

Specialist Registration by Portfolio Route: Competencies and supporting guidance

March 2025

This document outlines each of the Know How and Show How Competencies, and the guidance has been extracted from the Applicant Portfolio guidance.

Where possible, supplementary information has been given to increase understanding of the competency, or to suggest evidence that might demonstrate meeting of the competency. The list of supplementary information is not exhaustive.

IMPORTANT INFORMATION: IT IS ESSENTIAL THAT YOU READ THE APPLICANT GUIDANCE DOCUMENT AND PRESENT YOUR EVIDENCE FOR ALL KNOW HOW AND SHOW HOW COMPETENCIES ACCORDING TO THE INSTRUCTIONS. IF YOU DO NOT FOLLOW THE GUIDANCE, YOUR APPLICATION IS UNLIKELY TO BE SUCCESSFUL.

Revisions made March 2025:

- The term current has been removed from KH1.e, KH2.b, KH3.c, KH6.j, KH6.k, KH7.h, KH8.f.
- Clarification has been made for those who have passed the Diplomate exam as to when they will be expected to provide additional evidence for Know Hows with the term 'current' in (this is required if portfolio is submitted more than 5 years after DFPH exam pass date).

Revisions made February 2025:

Know How revisions:

- The term current has been removed from KH5.f, KH6.i, KH6.l
- The term current has been added to KH7.h

Show How revisions:

- SH 6.B - made clearer.
- SH6.H - new competency added re Emergency Planning
- SH8.A - mended competency wording

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Know How competency guidance

1. All Know How and Show How competencies are outlined in full in this document. These are divided into a number of Key Areas, each of which include a number of competencies. These competencies are mapped to the [Faculty of Public Health Specialty Training Curriculum \(2022\)](#).
2. Upon considering the know how competencies, **assessors will ask themselves “Am I assured this applicant has sufficient knowledge in this competency (if relevant also has evidence of 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.
3. Please keep this in mind while compiling your portfolio evidence. In general, we’re looking for master’s level experience.

The Faculty of Public Health Diplomate exam (DFPH)

4. **If applicants have passed the Diplomate exam less than 5 years from the date of their portfolio submission**, they are exempt from providing additional evidence for all Know How competencies.
If applicants have passed the Diplomate exam 5 -10 years prior to the date of their portfolio submission, they are exempt from most Know How competencies **except for those containing the word ‘current’** (KH6.f, KH6.h, KH7.c, KH7.e, KH7.f), **where they must demonstrate up to date knowledge of the current situation.**
Please ensure to submit your certificate confirming your pass, certified by your referee on your reference form.
5. If you have not passed the DFPH exam, you must submit evidence against each competency that is dated within the past 10 years prior to the date of portfolio submission. Those competencies containing the word “current” need evidence of your learning of the current situation.
6. If you are planning to take the DFPH before submitting your portfolio, we strongly advise you to do so prior to submitting your pre-application, as passing the exam on the first attempt cannot be assumed.

What does evidence for Know How competencies look like?

7. For each Know How competency, you must provide evidence of how you acquired the knowledge. Evidence must be dated within 10 years of the portfolio submission, except for those with the word current within them, see 35 and 36 above. If learning took place more than 10 years earlier, additional evidence addressing how you updated your learning during the past 10 years is needed.
8. We require information on your formal qualifications that provides sufficient detail to relate to each word of the claimed competency. If you’re providing a certificate of attendance, it 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.

9. 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. Materials must precisely reflect the competencies. If evidence for part of or an entire competency is from an assessed module / course, but the assessment was not passed, write your understanding of the competency (see below).
10. If evidence is from courses or learning activities that are not part of a Master's 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.
11. 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.
12. If there is insufficient evidence for any part of a competency then you must write out your understanding of the competency in a Knowledge Summary. Please indicate how the knowledge was gained i.e. from learning activities such as a course, on the job learning or self-directed study. Assessors expect to see some critical or thoughtful analysis of the learning, and consideration of the following questions:
 - a. Relevance - is there an appropriate match between the evidence presented and the learning claimed?
 - b. Sufficiency – is there sufficient evidence to demonstrate the achievement of the learning claimed at the right level?
 - c. Authenticity – is the evidence clearly related to the applicant's own efforts and achievements?
 - d. Currency – does evidence relate to current learning as relevant for each competency?
13. Assessors will be looking for integrated knowledge across the competency statement, so ensure to link your knowledge to each part of the competency if there is more than one element. For example, KH1.D has three separate components:
 - 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 weaknesses of different analytical techniques to describe and analyse health needs and health inequalities in different populations

If knowledge gained through courses does not address each of the elements of a standard, your Knowledge Summary must address any missing elements.

14. Here are some crucial tips and suggestions for presenting your Know How evidence:
 - a. 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 all or part of a competency, make sure you

signpost to that evidence in both the Know How narrative and Show How narrative.

- b. Use a clear signposting system which directs the assessor to the specific piece or pieces of evidence you are using to support your claims. Ensure all evidence is included and consistently referenced across all elements of your application.
- c. Do not just send in articles, websites, names of textbooks, etc that you contributed to that you think cover the content of the competency. Assessors want demonstration of your learning. Any original material must be accompanied by further information on your actual learning and understanding mapped to the competency. Think: “how would these demonstrate my understanding”?
- d. Do not cite attending the FPH Diplomat revision course solely as evidence
- e. Do not cite practitioner level courses as evidence, as these are not at the appropriate level.
- f. If citing a document, then indicate where the relevant text for the competency being claimed is within it; Assessors will not wade through lots of text to find what they need.
- g. Do merely state “I am familiar with....” a part of a competency, as this does not demonstrate your understanding of it.
- h. Be careful about using word “current” in a Knowledge statement. If your original learning is not completely current knowledge, then you must evidence how you remain updated and how you’ve gained current knowledge.
- i. If course module descriptions do not fully reflect the wording of the competency, you will need to provide a Knowledge statement filling the gaps to ensure you cover the entirety of each competency claimed.
- j. If in doubt about your evidence for part of or an entire competency, write your understanding of it in a Knowledge statement.
- k. We find that when clarifications for Know How competencies are required, it’s usually due to a lack of information on course content or attendance certification, insufficient detail, or insufficient assurance of learning achieved.

Know How Competencies

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

	Know how competency	Supplementary information
KH1.a	<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>	
KH1.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>	<p><i>Linking data sets includes pseudonymisation.</i></p>
KH1.c	<p>Sources of data for planning, use and provision of health care and other services; indices of needs for and outcome of services.</p>	<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></p>

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.	
KH1.e	Legal and ethical and methodological issues around data security	

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

	Know how competency	Supplementary information
KH2.a	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.	
KH2.b	Screening: principles, methods, applications, organisation and management of screening for early detection, prevention, treatment and control of disease.	

KH Key Area 3 - Policy and strategy development and implementation

	Know how competency	Supplementary information
KH3.a	Theories of strategic planning.	
KH3.b	Principal approaches to policy formation, implementation and evaluation including the relevance of concepts of power, interests and ideology.	

KH3.c	Knowledge of major national and international policies and legislation relevant to public health including awareness of the roles of key domestic, bilateral and multilateral organisations.	
KH3.d	Methods of assessing the impact of policies on health.	

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

	Know how competency	Supplementary information
KH4.a	Understanding individuals, teams/groups and their development	
KH4.b	Motivation, creativity and innovation in individuals, and its relationship to group and team dynamics; personal management skills.	
KH4.c	Theories and models of effective management, leadership and delegation; principles of negotiation and influencing.	
KH4.d	Theories and methods of effective personal communication (written and oral).	
KH4.e	The theoretical and practical aspects of power and authority, role and conflict.	
KH4.f	Understanding organisations, their differing functions, structures, cultures: the internal and external organisational environments - evaluating internal resources and organisational capabilities.	
KH4.g	Identifying and managing internal and external stakeholder interests; structuring and managing inter-organisational (network) relationships, including inter-sectoral work and showing political awareness.	
KH4.h	Collaborative working practices and partnerships including social networks and communities of interest.	
KH4.i	How a range of external influences including political, economic, socio-cultural, environmental and other impact on collaborative working and partnership.	
KH4.j	Critical principles and frameworks for managing change in a multi-agency environment using negotiation, facilitation and influence.	

KH4.k	Issues underpinning design and implementation of performance management against goals and objectives.	<i>This does not refer to individual performance management but applies to a piece of work.</i>
KH4.l	The evidence underpinning the importance of mental wellbeing and how it impacts on effectiveness of organisations.	

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

	Know how competency	Supplementary information
KH5.a	Definitions and models of health and their application to population health.	
KH5.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>
KH5.c	Population aspects of prevention and reducing inequalities including the prevention paradox; primary, secondary and tertiary prevention including risk reduction and harm minimisation.	
KH5.d	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.	
KH5.e	Behaviour change models, theories and their application at an individual and population level for the promotion and protection of health and wellbeing.	<i>E.g. models and theories drawn from social science, psychology, economics, including social marketing.</i>

KH5.f	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>
KH5.g	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>Including understanding of system leadership</i>
KH5.h	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.	
KH5.i	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>Including the role of social capital and asset-based approaches.</i>
KH5.j	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>
KH5.k	Principles of sustainable development and its relevance to population health.	

KH Key Area 6 - Health protection

	Know how competency	Supplementary information
KH6.a	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>Narrative should address at least one communicable disease</i>
KH6.b	Health and social behaviour: in relation to risk of infectious and environmental diseases.	
KH6.c	Environmental determinants of disease and their control.	
KH6.d	Risk and hazard <i>identification</i> ; environmental monitoring and health impact assessment for potential environmental hazards.	
KH6.e	Occupation and health, factors affecting health and safety at work.	

KH6.f	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.	
KH6.g	Communicable disease: definitions, surveillance and methods of control.	
KH6.h	The design, evaluation, and management of current immunisation programmes.	
KH6.i	Outbreak investigation including the use of relevant epidemiological methods.	
KH6.j	Organisation of infection control.	
KH6.k	National and international public health legislation and its application. Legislation in environmental control and international aspects of hazard control.	
KH6.l	Development, commissioning and evaluation of the 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.	

KH Key Area 7 - Health and Care Public Health

	Know how competency	Supplementary information
KH7.a	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>
KH7.b	Audit methodology applied to public health.	
KH7.c	Current social and health policies and the implications for equality and equity in public health practice.	

KH7.d	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>
KH7.e	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>
KH7.f	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>
KH7.g	Principles and theories of ethics in public health practice including resource allocation.	
KH7.h	Policies on 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</i>

		<i>competencies in line with 2022 FPH curriculum update</i>
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KH Key Area 8 – Academic public health

	Know how competency	Supplementary information
KH8.a	Epidemiology in relation to the delivery of public health practice.	
KH8.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.	
KH8.c	Quantitative research methods of enquiry used in public health practice.	
KH8.d	Qualitative research methods of enquiry used in public health practice.	
KH8.e	Educational theory and facilitating learning including principles of setting learning objectives, curriculum development, planning and developing training, course and programme evaluation and student assessment.	
KH8.f	Research governance, research ethics, confidentiality and privacy of personal data.	

KH Key Area 9 – Professional, personal and ethical development

Evidence underpinning the importance of mental wellbeing and how it can be nurtured.
GMC Good Medical Practice (GMP) as applied to public health.
Good Public Health Practice
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.

Show How competency guidance

15. All Show how competencies are on our [website](#) and map to the Public Health training curricula (2022).
16. The presentation of your evidence for Show How competencies is based on a series of narratives describing the work that you've done, your role in it, and how it relates to each competency being claimed. The narrative gives context to your work and presents your evidence to show that you've met the competency or competencies. Note that one piece of work/narrative can cover more than one competency and be very clear which is it referring to. There is no set number of narratives required, but they must collectively cover all Show How competencies.
17. Overall, **across all Show How competencies, at least 50% of your evidence must be less than five years old at the point of your portfolio submission.**

Narratives

18. Please use the Narrative template on our [website](#).
19. The narrative should be drafted to convince the assessor that you have demonstrated the competencies you are claiming. Assessors will not 'join up the dots' for you. You will need to ensure that in addition to telling a compelling story about how the work you have done relates to the competencies you are claiming, you must clearly signpost the relevant evidence you are citing and make sure that your portfolio is easy to navigate.
20. The narrative consists of a brief overview of the work being used to evidence the competency being claimed and a description your role in it, which should at the right level of seniority (i.e. the level of a newly qualified consultant). Describe how your role in this work provides evidence for the competency. Objective evidence, clearly signposted, must be referenced to support all claims. The title of each piece of evidence must be listed accurately in the assessment proforma.
21. While there is no requirement regarding the number of narratives submitted, each competency should be claimed once where possible, and that each narrative should not aim to cover too many competencies; up to four competencies per narrative is very helpful to ease assessment.
22. A narrative should contain the following elements:
 - a. A list of the competency, or competencies, being addressed
 - b. A brief overview describing:
 - i. The aims and objectives of the piece of work (Why?)
 - ii. The organisational and chronological context of the work (Where, When?)
 - iii. An overall brief description of your individual role and responsibilities within the work
 - iv. A description of the methodology and approach to the work, explaining why that approach was chosen including theoretical underpinning, evidence base as appropriate (How?)
 - v. Key results and outcomes of the work, which should include major outputs such as change in policy, change in practice, or change in health outcomes (what happened?)

- c. A section which focusses on each competency being claimed, writing how your role and actions demonstrated that competency, with adequate supporting evidence
 - d. A section reflecting on your learning from the experience focussing on the specific competency, or competencies, being claimed.
 - e. A list of the evidence that is being referenced, dated and clearly signposted to the competencies being claimed. This must match the evidence column in the Assessment Proforma.
23. UKPHR does not provide examples of 'good' narratives; styles of writing differ greatly and good can be varied. Good narratives are very heavily based on 'context', which will vary significantly depending on the work being written about.

Reflection

24. Reflection is a key part of your narrative and outlines what you learned from the work that is relevant to the claimed competency. A good reflection is invaluable to assessors.
25. There are many approaches to reflection. The "What? So what? Now what?" framework is one example of a simple way to structure reflections, whether it be a reflection on a single event or a period of time. Reflections could include personal experience, interaction or observation of others and formal/informal learning events. Key elements in this framework that might be helpful to consider:
- a. **What?** focuses on thoughts at the time of an experience. It explores thought processes when a particular action or decision was taken and how those may have impacted on actions and feelings. E.g., 'What was I thinking when I took the actions or made the decision that I did'
 - b. **So what?** involves considering the significance of what happened as well as the values and feelings at the time of and prompted by the experience, and why these may influence future learning or actions. E.g., 'How did I feel at the time of and after the experience, why was it important?'
 - c. **Now what?** looks at the processes and opportunities that can help learning from the experience and identifying future actions, reflection on those actions, and how to use these to develop further. E.g., 'What can I learn from or do differently next time'
26. More information can be found in GMC guidance "The reflective practitioner"
<https://www.gmc.org.uk/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students>
27. For further detailed understanding of reflection please go to: Faculty of Public Health: CPD Policy, and <https://www.fph.org.uk/professional-development/cpd/reflective-notes/>
28. An alternative set of questions that are helpful for reflection are:
- What was expected?
 - What actually happened?
 - Why is there a difference?
 - What can be learnt?
29. Please note that reflection does not mean simply citing the words of the competency with little other detail, nor focussing solely on the work itself; it must reflect the

competency in the context of the work. Remember, often what went wrong gives more learning than what went right, so be honest with yourself and the assessors.

Evidence

30. All evidence must demonstrate your personal role, but it is recognised that there may be pieces of work in which you have supervised others. In this case there must be a clear description of your role and responsibilities in this work and of the guidance given to those supervised, with supporting evidence.
31. Navigation is key; make this as easy as possible for the assessor. Highlight relevant points in your evidence to help the assessor find the specific piece of information which supports your claim, e.g., a decision noted in a set of minutes or the relevant text in a report. It is more important to cite clear evidence that supports your claims rather than provide a lot of evidence that does not support your role clearly.
32. Examples of evidence that can be accepted are:
 - a. **Reports for publication, reports to Boards, partners and other similar audiences, and reports about projects**, which clearly demonstrate your skills in relation to the competency claimed. Authorship should be clearly demonstrated. If you are not the author, then your respective roles and the author's must be clearly indicated. Reports can be useful but need precise signposting to be clear. If part of a report is used for evidence, then just that part needs to be included (not the whole report).
 - b. **Chapters of larger publications, sections of longer reports, and other similar collaborative writing**. For example, a chapter of a complex Health Needs Assessment. Authorship must be clearly demonstrated, making your specific contribution clear.
 - c. **Presentations** to professional, lay, public or Board audiences, which you compiled and delivered.
 - d. **Project proposals, grant applications, Project Initiation Documents (PIDs)**, authored by you.
 - e. **Minutes of meetings**. Your contribution to the meeting should be highlighted. Handwritten notes of meetings are not acceptable. Presence only at a meeting is insufficient evidence to demonstrate competence, and agendas alone are not acceptable.
 - f. **Commissioned work**. Where you have commissioned other bodies, organisations, specialists, or other similar providers to do a particular piece of work that is being presented as evidence for a competency, evidence must be provided of your role in the commissioning process. For example, an authored project, specification document or proposal.
 - g. **Contemporaneous correspondence from other professionals** can support claims of, for example, joint working, effective leadership, recognition of expertise. If screenshots are used, then ensure authorship is clear if relevant to substantiating your claim
 - h. **Testimonials** can be used as evidence or to validate other evidence where otherwise it is not documented. Testimonials must be from someone senior to you, specific to the competency being claimed and verify your personal involvement in the work cited and competence as claimed. A testimonial should only cover one competency. Note that Testimonials should only be used if there is nothing else available; they should be used sparingly.
33. Here are some crucial tips and suggestions for presenting your Show How evidence:
 - a. Ensure the list of evidence in the narratives reflects that within the assessment proforma

- b. Ensure the evidence has consistent reference letters / numbers between the assessment proforma, the narratives and the filenames. Ensure all are included in submission
- c. If offering a report as evidence, then cite which page is relevant for that competency. Assessors will not search for the right page.
- d. Do not solely use final reports as evidence, as you need to show the assessor exactly what you did.
- e. Use minutes rather than agendas as evidence, otherwise how does the assessor know what relevance the agenda has to your role in the work cited, and did the meeting happen?
- f. Do a spell check on everything.
- g. If you cite "we" instead of "I" then how does the assessor know what you did?
- h. If using a testimonial, then ensure the person wrote it themselves, signed it, filled in their PH registration number, and used the template.
- i. If you use some show how evidence for knowledge competencies, then ensure this is clearly signposted in the Show Hows as well as the Know Hows so the assessors can track.

Show How competencies

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

This area demonstrates the ability to synthesise data into information about the surveillance or assessment of a population's health and wellbeing from multiple sources; and can communicate it clearly to inform action planning to improve population health outcomes. There are five competencies that need to be evidenced, one of which is to show leadership of a health needs assessment. The health needs assessment may also be used to demonstrate the other competencies, or other suitable work may be drawn upon.

	Show How competency	Supplementary information
SH1.A	Access and critically appraise data and information from a variety of sources to address a public health question.	<i>Use a broad range of health data such as: mortality, morbidity, cancer registry, local, national and international communicable disease notifications and laboratory data, demographic, hospital episode statistics and health surveys. Demonstrate understanding and application of relevant principles of UK information governance as well as critical evaluation of the appropriateness of the data that you have selected and used for a specific public health question.</i>
SH1.B	Analyse and interpret quantitative and qualitative data using appropriate statistical and qualitative techniques and synthesise results to inform recommendations for action.	<i>Show that you are able to analyse both quantitative and qualitative data appropriately including the use of relevant analytical techniques. Interpret and use such data competently to inform a plan for action, or policy, or strategy development.</i>
SH1.C	Lead on a health needs assessment for a defined population for a specific purpose and demonstrate impact at a high organisational level.	<i>This needs to be for a significant topic. You have formulated and presented the recommendations at a high level in an organisation or to a senior multi-agency group and led work to attempt to progress the implementation of the findings.</i>
SH1.D	Display data using appropriate methods and technologies to accurately describe and clearly communicate complex issues to a wide range of audiences.	<i>Demonstrate that you can use engaging visual methods to display data graphically and present material appropriately orally and in writing. At least 4 different audiences communicated to should include both senior members of an organisation and a lay audience.</i>
SH1.E	Use public health intelligence to understand and address a health inequality in a sub-population.	<i>Demonstrate that you have analysed and assessed health inequalities in population sub-groups using public health intelligence. Include a clear focus in your evidence on formulation and implementation of actions to address identified health inequalities between those sub population groups.</i>

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

This key area focuses on the critical assessment of evidence of effectiveness and cost-effectiveness of public health interventions, programmes and services, including screening. There are three competencies that show ability to use a range of resources to generate and communicate appropriately evidenced and informed recommendations for improving population health across health and care settings.

	Show How competency	Supplementary information
SH2.A	Conduct a structured review of scientific literature relevant to questions about health or health care policy and practice, systematically locating and critically appraising the research evidence.	<i>Include using Population Intervention Comparator Outcomes (PICO) questions, and an identified search strategy; appraising the strengths and limitations of the research; identifying evidence gaps; drawing appropriate conclusions and making recommendations. This may be from a Masters dissertation or other research or practice.</i>
SH2.B	Integrate and interpret complex evidence from multiple sources with scientific rigour and judgement to formulate balanced evidence-informed recommendations both orally and in writing.	<i>Demonstrate how you developed a policy, plan or practice proposal based on the rigorous appraisal of complex and multiple sources of evidence and shown leadership in the implementation of evidence into service or policy for population health benefit.</i>
SH2.C	Assess the evidence for proposed or existing screening programmes using established criteria.	<i>Show how you have assessed the evidence for an actual or potential screening programme e.g. contributing to a literature review of the evidence for a potential screening programme; or writing a briefing paper about an actual or potential screening programme. The criteria are from the UK National Screening Committee.</i>

SH Key Area 3 - Policy and strategy development and implementation

This key area is about influencing the development of policies, implementing strategies to put the policies into effect and assessing the impact of policies on health. There are three competencies that cover the development and application of policy or strategy, multi-agency public health policy and impact assessment.

	Show How competency	Supplementary information
SH3.A	Interpret and apply national policy or strategy at local, regional or national levels OR influence OR develop policy or strategy at local, regional or national levels.	<i>Include appraisal of policy options, determined feasible and realistic actions, made recommendations for strategy, and have made a significant contribution to the implementation of the strategy.</i>
SH3.B	Influence or build a public health policy across agencies.	<i>Include how you consulted and worked with stakeholders in the development of a multi-agency policy or strategy to address a complex health and wellbeing problem e.g., health inequalities in the most deprived neighbourhoods, or reduction in childhood obesity in the local area. Demonstrate an awareness of different perspectives that may influence health as well as your leadership in this development.</i>
SH3.C	Evaluate a policy or strategy using an appropriate method, critically assessing the impact, or potential impact, of the policy or strategy on health.	<i>Show that you have used policy and strategy evaluation frameworks to make a substantial contribution to the evaluation of the impact of a policy or strategy on health, demonstrating either that action has taken place as a result of your analysis and recommendations, or an understanding of why no action has occurred and what alternative strategies might be appropriate.</i>

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

This key area focuses on leading teams, groups and work programmes using a range of effective strategic leadership, organisational and management skills, in a variety of complex public health situations and contexts. There are seven competencies covering, multi-agency work, stakeholder engagement, management skills, team working, leadership and effective communication skills and use of the media. The term 'Board' is defined as the overall decision-making body of an organisation preferably within either health care or local or national government

	Show How competency	Supplementary information
SH4.A	Lead or play a key role in a multi-agency group managing complex areas of work that influence the public's health.	<i>Demonstrate that you have led the design and delivery of complex areas of work within available resources and timescales, involving more than one organisation in different sectors. Demonstrate how you took account of the social, political, professional, technical, economic and organisational environment as appropriate, and include evidence of planning, convening and chairing meetings.</i>
SH4.B	Define, recruit and engage relevant stakeholders, including the public and representatives of the political system.	<i>You need to show how, in your multi-agency leadership you built consensus with and involved multiple stakeholders, including public and politicians. You need not have direct interaction with politicians so examples include writing papers for Scrutiny Committees; briefings for them; council or parliamentary questions or informal advice, in the development of public health programmes.</i>
SH4.C	In a setting where you do not have direct authority to advocate for action, use negotiation, influencing, facilitation and management skills successfully on a public health issue of local, national or international importance.	<i>Show that you have reached a different endpoint from the starting point by your personal impact using negotiating and influencing skills in advocating for action on a public health issue</i>
SH4.D	Demonstrate effective team working in a variety of settings, balancing the needs of the individual, the team and the task.	<i>Demonstrate that you are a respected team member, able to manage potential conflicts and to lead a team and your ability to guide, support and develop both staff and colleagues.</i>
SH4.E	Use a range of leadership styles effectively as appropriate for different settings and organisational cultures.	<i>Demonstrate the ability to vary leadership style appropriately for the organisational culture of different settings including multi-agency work that you led. You may include evidence of analysis of your preferred leadership style and personality using a validated tool (e.g. 360 degree feedback such as in your preapplication), and the action you took as a result.</i>

SH4.F	Prepare and deliver appropriate written and oral presentations to a range of different organisations and audiences, for a range of purposes.	<i>Demonstrate your expertise in literacy and high order communication skills to explain complex work clearly and concisely, selecting communication methods appropriately for the purpose, by providing at least four examples of both presentations and written communications that have met the needs of the planned audience and have increased the understanding of a public health issue. A range of different audiences must be demonstrated e.g. Board *, lay, clinicians. Examples may include: teaching sessions, conference presentations, Board papers, strategy documents, presentations to local groups, multi-agency groups, briefing elected members, communications about health advice, health risk and health protection issues. At least one written example needs to be a draft of an academic article that has been submitted for publication in a peer review journal. To summarise, 4 examples in total are required, at least one of which must be the draft of an academic article that has been submitted for publication in a peer review journal. Provided there is a mixture of presentations and written material, there is not a specific amount of each we require for each type of communication.</i>
SH4.G	Demonstrate effective use of the media for public health.	<i>Demonstrate your use of the media, including social media, pro-actively to successfully communicate with the public. This may include working with communications staff on e.g. handling unexpected press or other media enquiries in a timely and professional manner, producing press releases, interviews with local media, and keeping the public informed when managing a communicable disease outbreak.</i>

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

This key area focuses on improving the health of populations by influencing and acting on the broad determinants of health and health behaviours at a system, community and individual level. There are four competencies covering health improvement programmes, theories of change, community action and advocacy, and at least one piece of work described should incorporate consideration of environmental sustainability.

	Show How competency	Supplementary information
SH5.A	Develop and implement, or plan and commission, health improvement programmes and preventative services, taking account of theory, evidence and local context.	<i>Include behavioural change theories and taking account of the local social and cultural context.</i>

SH5.B	Apply theoretical principles of change management and organisational development to improving a service, intervention or public health programme.	<i>Include both principles and theories in your application</i>
SH5.C	Influence community actions, by working with and empowering communities using participatory, engagement and asset-based approaches.	<i>Include your consideration of participatory and asset-based approaches. This could be in health needs assessment, design and delivery of health improvement programmes or other public health actions.</i>
SH5.D	Advocate for public health principles and action to address health inequalities and support vulnerable groups.	<i>Include how the views of vulnerable groups were represented at a senior level and in policy development. Show respect for the rights of the public to have their views heard, to have information in easily comprehensible forms and to be involved in choices.</i>

SH Key Area 6 - Health protection

This area of practice focuses on the protection of the public's health from communicable and environmental hazards by the application of a range of methods including hazard identification, risk assessment, and the promotion and implementation of appropriate interventions to reduce risk and promote health. Use of Covid 19 work MUST be appropriate for the competencies being claimed, like any other evidence.

	Show How competency	Supplementary information
SH6.A	Gather and analyse information, within an appropriate timescale, to identify and assess the risks of health protection hazards.	<i>Include effective application of knowledge and awareness of relevant health protection hazards, how applied in appropriate situations in a supported environment. Include how you made a risk assessment of health protection hazards, based on the information with reference to relevant guidance and policies, e.g. appropriate clinical, demographic and risk factor information when handling health protection enquiries, using that information to make a risk assessment.</i>
SH6.B	Identify a health protection hazard, develop a management plan to advise on and implement public	<i>E.g. identify and manage close contacts associated with a case of bacterial meningitis within an appropriate timeframe; or respond to an immunisation query from a practice nurse for a</i>

	health actions with reference to local, national and international policies and guidance to prevent, control and manage the identified health protection hazard.	<i>child who has recently arrived in the UK with reference to the WHO country specific information on immunisation.</i>
SH6.C	Understand and demonstrate the responsibility to act within one's own level of competence and understanding and know when and how to seek expert advice and support.	<i>Include how you understand and use current local health protection arrangements, actively seeking expert advice and support e.g. appropriate management of health protection enquiries and cases, with reference to local consultant or national expertise as necessary.</i>
SH6.D	Document information and actions with accuracy and clarity in an appropriate timeframe.	<i>Demonstrate your ability to independently maintain accurate and contemporaneous records in relation to a range of health protection situations e.g. documentation of case notes on electronic or written case management systems (real time updating of case notes); outbreak or incident control team minutes and actions produced and disseminated in an appropriate time frame as per the outbreak plan.</i>
SH6.E	Demonstrate awareness of the main stakeholders and agencies at a local, national and international level involved in health protection and their roles and responsibilities.	<i>This is in acute and strategic health protection work, e.g. through effective participation in multiagency meetings, on strategic plans and involving the correct agencies in acute response work.</i>
SH6.F	Demonstrate an understanding of the steps involved in outbreak/incident management and be able to make a significant contribution to the health protection response.	<i>Include how you significantly contributed to the health protection response on at least one occasion, e.g. active membership of an incident/outbreak control team including investigation and implementation of control measures; write up of outbreak report and identification and response to lessons learnt.</i>
SH6.G	Apply the principles of prevention in health protection work.	<i>Demonstrate that you are able to actively demonstrate implementation of prevention principles as part of the regular health protection response and strategic health protection planning e.g. providing opportunistic advice on vaccination during routine health protection work; ensuring schools and care homes have up to date guidance on infection prevention and control.</i>

SH6.H	Participate in an actual or simulated extreme weather, chemical, radiological or other major incident.	<i>Participation in the Emergency Preparedness and Response planning group and / or exercise. Include understanding of the roles of organisations during a major incident and recovery after an incident e.g. a multi-agency major incident exercise response to flooding / extreme weather.</i>
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SH Key Area 7 - Health and Care Public Health

This area of practice covers planning, commissioning, provision, clinical governance, quality improvement, patient safety, equity of service provision and prioritisation of health and care services.

	Show How competency	Supplementary information
SH7.A	Criticise and appraise service developments for their costs and impact on health and health inequalities, using health economic tools to support decision making.	<i>In appraising service developments show your application of legal and ethical principles in resource allocation; appraisal of the cost of service developments and their impact on health using routine information and bespoke data sources; use analysis to influence policy or service review/development; understand and use health economic tools to support those appraisals and inform recommendations and policy complex or contentious situations. For example: Health Impact assessment; Health Equity Audit; appraisal of a new drug or technology; development of an option appraisal for service change across whole pathways; Individual Funding Requests; clinical policies.</i>
SH7.B	Appraise, select and apply tools and techniques for improving safety, safeguarding, reliability and patient-orientation of health and care services.	<i>Demonstrate the ability to choose between appropriate tools (e.g. audit, standard setting, peer review) and identify one that suits the principal concerns. Include how you articulated priorities for quality and safety improvement, and effectively applied techniques to complex problems across a health and care system e.g. responding to a critical incident or service failure; participating in a peer review; development and implementation of a plan for improving equity of access to effective services. <u>NB The “safeguarding” 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</u></i>
SH7.C	Apply health technology assessment frameworks to inform health service policy.	<i>Demonstrate your understanding of multiple regulatory frameworks, their opportunities and limitations. Demonstrate choice and application of a relevant framework for a complex problem e.g. appraisal of a new drug or technology or surgical intervention including calculation of population costing.</i>

SH Key Area 8 – Academic public health

This area of practice focusses on the teaching of and research into public health with the aim of adding an academic perspective to all public health work.

	Show How competency	Supplementary information
SH8.A	Demonstrate the relative strengths and limitations of different research methods and research rigour to address a specific public health question.	<i>Include principles of good research governance in your own or other researchers' work e.g., contribution to an Ethics submission; reflection on the use of research governance in a research study; or have conducted rigorous public health research that has been published in a peer reviewed journal(s). In general show that you consistently use academic rigour appropriately to give independent public health advice.</i>
SH8.B	Identify research priorities in collaboration with relevant partners.	<i>Demonstrate that you have identified research needs based on patient/population data and current evidence for a specific public health problem and in collaboration with relevant partners e.g., analysts, public health practitioners, academics, NHS and LA professionals. E.g., preparation of a scoping paper or protocol for research to address a problem outlining the current evidence and population level data used to identify the research and partners; substantial contribution to a grant application for external research funding.</i>
SH8.C	Turn a complex public health problem into an answerable research question.	<i>Demonstrate how you formulated questions that will allow a structured approach to retrieving and assessing evidence to inform further research about a complex public health problem. You will have made a significant contribution to the design and implementation of a study in collaboration with an academic partner. Masters/MSc research is permitted as evidence for this competency i.e., your research would not necessarily need to have been undertaken when working in Public Health; it could be from when you were studying it.</i>
SH8.D	Deliver education and training activities, including planning or commissioning or undertaking quality assurance of education and training schemes or programmes.	<i>Demonstrate how you planned, taught, evaluated, and reflected on public health education and training programmes. Include a variety of educational activities including giving a large group lecture, leading facilitation of small groups and online e-learning.</i>

Key Area 9 – Professional, personal and ethical development

This area focusses on the professional behaviours and values that underpin public health practice, as well as on the development of the skills to pursue personal and professional development through a public health specialist career.

	Show How competency	Supplementary information
SH9.A	Recognise and work within the limits of your professional competence.	<i>Include working within them seeking expert advice and support as necessary.</i>
SH9.B	Operate as a leader at a senior organisational level, showing understanding of impact on others, and giving effective support to colleagues within teams.	<i>Demonstrate effective leadership of teams or projects at a senior level including how you respect the skills and contributions of colleagues, communicate effectively with them, treat them fairly and maintain professional relationships.</i>
SH9.C	Use reflective practice regularly to ensure on-going professional and personal development.	<i>Show you have kept your professional knowledge and skills up to date, and participate in audit, regular appraisal and reflective learning since your preapplication.</i>
SH9.D	Work flexibly and persevere through uncertainty, additional unexpected complexity and potential or actual conflict to seek effective outcomes.	<i>Show you have assessed, communicated and understood the management of different kinds of risks, including health, financial, reputational and political risks. Demonstrate how you have handled uncertainty and the unexpected, resolving actual or potential conflict and/or challenge about differences of opinion to ensure effective outcomes.</i>