Specialist Registration by Portfolio Route: Competencies and supporting guidance

August 2026 v1

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 <u>essential</u> that you read the Portfolio guidance alongside this 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 April 2026

- Added further detail around experience gained in junior roles (paragraph 3, page 2)
- Clarification provided on partial pass of DFPH exam (paragraph 7, page 2)
- UKPHR do not accredit or endorse courses for completion of SRbPA competencies (paragraph 12, page 3).
- Provided further details in supplementary information for SH3.C on acceptable tools for this competency.

Revision made June 2026:

- SH3.B amended competency wording to match assessment proforma wording.
- Slight formatting updates made

Revision made July 2026:

- Corrected typo in relation to the 'not taken DFPH exam' section on page 2

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Know How (Knowledge)

Demonstrates:

- What you know
- How you acquired and maintained that knowledge

Evidence may include:

- Qualifications
- Course materials
- Knowledge summaries
- DPFH examination pass

Know How currency requirements

Not taken / passed the DFPH exam:

Evidence must be dated within the past 10 years prior to the date of portfolio submission. Competencies containing the word “current” need evidence learning of the current situation (KH6.f, KH6.h, KH7.c, KH7.e, KH7.f).

If DFPH exam has been passed:

If applicants have passed the DFPH 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.

If applicants have passed the DFPH exam less than 5 years from the date of their portfolio submission, they are exempt from providing additional evidence for all Know How competencies

Show How (Application)

Demonstrates:

- What you did
- Your role
- Your impact

Evidence may include:

- Reports
- Presentations
- Meeting minutes
- Project documentation

Show how currency requirements:

At least **50% of Show How evidence must be from the last 5 years**

Know How and Show How competencies are divided into a number of Key Areas, each of which include distinct competencies. These competencies are mapped to the Faculty of Public Health Specialty Training Curriculum (2022).

You do not need to use the same examples as in your pre-application. If you have better or more relevant examples of your learning or work, please use those instead but update your matrix.

1. Know How competencies

What assessors are looking for

Assessors will ask:

"Does this applicant have sufficient, up-to-date knowledge in this area, and could they apply it with minimal support?"
Assessors are looking for the competency, so please ensure it is clear.

Your evidence should demonstrate:
- Depth of understanding (typically at **Master's level**)
- Coverage of **all elements of the competency**
- Evidence of **ongoing learning and development**

What counts as evidence

You must show **how you gained your knowledge**, using:
- Formal qualifications (e.g. degrees, modules)
- Course attendance **including dates, detailed content and organisation logo (this includes online learning).**
- CPD activities
- Structured self-directed learning
- On-the-job learning explaining what the learning was, how it was acquired and your understanding of the competency from that learning.

Certificates alone are not sufficient - you must include:
- Course content (e.g. syllabus, learning outcomes) that match all elements of the competency
- Dates
- Course slides / handouts – please make it clear which slide(s) / pages contain the relevant evidence.
- Evidence linking learning to the competency

Currency of knowledge
- Evidence must be from the **last 10 years**
- Competencies including the word **"current"** require **up-to-date knowledge**
- Older learning must be supported by evidence of **recent updates**

If referencing learning from experience gained in a junior role, applicants must ensure that the evidence provided clearly demonstrates practice at the level expected of a newly qualified consultant.

Exceptionally, emails can be used where original certificates / course content is no longer available. These must have sufficient content to certify your claim.
UKPHR does not accredit or endorse any courses for completion of the SRbPA competencies. Applicants are advised to review course content carefully to ensure it aligns with the relevant SRbPA competencies and evidence requirements before undertaking any training.

The Faculty of Public Health Diplomate exam (DFPH)

Please make sure you provide evidence that you have taken and passed the Diplomate Examination by including your results letter from the Faculty of Public Health. This should also be confirmed by your referee on the reference form.

If you are planning to take the DFPH exam, we strongly advise you to do so prior to submitting your pre-application, as passing the exam on the first attempt cannot be assumed.

Where the DFPH exam is used as evidence for competencies, you must have passed all elements of the exam. A partial pass will not be accepted as evidence for any competency.

Knowledge summaries (when needed)

If your evidence does not fully cover a competency, include a **Knowledge Summary for the part of the competency you cannot evidence**.

This should explain:

- What you understand about the competency
- How you learned it

Strong summaries include:

- Critical thinking
- Links between different elements of the competency
- Reflection on relevance and limitations

Assessors will be looking for evidence covering all elements of a competency. For example, KH1.D has three separate components all of which need to be covered in your submission:

- 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

Often an element is missed, which will result in a clarification.

General tips on writing your Know Hows

Do:

- Write a knowledge summary for any gaps if course modules or other evidence do not reflect / support the wording of a competency.
- Clearly link evidence to specific elements
- Signpost exactly where evidence can be found
- Keep explanations **focused and concise**
- Update knowledge older than 10 years with more recent learning and beware of the word current
- Think about how you can demonstrate that the knowledge attained is 'master's level'. If it isn't, think about whether the course/CPD is really necessary to demonstrate competency
- Demonstrate your acquired knowledge. You need to show that you've gained knowledge here, not how you apply the knowledge (which is covered in the Show Hows)
- Provide attendance certificates for courses attended
- If citing a document, show where the relevant text for a competency is within it and note on the assessment proforma and narrative. Assessors are not expected to search for evidence.

Do not:

- Simply list courses without explaining learning
- State you are "familiar with" a topic
- Rely on attendance certificates alone
- Submit general reading without explanation
- Use Practitioner level courses as evidence – they are not at the right level.
- Send articles, websites, names of textbooks etc. that you contributed to that you think might cover the competency. Original material must have additional text about your learning and understanding relevant to the competency. Think *"how do these address this competency?"*
- Use Practitioner level courses as evidence – they are not at the right level.
- Cite attendance at the FPH Diplomate revision course as evidence.
- Rely on the word "current" without proof. If knowledge is described as current, evidence must show how it has been maintained.

When clarifications for Know How competencies are required, it is normally due to a lack of information re course content or attendance certificate, insufficient detail or little assurance of learning being 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	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. 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; The sources, limitations and use of data on social determinants, including Social Deprivation indices.	
KH1.b	The strengths, analysis, uses, interpretation and limitations of routine health information. Methods of classifying health and disease, appreciation of the importance of consistency in definitions and (public health) language. Methods to measure health status, including subjective health status and health surveys. The methods for linking data sets.	*Linking data sets includes pseudonymisation*.
KH1.c	Sources of data for planning, use and provision of health care and other services; indices of needs for and outcome of services.	*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.*

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.	*This does not refer to individual performance management but applies to a piece of work.*
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.	*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.*
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.	*E.g. models and theories drawn from social science, psychology, economics, including social marketing.*
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.	*Including social media*
KH5.g	Methods and approaches for the *development and implementation* of public health interventions and programmes including complex population health programmes taking whole system approaches or multi-level action.	*Including understanding of system leadership*
KH5.h	Models and approaches for the *evaluation* 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.	*Including the role of social capital and asset-based approaches.*
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.	*Methods of listening e.g. focus groups; surveys; insight work and understanding of strengths and weaknesses of different approaches including participation ladder.*
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.	*Narrative should address at least one communicable disease*
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 *identification*; 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.	*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.*

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.	*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.*
KH7.e	Current organisation and management of health care systems from a public health perspective.	*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.*
KH7.f	Current service integration across health and social care including pathways for service integration.	*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.*
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.	*The "safeguarding of children and adults" element of this competency will need to be demonstrated by candidates with a*

		preapplication approval date after November 2022. This is in line with updated competencies in line with 2022 FPH curriculum update

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

What assessors are looking for

Assessors will ask:

"Has this applicant demonstrated the ability to apply their knowledge in real-world public health practice at the level of a newly qualified consultant?".

Your evidence must clearly show:

- What you did
- Your level of responsibility
- Your decision-making
- The impact of your work

Core approach: narratives

Show How competencies are demonstrated through **narratives** supported by evidence. Use the Narrative template on our website.

Each narrative must explain:

- The work you were involved in
- Your role in that work
- How it demonstrates specific competencies

One narrative may cover multiple competencies but there should be clear sections that are focussed on each competency. Up to four is recommended. Each competency should be claimed once, if possible.

Each narrative should contain:

1. Competencies addressed
List the competencies clearly at the start.
2. Context
Briefly describe:

- Purpose of the work (Why)
- Setting and timing (Where/When)

3. Your role
Clearly explain:

- Your responsibilities that are at the level of a newly qualified consultant
- Your specific contribution

4. Approach and methods (How)
Explain:

- What you did
- Why you chose that approach
- Any relevant theory or evidence base

5. Outcomes and impact (What happened)
Describe:

- Results of the work

- Influence on policy, practice, or outcomes

6. How does this relate to the competency or element thereof?

- How does your role and your actions demonstrate the competency?
- The supporting evidence to confirm what you did

7. Reflection

Explain:

- What you learned
- What you would do differently
- How this developed your practice

8. Evidence

List all supporting evidence:

- Clearly labelled
- Dated
- Cross-referenced between the proforma and narrative
- Check: does this support what you did and relate to the competency?

Clear and concise writing helps assessors understand your evidence quickly and accurately. Avoid unnecessary detail, repetition, or lengthy descriptions. Focus on presenting the essential information that demonstrates how you meet the competency. Each statement should be purposeful, relevant, and directly linked to the evidence provided. Writing succinctly shows good judgement and is a hallmark of good practice. It helps ensure your portfolio is coherent and easy to follow.

Reflection

Reflection is an essential component of your portfolio. Reflection demonstrates **professional judgement and learning**.

A useful structure for writing your reflections:

- **What happened?**
- **Why does it matter?**
- **What did you learn?**
- **What will you do differently?**

Strong reflection often includes:

- Challenges or limitations
- Critical evaluation
- Insight into future improvement

More information on reflection can be found in GMC guidance "The reflective practitioner" https://www.gmc uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the reflective-practitioner---guidance-for-doctors-and-medical-students

For further detailed understanding of reflection please go to: Faculty of Public Health: CPD Policy: https://www.fph.org.uk/professional-development/cpd/reflective-notes/

Evidence

Focus on:

- **Clarity over volume**
- **Evidence over description**
- **Your individual role**

If in doubt, ask yourself:

"Can the assessor clearly see what I did, how I did it, and how this meets the competency?"

All evidence must demonstrate your personal role, but there may be parts of some pieces of work where 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 that fulfils the competency adequately.

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.

Types of acceptable evidence (this list is not exhaustive)

- Reports for publication/to Boards or similar audiences (with clear authorship and signposting)
- Chapters of larger publications, sections of longer reports, and other similar collaborative writing (with clarity in relation to your input)
- Presentations you compiled and delivered
- Project documents (e.g. proposals, applications, PIDs), with your name clearly shown
- Meeting minutes showing your contribution – not just your attendance or an agenda
- Emails demonstrating decision-making that includes you
- Commissioned work, e.g. an authored project, specification document or proposal, showing your role within it.
- Testimonials (only when necessary) – see below

Evidence must always demonstrate **your personal role**

Testimonials

- Testimonials must be provided by an individual who was **senior to you at the time of the work** and must be specific to the competency being claimed.
- Each testimonial must clearly verify your **personal involvement** in the work cited and confirm your **competence** in relation to that specific competency.
- A testimonial should cover **one competency only** and must be completed using the official **UKPHR Testimonial template**.
- Testimonials should preferably be completed by a **Public Health Specialist**. If this is not possible, they may be completed by a **senior-led colleague** who:
    - Is able to appropriately interpret the relevant competency
    - Was senior to you at the time
    - Has responsibility for managing or leading Public Health programmes

Testimonials should only be used where no other suitable evidence is available and must be used **sparingly**.

Exception:

- Testimonials should not usually be used to demonstrate Know How evidence, however an exception may apply if you have completed a **Masters of Public Health (MPH)** and can provide proof of graduation but are unable to obtain detailed course content.
- In such cases, testimonials from **course tutors or programme developers** may be used to support your evidence.
- These testimonials must be **clearly mapped to the relevant parts of the competency** and provide sufficient detail to demonstrate coverage.

You should always attempt to obtain **official course module outlines** from the Higher Education Institution in the first instance before relying on testimonials.

General tips on writing your Show Hows

Evidence quality over quantity

- Fewer, stronger pieces of evidence are better than many weak ones

Do:

- Focus on **your role**, not just the project
- Link actions clearly to competencies
- Provide specific, objective evidence
- Use consistent referencing across all documents
- Highlight the **exact sections** relevant to the competency and cite pages in proforma / narrative
- Be concise and structured
- If using Show How evidence for Know How competencies, clearly signpost this in both areas so assessors can track the connection
- A spell check throughout
- Ensure any testimonials are completed fully and signed by the appropriate colleague

Do not:

- Describe work without explaining your contribution
- Assume assessors will infer your role
- Rely solely on final reports
- Use agendas instead of minutes
- Overload narratives with unnecessary detail
- Write testimonials on behalf of the person responsible for it
- Use ‘we’ in any evidence; if you use the word ‘we’, how will the assessor know what you did?

Key requirements

- At least **50% of Show How evidence must be from the last 5 years**
- Your work must demonstrate practice at **consultant level**
- Evidence must be **clearly signposted and verifiable**

Final advice on Show Hows

When writing your Show How narratives, ask:

"Can the assessor clearly see what I did, how I did it, and why it demonstrates this competency?"

If the answer is not immediately clear, revise for clarity and specificity.

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.	*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.*
SH1.B	Analyse and interpret quantitative and qualitative data using appropriate statistical and qualitative techniques and synthesise results to inform recommendations for action.	*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.*
SH1.C	Lead on a health needs assessment for a defined population for a specific purpose and demonstrate impact at a high organisational level.	*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.*
SH1.D	Display data using appropriate methods and technologies to accurately describe and clearly communicate complex issues to a wide range of audiences.	*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.*
SH1.E	Use public health intelligence to understand and address a health inequality in a sub-population.	*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.*

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.	*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.*
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.	*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.*
SH2.C	Assess the evidence for proposed or existing screening programmes using established criteria.	*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.*

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.	*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.*
SH3.B	Influence or build a healthy public policy across agencies.	*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.*
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.	*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 (using a health impact assessment tool) , 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. (Note that equality and diversity impact assessment tools are not specific enough).*

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.	*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.*
SH4.B	Define, recruit and engage relevant stakeholders, including the public and representatives of the political system.	*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.*
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.	*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*
SH4.D	Demonstrate effective team working in a variety of settings, balancing the needs of the individual, the team and the task.	*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.*
SH4.E	Use a range of leadership styles effectively as appropriate for	*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*

	different settings and organisational cultures.	*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.*
SH4.F	Prepare and deliver appropriate written and oral presentations to a range of different organisations and audiences, for a range of purposes.	*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.*
SH4.G	Demonstrate effective use of the media for public health.	*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.*

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	*Include behavioural change theories and taking account of the local social and cultural context.*

	services, taking account of theory, evidence and local context.	
SH5.B	Apply theoretical principles of change management and organisational development to improving a service, intervention or public health programme.	*Include both principles and theories in your application*
SH5.C	Influence community actions, by working with and empowering communities using participatory, engagement and asset-based approaches.	*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.*
SH5.D	Advocate for public health principles and action to address health inequalities and support vulnerable groups.	*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.*

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.	*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.*

SH6.B	Identify a health protection hazard, develop a management plan to advise on and implement public health actions with reference to local, national and international policies and guidance to prevent, control and manage the identified health protection hazard.	*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 child who has recently arrived in the UK with reference to the WHO country specific information on immunisation.*
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.	*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.*
SH6.D	Document information and actions with accuracy and clarity in an appropriate timeframe.	*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.*
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.	*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.*
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.	*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.*
SH6.G	Apply the principles of prevention in health protection work.	*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.
SH6.H	Participate in an actual or simulated extreme weather, chemical, radiological or other major incident.	*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.*

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.	*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 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.*
SH7.B	Appraise, select and apply tools and techniques for improving safety, safeguarding, reliability and patient-orientation of health and care services.	*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.* *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*
SH7.C	Apply health technology assessment frameworks to inform health service policy.	*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. This could be a real problem or a theoretical one.*

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.	*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.*
SH8.B	Identify research priorities in collaboration with relevant partners.	*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.*
SH8.C	Turn a complex public health problem into an answerable research question.	*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.*
SH8.D	Deliver education and training activities, including planning or commissioning or undertaking quality assurance of education and training schemes or programmes.	*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.*

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.	*Include working within them seeking expert advice and support as necessary.*
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.	*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.*
SH9.C	Use reflective practice regularly to ensure on-going professional and personal development.	*Show you have kept your professional knowledge and skills up to date, and participate in audit, regular appraisal and reflective learning since your preapplication.*
SH9.D	Work flexibly and persevere through uncertainty, additional unexpected complexity and potential or actual conflict to seek effective outcomes.	*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.*