



# UKPHR

Public Health Register

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## Guidance for Applicants

### *Public Health Practitioner Registration - Apprenticeship route*

*V3 February 2025*

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# 1. Overview and principles

This document describes the framework and process for gaining public health practitioner registration with UK Public Health Register (UKPHR) by the apprenticeship route. It includes 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 demonstrates to peers and employers that a public health practitioner has been independently assessed as meeting standards. It formally recognises their ability to apply public health knowledge and understanding.

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 (“IfATE”).

The public health apprenticeship incorporates an academic requirement and a workplace based practical requirement, resulting in a BSc public health degree. More information about the apprenticeship standard and providers who deliver the degree on the [IfATE website](#).

## 1.1 Completing the public health apprenticeship

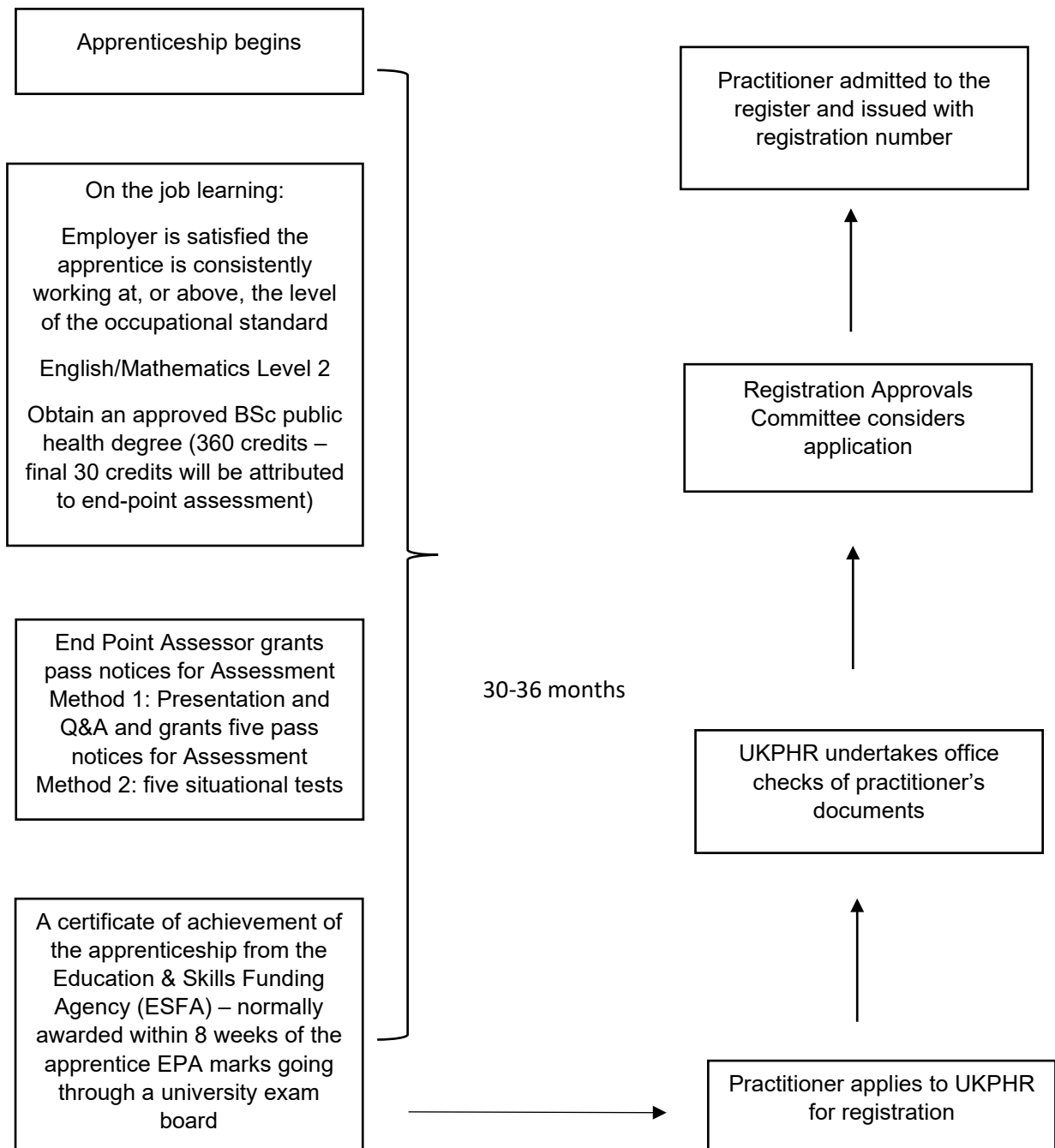
Apprentices wishing to register with UKPHR as a public health practitioner must first complete all the mandatory requirements of the public health apprenticeship. Applicants are responsible for securing the public health apprenticeship and for completing all its requirements before applying to UKPHR for registration.

## 1.2 About registration

As part of an apprenticeship, practitioners will be assessed by employers and End Point Assessment Organisations (EPAOs) in accordance with the apprenticeship standard; UKPHR does not have a direct role in these assessments, but may work with apprenticeship providers to ensure any assessors meet requirements.

The public health apprenticeship standard was developed in consultation with UKPHR and has been mapped against and aligns with UKPHR’s standards for registered public health practitioners. Apprentices who complete the public health apprenticeship can apply to UKPHR for registration.

Apprentice graduates can apply to UKPHR for registration. If all evidence (as outlined later in this document) is in order, the application will be considered by UKPHR’s Registration Approvals Committee (RAC). If approved, the graduate will be admitted to the UKPHR Register as a Public Health practitioner. The process is outlined below:



UKPHR is not directly involved in the delivery of either the employment or educational aspect of the apprenticeship, so any issues should be raised with the employer, training provider, End Point Assessment Organisation or IfATE.

## 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. UKPHR considers the public health apprenticeship to meet the same standard as the [portfolio assessment route](#).

UKPHR's standards for public health practitioners are aimed at those working autonomously 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. These standards are framed around an ethical approach and a general understanding and application of public health with a focus on public protection.

## 2. Guidance for applicants

### 2.1 Eligibility

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

The public health apprenticeship's occupational standard requires 360 credits of the integrated BSc (Hons) Public Health, or BSc (Hons) Public Health and Health Promotion, or BSc (Hons) Health and Wellbeing.

In order to pass through the gateway to the End Point Assessment (EPA), the employer and/or the training must submit 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

The details of the EPA are set out on the [IfATE website](#) and all apprentices will be given detailed guidance by their EPAO.

### 2.2 Applying to UKPHR

When the apprenticeship is completed, graduates can apply to UKPHR for registration as a public health practitioner. **The application is made online via the UKPHR portal at [www.ukphr.org](http://www.ukphr.org) and must be made within one year 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 following information and documentation must be provided to UKPHR:

- Personal and contact information
- Completed UKPHR health and character declarations (this is done via the UKPHR portal as part of the application process)
- Evidence of completion of a relevant degree. This may be either a degree certificate or an official transcript confirming successful course completion.
- Evidence of the certificate of achievement of the apprenticeship from the ESFA
- A completed reference using the UKPHR form (Annex 2);

At the time of applying to UKPHR for registration, apprentices must pay an initial registration fee which will be calculated to cover your registration until 1 July, which is the standard annual renewal date. The fee will be calculated automatically when you submit your application online.

Applicants must submit a copy of their degree certificate or an official transcript confirming successful completion of their degree. Evidence of completion of a relevant degree and the certificate of achievement may be copies of the original that have been seen by your referee. The reference template includes a section for the referee to confirm that they have certified your documents.

## 2.3 Registration process

UKPHR will check that all its requirements for application have been met. After office checks for completeness, the application will be considered by UKPHR's RAC. UKPHR will notify the applicant of the timing of the RAC meeting.

UKPHR's Registrar, or the Registrar's duly appointed representative, will present your application at the RAC meeting. If there are any questions regarding the application UKPHR will inform the applicant and the application will be presented at the next meeting, once questions are answered.

If RAC approves the application, it will admit to the Register and the applicant's name will be published on the public Register.

If RAC finds any serious issues with the application, it may reject the application. If this is the case, UKPHR will inform the applicant of the decision, provide reasons for the decision and explain the right to appeal against RAC's decision.

## 3. Maintaining registration with UKPHR

### 3.1 Annual renewal

All public health practitioners are required to renew registration by midnight on the 1st of July every year. Renewals include a completed fitness to practise declaration and payment of fees.

Any changes to your name or contact details must be made within one month of the change. Changes can be made within the UKPHR portal at any time.

All registrants have a duty to self-refer themselves to UKPHR within 30 working days of any issue or event that might impact their ability to meet standards. UKPHR will consider whether any self-referral needs further investigation. In rare cases, there will be an issue that arises that could impact a registrants fitness to practice. UKPHR will take action according to published [policy](#).

### 3.2 Re-registration

Re-registration is a five-yearly check to ensure registered practitioners continue to meet UKPHR requirements, and to promote improvement in the quality of practice, including through appropriate continuous professional development. While this check is more rigorous than annual renewal, it is still light touch. UKPHR will need to assure itself that practitioner registrants are undertaking an annual appraisal process, personal development planning, and CPD. This is done via the UKPHR portal, and we will contact all registrants in the lead up to re-registration, reminding them of the requirements.

## 4. Quality assurance and monitoring

UKPHR does not directly quality assure apprenticeships; they are quality assured by a number of organisations working together i.e. IfATE, Ofsted, and the Office for Students. More information about the quality assurance of apprenticeships can be found [here](#).

UKPHR itself ensures consistent and robust standards of assessment through management and oversight of its Register through providing guidance, training, and support for those who contribute to assessment and moderation, 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 assessment outcomes and feedback from those assessing and quality assuring applications. Everything possible will be done to ensure the integrity of the application process and the fair and impartial consideration of applicants.

### 4.1 Appeals

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

## Annex 1:

### Reference Template

# UKPHR

## Public Health Register

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### Reference Template – to be used for application to UKPHR as a Public Health Practitioner via Apprenticeship Route

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 and should be able to confirm that you have successfully completed a public health apprenticeship (level 6).

#### Section 1 – Applicant details

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

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

<b>Title:</b>	
<b>Forename(s):</b>	
<b>Surname:</b>	
<b>Professional registration and number (if appropriate):</b>	
<b>Your current role, organisation, and contact details:</b>	
<b>Your role and organisation when working with applicant:</b>	



<b>Relationship to the applicant when working with them:</b>	
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**Section 3 – Reference**

<p><b>Can you confirm that there is no professional or fitness to practise reason why this practitioner should not be included on the UKPHR Register?</b></p> <p><b>You may also provide general comments about the practitioner’s ability as a public health practitioner if you wish.</b></p>	<p><input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span></p> <p><i>If no, please explain why</i></p>
<p><b>Certification of applicant’s degree/official transcript and ESFA certificate (in person or virtually)</b></p>	<p><b>I have seen and can confirm that, to the best of my knowledge, the degree/official transcript and ESFA certificate is legitimate</b></p> <p><input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span></p>
<p><b>Signature to confirm information provided in this reference is accurate:</b></p>	<p><b>I, the undersigned, can confirm that there is no professional, or fitness to practise, reason why this practitioner should not be included on the Register. The information provided in this reference is accurate.</b></p> <hr/> <p><i>Signature</i></p> <p><i>[If you are unable to provide a handwritten or electronic 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. We do not accept typed in names]</i></p> <hr/> <p><i>[Date]</i></p>

## Annex 2:

### The standards for practitioner registration

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

<b>addressing differences in risk exposure and outcomes</b>	<b>4.2.</b> Demonstrate how individual and population health differ and describe the possible tensions which may arise when promoting health and wellbeing.
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<b>AREA 5</b>	<b>STANDARD</b>
<b>Implementing public health policy and strategy</b>	<b>5.1.</b> Support the implementation of policies or strategies to improve health and wellbeing and reduce health inequalities.
	<b>5.2.</b> Demonstrate how your work is influenced by an understanding of the impact of the wider determinants of health.
	<b>5.3</b> Critically reflect on and make suggestions for how public health policies or strategies could be improved.

<b>AREA 6</b>	<b>STANDARD</b>
<b>Collaborating across agencies and boundaries to deliver the public health function</b>	<b>6.1.</b> Show how organisations, teams and individuals work in partnership to deliver the public health function.
	<b>6.2.</b> Demonstrate how you work collaboratively with other organisations to improve public health.
	<b>6.3</b> Reflect on your personal impact on relationships with people from other teams or agencies when working collaboratively.

<b>AREA 7</b>	<b>STANDARD</b>
<b>Planning, managing and evaluating public health programmes and projects</b>	<b>7.1.</b> Describe how you have planned a public health intervention to improve health and wellbeing, demonstrating terms and concepts used to promote health and wellbeing.
	<b>7.2.</b> Demonstrate how the culture and experience of the target population may impact on their perceptions and expectations of health and wellbeing.
	<b>7.3.</b> 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.
	<b>7.4.</b> Evaluate a public health intervention, reporting on its effect and making suggestions for improvement.
	<b>7.5.</b> Demonstrate project management skills in planning or implementing a public health intervention.
	<b>7.6.</b> Demonstrate how quality assurance principles or policies are applied when planning or implementing a public health intervention.
	<b>7.7.</b> Demonstrate how risk management principles or policies are applied when planning or implementing a public health intervention.

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

## Annex 3:

### EPA mapping to UKPHR practitioner standards

Assessment method 1 – presentation of a project completed				
Assessment component	Knowledge	Skills	Grading descriptors	Comparison to UKPHR Practitioner Standards
Rationale for the work	<p><b>K9</b> 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><b>K33</b> 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><b>S5</b> 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><b>S14</b> present an evidence-based narrative that is suitably adjusted to inform different types of audiences with different levels of health literacy</p> <p><b>S33</b> 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><b>S36</b> 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</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><b>K53</b> a developed area of expertise in a particular area of public health (e.g.: the management of 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><b>K47</b> 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><b>K49</b> economic analysis of services and interventions using tools and techniques to determine cost effectiveness,</p>	<p>opportunities of digital capability and dependency, and the associated need for some audiences to be assisted with digital communications)</p> <p><b>S45</b> 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>		
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	return on investment and value for money to inform decision making			
Use of epidemiological, statistical and other forms of data and intelligence	<p><b>K1</b> different sources of data and intelligence and their strengths and limitations</p> <p><b>K2</b> 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><b>K3</b> 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><b>K4</b> 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><b>S1</b> 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><b>S3</b> 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>	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

<p>Methods adopted</p>	<p><b>K8</b> the theories underpinning behavioural science and its relevance to a range of health 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><b>K12</b> 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><b>K14</b> how to mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures</p>	<p><b>S4</b> work with communities to facilitate their engagement and participation in needs assessments, service design and delivery, including action to improve access to, and navigation of, local services</p> <p><b>S6</b> 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><b>S18</b> implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems</p> <p><b>S21</b> develop or implement actions plans, with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies</p> <p><b>S44</b> identify the resources needed to develop and deliver new public health activity, or to sustain public health services and interventions, and</p>	<p>Applies the principles and theories relating to behavioural science, and uses behavioural 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>3.2, 4.1, 4.2, 7.1, 7.5, 7.6, 7.7</p>
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	<p><b>K39</b> approaches to transformational change management within health and care systems</p> <p><b>K43</b> 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><b>K44</b> 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>how these resources might be sourced</p> <p><b>S46</b> build capacity and capability across the field of 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>		
Key collaborations and partnerships	<p><b>K25</b> the principles of partnership working and collaboration, and the skills and approaches necessary to do this successfully</p> <p><b>K26</b> ways to determine the organisational relationships and inter-dependencies in the local field of</p>	<p><b>S17</b> engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services</p> <p><b>S23</b> use appropriate methods to establish and sustain effective working</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	6.1, 6.2, 6.3, 7.3



	<p>operation; the boundaries of jurisdiction, accountability, and purpose; and where the opportunities for collaboration might lie</p> <p><b>K27</b> the different approaches to evaluating the effectiveness of existing partnerships</p> <p><b>K34</b> 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><b>K35</b> 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><b>K37</b> healthcare management systems and their applicability to public health</p>	<p>relationships with local partners in order to bring about positive outcomes in the health and wellbeing of the local population</p> <p><b>S24</b> 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><b>S27</b> facilitate positive contractual relationships understanding how disagreements and changes can be managed within legislative and operational frameworks</p> <p><b>S34</b> use appropriate leadership skills to engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives</p> <p><b>S41</b> 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><b>S43</b> develop projects and plans</p>	<p>being effective (K25, K27, K37, S17, S24)</p> <p>Recognises the centres of power and influence 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>	
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	<p>systems (locally, regionally)</p> <p><b>K38</b> leadership and management approaches that support the influencing role of 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</p>	<p>with key stakeholders and partner agencies to address local public health needs and bring about improvements in identified areas. Lead or contribute to delivery of these projects as appropriate within the scope of your role</p>		
Ethical considerations	<p><b>K51</b> 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><b>K52</b> making the best use of a range of ethical frameworks to support decision making when faced with different ethical dilemmas in practice</p>	<p><b>S32</b> to engender trust by acting reliably with integrity, consistency and purpose</p> <p><b>S47</b> use appropriate tools and methods to appraise ethical tensions and to make decisions that promote ethical practice</p> <p><b>S49</b> 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</p>	<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).</p>	<p>1.1, 1.2, 7.7</p>

		timely and appropriate manner		
Ways in which the work reflects public policy, and where the work fits into the strategic goals and governance arrangements within their organisation	<p><b>K18</b> the ways in which health and care organisations and professionals are held to account for the 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><b>K22</b> 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><b>K36</b> the theories and approaches that underpin the leadership and management culture within decision making organisations, including systems leadership approaches</p> <p><b>K45</b> the principles of corporate governance and accountability, and a recognition and understanding of the governance</p>	<p><b>S19</b> appraise and implement government-led policies and strategies locally (e.g.: ensuring the equitable and effective implementation of winter fuel schemes to prevent deaths from cold; the implementation of the NHS Health Check programme)</p> <p><b>S28</b> Operate appropriately within the decision making, administrative and reporting processes that support political and democratic systems</p> <p><b>S35</b> adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environment</p> <p><b>S42</b> 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>Develops or delivers programmes, services and interventions informed by 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>	7.4, 7.6,

	<p>frameworks in place within your own organisation and through which public health action is delivered</p> <p><b>K48</b> the principles of corporate governance and accountability, and the importance of engaging with the organisational governance frameworks through which public health action is delivered</p> <p><b>K54</b> 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>			
Impact: how the health of the population or community has been protected or improved	<p><b>K17</b> how to evaluate public health interventions to track effectiveness; ensure continuing improvement; and contribute to the evidence base</p> <p><b>K46</b> the importance of evaluation, audit and quality assurance</p>	<p><b>S15</b> 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><b>S16</b> monitor, evaluate and disseminate (report) the impact of health and care projects, services and interventions, including quality impact</p> <p><b>S20</b> assess the impact and benefits</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>	5.3, 6.3, 7.4

		of health and other policies and strategies on the public's health and health inequalities (e.g.: using health impact assessment approaches or tools)		
Lessons learned: ways in which the work went well and how the work could be improved further	<p><b>K7</b> 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><b>K28</b> 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><b>S22</b> evaluate one's own interpersonal skills and adapt to different situations through a developed proficiency in negotiation, influencing, diplomacy, mediation, facilitation</p> <p><b>S48</b> 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><b>S50</b> 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	<b>K5</b> the challenges of measuring health and wellbeing and health improvement, setting performance	<b>S25</b> interact with other specialists and colleagues to improve health and reduce health inequalities through the development, monitoring and	Identifies appropriate data sets, and other sources of intelligence, that can be used to demonstrate changes in the	2.5, 7.6

	<p>indicators for health-related programmes and services, and the importance of evaluation, audit and quality assurance</p> <p><b>K19</b> the complexities of measuring health improvement, setting performance indicators for programmes and services, and the importance of evaluation, audit and quality assurance</p> <p><b>K29</b> the complexities of measuring health improvement when setting performance indicators for programmes and services in specifications and agreements</p> <p><b>K30</b> the legislation and regulations relating to procurement, commissioning models and theories of commissioning for outcomes</p> <p><b>K31</b> 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>review of public health programmes, including the commissioning and delivery of these programmes</p> <p><b>S26</b> 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>health and wellbeing of groups and communities (K5, K19, S25)</p> <p>translates strategic ambition into measurable and 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	<b>K10</b> infectious disease (incubation,	<b>S7</b> participate effectively in the assessment and	Demonstrates knowledge and understanding of	4.1, 8.1, 8.2

	<p>transmission, hygiene, infection control, personal behaviours); how infectious disease can spread in a range of settings; and the prevention 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><b>K11</b> 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><b>K13</b> systems supporting emergency planning and response, the organisations responsible, and the role of public health</p> <p><b>K32</b> 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>management of outbreaks, incidents, and single cases of contamination and communicable disease, locally and across boundaries</p> <p><b>S8</b> 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><b>S9</b> 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><b>S10</b> 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>the different roles of key agencies involved in health protection with regard to the control and management of infectious disease, 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>	
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Policy and strategy	<p><b>K21</b> how policy and strategy is formed and developed, nationally and locally</p> <p><b>K23</b> the extent to which national and local policies, strategies and service planning impact on health and wellbeing</p> <p><b>K24</b> 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><b>K40</b> 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><b>S2</b> provide and present public health information, analysis, interpretation and insight to support decision making, business planning, policy and strategy development, performance monitoring, and quality assurance</p> <p><b>S31</b> respond constructively to political and other tensions while encouraging a focus on the interests of the public's health</p> <p><b>S39</b> manage public perception of health risks or solutions, and convey key messages using a range of media processes</p>	<p>Interprets strategic vision and developments in public policy into recommendations for action in the 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>	5.3, 8.1, 8.2, 8.3
Community centred ways of working	<p><b>K6</b> methods used to engage with the public and local communities in line with prevailing evidence of effectiveness (e.g.: asset-based</p>	<p><b>S30</b> use appropriate community engagement techniques to support individuals and communities to have more control over decisions that</p>	<p>Applies appropriate, and evidence-based approaches, to the engagement and involvement of communities in the design and</p>	3.1, 6.2, 6.3, 7.2



	<p>approaches to community development), recognising the role of agency, autonomy, power and control</p> <p><b>K41</b> 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><b>K42</b> theories underpinning health education in addressing the wider determinants of health, and the promotion of health for individuals, groups and communities</p> <p><b>K50</b> 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>affect them while promoting health equity, equality and justice</p> <p><b>S37</b> work with communities to facilitate their engagement and 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><b>S38</b> apply a range of tools and technologies to improve health literacy where it is creating a barrier to accessing services and information</p> <p><b>S40</b> consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change</p>	<p>development of programmes, services and interventions that will impact on the public's health and wellbeing (K6, K41, S30)</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	<b>K15</b> how to critically appraise the evidence base, interpret its relevance and	<b>S11</b> use appropriate methods to access and appraise evidence gained through systematic	Recognises the relationship between the prevailing evidence base and the	3.1, 8.1, 8.2, 8.3

	<p>application to practice, and how it informs the basis of key public health messages and advice, and national guidance</p> <p><b>K16</b> 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><b>K20</b> 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>methods and through engagement with the wider research community</p> <p><b>S12</b> critique published and unpublished research, synthesise the evidence and draw appropriate conclusions</p> <p><b>S13</b> 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><b>S29</b> 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>formulation of key health messages for the population to promote the public's health and wellbeing, understanding how 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>1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.3</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>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>	
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