

UK PUBLIC HEALTH REGISTER BOARD

APPLICATION FOR DEFINED SPECIALIST ACCREDITATION ONTO THE UK PUBLIC HEALTH REGISTER BY RETROSPECTIVE PORTFOLIO ASSESSMENT

FRAMEWORK AND GUIDANCE

April 2006

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INTRODUCTION TO THE FRAMEWORK

Registration of defined specialists in public health is essential for public protection, for maintaining standards as well as for professional recognition for staff. The UK Public Health Register Board already has a route open for registration of public health professionals competent across all ten key areas of public health, i.e. *generalist specialists*. A route for registration of public health professionals competent in most but not all the ten key areas of public health but with advanced expertise in specific areas, i.e. *defined specialists*, by retrospective portfolio assessment will be available from 1 June 2006. This route will be subject to review after three years. This document sets out the framework and guidance for its completion for this route to registration.

The *defined specialist portfolio assessment framework* (PAF), Sections 1-3 in this document, has been developed with help from public health experts from a broad range of backgrounds. It has already been shared widely and critically reviewed in draft form. The framework is robust in maintaining standards but also relevant to and flexible enough for the range of specialists potentially interested in registration.

This framework is intended for use by those already working at a senior level of practice. To this end there is an *initial eligibility check-list* (see page 5) that should be used as a guide to the level at which applicants should have experience of working. It is not a requirement for submission of an application.

The competency framework is accompanied by *detailed guidance for applicants* (see pages 6-11) on how to complete it. All applicants are recommended to read the whole document in full before commencing work on their portfolios.

Before submitting completed portfolios, applicants will also need to obtain from the UK Public Health Register Board (www.ukphr.org) the specific *information pack* relating to defined specialist registration which will contain complete information on the process for application.

STEPS FOR APPLICANTS:

1. *Read this whole document carefully first*
2. *Download from the Public Health Register website information on the application process*
3. *Complete the self-assessment eligibility guidance to ensure you are working at the right level of seniority*
4. *Read the guidance again in detail and decide whether you can meet the competency requirements*
5. *Commence work in putting together pieces of evidence and writing summaries*

NB Applicants would be well advised to seek out whether there are any local mechanisms to provide support in putting portfolios together as well as checking out www.publichealthdevelopment.org.uk for tools and tips

SELF-ASSESSMENT ELIGIBILITY GUIDANCE

ELIGIBILITY GUIDANCE

This is intended as an initial checklist for self-assessment by applicants. It provides a guide as to whether potential applicants have been working at the appropriate level in their public health career. This checklist is equivalent to the one in the portfolio assessment framework for those applying via the generalist route. For this reason some of the wording may seem inappropriate and if this is the case applicants are advised to seek advice from the UK Public Health Register Office.

Demonstration of an appropriate level of leadership in a public health role

You are likely to have worked at a senior level for 3 or more years and have had several years in a leadership role within public health.

This experience can have been built up over time and in different jobs. Experience gained could have been in a wide variety of settings including health, local government, academic, voluntary sector, independent sector, overseas.

(Dictionary definition of leader = person who rules, guides or inspires others)

Have your role(s) contained the following elements?

✓ or ✗

1. Having a leadership or lead officer role/being accountable for development/implementation of a range of public health programmes
2. Leading on development and implementation of programmes across functions/across organizations/ across different professional groups and/or directly managing a team
3. Tackling problems across a complex range of areas which requires creative and strategic thinking
4. Being responsible for establishing and maintaining communications both internally and with external agencies
5. Having responsibility for negotiation and influencing
6. Having involvement in controlling or committing resources

Do you have a postgraduate qualification relevant to public health practice?

Are you part of a CPD programme?

Are you part of public health networks or a member of any organisations relevant to public health practice?

HOW TO USE THE FRAMEWORK / HOW EVIDENCE WILL BE SCORED

GUIDANCE FOR USING THE FRAMEWORK

The Portfolio Assessment Framework is in three sections. Applicants must demonstrate in their portfolio submissions achievement of the requirements in all three sections. This includes demonstrating that the knowledge base and the application of that knowledge base has been met.

Section 1

This section covers the knowledge base across the ten key areas of public health (“knowledge”). It is identical to the requirements in the portfolio assessment framework for generalist specialists.

Applicants must demonstrate in their portfolio submissions that they have met the knowledge base in full. This needs to be able to be identified separately and clearly in portfolio submissions.

Section 2

This covers competencies which demonstrate practical application of the knowledge base of public health (“shows”).

The “shows” competencies are divided into *16 core competencies (Section 2a of the framework)*, against all of which applicants must demonstrate achievement and *18 non-core competencies (Section 2b of the framework)* which candidates may use selectively. The 16 core competencies are regarded as fundamental to anyone practising in public health at specialist level.

The scoring system

Competencies can be met at two levels:

- 1) At the level required of *generalist* (score 1 point)
- 2) At a level of *higher achievement* reflecting theoretical knowledge at a deeper level and experience in specific areas (score 2 points)

All applicants must demonstrate across their portfolio submissions a total score of exactly 32 points.

This can be gained as follows:

Applicants must, as a minimum, demonstrate all 16 core competencies at generalist level, i.e. score one point for each

In addition:

They must gain a further 16 points which can be made up of any combination of the following:

- a) ***any competency from Section 2b (non – core) at generalist level (score 1 point for each)***
- b) ***any competency from Section 2b (non-core) at higher level (score 2 points for each)***
- c) ***any competency from Section 2a (core) at higher level (score additional 1 point for each)***

PLEASE NOTE

1. At least one competency must be demonstrated at the higher level. However, normally four competencies should be demonstrated at the higher level and it is acceptable to demonstrate more than four competencies at the higher level.
2. Applicants choosing to demonstrate any competence at a higher level need only provide evidence at the higher level
3. At least some elements of the work in each competence claimed at higher level should be current
4. The core and non-core competencies are drawn mainly from the generalist specialist PAF with a few additions to the non-core. (The Appendix references the competencies across the two frameworks.) They are worded, therefore, at generalist specialist level. Please refer to the next section for guidance on how to demonstrate competence at the higher level of achievement.

The specific combination to obtain the required 32 points will be individual to each applicant and allows for maximum choice and flexibility.

Section 3

Applicants must demonstrate how, via *reference to specific evidence* in their submissions, they have met the criteria for demonstrating ethical management of self. This is fundamental to all public health specialists.

Demonstration of the competencies in section 3 – Ethical Management of Self, is essential within all portfolios and does not provide additional points.

GUIDANCE FOR PRESENTING EVIDENCE / WHAT IS ACCEPTABLE EVIDENCE

The role of the portfolio is to demonstrate to a panel of assessors, who do not know you or your work, that you have knowledge and competence in public health practice at the required standard and level.

1. General points across portfolio submissions

- 1.1. Be as clear and concise as possible.
- 1.2. Be selective about which and how many pieces of work are used to demonstrate achievement. It may be possible to demonstrate knowledge and /or ability across more than one competence in any specific piece of work. The focus should always be on the competence and how it has been met.
- 1.3. Although no word limit is set for the final portfolio, applicants should use their discretion over the quantity of evidence submitted. A useful guide is that provided by PMETB to doctors wishing to apply to the Specialist Register of the GMC under Article 14, which states that applications should fit inside a Foolscap box file.
- 1.4. To assist the assessment process, there should be a commentary for each piece of work submitted as evidence.
- 1.5. Remove any reference to an identifiable individual client/patient/user – refer to organisations / roles in preference.
- 1.6. All evidence must demonstrate the applicant's personal role. Pieces of work in which the applicant has supervised others may be included as evidence but there must be a clear description of the role and responsibilities of the applicant in this work and of the guidance given to those supervised.
- 1.7. Supporting evidence does not only have to be text. Videos or tapes, e.g. of presentations at conferences, are acceptable.
- 1.8. Testimonials are required to support summaries of work submitted where there is no other report. The writer of the testimonial should include their role and their relationship to the applicant at the time the work being referred to was carried out. It is expected that this type of evidence, in the context of the overall portfolio submission will be limited.
- 1.9. Training undertaken as part of CPD is acceptable, as is use of appraisal systems to show personal development
- 1.10. Evidence can reflect knowledge or experience gained in any country/relevant setting
- 1.11. There must be a summary table outlining how the score of 32 for the "shows" competencies is to be achieved. The matrix may be helpful for this. One is available with this pack or may be downloaded from www.publichealthdevelopment.org.uk

2. Meeting the knowledge base ("knowledge") – Section 1

- 2.1. Demonstration of how and where knowledge has been attained could include successful completion of modules from a masters or other higher degree in public health or other relevant field. However, individual curricula vary and it is essential to provide evidence of specific course components in the form of course outlines or module descriptors. Attendance at short courses, secondments and on-the-job learning or training could also be used to support acquisition of theoretical knowledge as well as development of programme and teaching materials. Applicants will need to include details of course and module content and descriptions of where knowledge has been gained via other routes.

3. Meeting application of knowledge at *generalist specialist* level (“shows”) – Section 2 and Section 3

- 3.1. Demonstration of ability and application of knowledge may include programmes or pieces of work carried out as part of a taught programme of study, academic work or service posts and projects.
- 3.2. Evidence submitted must reflect the knowledge base needed for each competency.
- 3.3. There should be a commentary for each piece of work submitted as evidence which should include information on:
 - the competency(ies) addressed
 - aims and objectives
 - clear description of the applicant’s individual role and responsibilities within the project
 - context for the work
 - methodology/approach
 - key results/outcomes
 - reflection on learning experience
 - evidence that is included e.g. meeting notes, report, publication, testimonial

Please note pieces of work can include project and research work as well as undertaking specific roles as part of a job. The piece of work should be seen as a vehicle for demonstration of competence.

- 3.4. Evidence can come from any time period in the applicant’s professional life

4. Meeting application of knowledge at higher achievement “super shows”

- 4.1. Applicants must clearly identify the competencies that are being demonstrated at the higher level of achievement
- 4.2. Work used to demonstrate higher achievement should reflect independent decision making and, for example, negotiating and influencing at a higher level, receiving and responding to highly complex, sensitive or contentious information, or formulating long-term strategic plans
- 4.3. For these competencies there should be an **extended summary** which demonstrates:
 - aims and objectives
 - clear description of own leadership role and the role of relevant others in the work (e.g. those directly line managed/supervised/worked with/engaged)
 - the deeper theoretical knowledge in the relevant subject area(s) needed and used to support the work
 - context for the work
 - methodologies and approach
 - key results and outcomes which should include major outputs such as:
 - ***substantial change in policy***
 - ***substantial change in practice***
 - ***introduction of new knowledge (e.g. via peer reviewed publication) which will have a major impact***

- reflection on the work which should include:
 - ***management of complex and/or highly political situations and how they were resolved***
 - ***ways in which experience in the particular area gained at a senior level over a period of time has added to the level and substance of what was achieved***
- Accompanying evidence, which for the extended summaries, will need to reflect recent work

**PORTFOLIO ASSESSMENT FRAMEWORK FOR
DEFINED SPECIALISTS
OUTLINING THE COMPETENCIES**

Section 1

Knowledge Base

("Knowledge")

Section 1: Knowledge Base (“Knowledge”)

Assessment of health and well being

- KH1 Knowledge and understanding of monitoring systems and trend data analysis
- KH2 Access and use of a range of data to describe the health of the population, including familiarity with methods of measuring morbidity and mortality, the burden of disease and health status
- KH3 The strengths, uses, interpretation and limitations of different types of data relating to health

Determinants of health

- KH4 The links between social, economic, biological and environmental determinants of health and health needs, and assessment of their relative importance in terms of avoidable, relative and absolute risk.
- KH5 Assessment of health inequalities including use of social deprivation indices

Methodologies and statistics

- KH6 The use of statistics and statistical methods to assess and describe population health and health inequalities
- KH7 The strengths and weaknesses of quantitative and qualitative methodologies to describe the public health needs of a population
- KH8 Analysis of data on a small area basis and understanding of the limitations of the analysis

Health promotion

- KH9 Theoretical models and principles of health promotion practice and their application to public health
- KH10 How strategies for promoting health and well-being may contribute to reducing inequalities and achieving longer-term equity
- KH11 The principles of change management and organisational development

Prevention and screening

- KH12 The principles, methods, application and effectiveness of screening for early detection, prevention and control of disease
- KH13 The principles of primary, secondary and tertiary prevention programmes
- KH14 The role and principles behind vaccination and immunisation in prevention of disease

Health protection

- KH15 An overall understanding of the roles in, and functions of, local health protection arrangements
- KH16 The nature, causes and occurrence of major communicable and non-communicable disease

- KH17 The principles of the modes of transmission, latency, incubation periods, exposure, herd and individual immunity
- KH18 Management of an outbreak
- KH19 The principles of assessing, investigating and communicating risks to health and well-being including long-term exposure to non-infectious environmental hazards
- KH20 The principles of the 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
- KH21 The law relating to public health protection

Use of media

- KH22 The principles of, preparation for, and effective delivery of messages through the media

Developing quality and risk management within an evaluative culture

- KH23 Critical appraisal of the quality of primary and secondary research and knowledge of the hierarchy of evidence
- KH24 Assessment of evidence of effectiveness of services, programmes and interventions, which impact on health
- KH25 The different ways of assessing outcomes from a range of perspectives e.g. patient satisfaction, qualitative outcomes, patient acceptability, quality of life
- KH26 The principles and methods of evaluation, audit, research, development and standard setting as applied to improving quality

Collaborative working for health

- KH27 The principles and methods of partnership working and the benefits which collaboration can bring to the health and well-being of the population
- KH28 Awareness of how different organisational cultures can influence outcomes of collaborative work
- KH29 The roles different organisations, agencies, individuals and professionals play and the influence they may have on health and health inequalities
- KH30 How to influence, negotiate, facilitate and manage in a multi-agency environment to bring about change

Developing health programmes and services and reducing inequalities

- KH31 Inequalities in the distribution of health and health care
- KH32 The principles of ethical decision making in the context of clinical and cost effectiveness
- KH33 The appropriate use of performance indicators and monitoring information
- KH34 Project planning and project management

Policy and strategy development and implementation

KH35 The importance and impact of public policy and legislation on health at individual, local, national and global levels

KH36 Different tools and methods to assess impact on health

Working with and for communities

KH37 The principles of, and strategies for, community development including capacity building and concepts of social capital

KH 38 Methods of listening to and involving the public and communities in improving health and reducing inequalities

KH39 The role of social, cultural and psychological factors in different perceptions of health and illness

KH40 Assessing the impact of a community empowerment strategy using a range of outcome measures

Strategic leadership for health

KH41 Different models of leadership and their appropriate application in different contexts

KH42 Ways in which individuals and teams learn and the benefits and disadvantages of different approaches

KH43 Up-to-date knowledge of public health issues, organisational structures and changes, and funding mechanisms

Research and development

KH44 Different research methods and their appropriate application for understanding public health issues

KH45 Identification of the important and answerable research questions that bear on a complex public health problem

KH46 The role and importance of research in public health

Ethically managing self, people and resources to improve health

KH47 Ethical and legal issues surrounding confidentiality and data protection information

KH48 The principles of budget management and financial probity

KH49 The principles of good employment practice, including fair and effective recruitment.

KH50 The principles and relevance of management skills

KH51 The importance of critical reflective practice

Section 2

Application of Knowledge

("Shows")

2a. Core Competencies

2b. Non-core Competencies

Section 2a: Core Competencies Common to all working in Public Health

Core Area 1	
Surveillance and assessment of the population's health and well-being	
This area of practice focuses on the assessment of the population's health, including managing, analysing and interpreting information, knowledge and statistics related to the determinants and status of health and well-being. Competent specialists should be able to:	
'Shows'	
SH 1.1	Assess and describe the health needs of a defined population using methods of measuring, analysing and interpreting health status e.g. mortality, morbidity and subjective health status.
SH 1.2	Analyse data taking into account demographic and other differences between groups being compared using appropriate statistical or qualitative techniques.
SH 1.3	Accurately describe and clearly communicate findings to others and translate into appropriate recommendations for action

Core Area 2	
Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services	
This area of practice focuses on the critical assessment of the evidence relating to the effectiveness of health and healthcare interventions, programmes and services, applying this to practice and improving services and interventions through audit and evaluation. Competent specialists should be able to:	
'Shows'	
SH 2.1	Conduct a literature review, which includes the use of electronic databases, defining a search strategy and summarizing results.
SH 2.2	Apply research evidence, evidence of effectiveness, outcome measures, evaluation and audit to influence programme interventions, services or development of clinical or practice/health guidelines and protocols.
SH 2.3	Interpret and balance evidence of effectiveness from a range of sources to inform decision-making.

Core Area 3

Policy and strategy development and implementation

This area of practice focuses on influencing the development of policies, implementing strategies to put the policies into effect and assessing the impact of policies on health. Competent specialists should be able to:

'Shows'

SH 3.1	Interpret and apply national policy or strategy at local, regional or national levels OR influence or develop policy or strategy at national or regional levels
SH 3.2	Use appropriate methods and tools to assess the impact or potential impact of policy on health at local, regional or national levels

Core Area 4

Leadership and collaborative working for health

This area of practice focuses on leading teams and individuals, building alliances, developing capacity and capability, working in partnership with other practitioners and agencies and using effectively the media to improve health and well-being. Competent specialists should be able to

'Shows'

SH 4.1	Lead or play a key role in a multi-agency group to influence the public's health.
SH 4.2	Define, recruit and engage relevant stakeholders
SH 4.3	Use negotiation, influencing, facilitation and management skills successfully within a multi-agency arena taking into account different organizational cultures.
SH 4.4	Engage and lead a team effectively
SH 4.5	Adopt different leadership styles according to different settings and circumstances.
SH 4.6	Prepare and deliver appropriate written and verbal presentations to a range of different audiences and for a range of purposes.
SH 4.7	Demonstrate effective use of media for public health.
SH 4.8	Manage a project to successful completion within available resources and timescales.

Section 2b: Non Core Competencies

'Shows'	
SH A	Apply health promotion theories to public health programmes
SH B	Develop and implementing programmes to enable people to change their knowledge, attitudes and behaviour concerning health choices programmes, taking account of the context in which target behaviours are performed, or planning or commissioning or evaluating such programmes
SH C	Apply principles of change management and organizational development to improve health/service delivery or public health programmes
SH D	Use of a range of community involvement methods in needs assessment, planning, development, implementation or evaluation of services, programmes and interventions.
SH E	Supporting communities in the articulation of their own health concerns and prioritizing these into an agenda for action.
SH F	Acting as an advocate for the public's health and articulation of the needs of vulnerable groups.
SH G	Advise on different aspects of screening and immunization programmes.
SH H	Contribute to the management of an outbreak.
SH I	Participate in actual or simulated chemical, radiological or other major incident.
SH J	Deal with the public health consequences of single cases of communicable disease.
SH K	Communicate advice on threats to health to a wide audience.
SH L	Development, implementation and monitoring of health or public health programme which is informed by consideration of health inequalities.
SH M	Develop of pragmatism and political ability when informing prioritization, resource allocation and rationing decisions in health and other service delivery.
SH N	The application of research methods and research rigour to research of other work.
SH O	Determination of priorities for research and development areas.
SH P	Turning a complex public health problem into an answerable research question.
SH Q	Selection and setting up of key information tools, methodologies and systems to answer complex public health epidemiological questions and issues.
SH R	Teaching and training including planning or commissioning or undertaking quality assurance of education and training schemes or programmes; teaching based on own programme development work

Note: All the competencies listed above are described in terms of the generalist level. For the competence to be used at the higher level the applicant will have to show competence at the levels described on page 11 of this guidance.

Section 3

Ethical Management of Self

Ethical management of self

	'Shows'
EMS1	Manage own time and workload
EMS2	Act as an effective team or committee member
EMS3	Budget or resource management
EMS4	Supervision and / or recruitment of staff
EMS5	Reflective learning e.g. through CPD and personal development plan

APPENDIX

CROSS REFERENCING COMPETENCIES IN THE PUBLIC HEALTH DEFINED SPECIALIST PAF WITH COMPETENCIES IN THE PUBLIC HEALTH GENERALIST SPECIALIST PAF

Key Areas of Public Health	Generalist / Specialist PAF	Defined Group PAF (Core competences)	Defined Group PAF (Non-core competences)	Defined Group PAF (Ethical management of self)	Comments
Key area 1	1b1	1.1			
	1b2	1.2			Addition of "or qualitative techniques"
	1b3	1.3			
Key area 2	2b1		A		
	2b2		C		
	2b3		G		
	2b4		H		
	2b5		I		
	2b6		J		
	2b7		K		
	2b8	4.7			
Key area 3	3b1	2.1			
	3b2	2.2			Addition of "practice/health"
	3b3	2.3			
Key area 4	4b1	4.1			
	4b2	4.3			
Key area 5	5b1		L		
	5b2		M		
Key area 6	6b1	3.1			Addition of "or influence"
	6b2	3.2			Replace HIA with "appropriate methods and tools to assess impact on health"
Key area 7	7b1		D		7b1 and 7b2 are very similar
	7b2		D		
	7b3		E		
	7b4		F		
Key area 8	8b1	4.6			
	8b2	4.4			
Key area 9	9b1		N		
	9b2		O		
	9b3		P		
Key area 10	10b1			3	
	10b2			4	
	10b3			2	
	10b4			1	
	10b5			5	

Notes

Core - Core area 4 – Additional competences –

4.2 "Define, recruit and engage relevant stakeholders"

4.5 "Adopt different leadership styles according to different settings and circumstances"

4.8 "Manage a project to successful completion within available resource and timescales"

NB Omitted I defined group PAF from generalist specialist PAF 8b2 "enduring commitment to public health work over prolonged timescales" and "ability to respond to, and work with, challenges to sound public health advice"

Non core - Additional competences

B "develop and implement behaviour change programmes, taking account of the context in which target behaviours are performed"

Q "selection and setting up of key information tools, methodologies and systems to answer complex public health epidemiological questions and issues"

R "teaching and training including planning, commissioning or undertaking quality assurance of education and training schemes or programmes"