

## Guidance for applicants for UKPHR's *Specialist Registration by Portfolio Assessment*

*Knowledge competencies*

*October 2023*

### **Amendments made October 2023:**

- Added information regarding confidentiality breaches/ redacting information to section 3 – Crucial tips (page 4, number 13)
- Emphasise each element of competency to be demonstrated in bold type (page 3)

**Note: Applicants with a successful preapplication approval after 1 November 2022 will be required to work to these revised competencies.**

## 1. General

This document should be read in conjunction with UKPHR's Specialist Registration by Portfolio Application (SRbPA) Portfolio Applicant Guidance.

The Knowledge Key Area numbering relate to the UKPHR Key Area Show Hows as well as the 2022 FPH curriculum Key Areas for knowledge. Key Area refers to the whole section under which there are varying numbers of competencies. Guidance is offered for some of the competencies.

***If you have passed the Faculty of Public Health Diplomate (DFPH) examination in the 10 years before the date of your portfolio submission, then please submit your certificate confirming this. This will exempt you from submitting any further evidence for the knowledge competencies. Your certificate should be certified by your referee on your reference.***

If you have not passed the Faculty of Public Health Diplomate Examination (DFPH) then you must submit evidence against each competency that is within the past 10 years prior to the date of portfolio submission, to show your understanding of all parts of the competencies. Please note: if you are planning to evidence your knowledge competencies by passing the Faculty of Public Health Diplomate Examination (DFPH), we **strongly advise** you to do so prior to submitting your preapplication. Bear in mind that you will have 18 months from preapplication approval to portfolio submission, and passing the exam on the first attempt cannot be assumed.

In the evidence column of your portfolio assessment proforma, ensure that all your pieces of evidence are clearly numbered for each competency. This numbering must match the name of the evidence files.

It is important that you read and understand each competency and explicitly address **each word** of the competency. Demonstration of knowledge acquisition needs to be very clear, as assessors cannot make assumptions.

The key question assessors ask themselves are:

***“Am I assured this applicant has sufficient knowledge in this competency (and where relevant has evidence of current CPD). So, could they be given a piece of work relevant to this competency and require little help?”***

We strongly emphasise that applicants think from the perspective of the assessor. They are looking through the lens of the competency NOT the work.

## 2. What is evidence for Knowledge competencies?

For each competency, you must provide evidence of how you acquired the knowledge. This evidence must be **within 10 years of the portfolio submission**. If your learning is more than 10 years earlier, then evidence of updating of learning in the past 10 years is needed.

The level required for knowledge is Masters level, however this does not need to be acquired via a Masters course. See Crucial Tips below.

Formal qualifications must have sufficient detail to relate to each word of the claimed competency. The certificate of attendance should be from the organisation with their “identifying text / logos” on it. Submitting evidence of attendance of a course alone is insufficient, as it usually does not relate in enough detail to the specific parts of the competency. Objective evidence of attendance of a course must be supported by dates, corroborative evidence in the form of the syllabi from the Further Education Institution (FEI), including module descriptors, curriculum, course objectives and/or course materials including handouts, whichever precisely **confirm each word of the competency** being claimed. If evidence for a competency, or part of, is from an assessed module / course and the applicant has failed that assessment then *you must write your understanding* of the competency or part thereof, see \* below.

Testimonials are generally not admissible for knowledge evidence.

Where evidence is from courses or learning activities that are not from a successfully certified Masters degree, assessors will need to see evidence demonstrating knowledge relating to the relevant part of a competency. Evidence can be course objectives and/or course materials including handouts, whichever precisely **confirm each element of the competency or part** being claimed. Online courses require a dated attendance certificate (with the organisation logos on as above) and clear content. Exceptionally, emails can be used where the original certificates / course content is no longer available. These must have sufficient content to certify your claim.

On the job learning can be appropriate but you need to explain:

- a) what the learning was and how it was acquired
- b) your understanding of the competency from that learning, see below.

\* If there is insufficient evidence for any part of a competency then you must **write your understanding of the competency**. This includes if your knowledge acquisition for any competency was **more than 10 years** from the date of your portfolio submission (not pre-application), as well as how you have maintained your competence.

Please indicate the origin of this knowledge i.e., from learning activities such as a course, on the job learning or self-directed study. In this evidence assessors should expect to see some critical or thoughtful analysis of the learning, and consideration of the following questions:

1. **Relevance** - is there an appropriate match between the evidence presented and the learning claimed?
2. **Sufficiency** – is there sufficient evidence to demonstrate the achievement of the learning claimed at the right level?
3. **Authenticity** – is the evidence clearly related to the applicant’s own efforts and achievements?
4. **Currency** – does evidence relate to current learning as relevant for each competency? (See currency below).

Assessors will be looking for integrated knowledge across the competency statement, so you must link your knowledge to the missing part to the rest of that competency statement. See example below which has 3 separate statements.

Example KH1.D

Techniques and methods for the analysis of health data, including appropriate statistical analysis, trend analysis and modelling, the principles of surveillance and qualitative analysis.

The methodology and uses of small area statistics.

Strengths and weakness of different analytical techniques to describe and analyse health needs and health inequalities in different populations.

This competency has 3 statements. If “small area statistics” was missing, then your knowledge summary would be required just for that part. If the “principles of surveillance and qualitative analysis” were missing, then your knowledge summary would have to include that and how that relates to “Techniques and methods for analysis of health data.....”.

### 3. Crucial tips

1. You must demonstrate that knowledge has been acquired, not necessarily applied; the latter is demonstrated in the Show Hows. If your Show How evidence is used to confirm the above questions for a competency or part thereof then signpost to that evidence in **both** the Knowledge narrative and Show How narrative. Assessors will not do this for you.
2. You must use a clear signposting system which directs the assessor to the specific piece or pieces of evidence you are using to support your claim. Ensure all evidence is included and consistently referenced between the assessment proforma and the competency text.
3. Demonstrate your understanding of every part of the competency, as in the example above. Some are complex, so beware!
4. Do not send in articles that you think cover the content of the competency. Assessors want demonstration of your learning not the original text. This also applies to submitting websites, articles, or names of textbooks that you claim to be evidence of learning and citing the content of a book. Think: **“how would these demonstrate my understanding”?**
5. Do not cite attending the FPH Diplomate revision course solely as evidence, as this assumes Masters level learning already.
6. Do not cite practitioner level courses as evidence, as these are not at the appropriate level.
7. If citing a document, then indicate where the relevant text for the competency being claimed is within it. Assessors will not do this for you
8. Do not cite “I am familiar with....” part of a competency, as this does not reveal your understanding of it.
9. If citing a document in the competency text, then ensure it is included.
10. Beware the word “current” in a competency as this means what is says. If your original learning is out of date in respect of current knowledge, then you must evidence how you remain updated and your current knowledge.
11. Beware a course module description that does not fully reflect the wording of the competency. You may then need to write your understanding of it.
12. If in doubt about your evidence for a competency or part thereof, then write your understanding of it.
13. If assessors witness a breach of confidentiality in your portfolio, you will be required to redact the material constituting the breach. The breach of confidentiality will also result in an automatic requirement of a resubmission of KH8.f - even if the assessors had already accepted your KH8.f evidence. Work details of colleagues need not be redacted but all personal details must be redacted as well as any details of members of the public, names of care homes and names of staff with whom the applicant had conflict.

Clarifications for Knowledge competencies are usually due to lack of proper course content or attendance certification, insufficient detail, or insufficient assurance of learning achieved if via non formal qualifications or missed elements of the competency.

## Key Area 1 - Use of public health intelligence to survey and assess a population's health and well-being

	<b>Knowledge competency</b>	<b>Guidance</b>
<b>KH1.a</b>	<p>The sources of and how to use data on demographic structure and demographic change and the significance of demographic changes for the health of the population and its need for health and related services.</p> <p>Sources and uses of routine mortality and morbidity data, including primary care data, notification and disease registration data; and biases and artefacts in population data;</p> <p>The sources, limitations and use of data on social determinants, including Social Deprivation indices.</p>	
<b>KH1.b</b>	<p>The strengths, analysis, uses, interpretation and limitations of routine health information.</p> <p>Methods of classifying health and disease, appreciation of the importance of consistency in definitions and (public health) language.</p> <p>Methods to measure health status, including subjective health status and health surveys.</p> <p>The methods for linking data sets.</p>	<i>Linking data sets includes pseudonymisation.</i>
<b>KH1.c</b>	<p>Sources of data for planning, use and provision of health care and other services; indices of needs for and outcome of services.</p>	<i>Examples of other services could include: housing, social care. Data could include HES data for hospital use and the journey of individuals through a service.</i>

<b>KH1.d</b>	<p>Techniques and methods for the analysis of health data, including appropriate statistical analysis, trend analysis and modelling, the principles of surveillance and qualitative analysis.</p> <p>The methodology and uses of small area statistics.</p> <p>Strengths and weakness of different analytical techniques to describe and analyse health needs and health inequalities in different populations.</p>	
<b>KH1.e</b>	Current legal and ethical and methodological issues around data security	

Key Area 2 - Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations

	<b>Knowledge competency</b>	<b>Guidance</b>
<b>KH2.a</b>	Design and interpretation of studies: skills in the design of research studies; critical appraisal of published papers including the validity of the use of statistical techniques and the inferences drawn from them; ability to draw appropriate conclusions from quantitative and qualitative research.	
<b>KH2.b</b>	Screening: principles, methods, applications, current organisation and management of screening for early detection, prevention, treatment and control of disease.	

### Key Area 3 - Policy and strategy development and implementation

	<b>Knowledge competency</b>	<b>Guidance</b>
<b>KH3.a</b>	Theories of strategic planning.	
<b>KH3.b</b>	Principal approaches to policy formation, implementation and evaluation including the relevance of concepts of power, interests and ideology.	
<b>KH3.c</b>	Knowledge of current major national and international policies and legislation relevant to public health including awareness of the roles of key domestic, bilateral and multilateral organisations.	
<b>KH3.d</b>	Methods of assessing the impact of policies on health.	



## Key Area 4 - Strategic leadership and collaborative working for health

	<b>Knowledge competency</b>	<b>Guidance</b>
<b>KH4.a</b>	Understanding individuals, teams/groups and their development	
<b>KH4.b</b>	Motivation, creativity and innovation in individuals, and its relationship to group and team dynamics; personal management skills.	
<b>KH4.c</b>	Theories and models of effective management, leadership and delegation; principles of negotiation and influencing.	
<b>KH4.d</b>	Theories and methods of effective personal communication (written and oral).	
<b>KH4.e</b>	The theoretical and practical aspects of power and authority, role and conflict.	
<b>KH4.f</b>	Understanding organisations, their differing functions, structures, cultures: the internal and external organisational environments - evaluating internal resources and organisational capabilities.	
<b>KH4.g</b>	Identifying and managing internal and external stakeholder interests; structuring and managing inter-organisational (network) relationships, including inter-sectoral work and showing political awareness.	
<b>KH4.h</b>	Collaborative working practices and partnerships including social networks and communities of interest.	
<b>KH4.i</b>	How a range of external influences including political, economic, socio-cultural, environmental and other impact on collaborative working and partnership.	
<b>KH4.j</b>	Critical principles and frameworks for managing change in a multi-agency environment using negotiation, facilitation and influence.	
<b>KH4.k</b>	Issues underpinning design and implementation of performance management against goals and objectives.	<i>Not individual performance management but applies to a piece of work.</i>
<b>KH4.l</b>	The evidence underpinning the importance of mental wellbeing and how it impacts on effectiveness of organisations.	

## Key Area 5 - Health improvement, determinants of health and health communication

	<b>Knowledge competency</b>	<b>Guidance</b>
<b>KH5.a</b>	Definitions and models of health and their application to population health.	
<b>KH5.b</b>	Determinants of health and wellbeing including the role of social, cultural and psychological factors.	<i>To include wider determinants e.g. economic, environmental, cultural; therapeutic determinants e.g. the relative contribution of health care interventions. Individual factors such psychological, biological or genetic factors. The role that individual perceptions of health and illness play in personal responsibility and control e.g. locus of control; sick role; self efficacy.</i>
<b>KH5.c</b>	Population aspects of prevention and reducing inequalities including the prevention paradox; primary, secondary and tertiary prevention including risk reduction and harm minimisation.	
<b>KH5.d</b>	Theories and models of health promotion including role of different approaches in improving health including policy; legislation; environmental change.  The ethical and political aspects of different approaches.	
<b>KH5.e</b>	Behaviour change models, theories and their application at an individual and population level for the promotion and protection of health and wellbeing.	<i>Models and theories drawn from social science, psychology, economics; including social marketing.</i>
<b>KH5.f</b>	Current mass communication theories and models including the effective use of different media for population health improvement and protection; including communication of risks to health.	<i>Including social media</i>
<b>KH5.g</b>	Methods and approaches for the <i>development and implementation</i> of public health interventions and programmes including complex population health programmes taking whole system approaches or multi-level action.	<i>To include understanding of system leadership</i>

<b>KH5.h</b>	Models and approaches for the <i>evaluation</i> of public health programmes including complex population health programmes taking whole system approaches or multi-level action.	
<b>KH5.i</b>	The overall principles and practice of community development and empowerment to promote health and reduce inequalities; strengths and weaknesses of different models and approaches of these; methods for assessing impact.	<i>To include the role of social capital and asset-based approaches.</i>
<b>KH5.j</b>	Methods and approaches for listening to and engaging with communities to be involved and feedback in the development or evaluation of policy, strategy, programmes or services.	<i>Methods of listening e.g. focus groups; surveys; insight work and understanding of strengths and weaknesses of different approaches including participation ladder.</i>
<b>KH5.k</b>	Principles of sustainable development and its relevance to population health.	

## Key Area 6 - Health protection

	<b>Knowledge competency</b>	<b>Guidance</b>
<b>KH6.a</b>	Epidemiology (including microbial epidemiology), and biology (including microbiology) of communicable diseases. Causes, distribution, natural history, clinical presentation, methods of diagnosis and control of infections of local and international public health importance.	<i>Take at least one communicable disease</i>
<b>KH6.b</b>	Health and social behaviour: in relation to risk of infectious and environmental diseases.	
<b>KH6.c</b>	Environmental determinants of disease and their control.	
<b>KH6.d</b>	Risk and hazard <i>identification</i> ; environmental monitoring and health impact assessment for potential environmental hazards.	
<b>KH6.e</b>	Occupation and health, factors affecting health and safety at work.	
<b>KH6.f</b>	Principles of the current public health aspects of emergency planning and managing environmental/chemical and radiological incidents including the roles and legal responsibilities of people and organisations involved in protecting the population's health and well-being.	
<b>KH6.g</b>	Communicable disease: definitions, surveillance and methods of control.	
<b>KH6.h</b>	The design, evaluation, and management of current immunisation programmes.	
<b>KH6.i</b>	Current outbreak investigation including the use of relevant epidemiological methods.	
<b>KH6.j</b>	Current organisation of infection control.	
<b>KH6.k</b>	Current national and international public health legislation and its application. Current legislation in environmental control and international aspects of hazard control.	
<b>KH6.l</b>	Development, commissioning and evaluation of the current services required for protecting health, in certain settings and in high-risk groups (e.g. prisons, with asylum seekers, in dental health). Include 2 or 3 of the following: sexual health, TB, immunisations, infection control, antibiotic resistance, occupational health, travel health and screening. .	

## Key Area 7 - Health and Care Public Health

	<b>Knowledge competency</b>	<b>Guidance</b>
<b>KH7.a</b>	Disease causation and the diagnostic process in relation to public health.	<i>Diagnostic includes understanding of how a disease or condition is identified within a public health context. Can relate to specific context, such as testing or screening within a service pathway for STIs or other communicable diseases, designing of health checks programme, dementia pathways.</i>
<b>KH7.b</b>	Audit methodology applied to public health.	
<b>KH7.c</b>	Current social and health policies and the implications for equality and equity in public health practice.	
<b>KH7.d</b>	Health economics and its application in the allocation of health and care services to individuals and groups.	<i>Principles of health economics including: the notions of scarcity, supply and demand, distinctions between need and demand, opportunity cost, discounting, time horizons, margins, efficiency and equity; the role of economic evaluation in health care and Public Health interventions.</i>
<b>KH7.e</b>	Current organisation and management of health care systems from a public health perspective.	<i>Could select one system considered from a public health perspective e.g. meeting population need; health inequalities; health equity audit; relationship management; resource allocation etc.</i>
<b>KH7.f</b>	Current service integration across health and social care including pathways for service integration.	<i>Awareness of current issues relating to integration of health and social care including examples of specific pathways designed to address the needs of a specific population, group, or issue according to your region. Evidence could link to “Show how” where the context included a collaborative process across health and social care, developing business plans, designing models of care, population health management or data sharing initiatives.</i>
<b>KH7.g</b>	Principles and theories of ethics in public health practice including resource allocation.	
<b>KH7.h</b>	Risk management, including patient safety, safeguarding of children and adults and clinical governance.	<i>The “safeguarding of children and adults” element of this competency will need to be demonstrated by candidates with a preapplication approval date after November 2022. This is in line with updated competencies in line with 2022 FPH curriculum update</i>

## Key Area 8 – Academic public health

	<b>Knowledge competency</b>	<b>Guidance</b>
<b>KH8.a</b>	Epidemiology in relation to the delivery of public health practice.	
<b>KH8.b</b>	Statistics and statistical methods and their application to public health practice including the relative importance of determinants of disease in terms of avoidable, relative and absolute risk.	
<b>KH8.c</b>	Quantitative research methods of enquiry used in public health practice.	
<b>KH8.d</b>	Qualitative research methods of enquiry used in public health practice.	
<b>KH8.e</b>	Educational theory and facilitating learning including principles of setting learning objectives, curriculum development, planning and developing training, course and programme evaluation and student assessment.	
<b>KH8.f</b>	Current research governance, research ethics, confidentiality and privacy of personal data.	

## Key Area 9 – Professional, personal and ethical development

This area is included within the pre-application process documents.

Evidence underpinning the importance of mental wellbeing and how it can be nurtured.
GMC Good Medical Practice (GMP) as applied to public health.
UKPHR Code of Conduct.
Ethics of public health practice and duty of candour
Cultural competence: One's own cultural identity and cultural competence & Key concepts and stages in developing cultural competence
Patient safety
Principles and practice of confidentiality.
How to plan and undertake personal and professional development successfully, with reflective practice.