



UKPHR

Public Health Register

Protecting the public | improving practice

Guidance for Applicants

Public Health Practitioner Registration via Apprenticeship route

September 2022

Date: September 2022

Review term: 3 years

Next review: September 2025

Contents

1. Overview and principles	
1.1. Satisfactorily completing the public health apprenticeship.....	3
1.2. Overview of UKPHR's process.....	3
1.3. The standards for public health practitioner registration.....	6
2. Guidance for applicants	
2.1. Eligibility.....	6
2.2. Applying to UKPHR.....	7
2.3. Registration process.....	8
3. Maintaining registration with UKPHR	
3.1. Annual Renewal.....	9
3.2. Five-yearly re-registration.....	10
4. UKPHR quality assurance processes	
4.1. Appeals Process.....	10
Annex 1: The standards for practitioner registration.....	11
Annex 2: Reference Template to be used for application to register with UKPHR.....	13
Annex 3: Testimonial template to be used for application to register with UKPHR.....	15
Annex 4: Apprenticeship EPA mapped to UKPHR Practitioner Standards.....	17

1. Overview and principles

This document describes the framework and process for gaining registration with UK Public Health Register (UKPHR) by the apprenticeship route as a public health practitioner. It contains guidance on the UKPHR requirements for applicants and outlines UKPHR processes and decision-making.

Registration of public health practitioners protects the public by:

- setting and promoting standards for admission to the Register and for remaining on the Register;
- publishing a Register of competent professionals and;
- dealing with registered professionals who fail to meet the necessary standards.

Registration supports public health practitioners as it formally recognises their ability to apply public health knowledge and understanding and demonstrates this to peers and employers.

Public health practitioners wishing to gain registration by the apprenticeship route are required to complete the Level 6 (integrated degree) public health apprenticeship (“the public health apprenticeship”) this is registered by the Institute for Apprenticeships and Technical Education (“IfA”).

The public health apprenticeship incorporates a requirement to hold or to gain during the apprenticeship a BSc public health degree. Training providers who deliver the degree learning and qualification can be sought from the [IfA’s public register](#)¹.

As with all regulators, registration with UKPHR will incur a initial registration fee and subsequently an annual registration fee to maintain registration. The current fees are listed on UKPHR’s website.

1.1 Satisfactorily completing the public health apprenticeship

Apprentices wishing to gain UKPHR registration as a public health practitioner must first complete all the mandatory requirements of the public health apprenticeship. Numerous public health employers offer the public health apprenticeship. Several universities provide the learning and the qualification for the BSc public health degree. Applicants are responsible for securing the public health apprenticeship and for completing all its requirements satisfactorily before applying to UKPHR for registration.

1.2 Overview of the processes

Apprentices will be assessed in their progress, and completion, of the public health apprenticeship by employers and End Point Assessment Organisations (EPAOs) in accordance with the apprenticeship standard approved by the IfA. This process is unconnected to UKPHR, but is quality assured by the Quality Assurance Agency.

The public health apprenticeship standard was developed in consultation with UKPHR and has been mapped against UKPHR’s standards for registration as a public health practitioner. For this reason, the public health apprenticeship is stated by the IfA to align with UKPHR

¹ <https://www.instituteforapprenticeships.org/apprenticeship-standards/>

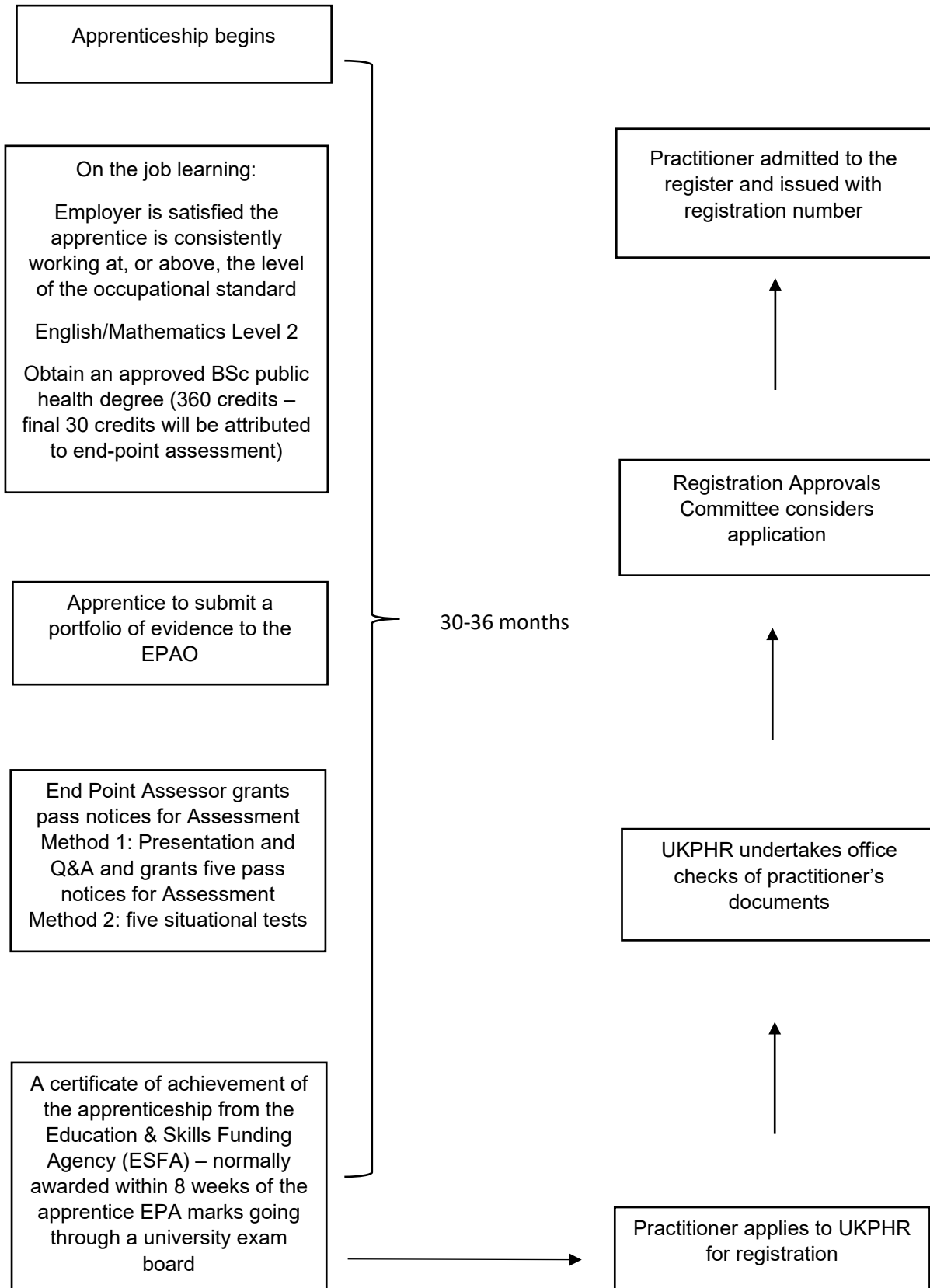
public health practitioner registration.

Apprentices who satisfactorily complete the public health apprenticeship can apply to UKPHR to be registered as public health practitioners. UKPHR will require completion of an application form, evidence of satisfactory completion of the public health apprenticeship, initial registration fee and any other evidence that UKPHR may request, as outlined in this document.

After checking by UKPHR's office, applications that are found to be in order will be listed for consideration at a regular meeting of UKPHR's Registration Approvals Committee (RAC). The Committee may approve the application and admit the applicant to the Register, reject the application, or, if further information is required before the Committee is able to make a final determination, the Committee may adjourn its consideration of the application until a later meeting.

Once the Registration Approvals Committee has approved the application and admitted the applicant to the register, the applicant will be a UKPHR registered public health practitioner.

The process is outlined in the figure below:



Please note that UKPHR is not directly involved in the apprenticeship itself, and any issues should be raised with the employer, training provider, End Point Assessment Organisation and Institute for Apprenticeships and Technical Education.

1.3 The standards for public health practitioner registration

In completing the public health apprenticeship, the practitioner will be confirmed as meeting or exceeding the occupational standard for the public health apprenticeship. This occupational standard, which can be accessed on the website of the Institute for Apprenticeships and Technical Education², was mapped against UKPHR's standards (Annex 4) as part of the process for obtaining the Institute's approval of the public health apprenticeship. UKPHR considers that in completing the public health apprenticeship a practitioner will have achieved a competence in public health practice equivalent to the competence of a practitioner having achieved public health practitioner registration by the portfolio assessment route.

UKPHR's standards are aimed at those already working as autonomous public health professionals in their own area of public health practice. They have been grouped under eight area headings. There are 34 standards, as set out in Annex 1.

The standards require adherence to an ethical approach and a general understanding and application of public health with a focus on public protection: they do not cover all the competencies public health practitioners may require in specific posts.²

² <https://www.instituteforapprenticeships.org/apprenticeship-standards/public-health-practitioner-integrated-degree-v1-0>

2. Guidance for applicants

2.1 Eligibility

You must satisfactorily complete the public health apprenticeship before you are eligible to apply for registration by UKPHR as a public health practitioner by the apprentice route.

It is a requirement of the public health apprenticeship's occupational standard that you achieve 360 credits of the integrated BSc (Hons) Public Health, or BSc (Hons) Public Health and Health Promotion, or BSc (Hons) Health and Wellbeing.

You will be unable to pass through the gateway to the End Point Assessment (EPA) until your employer and/or the training provider provide to the EPA Organisation (EPAO) a signed statement that the apprentice meets all the gateway requirements and is ready to take the EPA.

The gateway requirements are:

- The employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard
- The apprentice has English and Mathematics at Level 2
- The apprentice has obtained 360 credits towards an approved BSc public health degree (the final 30 credits of the degree will be attributed to end-point assessment)
- The apprentice has submitted a portfolio of evidence to the EPAO

Apprentices must complete and submit a portfolio of evidence to the EPAO at Gateway. The portfolio must contain the work-based evidence and reflect the aspects of public health practice and the apprentice's contribution to that activity specified in the EPA Plan.

The EPA Plan sets out the time for delivery of the portfolio to the assessor. The assessor will refer to the portfolio in order to set the subject for the *Assessment Method 1: Presentation of Practice with Question and Answer Session*. The assessor will also administer five scenario-based situational tests (*Assessment Method 2*).

The assessment methods can be delivered in any order.

Apprentices who fail one or more assessment method will be offered the opportunity to take **a re-sit or a re-take**.

A re-sit does not require further learning, whereas **a re-take** does.

An apprentice who fails an assessment, and therefore the EPA in the first instance, will only be required to re-sit or re-take those assessment methods that they failed.

2.2 Applying to UKPHR

When you have satisfactorily completed the public health apprenticeship you can apply to UKPHR for registration as a public health practitioner by the apprenticeship route. This application is made online via the UKPHR portal. You must apply for registration within 6 months of your issue date of Education & Skills Funding Agency (ESFA) apprenticeship certificate. This is so that UKPHR can be satisfied that your public health practitioner competence is current. The certificate of completion of the public health apprenticeship will be conclusive proof of the completion date.

All parts of the application must be completed satisfactorily otherwise UKPHR will contact you to seek clarification and to address any missing elements before proceeding.

The information and documentation you must provide includes:

- your personal, current employment and current contact details
- your answers to UKPHR's health and character declarations
- Evidence of completion of a relevant degree, namely BSc (Hons) Public Health, or BSc (Hons) Public Health and Health Promotion, or BSc (Hons) Health and Wellbeing Appraisal;
- A certificate of achievement of the apprenticeship from the ESFA – normally awarded within 8 weeks of the apprentice EPA marks going through a university exam board;
- A reference – UKPHR will prescribe who may be selected to be a referee and will prescribe the form of the reference and its contents (Annex 2);
- A testimonial – UKPHR will prescribe who may be selected to give the testimonial and will prescribe the form of the testimonial and its contents (Annex 3).

At the time of applying to UKPHR for registration, you must make payment of your initial registration fee, calculated prorata to 1st July, which will be your annual renewal date. The fee will be calculated automatically when you submit your application online.

Where UKPHR requires you to produce documents, you must certify that they are copies of the original from your referee. The reference template includes a section for the referee to confirm that they have certified your documents.

If any information and/documentation provided to UKPHR by the applicant is found to be false, UKPHR may refuse to register the applicant or, if the applicant has been registered before the discovery is made, UKPHR may revoke the registration.

2.3 Registration decisions

UKPHR will check that all its requirements for application have been met. After office checks for completeness, your application will be considered by UKPHR's Registration Approvals Committee (RAC).

UKPHR will notify you when your application has been placed on the agenda for a meeting of RAC, which meets monthly. The agenda for the RAC meeting will be circulated to the Registrar, and members of the Committee.

UKPHR's Registrar, or the Registrar's duly appointed representative, will present your application at the RAC hearing. The RAC has power to approve your application, adjourn your application and reject your application.

If RAC approves your application, it will admit you to the Register and your name will be published on the public Register.

If RAC adjourns its consideration of your application – for example, to allow time for further enquiries to be undertaken or for other good reason including a reasonable administrative reason – UKPHR will inform you of the adjournment, the reason for it and the new date when RAC will consider your application.

If RAC rejects your application, UKPHR will inform you of the decision, provide you with reasons for the decision and explain your right to appeal against RAC's decision.

3. Maintaining registration with UKPHR

3.1 Annual renewal

As a public health practitioner, you will be required to renew your registration by midnight on the 1st of July every year. Renewals comprise of a completed declaration and payment of fees.

It will be your duty to notify UKPHR to any changes to your name, contact or employment details within one month starting on the day on which the change occurred. You will be able to make these changes within your portal at any given time.

You will have a duty to self-refer yourself to UKPHR within 30 working days of an event occurring that may require UKPHR to investigate a potential FtP concern, rather than wait until annual renewal or re-registration. This will not automatically mean UKPHR will remove you from the Register. If you delay and continue to practise, this could affect your registration, and you may be placing yourself or others' safety at risk.

3.2 Five-yearly re-registration

As a public health practitioner, you will be required to re-register every 5 years. The purpose of re-registration is to conduct a more rigorous check than at each annual renewal to monitor fitness to practise and promote improvement in the quality of public health practice.

There are requirements that you will be required to engage with on an annual basis in order to re-register and maintain your registration. These are annual appraisal; personal development planning and continuing professional development (CPD).

If you are successful in your re-registration application, you will remain on the register for another five-year period, subject to satisfactory annual renewal. Unless our requirements change, registrants will continue to re-register every five years.

4. Quality assurance processes

All apprenticeships will be quality assured through the higher education institution's affiliation with the [Quality Assurance Agency \(QAA\)](#). UKPHR accepts that each apprentice will be fully assessed according to a process that meets QAA standards.

UKPHR itself ensures consistent and robust standards of assessment through management and oversight of its Register through providing guidance, training, and support for moderators, members of the RAC, and the Registrar.

The role of RAC is to ensure that there is consistency in decision-making across different registration routes and across the UK, by considering the outcome of moderation and issues arising from feedback from Moderators. Using the information available they will make a final decision on registration.

Everything possible will be done to ensure the integrity of the application process and the fair and impartial consideration of applicants.

4.1 Appeal process

Applicants may appeal to UKPHR's Appeals Panel against a decision of UKPHR's Registration Approvals Committee to reject their application for registration. Where an applicant is dissatisfied with any aspect of UKPHR's response to the application, the applicant is invited to provide details in writing to UKPHR.

The UKPHR appeal process is published on its website.

Annex 1:

The standards for practitioner registration

AREA 1	STANDARD
Practicing professional, ethically and legally	1.1. Comply with statutory legislation and practice requirements in your area of work.
	1.2. Use an ethical approach in your area of work, identifying ethical dilemmas or issues arising and how you address them.
	1.3. Act in ways that promote equality and diversity
	1.4. Act in ways that value people as individuals.
	1.5. Act in ways that recognise people's expressed beliefs and preferences.
	1.6. Act within the limits of your competence, seeking advice when needed.
	1.7. Continually develop own practice by reflecting on your behaviour and role, identifying where you could make improvements.
	1.8. Contribute to the development and improvement of others' public health practice.
AREA 2	STANDARD
Using public health information to influence population health and well-being	2.1. Identify data and information requirements to deliver the public health function demonstrating use of epidemiological terms and concepts.
	2.2. Manage data and information in compliance with policy and protocol, demonstrating awareness of data confidentiality and disclosure.
	2.3. Obtain, verify and organise data and information, showing awareness of potential data anomalies.
	2.4. Demonstrate how health inequalities are identified and monitored
	2.5. Interpret and present information using appropriate analytical methods for quantitative data.
	2.6. Interpret and present information using appropriate analytical methods for qualitative data.
AREA 3	STANDARD
Assessing the evidence for public health interventions and services	3.1. Access and appraise appropriate evidence of effectiveness for public health interventions or services.
	3.2. Apply evidence to plan delivery of effective public health interventions or services.
AREA 4	STANDARD
Protecting the public from health risks while	4.1. Demonstrate how risks to health and wellbeing are identified, prevented or controlled.

addressing differences in risk exposure and outcomes	4.2. Demonstrate how individual and population health differ and describe the possible tensions which may arise when promoting health and wellbeing.
---	---

AREA 5	STANDARD
Implementing public health policy and strategy	5.1. Support the implementation of policies or strategies to improve health and wellbeing and reduce health inequalities.
	5.2. Demonstrate how your work is influenced by an understanding of the impact of the wider determinants of health.
	5.3 Critically reflect on and make suggestions for how public health policies or strategies could be improved.

AREA 6	STANDARD
Collaborating across agencies 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.
	6.2. Demonstrate how you work collaboratively with other organisations to improve public health.
	6.3 Reflect on your personal impact on relationships with people from other teams or agencies when working collaboratively.

AREA 7	STANDARD
Planning, managing 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.
	7.2. Demonstrate how the culture and experience of the target population may impact on their perceptions and expectations of health and wellbeing.
	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.
	7.4. Evaluate a public health intervention, reporting on its effect and making suggestions for improvement.
	7.5. Demonstrate project management skills in planning or implementing a public health intervention.
	7.6. Demonstrate how quality assurance principles or policies are applied when planning or implementing a public health intervention.
	7.7. Demonstrate how risk management principles or policies are applied when planning or implementing a public health intervention.

AREA 8	STANDARD
Communicating with others to improve health outcomes and reduce health inequalities	8.1. Communicate public health information clearly to a variety of audiences.
	8.2. Communicate the health concerns and interests of local people to influence service provision.
	8.3 Demonstrate awareness of the effect the media can have on public perception of health and wellbeing.

Annex 2:

Reference Template – to be used for application to UKPHR

UKPHR

Public Health Register

Protecting the public | improving practice



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 – Applicant details

Title:	
Forename(s):	
Surname:	

Section 2 – Details and credentials of person providing reference

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 reference:	
Relationship to the applicant when working with them:	

Section 3 – Reference

<p>Please provide general comments about the practitioner's ability as a public health practitioner:</p>	
<p>Please confirm that you have certified the applicants' certificates and/or evidence of name change (in person/virtually):</p>	
<p>Signature to confirm information provided in this reference is accurate:</p>	<p>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.</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 Reference, so that they can send this with their application to register with UKPHR]</i></p> <p><i>[Date]</i></p>

Annex 3:

Testimonial template to be used for application to UKPHR

UKPHR

Public Health Register

Protecting the public | improving practice



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 – Applicant 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:	
Relationship to the applicant when working with them:	

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

<p>Your statement about the accuracy of the evidence that the practitioner has provided and their role:</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>Signature to confirm information provided in this testimonial is accurate:</p>	<p>I, the undersigned, have seen the 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.</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>

Annex 4: Apprenticeship End Point Assessment mapped to UKPHR Practitioner Standards

Assessment Method 1: Presentation of Practice with Question and Answer Session

Overview

Apprentices will prepare and deliver a presentation that appropriately covers the KSBs assigned to this method of assessment.

The presentation will be completed and submitted after the gateway and will be presented to an independent assessor, either face-to-face or via online video conferencing. If using an online platform, EPAOs must ensure appropriate measures are in place to prevent misrepresentation.

The apprentice will present the project that was described in the work-based project report that will have been submitted for Gateway, covering the required elements set out in the assessment method. Project examples could include the planning and preparation of a service specification for a stop smoking service; the design and delivery of an intervention or programme to address increases in the incidence of a sexually transmitted disease; a project addressing policies around the wider determinants of health e.g.: air quality, road safety and physical activity initiatives around schools; developing and delivering the roll out of an immunisation or screening programme, while addressing health inequalities.

This assessment method will last 60 minutes in total. The delivery of the presentation will take 40 minutes, followed by a 20-minute (+10%) question and answer session.

The work-based project report will be submitted to the EPAO, for information, so that the independent assessor can prepare for the assessment, but the report itself is not assessed.

The rationale for this assessment method is:

The Presentation will enable the apprentice to showcase their competence and how they have worked or contributed to the lifespan of a project, and through the different phases (beginning, middle and end), showing how the project was managed. By drawing on their own practice they will be able to show how they built collaborative partnerships, sourced and applied the available evidence, used data and intelligence, evaluated and adapted their practice, in the context of the overarching goals of public health, to enable them to deliver safe, equitable and effective interventions.

This method has been chosen because the occupation involves the development and delivery of plans, programmes and services which take place and evolve over time, and which are designed to deliver on long-term and sustainable outcomes.

Delivery

The presentation will be conducted as follows:

- The apprentice will deliver the presentation – 40 minutes
- The apprentice will have a question and answer session - 20 minutes
- The independent assessor will make all grading decisions

The presentation of practice will allow the apprentice to demonstrate the depth and breadth of their public health knowledge, skills and behaviours required to practice both safely and effectively. It will provide an effective holistic assessment of complex understanding and knowledge. This is valuable in determining not only what and how an apprentice is performing, but also their understanding of the:

- rationale for the work
- use of epidemiological, statistical and other forms of data and intelligence
- methods adopted throughout the project
- key collaborations and partnerships
- ethical considerations
- ways in which the work reflects public policy and where the work fits into the strategic goals and governance arrangements within their organisation
- impact: how the health of the population or community has been protected or improved
- lessons learned: ways in which the work went well and how the work could be improved further

Assessment Method 2: Scenario-based situational judgement test

Overview

Apprentices must be observed by an independent assessor completing 5 scenario-based situational judgement tests in which they will demonstrate the KSBs assigned to this assessment method. The EPAO will arrange for the observation to take place, in consultation with the employer. The tests or activities must be carried out over a maximum total assessment time of 3 hour(s) and 10 minutes. The demonstrations may not be split, other than to allow comfort breaks as necessary. They do not need to be completed in any particular order. The assessor has the discretion to increase the time of the assessment activity by up to 10% to allow the apprentice to complete the assessment.

The EPAO will need to provide a test assessor for each test. The independent assessor may conduct and observe only one apprentice at a time during this assessment method.

The rationale for this assessment method is to allow the apprentice to demonstrate a range of KSBs relating to the occupation, in the context of a range of scenarios with which they may not be fully familiar. This will test their grasp and application of the principles behind public health practice and methodology in the context of potentially new problems and challenges.

Activity	Area of focus	Task (20 minutes)	Output (5 minutes) followed by up to 3 assessor questions (5 minutes)	'seen' or 'un-seen'
Station 1	evaluation and performance management	to review a 950-1100-word specification or description of an intervention and craft 3 measurable outcomes or key performance indicators (KPIs) that could be used to evaluate or monitor performance	to explain to the assessor how the impact of the service or intervention will be measured/monitored through the 3 outcome measures identified, explaining the rationale and how the outcome measures demonstrate the impact of the service or intervention	Un-seen
Station 2	a public health incident	to read and review a 500-600-word scenario of an emerging public health incident (relating to a communicable disease or contaminant) and determine how the incident would be managed	to explain to the assessor how events would be managed, including which lead agencies and partners would collaborate to manage the risk, and how the risk might be communicated, and to whom	Un-seen
Station 3	policy and strategy	to review the summary document of a recently published policy or strategy (this does not have to be limited to health/healthcare policies), and draw out the policy headlines and implications for action	to communicate how the policy or strategy could impact on the public's health and service delivery, to someone in a senior role with decision making authority but who is much less informed about the subject/issue (posed by the assessor)	Un-seen
Station 4	community-centred approaches	to review a 400 – 500-word outline of community identified needs, that presents five health and wellbeing priorities	to explain to the assessor how a community-centred approach would address the issues raised, and what methodology would be adopted	Un-seen
Station 5 is based on pre-seen documentation. During the 20-minute session the apprentice will produce the outputs that are then discussed with assessor during the 10-minute feedback and Q&A				
Station 5	health and care and the appraisal of evidence	to critically appraise three commentaries or articles presenting research and other evidence on a single public health issue (provided by the EPAO) of varying credibility, where the evidence base may be emerging, un-developed, or contested	a written briefing between 200-300 words (bullet points acceptable) based on a task presented on the assessment day relating to the materials pre-seen. The apprentice presents this to the assessor and then the assessor has the opportunity to ask questions	Seen (materials available to the apprentice 7 days prior to assessment)

MAPPING with grade descriptors

Assessment method 1 – presentation of a project completed				
Assessment component	Knowledge	Skills	Grading descriptors	Comparison to UKPHR Practitioner Standards
Rationale for the work	<p>K9 the determinants of health, including the wider and social determinants; how these impact on the health and wellbeing of individuals, communities and populations; and the evidence-based approaches to consider when taking action to achieve better health and wellbeing outcomes for all, while ensuring that the needs of the most vulnerable are met</p> <p>K33 ways to determine and overcome the challenges of making the business case for prevention against competing, and more immediate priorities, for key agencies positioned to promote and protect the public's health</p> <p>K53 a developed area of expertise in a particular area of public health (e.g.: the management of</p>	<p>S5 recognise where health inequalities prevail; determine how they will influence the planning of public health interventions and services; and to apply the evidence appropriately to make the most impact in alleviating these inequalities</p> <p>S14 present an evidence-based narrative that is suitably adjusted to inform different types of audiences with different levels of health literacy</p> <p>S33 work effectively within a team that is collectively responsible for leading and managing areas of public health business including the management or supervision of staff, resources or finance</p> <p>S36 communicate complex information and concepts, including health outcomes, inequalities and life expectancy, to a range of different audiences using different methods (e.g.: exploiting the evolving opportunities of digital capability and dependency, and the associated need for some audiences to be assisted with</p>	<p>Presents a reasoned, evidence-based and compelling case for the design or development of services, programmes or interventions that promote or protect the public's health, framed within the context of the wider determinants of health and health inequalities (K9, K53, S5, S14)</p> <p>Provides a rationale for developing public health activity in the context of the health and care economy, the competing demands on the public purse, while recognising the roles of different agencies that plan, commission or deliver services, and the scope to build capacity across organisations to address issues at a community or population scale (K33, K47, K49, S33, S45)</p>	4.2, 5.1, 5.2, 7.1,

	<p>risk behaviours such as smoking, inactivity, poor nutrition; infectious disease prevention and control such as sexually transmitted infections, Tuberculosis (TB), or anti-microbial resistance (AMR); the implementation of immunisation and vaccination programmes; mental health and wellbeing; public health intelligence etc.)</p> <p>K47 how to identify opportunities to build capacity through the specialised and wider public health workforce to strengthen approaches to prevention, understanding the impact of local system capacity on the delivery of public health services and interventions</p> <p>K49 economic analysis of services and interventions using tools and techniques to determine cost effectiveness, return on investment and value for money to inform decision making</p>	<p>digital communications)</p> <p>S45 help to determine shared priorities and action plans for public health programmes working with colleagues both from within the same organisation and across a range of other agencies</p>		
--	---	--	--	--

<p>Use of epidemiological, statistical and other forms of data and intelligence</p>	<p>K1 different sources of data and intelligence and their strengths and limitations</p> <p>K2 methods used to determine existing and future population health needs and how they are monitored (e.g.: within a local authority population) and for specific communities (e.g.: children and young people; people with life-long conditions such as diabetes; people living in prison)</p> <p>K3 the complexities of health inequalities, how they occur, how they are measured, monitored and reported, and the impact on different societies and populations</p> <p>K4 how to analyse and interpret the data generated when tracing patterns of disease, and ill-health, and how this data is reported for communities and populations (e.g.: incidence and prevalence)</p>	<p>S1 analyse a range of data sets to draw informed conclusions about local public health needs and use of services, contributing to strategic needs assessments and operational service planning</p> <p>S3 manage data and information in compliance with policy and protocol and assess and manage risks associated with using and sharing data and information, data security and intellectual property</p>	<p>Identifies and sources the different types of data and intelligence required to inform the planning, design and evaluation of public health services and interventions, and uses that data and intelligence appropriately (K1, K2, S1)</p> <p>Manages data securely and effectively to monitor and report on the public's health, understanding the approaches used for surveillance, disease management, and the monitoring of health inequalities (K3, K4, S3)</p>	<p>2.1, 2.2, 2.3, 2.4, 2.5, 2.6</p>
<p>Methods adopted</p>	<p>K8 the theories underpinning behavioural science and its relevance to a range of health</p>	<p>S4 work with communities to facilitate their engagement and participation in needs assessments, service design and delivery, including</p>	<p>Applies the principles and theories relating to behavioural science, and uses behavioural</p>	<p>3.2, 4.1, 4.2, 7.1, 7.5, 7.6, 7.7</p>

	<p>and wellbeing outcomes, for individuals, communities, and populations, and the appropriate use of behaviour change techniques and tools for different groups, in different settings with different opportunities (e.g.: helping people to make healthy dietary choices; supporting people living with addiction; informing and minimising risk-taking behaviours; heeding health promoting messages and advice)</p> <p>K12 the challenges and successes of disease prevention and management programmes such as immunisation and screening, for whole populations, or specific groups, and the pre-requisites for these programmes to be most effective</p> <p>K14 how to mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures</p> <p>K39 approaches to transformational change management within health and care systems</p>	<p>action to improve access to, and navigation of, local services</p> <p>S6 apply behavioural insights and information about community needs to support healthy choices that individuals might wish to make, and provide individuals, groups and communities with the capabilities to make changes to their behaviours (e.g.: increasing levels of physical activity), in the context of a wider set of interventions and actions</p> <p>S18 implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems</p> <p>S21 develop or implement actions plans, with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies</p> <p>S44 identify the resources needed to develop and deliver new public health activity, or to sustain public health services and interventions, and how these resources might be sourced</p> <p>S46 build capacity and capability across the field of</p>	<p>insights to inform the design, delivery and development of public health programmes, services and interventions (K8, K43, S6)</p> <p>Identifies different approaches to promoting or protecting the public's health, recognising both their relative strengths and challenges, and their appropriate application in line with national guidance (K12, K14, K39, S18)</p> <p>Works with, and within communities, ensuring their involvement in public health action, maximising the potential to tap and build resources to increase impact, in a sustainable way (S4, S21, S44, S46)</p>	
--	--	---	---	--

	<p>K43 the relevance and application of behavioural science, and the use of social marketing techniques, to deliver accessible messages to different segments of populations and communities, to support behaviours and choices that are made at an individual or community level that impact on health, wellbeing, and healthy life expectancy</p> <p>K44 the principles of programme and project management, and an understanding of the models of project and programme management being used to deliver public health activity</p>	<p>operation to increase impact and effectiveness of public health programmes and interventions, engaging with professional colleagues, and other groups of workers or volunteers who make up the wider public health workforce.</p>		
<p>Key collaborations and partnerships</p>	<p>K25 the principles of partnership working and collaboration, and the skills and approaches necessary to do this successfully</p> <p>K26 ways to determine the organisational relationships and inter-dependencies in the local field of operation; the boundaries of jurisdiction, accountability, and purpose; and where the opportunities for</p>	<p>S17 engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services</p> <p>S23 use appropriate methods to establish and sustain effective working relationships with local partners in order to bring about positive outcomes in the health and wellbeing of the local population</p>	<p>Works effectively with a wide range of organisations, across sectors, engaging them in public health activity (e.g.: in planning services and interventions, pooling resources), applying the principles of partnership working, and recognising when partnerships are being effective (K25, K27, K37, S17, S24)</p> <p>Recognises the centres of power and influence</p>	<p>6.1, 6.2, 6.3, 7.3</p>

	<p>collaboration might lie</p> <p>K27 the different approaches to evaluating the effectiveness of existing partnerships</p> <p>K34 the legislative framework and decision making, administrative and reporting processes that support political and democratic systems (e.g.: unitary and tiered local government structures and service accountabilities)</p> <p>K35 a critical awareness of the political and other tensions that impact on public service provision, and public protection, and ways to encourage a focus on the interests of the public's health (including helping individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice)</p> <p>K37 healthcare management systems and their applicability to public health systems (locally, regionally)</p> <p>K38 leadership and management approaches that support the influencing role of</p>	<p>S24 work collaboratively with colleagues across a broad range of partnership organisations to identify local needs, agree priorities, and deliver on action plans for joint health improvement programmes or services across the area</p> <p>S27 facilitate positive contractual relationships understanding how disagreements and changes can be managed within legislative and operational frameworks</p> <p>S34 use appropriate leadership skills to engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives</p> <p>S41 engage stakeholders and work collaboratively with colleagues across a broad range of partnership organisations to identify local needs, agree priorities and develop action plans for joint public health programmes across boundaries</p> <p>S43 develop projects and plans with key stakeholders and partner agencies to address local public health needs and bring about improvements in</p>	<p>across the local organisational landscape, understanding the role of political or democratic organisations and systems in the use and prioritisation of resources, and the empowerment or representation of local people (K26, K34, K35, S23)</p> <p>Effectively manages different types of relationships (e.g.: contractual; with or without authority), with partners and stakeholders to supports the planning, commissioning or delivery of services, providing leadership when needed (K37, K38, S27, S41, S43)</p>	
--	---	---	---	--

	public health practitioners in situations where they have some statutory authority, (e.g. through the statutory requirement for local authority public health teams to provide public healthcare advice to NHS commissioners), but also in situations when they do not have this authority	identified areas. Lead or contribute to delivery of these projects as appropriate within the scope of your role		
Ethical considerations	<p>K51 theories informing the development of public health ethics and law, how these compare to medical ethics, and the different ethical theories that support different public health challenges</p> <p>K52 making the best use of a range of ethical frameworks to support decision making when faced with different ethical dilemmas in practice</p>	<p>S32 to engender trust by acting reliably with integrity, consistency and purpose</p> <p>S47 use appropriate tools and methods to appraise ethical tensions and to make decisions that promote ethical practice</p> <p>S49 demonstrate professional characteristics throughout the course of one's work e.g.: engendering trust; assuring confidentiality where appropriate; understanding one's own limitations in terms of capability, accountability and expertise; the addressing of risks and issues in a timely and appropriate manner</p>	Identifies and manages the ethical tensions that arise through public health action (e.g.: the curtailing of individual liberties), while demonstrating professional behaviours set out in codes of practice (K51, K52, S32, S47, S49).	1.1, 1.2, 7.7
Ways in which the work reflects public policy, and where the work fits into the strategic goals	K18 the ways in which health and care organisations and professionals are held to account for the	S19 appraise and implement government-led policies and strategies locally (e.g.: ensuring the	Develops or delivers programmes, services and interventions informed by	7.4, 7.6,

<p>and governance arrangements within their organisation</p>	<p>quality and effectiveness of services and interventions, and how they keep themselves informed of new developments in technologies, treatments and therapies to improve efficacy</p> <p>K22 how policies and strategies are used to implement change, improve services, and secure wide engagement in public health issues and outcomes, the social determinants of health, and the different government and local government departments that influence these</p> <p>K36 the theories and approaches that underpin the leadership and management culture within decision making organisations, including systems leadership approaches</p> <p>K45 the principles of corporate governance and accountability, and a recognition and understanding of the governance frameworks in place within your own organisation and through which public health action is delivered</p> <p>K48 the principles of corporate</p>	<p>equitable and effective implementation of winter fuel schemes to prevent deaths from cold; the implementation of the NHS Health Check programme)</p> <p>S28 Operate appropriately within the decision making, administrative and reporting processes that support political and democratic systems</p> <p>S35 adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environment</p> <p>S42 support the development, monitoring and review of public health programmes; identifying risks to delivery and the appropriate risk and issue reporting mechanisms; and re-assessing delivery schedules and methods to respond constructively to change</p>	<p>prevailing public policy and national and local strategies, including those relating to the wider determinants of health and health inequalities (K22, S19)</p> <p>Provides leadership in a multi-agency field of activity (within the scope of the practitioner role), in line with strategic objectives.(K36, S35)</p> <p>Adheres to quality assurance, governance, monitoring and reporting mechanisms in the employing organisation and across partnerships (K18, K45, K48, S28, S42)</p>	
--	--	--	--	--

	<p>governance and accountability, and the importance of engaging with the organisational governance frameworks through which public health action is delivered</p> <p>K54 a critical insight into the accessibility and availability of healthcare and other public services for different groups in the population and the barriers that may exist to prevent the public from successfully receiving the care and support that they need</p>			
<p>Impact: how the health of the population or community has been protected or improved</p>	<p>K17 how to evaluate public health interventions to track effectiveness; ensure continuing improvement; and contribute to the evidence base</p> <p>K46 the importance of evaluation, audit and quality assurance</p>	<p>S15 use and adapt appropriate research techniques and principles to evaluate local services and interventions to contribute to the local evidence-base for effectiveness</p> <p>S16 monitor, evaluate and disseminate (report) the impact of health and care projects, services and interventions, including quality impact</p> <p>S20 assess the impact and benefits of health and other policies and strategies on the public's health and health inequalities (e.g.: using health impact assessment approaches or tools)</p>	<p>Uses appropriate methods to audit, monitor and evaluate public health programmes, services and interventions;</p> <p>Assesses the impact of public health action using appropriate methods to communicate outcomes to a range of audiences (K17, K46, S15, S20)</p>	<p>5.3, 6.3, 7.4</p>

Lessons learned: ways in which the work went well and how the work could be improved further	<p>K7 how public health and wellbeing interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn't), and how to evaluate these interventions to track effectiveness and ensure continuing improvement</p> <p>K28 how health and care services are funded, the organisations responsible for the delivery of different services, and the tensions that arise from the availability of finite resources</p>	<p>S22 evaluate one's own interpersonal skills and adapt to different situations through a developed proficiency in negotiation, influencing, diplomacy, mediation, facilitation</p> <p>S48 think and write reflectively about one's own practice, lessons learned, and things that can be done differently for better outcomes e.g.: to keep a reflective log as part of one's continuing professional development</p> <p>S50 demonstrate awareness of personal impact on others, both fellow professionals, external partners and members of the public</p>	Collates and interprets evidence of effectiveness to inform actions to continue to improve programmes, services and interventions; while recognising the impact of their own performance, and ongoing constraints on resources (K7, K28, S48)	5.3
Assessment method 2 – circuit of scenario-based judgement tests				
Assessment component	Knowledge	Skills	Grading descriptors	
Evaluation and performance management	K5 the challenges of measuring health and wellbeing and health improvement, setting performance indicators for health-related programmes and services, and the importance of evaluation, audit and quality assurance	S25 interact with other specialists and colleagues to improve health and reduce health inequalities through the development, monitoring and review of public health programmes, including the commissioning and delivery of these programmes	<p>Identifies appropriate data sets, and other sources of intelligence, that can be used to demonstrate changes in the health and wellbeing of groups and communities (K5, K19, S25)</p> <p>translates strategic ambition into measurable and</p>	2.5, 7.6

	<p>K19 the complexities of measuring health improvement, setting performance indicators for programmes and services, and the importance of evaluation, audit and quality assurance</p> <p>K29 the complexities of measuring health improvement when setting performance indicators for programmes and services in specifications and agreements</p> <p>K30 the legislation and regulations relating to procurement, commissioning models and theories of commissioning for outcomes</p> <p>K31 how progress and deliverables against outcomes and processes agreed through a contract, service level agreement, or memorandum of understanding are managed and monitored</p>	<p>S26 ensure, where relevant, that tendering and procurement processes are managed appropriately and within policy and legislative requirements when commissioning, planning or providing a range of services to bring about improvements in the public's health (including the drawing up and negotiation of service specifications and performance indicators)</p>	<p>achievable public health outcomes that can be identified in operational plans, contracts or agreements for performance management purposes (K30, K31, S26)</p>	
A public health incident	<p>K10 infectious disease (incubation, transmission, hygiene, infection control, personal behaviours); how infectious disease can spread in a range of settings; and the prevention</p>	<p>S7 participate effectively in the assessment and management of outbreaks, incidents, and single cases of contamination and communicable disease, locally and across boundaries</p>	<p>Demonstrates knowledge and understanding of the different roles of key agencies involved in health protection with regard to the control and management of infectious disease,</p>	4.1, 8.1, 8.2

	<p>and management strategies and protocols used to manage the spread of infectious disease, including the identification, reporting and tracking of notifiable diseases, and current legislation</p> <p>K11 the range of environmental hazards that can pose a risk to the public's health, including chemical contamination and radiation, and the systems in place to prevent, report, monitor and manage these risks</p> <p>K13 systems supporting emergency planning and response, the organisations responsible, and the role of public health</p> <p>K32 the different organisations and agencies, both nationally and locally, that play a key role in the public's health, their statutory duties and remits, and the leadership and other roles where key accountabilities lie</p>	<p>S8 apply protocol and standard operating procedures related to the management of infectious disease, and in response to civil emergencies and unscheduled events, within the scope of the role</p> <p>S9 help to identify, analyse and manage the local impact of longer-term hazards and risks to health that may play out at a global, national or local level</p> <p>S10 communicate the risks and benefits of immunisation and screening programmes to a range of audiences e.g.: health professionals, parents, people from a range of cultures</p>	<p>chemical or environmental threats and hazards, and emergency response; and the nature of these threats to the public's health (K10, K11, K32, S7, S9)</p> <p>Demonstrates knowledge and understanding of the legislation relating to health protection, and the national and local protocols and practices that support effective action to mitigate and manage threats to the public's health (K13, S8, S10)</p>	
Policy and strategy	K21 how policy and strategy is formed and developed, nationally and locally	S2 provide and present public health information, analysis, interpretation and insight to support	Interprets strategic vision and developments in public policy into recommendations for action in the	5.3, 8.1, 8.2, 8.3

	<p>K23 the extent to which national and local policies, strategies and service planning impact on health and wellbeing</p> <p>K24 the theories underpinning behavioural science and its relevance to a range of health and wellbeing outcomes, and how it informs the development of policy, strategy, and the planning and implementation of public health interventions and services</p> <p>K40 techniques and methods for communicating sometimes complex messages to different segments of the population to support choices and decisions made at an individual level that impact on health and wellbeing</p>	<p>decision making, business planning, policy and strategy development, performance monitoring, and quality assurance</p> <p>S31 respond constructively to political and other tensions while encouraging a focus on the interests of the public's health</p> <p>S39 manage public perception of health risks or solutions, and convey key messages using a range of media processes</p>	<p>context of local decision-making processes and service planning that impact on the public's health (K21, K24, S19)</p> <p>Communicates the implications of strategic vision and developments in public policy to those who might be in a position to make decisions and deploy resources to address local health and wellbeing needs (K23, K40, S2, S31)</p>	
Community centred ways of working	<p>K6 methods used to engage with the public and local communities in line with prevailing evidence of effectiveness (e.g.: asset-based approaches to community development), recognising the role of agency, autonomy, power and control</p>	<p>S30 use appropriate community engagement techniques to support individuals and communities to have more control over decisions that affect them while promoting health equity, equality and justice</p> <p>S37 work with communities to facilitate their engagement and</p>	<p>Applies appropriate, and evidence-based approaches, to the engagement and involvement of communities in the design and development of programmes, services and interventions that will impact on the public's health and wellbeing (K6, K41, S30)</p>	3.1, 6.2, 6.3, 7.2

	<p>K41 the techniques and methods used to engage with the public and local communities, and to consult with the public in a meaningful way, with an understanding of best practice in the use and application of these methods</p> <p>K42 theories underpinning health education in addressing the wider determinants of health, and the promotion of health for individuals, groups and communities</p> <p>K50 the factors that affect the ability of individuals to learn and develop within a community or work environment; and how to provide accessible learning opportunities that enable people to develop both their own learning and the learning of others</p>	<p>participation in action to improve access to, and navigation of, local services and interventions, and to improve health literacy where it is a barrier to access</p> <p>S38 apply a range of tools and technologies to improve health literacy where it is creating a barrier to accessing services and information</p> <p>S40 consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change</p>	<p>Recognises the importance of empowerment, enablement and strengths-based approaches that support the development of sustainable health promoting communities (K42, K50, S37, S40)</p>	
Health and care and the appraisal of evidence	<p>K15 how to critically appraise the evidence base, interpret its relevance and application to practice, and how it informs the basis of key public health messages and advice, and national guidance</p>	<p>S11 use appropriate methods to access and appraise evidence gained through systematic methods and through engagement with the wider research community</p>	<p>Recognises the relationship between the prevailing evidence base and the formulation of key health messages for the population to promote the public's health and wellbeing, understanding how</p>	<p>3.1, 8.1, 8.2, 8.3</p>

	<p>K16 how public health interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn't), and when the evidence base is evolving</p> <p>K20 how health and care services are designed, planned and developed, informed by the best available evidence, and how they are monitored to track effectiveness and ensure continuing improvement</p>	<p>S12 critique published and unpublished research, synthesise the evidence and draw appropriate conclusions</p> <p>S13 report and advise on the implications of the evidence base for the most effective practice; to define problems and shape solutions; and to help in the delivery of value for money</p> <p>S29 present a compelling case for action to improve health and wellbeing and reduce inequalities, using appropriate methods to capture and interpret the evidence</p>	<p>that evidence is generated and captured (K16, K20, S11)</p> <p>Assesses the available evidence to draw appropriate conclusions on its implications for public health practice, and effectively communicates these implications to different audiences (K15, S12, S13, S29)</p>	
Behaviours	<p>B1: promotes the ability of others to make informed decisions</p> <p>B2: acknowledges the importance of data confidentiality and disclosure and use of data sharing protocols</p> <p>B3: acts in ways that are consistent with legislation, policies, governance frameworks and systems</p> <p>B4: recognises peoples expressed beliefs and preferences</p> <p>B5: promotes equality and diversity</p> <p>B6: recognises the need for, and makes use of, opportunities for personal and others' development while recognising different approaches and preferences for learning</p> <p>B7: recognises ethical dilemmas or issues and addresses them appropriately e.g.: through the use of ethical frameworks</p> <p>B8: recognises and acts within the limits of own competence seeking advice when needed</p> <p>B9: contributes to the development and improvement of own and others' practice in public health by the application of evidence in improving own area of work</p>		<p>1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.3</p>	

	<p>B10: objectively and constructively contributes to reviewing the effectiveness of own area of work</p> <p>B11: values people as individuals</p> <p>B12: continually develops own practice by reflecting on own behaviour and role, identifying where improvements can be made</p>	
--	--	--