, you choose to organise the material, you should ensure that evidence for each standard is signposted clearly in the commentary.
22. The commentary links your work and your evidence to the standards. This should be the focus of your narrative. Limit the amount you write about the project itself to what is necessary for context and relevant to the standards being claimed.
23. Communication is key to effective public health practice and has its own set of standards. Your commentaries need to communicate effectively with your assessor, so it is important that you check your meaning is clear. Poor spelling and formatting may impair your ability to convey your meaning, so pay attention to these aspects. You will not be assessed on your writing ability, but you should maintain the same professional standards that you follow in your practice.
24. Once the standards in a commentary have all been accepted, the commentary is closed. Should you wish to use the same work to provide evidence against a new standard later in the process e.g., in response to a resubmission, you must write a new commentary. You can copy relevant sections into the new commentary e.g., context and scope of the work, but you cannot reopen a commentary.

## Evidence

25. We allow flexibility in the type of evidence you can use, provided it is relevant to the standard (see *UKPHR Practitioner Guidance for Applicants, Assessors and Verifiers*). Each piece of evidence should include its date of origin and your name. If your name is not included, you should ensure other evidence is provided that demonstrates your role in producing the evidence.
- Your role in generating the evidence should be clear and evidence should be signposted in the commentary. If you use a written report, signpost the part relevant to the standard; the assessor will not read the whole report to look for the evidence. Use only evidence relevant to the specific standard and keep the number of items of evidence for each standard to the minimum necessary.
- You can use an item of evidence for more than one standard if it is relevant.

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26. Evidence can be derived from any period of your career, if the 50% rule is met (see *UKPHR Practitioner Guidance for Applicants, Assessors and Verifiers*). Most evidence will be drawn from professional roles you have undertaken, but examples from things you have done in a voluntary capacity outside work can be used as evidence if relevant for demonstrating the standards.
27. Breaches of confidentiality often occur because identifiable details have not been removed from evidence, so it is important that you check your evidence carefully before submission. More information about confidentiality is provided below.
28. We require submissions in English. If your evidence involves the use of another language, a translation should be provided in English.

## Evidence of knowledge

29. Evidence of knowledge will often be broader than evidence of its application, which will be related to your specific area of work. You should always seek to demonstrate how you acquired the knowledge that underpins the standard: briefly summarise what is the knowledge and what was its source. When was it acquired, and how?
30. The level of knowledge required is equivalent to a first degree (Level 6 in the Qualifications and Credit Framework<sup>1</sup>, Level 10 in the Scottish Credit and Qualifications Framework<sup>2</sup>).
31. Knowledge need not be evidenced by formal learning (see *UKPHR Guidance for Applicants, Verifiers and Assessors*). Learning undertaken for CPD can often provide valuable evidence, for example shadowing, self-directed learning, seminars. Citing potential evidence and listing training courses/sessions in a commentary is insufficient. Knowledge gained through experience or other informal methods needs to be set out with sufficient detail, in either the commentary narrative or a reflective note, to assure the assessor of the relevance, authenticity, legitimacy and appropriateness of the learning undertaken at the appropriate level (autonomous practice). Where possible it must be supported with objective evidence. It is helpful if your narrative includes some reflection on the learning acquired. This information will support the assessment and demonstrates your reflective practice.
32. A testimonial from an appropriate professional as evidence of the knowledge claimed can be used, however a testimonial on its own is insufficient. If a testimonial of is used for this purpose, it should refer specifically to the standard and evidence. The professional status of the person providing it should be clear.
33. You may use 'post-dated' evidence for knowledge i.e., knowledge gained after application i.e., the work that you did, but you should still be clear as to how your

<sup>1</sup> <https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels>

<sup>2</sup> <https://scqf.org.uk/interactive-framework/>

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original knowledge was acquired and, wherever possible, provide objective evidence of this.

34. Reflective notes on the knowledge you have acquired is not necessary, unless an assessor needs further assurance that you have the appropriate underpinning knowledge. This should not be required if you have provided enough detail covering the questions above and your evidence of application demonstrates your understanding of the knowledge you have acquired.
35. If your knowledge evidence is older than 5 years, you should consider whether it should be updated, and evidence of that update included in your submission. This is particularly important if there is likely to have been a change or expansion of that knowledge since you first acquired it.

## Evidence of application

36. The level of practice you are required to demonstrate is that of an autonomous practitioner i.e., you should not have been supervised directly for the work you have used in your submission. Some of your work may be at a higher level of practice, but assessors are told not to expect the same level throughout your evidence if the minimum level is met.
37. Evidence of application for each standard should be derived from one piece of work and should be real examples from your own work, either produced by you or directly related to you.
38. A testimonial from an appropriate colleague (such as a registered professional) can be used as evidence of application, but do not overuse this form of evidence. An evidence testimonial template is included in Annex B. Testimonials should be from an appropriate professional, who understands what the specific standard requires and is able to comment on your competence. A testimonial should refer specifically to the standard and evidence. The professional status of the person providing it should be clear. They may be a registered professional themselves, however, are not required to be a registered public health professional, as long as they have an understanding of the UKPHR standards for practitioner registration.
39. In some circumstances, an appropriate colleague may directly observe your work at a specific event and provide feedback. In these circumstances they can complete an observation template as evidence of application (Annex A), however this form of evidence should not be overused. As stated above (36) testimonials should be from an appropriate professional, the status of the person providing it should be clear and should specify the standard claimed and the event the observation relates to.
40. Subjective evidence such as personal or reflective notes as evidence should also be used sparingly and corroborated by objective evidence.
41. You must be careful not to plagiarise the work of others in either your evidence or your commentaries. References of documents or articles can be used, if they are

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important for the context of the work or for the extent of knowledge accessed, but they are not evidence of application unless you have written them yourself. Assessors are not expected to check references, so if there is content you wish to highlight, an extract should be provided.

## Understanding

42. Understanding is the bridge between knowledge and application. It is important because it relates directly to the purpose of registration: the recognition that practitioners are competent and safe to practise autonomously. In the practitioner registration process, it is demonstrated and assessed explicitly through:
- the choice of the standards for a particular piece of work (commentary)
  - the explanation of this choice (commentary)
  - the explanation of how the standard/ has been demonstrated in the work, which provides a coherent narrative to the assessor (commentary)
  - reflection on the work (commentary)
  - knowledge and application (evidence).
43. Separate evidence for understanding is not required, although the choice of appropriate evidence for knowledge and application, and the description of these in the commentary, will add to the assessor's assurance that you have understanding. Unnecessary or irrelevant evidence will decrease that assurance.

## Completing the e-portfolio

44. Most local schemes use the e-portfolio. You will be provided with information and training on how to access and input information into this. The feedback from your assessor will also be via the e-portfolio. The information you upload will be used to generate the assessment log.

## Feedback from assessor

45. Your assessor will look at your commentary and the evidence you have submitted and decide, for each of the standards you have claimed, whether you have demonstrated knowledge, understanding and application. If not, you will be asked to clarify whatever element has not been demonstrated sufficiently. Common reasons for clarification include:
- a specific item of evidence does not appear to be relevant
  - there is insufficient detail in the commentary or the evidence
  - not all aspects of a standard have been addressed

- poor signposting of evidence
  - your role in the work is unclear
  - it is not clear you are working autonomously
  - you have described your knowledge or application in your commentary but have not provided any objective evidence.
46. Most clarifications are simple to address and one issue e.g., insufficient detail, may lead to several clarifications in the same submission. This is more common in a first submission, as you will be getting to grips with the process. Therefore, we recommend you submit one commentary at a time, so you can benefit from the feedback you receive.
47. The assessment feedback will be through the assessment log. The scheme coordinator should be copied into any email contact with your assessor, e.g., to confirm submission/ feedback timescales or problems associated with these. The messaging function on the e-portfolio can also be used for this purpose.
48. Your assessor will have been told to be as clear as possible in outlining the issue that needs to be clarified; the list above is not exhaustive. However, assessors are warned not to stray into coaching, as this negates the point of the assessment process; we need to know you understand the standards, not the assessor.
49. Most of the assessor feedback will be entered on the log against the specific standard. Occasionally your assessor may leave a comment in the overview section if there is a systematic problem in one of your submissions. However, the main purpose of the overview section is to summarise the assessment process for the verifier.
50. Most local schemes provide support and if you have a colleague who has been through this process, they may be prepared to mentor you. If you do not understand the feedback you have been given, or feel the comments are not clear, tell your scheme coordinator as help may be available. Your assessor cannot give you direct additional feedback as this is strictly outside their role.

## The Standards

51. 'The public health function' referred to in the standards is defined in the Public Health Skills and Knowledge Framework 2016 as: *'improves and protects the public's health and reduces health inequalities between individuals, groups and communities, through co-ordinated system-wide action'*.
52. Your portfolio concerns your own area/areas of work; it is not expected to be system wide. Some standards specifically refer to collaborating across organisations and boundaries. You are not expected to have led the work you have used, but you should always have made a clear contribution.
53. Knowledge, understanding and application must be demonstrated for each standard. Understanding is the bridge between knowledge and application, and is

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most often demonstrated in your commentaries, although it may also be shown in the evidence provided for knowledge and application. Separate evidence for understanding is not required.

54. There are eight area descriptions under which the standards are grouped. They are intended to guide the interpretation of the related standards i.e., where the emphasis should be placed in your evidence. They are not specifically assessed.
55. Confidentiality applies throughout your portfolio and a breach in confidentiality will require a resubmission of standard 2.2, if it has already been accepted, with evidence of updated training in data confidentiality and disclosure, and reflective learning on the original confidentiality breach.

## **1. Practising professionally, ethically and legally**

### *1.1 Comply with statutory legislation and practice requirements in your own area of work*

If mandatory legislation applies to your professional practice, this should be included in your evidence. 'Practice requirements' includes professional and organisational requirements.

If your evidence relates to older legislation, you should provide evidence of updated knowledge.

### *1.2 Use an ethical approach in your area of work, identifying ethical dilemmas or issues arising and how you address them*

You should outline the approach you have used; if a specific ethical framework is used in your area of work, this should be referenced.

### *1.3 Act in ways that promote equality and diversity*

You should distinguish between equality and diversity and demonstrate both. You should demonstrate knowledge of the individual characteristics that are relevant in this context, but do not need to show evidence of application for all. You should be explicit in your evidence of application regarding the characteristics that were addressed.

### *1.4 Act in ways that value people as individuals*

The knowledge for this standard may be similar to that used for standard 1.3 and standard 1.5, but its application will be in relation to individuals, rather than a population group.

### *1.5 Act in ways that recognise people's expressed beliefs and preferences*

The knowledge for this standard may be similar to that used for standard 1.3 and standard 1.4, but its application should involve eliciting people's expressed beliefs

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and preferences. You may not agree with the beliefs and preferences expressed, but you should demonstrate how they were recognised in your work.

### *1.6 Act within the limits of your competence, seeking advice when needed*

Advice can be sought from any trusted source, whether an individual or an organisation, written or verbal. Explain why your chosen source is appropriate/legitimate.

### *1.7 Continually develop your own practice by reflecting on your behaviour and role, identifying where you could make improvements*

We consider Continuing Professional Development (CPD) to be an essential element of registration. You should demonstrate a systematic approach to learning and development. Your evidence should include a personal development plan and evidence of self-reflection. Include material related to different approaches to learning and the way you take these into account.

### *1.8 Contribute to the development and improvement of others' public health practice*

You should include material related to different approaches to supporting the learning of others and the way you take these into account.

## **2. Using public health information to influence population health and wellbeing**

Where the terms 'data' and 'information' are used in the standards, the following should be noted. Data are facts or figures, which need 'cleaning' and 'processing' to be useful. When data are processed, interpreted, organised, structured or presented to make them meaningful or useful, they become information.

### *2.1 Identify data and information requirements to deliver the public health function demonstrating use of epidemiological terms and concepts*

Epidemiological terms and concepts include incidence, prevalence, measures of risk, health status, mortality/morbidity rates. You should outline your knowledge of data sources and especially those relevant to your area of work. The knowledge underpinning this standard may be broader than your application; you are not expected to demonstrate use of all the epidemiological terms and concepts but use of more than one is expected.

### *2.2 Manage data and information in compliance with policy and protocol, demonstrating awareness of data confidentiality and disclosure*

The work you use to demonstrate application for this standard may relate to previous policy and protocol, which was applicable at the time the work was undertaken but is now out of date. You should state that you are aware that this is the case and provide evidence that you have updated your knowledge. Knowledge evidence must include data confidentiality and disclosure.

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A breach of data confidentiality anywhere in your portfolio will require a resubmission for this standard (see *UKPHR Practitioner Guidance for Applicants, Assessors and Verifiers*).

### *2.3 Obtain, verify and organise data and information, showing awareness of potential data anomalies*

The knowledge underpinning this standard may be broader than your application and should include basic public health data sources, the significance and reliability of data and what data anomalies may be encountered i.e., the standard requires an awareness of the validity of data and its limitations.

You should explain your choice of data and its source in your evidence of application. The data and information can be from either primary or secondary sources, but you should demonstrate knowledge of how it was verified, and your own use of the data and information should be outlined.

### *2.4 Demonstrate how health inequalities are identified and monitored*

The knowledge underpinning this standard may be broader than your application. Identification and subsequent monitoring of health inequalities in your area of work should be demonstrated in your evidence of application.

### *2.5 Interpret and present information using appropriate analytical methods for quantitative data*

Quantitative data analysis is the process of presenting and interpreting numerical data, using statistics. You would be expected to have knowledge of basic statistical terms, including median, mean, mode, range, variance, simple tests of differences between groups or populations, calculation of population rates and confidence intervals.

You should include the context in which the information is being used; how you interpreted the information and where and to whom you presented it. The knowledge underpinning this standard may be broader than your application; you should demonstrate knowledge of more than one analytical method and the criteria for when they are used. Explain why the method(s) you used were chosen. The analysis need not be complex.

### *2.6 Interpret and present information using appropriate analytical methods for qualitative data*

Qualitative data analysis is the process of analysing data collected in a non-numeric form. You should include the context in which the information is being used; how you interpreted the information and where and to whom you presented it. The knowledge underpinning this standard may be broader than your application; you should demonstrate knowledge of more than one analytical method and criteria for when they are used. Explain why the method(s) you used were chosen. The analysis need not be complex.

### **3. Assessing the evidence for public health interventions and services**

#### *3.1 Access and appraise appropriate evidence of effectiveness for public health interventions or services*

Knowledge of different sources, types and levels of evidence and systematic appraisal methodology is needed for this standard. An awareness of the limitations of evidence should be demonstrated. Explain how these have been applied in your area of work. The knowledge underpinning this standard may be broader than your application.

#### *3.2 Apply evidence to plan the delivery of effective public health interventions or services*

Knowledge of the information needed to determine whether an intervention is effective is required for this standard. The knowledge underpinning this standard may be broader than your application. In your application of this knowledge, explain how you knew the evidence was likely to achieve the desired result and how the evidence was used in the planning of the delivery of the intervention. You need to outline your involvement/role but do not need to have led the work.

### **4. Protecting the public from health risks while addressing differences in risk exposure and outcome**

#### *4.1 Demonstrate how risks to health and wellbeing are identified, prevented or controlled*

Knowledge of all three elements (identification, prevention and control) is needed, but only one need be demonstrated in the application, unless your work required consideration of more than one element. The knowledge underpinning this standard may be broader than your application and should include the varying scale of risk and different types of risk. Your application need not be complex.

#### *4.2 Demonstrate how individual and population health differ, and describe the possible tensions which may arise when promoting health and wellbeing*

You should describe the difference between individual and population health and how these can lead to tensions. Your application should then demonstrate at least one tension, which arose in your work, and how you dealt with it.

### **5. Implementing public health policy and strategy**

#### *5.1 Support the implementation of policies or strategies to improve health and wellbeing and reduce health inequalities*

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This standard requires knowledge and understanding of at least one national, regional or local strategy linked to the causes of poor health and inequalities, which has been implemented in your area of work. You do not need to have led the implementation, but you should outline the nature of your involvement. You are not required to have developed policy or strategy in order to demonstrate this standard, but you can use evidence of such development if it is your own work. Policy or strategy documents can be referenced, but they are not evidence of your application (unless you have produced them).

### *5.2 Demonstrate how your work is influenced by an understanding of the impact of the wider determinants of health*

Determinants of health are the personal, social, economic and environmental factors, which determine the health status of a person or community. Your knowledge may be broader than your application.

It is important to link the wider determinants to the way they impact on health and inequalities and identify ways your work addresses them.

### *5.3 Critically reflect on and make suggestions for how public health policies or strategies could be improved*

Your reflection and subsequent suggestions should be informed by objective analysis. Your suggestions do not need to have been implemented, but they should have been shared with other professionals. You do not need to have contributed to the development of policy or strategy to demonstrate this standard, but you can use evidence of such a contribution if appropriate

## **6. Collaborating across organisations and boundaries to deliver the public health function**

### *6.1 Show how organisations, teams and individuals work in partnership to deliver the public health function*

This standard requires knowledge of the principles of partnership working and how they have been applied in your work; you should outline your contribution to the partnership work you use as evidence of application. The nature of the partnership will depend on your area of work and should be clearly defined. The contribution of the partnership to the public health function should also be clear.

### *6.2 Demonstrate how you work collaboratively with other organisations to improve public health*

The focus of this standard is on the specifics of your own collaborative approach when working across organisational boundaries. The organisations concerned should be defined.

### *6.3 Reflect on your personal impact on relationships with people from other teams or organisations when working collaboratively*

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This standard focuses on your personal impact on individual relationships when working with others from different teams or organisations. The impact can be either positive or negative or both. If your personal impact was negative, you should include reflection on why this was the case and what you would do differently in future. Your impact should be linked to the outcome of the partnership work concerned. You should include corroborative evidence of your reflection

## **7. Planning, implementing and evaluating public health programmes and projects**

### *7.1 Describe how you have planned a public health intervention to improve health and wellbeing, demonstrating terms and concepts used to promote health and wellbeing*

Terms and concepts used to promote health and wellbeing include behaviour change, community engagement, health improvement, empowerment, hierarchy of prevention, social capital and social marketing. If others are relevant to your area of work, you should include these. Your knowledge may be broader than your application and should include models for promoting health and wellbeing. Your evidence of application must include at least one of these models and you should explain why this model was chosen. Your evidence of application will draw from the terms and concepts which are relevant to your area of practice.

You do not have to have led the planning of an intervention; your contribution to the work should be clear. A public health intervention can include programmes, projects or services. You must define the intervention you have used as evidence of application.

### *7.2 Demonstrate how the culture and experience of the target population may impact on their perceptions and expectations of health and wellbeing*

Your underpinning knowledge may be broader than your application i.e. you should provide evidence of your knowledge of a range of characteristics which give rise to cultural differences between groups and populations and how these impact on their perceptions and expectations. You should define your own target population and be specific about the aspects of culture and experience, which are relevant to your work.

### *7.3 Show how the target population were involved in intervention planning or delivery and have been supported to make informed decisions about improving their health and wellbeing*

You should define the target population and demonstrate both their involvement in planning and how you supported their ability to make informed decisions. The target population should be subject to the intervention.



#### *7.4 Evaluate a public health intervention, reporting on its effect and making suggestions for improvement*

The knowledge underpinning this standard may be broader than your application, as you need to demonstrate knowledge of evaluation principles and frameworks. By evaluation we mean a process that attempts to determine systematically and objectively the relevance, effectiveness and impact of activities in the light of their objectives.

You should outline which evaluation approach or framework you have used in your own work. You do not need to have led an evaluation, but you should outline your contribution. Suggestions for improvement need not have been implemented but should have been discussed with other professionals. A public health intervention can include programmes, projects or services. You should define the intervention you have used as evidence and the scope of the evaluation itself.

#### *7.5 Demonstrate project management skills in planning or implementing a public health intervention*

Knowledge of general project management principles is required, and their application demonstrated in your area of work. A public health intervention can include programmes, projects or services. You should define the intervention you have used as evidence of application.

#### *7.6 Demonstrate how quality assurance principles or policies are applied when planning or implementing a public health intervention*

Knowledge of general quality assurance principles and any policies relevant to your area of work is required, and their application demonstrated. You do not have to demonstrate your personal influence on which principles or policies are used, and your application need not be complex. You do not need to have led the work, but you should outline your contribution. A public health intervention can include programmes, projects or services. You should define the intervention you have used as evidence of application.

#### *7.7 Demonstrate how risk management principles or policies are applied when planning or implementing a public health intervention*

Knowledge of general risk management principles and any policies relevant to your area of work is required, and their application demonstrated. You do not have to demonstrate your personal influence on which principles or policies are used, and your application need not be complex. You do not need to lead the work, but you should outline your contribution. A public health intervention can include programmes, projects or services. You should define the intervention you have used as evidence of application.

### **8. Communicating with others to improve health outcomes and reduce health inequalities**

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### *8.1 Communicate public health information clearly to a variety of audiences*

Your knowledge for this standard should include the needs of those with different language needs, levels of educational attainment or professional knowledge, or those with sensory or learning impairments, although your application may not address these groups. Awareness of different communication methods should also be demonstrated.

The audiences (at least three) need to be sufficiently different to require consideration of the type of the information or method of presentation or both. Your rationale for choosing the specific information or method should be given. The audiences should be defined clearly. You should also indicate how you attempted to understand how the message had been received; it is recognised that the impact of the messages may not be known.

Communication about risk can be included as evidence for this standard.

### *8.2 Communicate the health concerns and interests of local people to influence service provision*

Service provision includes delivery of a public health programme or intervention; this includes healthcare interventions or services. You should outline the scope of the work you use as evidence of application. The term 'local people' refers to any group of people affected by the service provision and you should define the nature of the group concerned. The intention of this standard is that the people concerned should be members of the public. How they have been listened communicated with and how their concerns and interests have been represented should be made clear.

### *8.3 Demonstrate awareness of the effect the media can have on public perception of health and wellbeing*

Your knowledge should include the different effects the media can have, and your application should show consideration of at least one of these effects and how this was dealt with, whether proactively, reactively, or both.

## Confidentiality and disclosure

56. Most organisations will have their own data protection policy. You may refer to this to justify your decisions on redaction. If your work required you to disclose information, the information should not be included in the evidence you submit, unless it is already in the public domain.
57. There are circumstances in which safeguarding requirements over-ride the duty of confidentiality. If this might be the case, the portfolio submission should observe data confidentiality, as there is no justifiable purpose for UKPHR to have access to those details.

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58. In portfolio evidence, it is most important that any work which includes **names or personal information about patients or members of the public of the public are securely redacted**. If they are included, it is made clear that their permission has been obtained.

This does not apply to correspondence between professionals in the course of their publicly accountable work, except for personal appraisals or any other confidential matters. If you are using emails as evidence, you do not need to redact details about professional colleagues if they are already in the public domain, however any personal contact details should be redacted. Work details of colleagues can give crucial information and context for the assessment. Ideally you would have asked them before using the evidence.

However, **it is essential that confidential or sensitive personal information about professional colleagues is not visible**. Applicants should justify their reason for leaving details which may appear sensitive in their portfolio, with a link to the public source, e.g. LA committee website, or a national publicly accessible webpage.

59. **Up to date knowledge of data protection/information governance and safeguarding vulnerable individuals and children is a key aspect of safe professional practice.**

60. A breach of confidentiality or disclosure will result in a resubmission of standard 2.2 if that standard has already been accepted or is included in the submission where the breach has occurred (see *UKPHR Practitioner Guidance for Applicants, Assessors and Verifiers*). If 2.2 has not been completed at the time of the identification of the breach, applicants will be required to submit evidence in accordance with the standard of 2.2 in future commentaries. In addition, they should include evidence of new Information Governance training, a reflection on the original breach, including both the actions they took in response to the breach – and any actions they will expedite to prevent this happening again.

## Testimonials and references *(please see Annex for templates)*

61. Testimonials have two different purposes in portfolios. One is to use as evidence for specific standards (see above) and the other is as a general testimonial at the verification stage. Information on both is provided in the UKPHR Practitioner Guidance for Applicants, Assessors and Verifiers document. Both need to be from appropriate professionals i.e., individuals who as a result of their own training and experience can comment on your competence, for example a Consultant in Public Health, registered public health professional or another registered professional.
62. A general testimonial and a reference must be provided once an applicant has completed their commentaries and they have been assessed. The assessor will review and agree them, before proceeding to verification. Please note UKPHR require that the reference and testimonial are signed, or in the absence of a signature, that they are accompanied by an email from the author to confirm they wrote the reference.

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63. Both the general testimonial and reference must be provided before the portfolio can proceed through the verification process. Both will also be required for application for registration to UKPHR. The same reference and testimonial should be used for both purposes.
64. A general testimonial should be from someone who has reviewed the evidence you have submitted for assessment and can confirm that it is your work. The writer of the testimonial should be able to comment on the quality of the evidence submitted and confirm that you are working, or capable of working, at public health practitioner level. They should be able to confirm you are practising autonomously as a practitioner. This overall testimonial is separate to any testimonials you may have included as part of your evidence. It is acknowledged that applicants may have submitted evidence from a range of different roles. Whilst the author of the testimonial may not have directly observed all the work submitted for assessment, they should be able to confirm that they are confident that the work they have not observed directly is your own work in their professional opinion. If one person does not feel able to provide a testimonial for the entire portfolio, you may get a second testimonial to cover specific gaps.
65. A **reference** should be from someone who knows you professionally, who can confirm there is no professional, or fitness to practise, reason you should not be included on the Register. The referee should be able to provide general comments about your ability as a public health practitioner. They should be able to provide general comments about your ability as a public health practitioner.
66. The professional colleagues providing your general testimonial and reference will have regularly seen your work. They should not be junior to you and at least one of them should come from your line manager if you are employed. You should not use someone for whom you have provided a testimonial or reference. The testimonial and reference should not be written by the same person.
67. Templates for both types of testimonials and for your reference are provided (please see annexes B to D).

## Job Descriptions

68. Your current job description is required at the verification stage. If you have more than one role, these need to be reflected in the documentation. If you are not currently employed, the most recent job description should be attached. If you are self-employed, you should provide a description of your business and your role.

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## UKPHR Practitioner Registration

### Annex A: Observation template

Can be used by a colleague when observing a specific event and used as supporting evidence relating to a specific standard.

|                    |  |
|--------------------|--|
| Applicant name     |  |
| Assessor           |  |
| Date of Assessment |  |
| Standard Claimed   |  |

| To be completed by the applicant   |  |
|--|--|
| Event being observed and date  |  |
| Applicant Evaluation   |  |
| What were the aims and objectives of the session /workshop / meeting / presentation? |  |
| What went well?  |  |
| What would I have done differently?  |  |

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|  |                          |
|--|--------------------------|
| Summary of key learning points   |                          |
| Actions/ future development needs planned as a result of this learning |                          |
| <b>Applicant signature</b>   |                          |
| <b>To be completed by the Observer</b>                                 |                          |
|  | <b>Observer comments</b> |
| Planning and structure of the session                                  |                          |
| Gives appropriate and accurate public health information and advice    |                          |
| Range of communication techniques used appropriately for the audience  |                          |
| Acts professionally and ethically                                      |                          |
| Other comments   |                          |
| <b>Recommendation</b>  |                          |
|  |                          |
| <b>Assessor's signature and date</b>                                   |                          |
|  |                          |

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### UKPHR Practitioner Registration

### Annex B - Testimonial template to be used as supporting evidence relating to a specific standard.

| Section 1 – Practitioner details |  |
|----------------------------------|--|
| Title:                           |  |
| Forename(s):                     |  |
| Surname:                         |  |

| Section 2 – Details and credentials of person providing testimonial  |  |
|--|--|
| Title:   |  |
| Forename(s):   |  |
| Surname:   |  |
| Professional registration and number (if appropriate):   |  |
| Your current position, place of work and contact details:  |  |
| Your position and place of work when working with applicant relevant to information covered in this testimonial: |  |

|  |  |
|--|--|
| <b>Relationship to the applicant when working with them:</b> |  |
|--|--|

### Section 3 – The standard and the evidence provided by the practitioner

|   |   |
|---|---|
| <b>Standard:</b>  | <i>[Specific standard, using reference number and description]</i>  |
| <b>Commentary:</b>  | <i>[Number and Title of Commentary in which standard is being claimed]</i>  |
| <b>Evidence:</b>  | <i>[Number and Title of Evidence, that you are authenticating, for standard being claimed – if applicable]</i>  |
| <b>Your statement about the accuracy of the evidence that the practitioner has provided and their role:</b> | <i>[Provide a description of, and authenticate (by signing and dating), the accuracy of the practitioner’s claim for this standard, and on what they base this claim e.g., by observation, discussion, receipt of a product from the work, appraisal or anything else they think is relevant]</i>   |
| <b>Signature to confirm information provided in this testimonial is accurate:</b>                           | <p><b>I, the undersigned, have seen the commentary and supporting evidence which has been submitted by the Practitioner relating to the standard. The information provided in this testimonial is accurate regarding the practitioners’ role and I can confirm this is their work.</b></p> <p><i>[Signature]</i></p> <p><i>[Date]</i></p> |

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Updated September 2019

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## UKPHR Practitioner Registration

### Annex C - Testimonial template to be used for verification AND for application to register with UKPHR stages.

A general testimonial should be from someone who can comment on the quality of the evidence submitted for assessment and can confirm the demonstration of the standards, it is the practitioners own work, and they are practising autonomously.

#### Section 1 – Practitioner details

|                     |  |
|---------------------|--|
| <b>Title:</b>       |  |
| <b>Forename(s):</b> |  |
| <b>Surname:</b>     |  |

#### Section 2 – Details and credentials of person providing testimonial

|   |  |
|---|--|
| <b>Title:</b>   |  |
| <b>Forename(s):</b>   |  |
| <b>Surname:</b>   |  |
| <b>Professional registration and number (if appropriate):</b>   |  |
| <b>Your current position, place of work and contact details:</b>  |  |
| <b>Your position and place of work when working with applicant relevant to information covered in this testimonial:</b> |  |
| <b>Relationship to the applicant when working with them:</b>  |  |

### Section 3 – Quality of evidence provided by the practitioner and declaration

|  |   |
|--|---|
| <p><b>Your statement about the accuracy of the evidence that the practitioner has provided and their role:</b></p> | <p><i>[Comment on the quality of the evidence submitted for assessment; authenticating their role and that they are practising autonomously].</i></p>   |
| <p><b>Signature to confirm information provided in this testimonial is accurate:</b></p>                           | <p><b>I, the undersigned, have seen the commentaries and supporting evidence which has been submitted by the Practitioner. The information provided in this testimonial is accurate regarding the practitioners' role and I can confirm this is their work.</b></p> <p><i>[Signature]</i></p> <p><i>[If you are unable to provide a handwritten signature please also send an email to the Practitioner to confirm you are the author of this Testimonial, so that they can send this with their application to register with UKPHR]</i></p> <p><i>[Date]</i></p> |

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## UKPHR Practitioner Registration

### Annex D - Reference template - to be used for verification AND for application to register with UKPHR stages.

A reference should be from someone who knows you professionally, who can confirm that there is no professional, or fitness to practise, reason why you should not be included on the Register. The referee should be able to provide general comments about your ability as a public health practitioner.

#### Section 1 – Practitioner details

|                     |  |
|---------------------|--|
| <b>Title:</b>       |  |
| <b>Forename(s):</b> |  |
| <b>Surname:</b>     |  |

#### Section 2 – Details and credentials of person providing reference

|   |  |
|---|--|
| <b>Title:</b>   |  |
| <b>Forename(s):</b>   |  |
| <b>Surname:</b>   |  |
| <b>Professional registration and number (if appropriate):</b>   |  |
| <b>Your current position, place of work and contact details:</b>  |  |
| <b>Your position and place of work when working with applicant relevant to information covered in this reference:</b> |  |

|  |  |
|--|--|
| <b>Relationship to the applicant when working with them:</b> |  |
|--|--|

**Section 3 – Reference**

|  |   |
|--|---|
| <b>Please provide general comments about the practitioner’s ability as a public health practitioner.</b> [SEP]                   |   |
| <b>Please confirm that you have certified the applicants’ certificates and/or evidence of name change (in person/virtually):</b> |   |
| <b>Signature to confirm information provided in this reference is accurate:</b>  | <b>I, the undersigned, can confirm that there is no professional, or fitness to practise, reason why this practitioner should not be included on the Register. The information provided in this reference is accurate.</b>            |
|  | [Signature]   |
|  | <i>[If you are unable to provide a handwritten signature please also send an email to the Practitioner to confirm you are the author of this Reference, so that they can send this with their application to register with UKPHR]</i> |
|  | [Date]  |

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