

Public health practitioners Assessment and registration

UKPHR

Public Health Register

Protecting the public – improving practice

Supporting information **Applications forms** **Proformas**



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Introduction

This companion to the main “**Framework and Guidance**” document contains the following

- Examples of how to demonstrate competence against the standards
- Glossary of terms for evidence required for standards 5-8
- Assessment log and notes for completion
- Proformas for obtaining evidence by observation of applicants at work for standards 11 & 12
- Guidance on testimonials and references
- Application forms for verification and for registration with the UKPHR
- Learning Contract – Developed by Public Health Wales – for use by applicant assessors and mentors

Demonstrating competence against the standards – Examples

This section supplements the general guidance on presenting evidence on pages 11 -13 of the main “**Framework and Guidance**”. As part of the development of the standards a number of practitioners were asked for examples of how they might demonstrate competence from within their different settings. These examples have been used to develop material in this section, which you may find useful in preparing your own evidence.

Commentaries – guidance on content

Evidence for each standard needs to be accompanied by a commentary to help the assessor to make sound judgements on your evidence. A commentary might contain information on:

- The context for the work
- Your own role in the work
- How you acquired the knowledge to support the work
- Your understanding of the issues, gained from your learning
- How you have applied that knowledge in this piece of work
- Precisely how you believe the evidence demonstrates the particular indicator of effective practice within the standard, relating directly to the wording in each indicator of the standard
- A reflection on your learning from this work, what went well, what you would do differently

Please make sure that you address in your evidence and commentary every indicator of each standard without exception and reference the evidence appropriately (as described in the main Framework and Guidance document).

Notes on presenting your portfolio

Your assessor will be appreciative if:

- You signpost and number all your evidence very clearly
- You provide a matrix of what evidence relates to each indicator in each standard
- You avoid sending evidence in large lever-arch files, because the mechanism tends to become out of alignment
- You avoid putting documents in clear plastic envelopes (“punched pockets”) in ring-binders, as it can be difficult to get the papers in and out of the pockets.

Glossary of terms

The glossary provides guidance on the requirements particularly for area 2, the technical competencies in public health practice.

Assessment log and notes on its completion

The assessment log will show how each of the 12 standards has been met and what evidence has been presented to demonstrate this. The applicant should list the evidence for each standard. The appropriate sections must be completed and signed by both the assessor and verifier before it is submitted to the verification panel.

Proformas for obtaining evidence by observation of applicants for standards 11 and 12

Evidence on communication and developing constructive relationships, for example, can be effectively obtained by the assessor observing the applicant in practice e.g. at a meeting or giving a presentation. The proforma is for recording the applicant’s own evaluation and the assessor’s comments.

Guidance on testimonials and references

This provides guidance on the difference between testimonials and references and the required content of each.

Application for Verification

This section contains a blank application form. For information on how to apply for verification, please refer to the last part of section 2 of the main “**Framework and Guidance**” document.

Application for Registration with the UKPHR

This section contains a blank application form. For information on how to apply for registration, please refer to section 5 of the main “**Framework and Guidance**” document.

Learning contract

This has been developed by Public Health Wales and can be adapted for use by applicants, assessors and mentors in other schemes. A learning contract is a practical arrangement to enable those involved to make the most of learning opportunities in the time available. It spells out the objectives and responsibilities of each person so that they are clear about what is expected of them.

Demonstrating competence against the standards - examples

All these standards combine knowledge and practice. The evidence provided needs to show how you obtained the required knowledge, what you have understood from your learning and how you have used your knowledge to inform what you have done. See the glossary for the main terms and concepts that should be covered.

Standards that specify “knowledge”, e.g. 1.a. below, require you to demonstrate that you can apply the knowledge in practice.

Area 1: Professional and ethical practice

1. Recognise and address ethical dilemmas and issues - demonstrating:

- a. Knowledge of existing and emerging legal and ethical issues in own area of practice
- b. The proactive addressing of issues in an appropriate way (e.g. challenging others' unethical practice).

The evidence for this section might be a piece of work that is used as evidence for another standard, which you could also use to show how you considered ethical and legal issues. You need to be explicit about how you acquired the relevant knowledge and show how your understanding of these issues affected what you did. This might have been in the planning or development phase of a piece of work and at the very basic level this might have been to make sure that no harm was caused by what you did.

Examples might be: issues to do with faith, different belief systems or ethnicity in accessing screening or other services; the ethical dilemmas posed by underage smokers attending stop smoking services accessing cigarettes from local shops and how you would address this.

If you have not yet had to deal directly with legal and ethical issues, provide a reflective statement outlining what you would do, perhaps developed in discussion with a colleague. An example is how you would act to ensure potentially identifiable patient or public information was safeguarded.

Area 1: Professional and ethical practice

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| <p>2. Recognise and act within the limits of own competence seeking advice when needed</p> | <p><i>Evidence for this standard must come from personal work experience and not a case study of what others do. The evidence might be a piece of work that is used elsewhere in your evidence, where you proactively identified an area that you needed more information about or needed to develop new skills. Write a reflective piece to show how you came to the decision and what action you took to ensure that you had all the knowledge and skills needed.</i></p> <p><i>You may not have been placed in the position where you have been asked to act outside of your competence, but it is likely that you have had to develop new areas of competence.</i></p> <p><i>This could be linked to standard 4a, concerned with reflecting on your own behaviour.</i></p> |
| <p>3. Act in ways that:</p> <ol style="list-style-type: none"> a. acknowledge and recognise people's expressed beliefs and preferences b. promote the ability of others to make informed decisions c. promote equality and value diversity d. value people as individuals e. acknowledge the importance of data confidentiality and disclosure, and the use of data sharing protocols f. are consistent with legislation, policies, governance frameworks and systems. | <p><i>You must present clear evidence against each of the sections (a) to (f) using either new evidence, work used as evidence elsewhere, or a case study of work done elsewhere and known to you, with an accompanying reflective piece specifically addressing each area. It is most likely that these ways of working are taken into account in the planning stages of work.</i></p> <p><i>There are links between this standard and standard 9, concerning the use of ethical frameworks in the planning of health programmes. Examples of possible evidence include:</i></p> <ul style="list-style-type: none"> • <i>A sexual health practitioner who distributes condoms and gives advice on sexual health practices might describe how you consider your client's beliefs and not your own opinions</i> • <i>If you analyse and provide information, you might describe what action you take to ensure what you present enables the recipients to make informed decisions.</i> • <i>A community development practitioner working with the travelling community delivering a cooking initiative, might describe how the tools and techniques differ compared to delivering the same initiative to a group of single parents.</i> |
| <p>4. Continually develop and improve own and others' practice in public health by:</p> | <p><i>The UKPHR considers continuing professional development to be an essential element of</i></p> |

Area 1: Professional and ethical practice

- a. reflecting on own behaviour and practice and identifying where improvements should be made
- b. recognising the need for, and making use of, opportunities for personal and others' development
- c. awareness of different approaches and preferences to learning
- d. the application of evidence in improving own area of work
- e. objectively and constructively contributing to reviewing the effectiveness of own area of work

registration. Currently registrants must demonstrate they take active part in a CPD process, and work is now underway to develop a full revalidation framework for current registrants. It is likely that this will extend to practitioner registrants in the future.

Evidence for this standard might be found from proactive engagement with continuing professional development (CPD) processes and appraisals. You should look to demonstrate a systematic approach to learning and development that meets the requirements of 4 (a) to (e).

Not all practitioners will have formal roles overseeing and improving the practice of others. You can still demonstrate how you have helped and developed others, for example through communicating, explaining or sharing information.

Area 2: Technical competencies in public health

Consult the glossary to ensure that you cover all the relevant concepts

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| <p>5. Promote the value of health and wellbeing and the reduction of health inequalities - demonstrating:</p> <ul style="list-style-type: none"> a. how individual and population health and wellbeing differ and the possible tensions between promoting the health and wellbeing of individuals and the health and wellbeing of groups b. knowledge of the determinants of health and their effect on populations, communities, groups and individuals c. knowledge of the main terms and concepts used in promoting health and wellbeing, d. knowledge of the nature of health inequalities and how they might be monitored e. awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing. | <p><i>Your evidence could be based directly on your work with an accompanying commentary, or a case study based on observing the work of colleagues. You might find it helpful to talk to colleagues undertaking community based work if this is not your area of practice.</i></p> <p><i>The evidence for this section might be provided through a piece of work that is used elsewhere. You may like to link this to standard 3.</i></p> <p><i>For 5.a., you will need to show an understanding of what conflicts might arise and how they might be addressed in your area of work. This could be demonstrated through a reflective commentary on your work role, or on a specific piece of work, or a written case study of work elsewhere that you have experienced or have learned about. Examples of the tensions between individual and population health include: the effect of targeting resources on certain groups, leaving other groups relatively under resourced; the impact on individual choice of population immunisation programmes; or the impact of commissioning choices on individuals and groups; you might wish to reflect on how these issues are handled in the media.</i></p> <p><i>For 5.b. you might wish to develop a local health profile to demonstrate your knowledge of the determinants of health or draw on work you have done in your local community.</i></p> <p><i>For 5.e. you might want to describe how you adjust your communication style and methods when you present health information to different groups.</i></p> |
| <p>6. Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group -</p> | <p><i>You will need to be careful to provide evidence that shows you have obtained, verified, analysed and interpreted data and/or information. This need not be complex and can be from either primary or secondary sources. For example, you could obtain national data from a source that you know to be</i></p> |

Area 2: Technical competencies in public health

Consult the glossary to ensure that you cover all the relevant concepts

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| <p>demonstrating:</p> <ul style="list-style-type: none"> a. knowledge of the importance of accurate and reliable data / information and the anomalies that might occur b. knowledge of the main terms and concepts used in epidemiology and the routinely used methods for analysing quantitative and qualitative data c. ability to make valid interpretations of the data and/or information and communicate these clearly to a variety of audiences | <p><i>reputable and verified (such as Office for National Statistics and Public Health Observatories); explain why it is verified; compare it with verified local data and draw public health conclusions.</i></p> <p><i>You might find it helpful to talk to colleagues undertaking health information work if this is not your area of practice.</i></p> <p><i>Note the and/or here</i></p> <p><i>A variety of audiences could be at least three.</i></p> |
| <p>7. Assess the evidence of effective interventions and services to improve health and wellbeing – demonstrating:</p> <ul style="list-style-type: none"> a. knowledge of the different types, sources and levels of evidence in own area of practice and how to access and use them b. the appraisal of published evidence and the identification of implications for own area of work | <p><i>Evidence for this area will involve <u>accessing evidence</u> to inform an area of your work.</i></p> <p><i>You will need to show how you have used your knowledge to assess or interpret the evidence and how you have ensured the evidence you have used is reliable.</i></p> <p><i>The evidence for this section might be provided through a piece of work that is used elsewhere. But you may need to address specifically the assessment of evidence in your commentary, or undertake a new desk-based analysis of relevant evidence, writing up how your findings might impact on your work or the work of others.</i></p> |

Area 2: Technical competencies in public health

Consult the glossary to ensure that you cover all the relevant concepts

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| <p>8. Identify risks to health and wellbeing, providing advice on how to prevent, ameliorate or control them - demonstrating:</p> <ul style="list-style-type: none">a. knowledge of the risks to health and wellbeing relevant to own area of work and of the varying scale of riskb. knowledge of the different approaches to preventing risks and how to communicate risk to different audiences. | <p><i>This standard concerns your knowledge of risks and how to communicate them. You will need to show how you have used your knowledge to inform how you have communicated issues to do with risk. You might for example have encouraged clients who are involved in high risk activities to change their behaviour or to take advantage of protective interventions. (There are countless potential examples: sexual practices, drugs, alcohol, swine flu ...)</i></p> <p><i>The evidence for this section might be provided through a piece of work that is used elsewhere but you may need to draw out this element specifically.</i></p> |
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Area 3: Application of technical competencies to public health work

9. Work collaboratively to plan and / or deliver programmes to improve health and wellbeing outcomes for populations / communities / groups / families / individuals – demonstrating:
- a. how the programme has been influenced by:
 - i. the health and wellbeing of a population
 - ii. the determinants of health and wellbeing
 - iii. inequalities in health and wellbeing
 - iv. the availability of resources
 - v. use of an ethical framework in decision making/ priority setting.
 - b. how evidence has been applied in the programme and influenced own work
 - c. the priorities within, and the target population for, the programme
 - d. how the public / populations / communities / groups / families / individuals have been supported to make informed decisions about improving their health and wellbeing
 - e. awareness of the effect the

The evidence for this standard is likely to be one of the main pieces of evidence in your portfolio. Collaborative working is a core skill for public health professionals at all levels and will support your career development.

This standard is focused on how you plan and/or deliver a health and well-being programme by working collaboratively with colleagues in your own organisation or health community. You will need to describe: the work programme itself, your contribution to it and to the team that developed it. You will therefore probably need to write a substantial commentary on your evidence for this standard, specifically addressing each section of the standard.

The term “programme” is here a generic term that can mean any appropriate initiative, strategy or project, as well as a larger programme of work

For example: you may have been working within a Public Health team delivering a programme to reduce obesity, or alcohol consumption. Describe the programme in relation to the specific areas in the standard from (a) to (h), drawing out your role and contribution to the work of the team, and how you work(ed) collaboratively with others in the planning and/or delivery of elements of the programme.

In preparing your evidence, you may need to talk with managers or colleagues to obtain the information and understanding you need about how the work programme was in fact developed, especially if it has been running for a long time.

It is not expected that you yourself will necessarily have led the development of the programme, or have been responsible for many of the elements described in sections (a) to (h) of the standard. *But it is expected that you can demonstrate a real understanding of how the team as a whole developed the programme in relation to the elements in the standard. If you consider that the programme does not address specific elements of the standard through no fault of your own, explain the omission and its impact on the quality of the programme (in your view) in your commentary.*

If your work role has not given you the opportunity to be personally and directly involved in a collaborative work programme, talk to your manager or mentor about how you can develop experience for this core public health skill area. For example you could undertake some project work, or use an existing work programme as a case study through shadowing or observation, and dialogue with health improvement staff about how their work fits into a broader collaborative programme.

For section (f) evidence is needed of how the health concerns and interests of citizens (be they individuals, groups or communities) have been reflected within the health programme and its internal

Area 3: Application of technical competencies to public health work

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| <p>media has on public perception</p> <ul style="list-style-type: none">f. how the health concerns and interests of individuals, groups and communities have been communicatedg. how quality and risk management principles and policies are applied.h. how the prevention, amelioration or control of risks has been communicated | <p><i>and external communications</i></p> |
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Area 4: Underpinning skills and knowledge

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| <p>10. Support the implementation of policies and strategies to improve health and wellbeing outcomes – demonstrating:</p> <ul style="list-style-type: none"> a. knowledge of the main public health policies and strategies relevant to own area of work and the organisations that are responsible for them b. how different policies, strategies or priorities affect own specific work and how to influence their development or implementation in own area of work c. critical reflection and constructive suggestions for how policies, strategies or priorities could be improved in terms of improving health and wellbeing and reducing health inequalities in own area of work d. the ability to prioritise and manage projects and/or services in own area of work. | <p><i>In your commentary, differentiate between sections (a) to (c) which refer to policies and strategies and how you manage them in your work, and (d) which relates to how you manage yourself. You may need to use a different approach to your evidence for these two aspects.</i></p> <p><i>For sections (a) and (b), you need to describe policies and strategies and their effect on your own work specifically.</i></p> <p><i>For section (c) you may wish to write a reflective commentary with your views and suggestions.</i></p> <p><i>For section (d), possible evidence would be the application of straightforward project management skills such as timelines, Gantt charts, diaries etc.</i></p> |
| <p>11. Work collaboratively with people from teams and agencies other than one's own to improve health and wellbeing outcomes – demonstrating:</p> <ul style="list-style-type: none"> a. awareness of personal impact on others b. constructive relationships with a range of people who contribute to | <p><i>Whilst standard 9 concerns the planning and delivery of a programme of work achieved by working collaboratively, i.e. the output from collaborative working, standard 11 is focused on applying your knowledge of HOW relationships and partnerships are developed to be effective, i.e. the processes of working with others. It is about how you develop your working relationships and use your negotiating and influencing skills.</i></p> <p><i>Evidence might be provided through a piece of work that is used elsewhere such as the technical standards (Area 2,) with appropriate additional commentary and reflection. It is important to make sure that you address every section in the standard.</i></p> |

Area 4: Underpinning skills and knowledge

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| <p>population health and wellbeing</p> <p>c. awareness of:</p> <ul style="list-style-type: none"> i. principles of effective partnership working ii. the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes iii. the different forms that teams might take | <p><i>Evidence for this standard may not necessarily be written, but could involve your Assessor observing you in action in the field, e.g. in a meeting or making a presentation. If you want your evidence to be based on Assessor observation, ask them if this is possible. An alternative would be to submit a video or DVD with an accompanying commentary.</i></p> <p><i>If the Assessor uses this form of assessment, they should record it in on the appropriate proforma and summarise it in the Assessment Log.</i></p> |
| <p>12. Communicate effectively with a range of different people using different methods.</p> | <p><i>Evidence for this section will probably be provided through work elsewhere in your portfolio, supported by a specific commentary. Ensure that you demonstrate you can communicate with a range of people and provide evidence of different methods of communication. Evidence of communication skills must be within a public health context, to improve the health and well being of groups, communities or populations.</i></p> <p><i>Evidence for this standard may not necessarily be written, but could involve your Assessor observing you in action in the field, e.g. in a meeting or making a presentation. If you want your evidence to be based on Assessor observation, ask them if this is possible. An alternative would be to submit a video or DVD with an accompanying commentary.</i></p> <p><i>If the Assessor uses this form of assessment, they should record it in on the appropriate proforma and summarise it in the Assessment Log.</i></p> |

Glossary of terms used in the standards

The terms and descriptions are illustrative only.

| Term | Description |
|---|---|
| Health and wellbeing | A state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. |
| Health inequalities | Variation between groups in physical and mental health, health risks, health-related behaviour,. Groups may be based on socio-economic conditions, ethnicity, gender or sexual orientation or geography. |
| Determinants of health | Personal, social, economic and environmental factors – including health behaviour and lifestyle, income, education, employment, access to health services, housing, and the natural environment – which determine the health status of a person or community. |
| Promoting health and wellbeing - main terms and concepts: | |
| • behaviour change | Using a range of theoretically-based tools and techniques to help people to make healthier lifestyle and personal health choices |
| • community engagement | Utilising the assets of communities; helping communities to have control over their health, through working in partnership with them or delegating power to them, in order to improve health outcomes |
| • empowerment | Promoting the participation of individuals, organisations and communities in processes that enable them to have more control over their health |
| • health promotion/ improvement | Helping people and communities to gain control over the influences on their health, making the healthier choices the easier choices |
| • hierarchy of prevention | Primary, secondary and tertiary prevention |
| • social capital | Investment in the social fabric of society; effective community networks, relationships and structures which help to promote health |
| • social marketing | The systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals for a social good. |
| Basic sources of public health data | Includes data from ONS and the census, Hospital episode statistics, locally collected survey data |
| Data analysis and interpretation. | Systematic approach to data allowing reliable inferences to be made. |
| • basic statistical terms | for example median, mean, mode, range, variance, graphical presentation, simple tests of differences between groups or populations; |

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| <ul style="list-style-type: none"> • data anomalies | where data does not fit the known picture – how to detect, describe and rectify; |
| <ul style="list-style-type: none"> • routine data analysis | calculation of population rates (viz: mortality/ morbidity rates), confidence intervals |
| <ul style="list-style-type: none"> • quantitative data analysis | the process of presenting and interpreting numerical data, using basic statistics |
| <ul style="list-style-type: none"> • qualitative data analysis | the process of analysing data collected in a non-numeric form, such as documentary, visual, observational or interactive (focus groups, interviews) information |
| <ul style="list-style-type: none"> • data presentation | using tabular and graphical presentation, understanding of the use of mapped data and basic geographical information systems (GIS). |
| Epidemiology | use of routine vital and health statistics to describe and study the distribution of disease and determinants of health in time and place and by person or group, and the application of this study to control health problems. |
| Epidemiology - main terms and concepts: | |
| <ul style="list-style-type: none"> • incidence | the number of new cases of a disease or condition in the population at risk in a specified period of time (e.g. a year) |
| <ul style="list-style-type: none"> • prevalence | the proportion of the population at risk who are cases of a disease or condition |
| <ul style="list-style-type: none"> • health status | Numerator, denominator, population at risk. Concepts of measures of risk (odds ratio). Calculation of mortality/ morbidity rates. |
| Sources of evidence | Research evidence, evidence of effectiveness, outcome measures, evaluation and audit. |
| Evaluation | A process that attempts to determine systematically and objectively the relevance, effectiveness and impact of activities in the light of their objectives. |
| Risks to health, wellbeing and safety. Involves: | Including threats from communicable disease and environmental determinants. |
| <ul style="list-style-type: none"> • assessment of risk | identification of risk and evaluation of impact of adverse events to a given group or population; |
| <ul style="list-style-type: none"> • management of risk | evaluation of risk management options, implementation, monitoring and review; |
| <ul style="list-style-type: none"> • communicating risk | informing other professionals, or the public, about actual or potential risk openly and appropriately. |

Public Health Practitioner Assessment Log

To be completed by the applicant, assessor and verifier

Name of practitioner:

Summary of portfolio by applicant [optional – e.g. list of main pieces of work]

UKPHR
Public Health Register

ASSESSOR overview of portfolio – to be completed by the assessor once the portfolio has been assessed

| <u>To be completed by the assessor</u> | |
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| Applicant | |
| Assessor | |
| Overview of Portfolio (including list of indicators in the standards that required clarification or resubmission) | |
| Signature and date | |

VERIFIER comments on portfolio – to be completed by the verifier once the portfolio has been verified

| To be completed by the verifier | |
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| Name of Verifier | |
| Is the assessment log fully completed for each indicator of every standard? Have you ticked and dated the verifier check column? | |
| Does the portfolio appear to be the applicant's own work? | |
| Does clarification and resubmission evidence appear to be sufficient? | |
| Have any observations been carried out (standards 11 and 12)? Are you satisfied with the evidence summarised? | |
| Which pieces of evidence have you dipped into? | |
| Overall view of portfolio & additional comments | |
| Signature and Date | |

| Practitioner standards | Applicant evidence | Assessment outcome | Assessor's comments | Verifier check |
|---|--------------------|--------------------|---------------------|----------------|
| Area 1: Professional and ethical practice | | | | |
| 1. Recognise and address ethical dilemma and issues – demonstrating | | | | |
| a) knowledge of existing and emerging legal and ethical issues in own area of practice | | | | |
| b) The proactive addressing of issues in an appropriate way (e.g. challenging others' unethical practice) | | | | |
| 2. Recognise and act within the limits of own competence seeking advice when needed | | | | |
| 3. Act in ways that: | | | | |
| a) acknowledge and recognise people's expressed beliefs and preferences | | | | |
| b) promote the ability of others to make informed decisions | | | | |
| c) promote equality and value diversity | | | | |
| d) value people as individuals | | | | |
| e) acknowledge the importance of data confidentiality and disclosure, and the use of data sharing protocols | | | | |
| f) are consistent with legislation, policies, governance frameworks and systems. | | | | |
| 4. Continually develop and improve own and others' practice in public health by: | | | | |
| a) reflecting on own behaviour and practice and identifying where improvements should be made | | | | |
| b) recognising the need for, and making use of, opportunities for personal and others' development | | | | |
| c) awareness of different approaches and preferences to learning | | | | |
| d) the application of evidence in improving own area of work | | | | |
| e) objectively and constructively contributing to | | | | |

Assessor: Under assessment outcome indicate whether the evidence submitted was accepted (A) required clarification (C) or resubmission (R) and date

| Practitioner standards | Applicant evidence | Assessment outcome | Assessor's comments | Verifier check |
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| Area 1: Professional and ethical practice | | | | |
| reviewing the effectiveness of own area of work. | | | | |

Assessor: Under assessment outcome indicate whether the evidence submitted was accepted (A) required clarification (C) or resubmission (R) and date

| Practitioner standards | Applicant evidence | Assessment outcome | Assessor's comments | Verifier check |
|---|--------------------|--------------------|---------------------|----------------|
| Area 2: Technical competencies in public health practice | | | | |
| 5. Promote the value of health and wellbeing and the reduction of health inequalities - demonstrating: | | | | |
| a) how individual and population health and wellbeing differ and the possible tensions between promoting the health and wellbeing of individuals and the health and wellbeing of groups | | | | |
| b) knowledge of the determinants of health and their affect on populations, communities, groups and individuals | | | | |
| c) knowledge of the main terms and concepts used in promoting health and wellbeing. | | | | |
| d) knowledge of the nature of health inequalities and how they might be monitored | | | | |
| e) awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing. | | | | |
| 6. Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group - demonstrating: | | | | |
| a) knowledge of the importance of accurate and reliable data / information and the anomalies that might occur | | | | |
| b) knowledge of the main terms and concepts used in epidemiology and the routinely used methods for analysing quantitative and qualitative data | | | | |
| c) ability to make valid interpretations of the data and/or information and communicate these clearly to a variety of audiences | | | | |

Assessor: Under assessment outcome indicate whether the evidence submitted was accepted (A) required clarification (C) or resubmission (R) and date

| Practitioner standards | Applicant evidence | Assessment outcome | Assessor's comments | Verifier check |
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| Area 2: Technical competencies in public health practice | | | | |

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| 7. Assess the evidence of effective interventions and services to improve health and wellbeing – demonstrating: | | | | |
| a) knowledge of the different types, sources and levels of evidence in own area of practice and how to access and use them | | | | |
| b) the appraisal of published evidence and the identification of implications for own area of work | | | | |
| 8. Identify risks to health and wellbeing, providing advice on how to prevent, ameliorate or control them - demonstrating: | | | | |
| a) knowledge of the risks to health and wellbeing relevant to own area of work and of the varying scale of risk | | | | |
| b) knowledge of the different approaches to preventing risks and how to communicate risk to different audiences. | | | | |

Assessor: Under assessment outcome indicate whether the evidence submitted was accepted (A) required clarification (C) or resubmission (R) and date

| Practitioner standards | Applicant evidence | Assessment outcome | Assessor's comments | Verifier check |
|------------------------|--------------------|--------------------|---------------------|----------------|
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Area 3: Application of Technical Competencies to Public Health Work

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|---|--|--|--|--|
| 9. Work collaboratively to plan and / or deliver programmes to improve health and wellbeing outcomes for populations / communities / groups / families / individuals – demonstrating: | | | | |
| a) how the programme has been influenced by: I. the health and wellbeing of a population II. the determinants of health and wellbeing III. inequalities in health and wellbeing IV. the availability of resources V. the use of an ethical framework in decision making/ priority setting. | | | | |
| b) how evidence has been applied in the programme and influenced own work | | | | |
| c) the priorities within, and the target population for, the programme | | | | |
| d) how the public / populations / communities / groups / families / individuals have been supported to make informed decisions about improving their health and wellbeing | | | | |
| e) awareness of the effect the media has on public perception | | | | |
| f) how the health concerns and interests of individuals groups and communities have been communicated | | | | |
| g) how quality and risk management principles and policies are applied. | | | | |
| h) how the prevention, amelioration or control of risks has been communicated | | | | |

Assessor: Under assessment outcome indicate whether the evidence submitted was accepted (A) required clarification (C) or resubmission (R) and date

| Practitioner standards | Applicant evidence | Assessment outcome | Assessor's comments | Verifier check |
|------------------------|--------------------|--------------------|---------------------|----------------|
|------------------------|--------------------|--------------------|---------------------|----------------|

Area 4: Underpinning skills and knowledge

| | | | | |
|--|--|--|--|--|
| 10. Support the implementation of policies and strategies to improve health and wellbeing outcomes – demonstrating: | | | | |
| a) knowledge of the main public health policies and strategies relevant to own area of work and the organisations that are responsible for them | | | | |
| b) how different policies, strategies or priorities affect own specific work and how to influence their development or implementation in own area of work | | | | |
| c) critical reflection and constructive suggestions for how policies, strategies or priorities could be improved in terms of improving health and wellbeing and reducing health inequalities in own area of work | | | | |
| d) the ability to prioritise and manage projects and/or services in own area of work. | | | | |
| 11. Work collaboratively with people from teams and agencies other than one's own to improve health and wellbeing outcomes – demonstrating: ¹ | | | | |
| a) awareness of personal impact on others | | | | |
| b) constructive relationships with a range of people who contribute to population health and wellbeing | | | | |
| c) awareness of: <ul style="list-style-type: none"> I. principles of effective partnership working II. the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes III. the different forms that teams might take | | | | |

¹ Applicants and assessors need to indicate on the assessment log if the standard has been assessed through observation and assessors need to complete the observation proforma

| Practitioner standards | Applicant evidence | Assessment outcome | Assessor's comments | Verifier check |
|--|--------------------|--------------------|---------------------|----------------|
| Area 4: Underpinning skills and knowledge | | | | |

| | | | | |
|---|--|--|--|--|
| | | | | |
| 12. Communicate effectively with a range of different people using different methods ² | | | | |

² Applicants and assessors need to indicate on the assessment log if the standard has been assessed through observation and assessors need to complete the observation proforma

Notes on completing the assessment log

Evidence and assessment is needed for **each indicator** of every standard.

Notes for completion by the applicant:

List the titles of all your evidence in the column headed “*Applicant Evidence*” with clear signposting of where the evidence may be found within the portfolio.

It is suggested that evidence is referenced using the following format: e.g. EV 1.1, EV 1.8, where the first number refers to the commentary in which the indicator in the standard is described, and the second number refers to the piece of evidence being used to claim it.

Note for completion by the assessor:

Complete the columns headed “Assessment outcome” and “Assessor’s comments”.

- If you **accept** the evidence indicate this with an **A** and date the column
- If **clarification** is required, indicate with a **C** and the date
- Where the evidence is inadequate, indicate that **resubmission** is required with an **R** and date.

Under the assessor’s comments column please indicate how you reached your decision, briefly explaining how the evidence has met the indicator and refer to the understanding and application of knowledge. In other words, answer the question (briefly) “*this evidence meets the competence because...*”, and mention how knowledge, understanding and the application of knowledge have been evidenced.

In order to maintain a full audit trail, a new assessment decision following a request for clarification or resubmission must be listed beneath the original decision (rather than over writing it) and dated according. E.g. “C” 23/9/11, A 28/10/11.

Once the portfolio has been fully assessed you need to complete the assessor section “Overview of Portfolio” before submission for verification.

Please ask your scheme co-ordinator for the example assessment log for further explanation.

Notes for completion by the verifier:

Complete the column headed “Verifier Check”, and complete the verifier proforma near the beginning of the assessment log.

Observation Proforma – Standard 11

| | |
|---|--|
| Applicant name | |
| Assessor | |
| Date of assessment | |
| Standard Claimed | <p>11. Work collaboratively with people from teams and agencies other than one's own to improve health and wellbeing outcomes – demonstrating:</p> <ul style="list-style-type: none"> a. awareness of personal impact on others b. constructive relationships with a range of people who contribute to population health and wellbeing c. awareness of: <ul style="list-style-type: none"> i. principles of effective partnership working ii. the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes iii. the different forms that teams might take |
| To be completed by Applicant | |
| Event being observed and date | |
| | Applicant evaluation |
| What were the aims and objectives of the session / workshop / meeting / presentation? | |
| What went well? | |
| What would I do differently? | |
| Applicant signature | |

| To be completed by Assessor | |
|--|--------------------------|
| | Assessor Comments |
| 1. Planning and structure of the session | |
| 2. Gives appropriate and accurate public health information and advice | |
| 3. Range of communication techniques used appropriate for the audience | |
| 4. Acts professionally and ethically | |
| Other comments | |
| Recommendation | |
| | |
| Assessor signature and date | |

Observation Proforma – Standard 12

| | |
|--------------------|---|
| Applicant name | |
| Assessor | |
| Date of assessment | |
| Standard Claimed | 12. Communicate effectively with a range of different people using different methods |

| To be completed by Applicant | |
|---|-----------------------------|
| Event being observed and date | |
| | Applicant evaluation |
| What were the aims and objectives of the session / workshop / meeting / presentation? | |
| What went well? | |
| What would I do differently? | |
| Applicant signature | |
| To be completed by Assessor | |
| | Assessor Comments |
| 1. Planning and structure of the session | |
| 2. Gives appropriate and accurate public health information and advice | |
| 3. Range of communication techniques used appropriate for the audience | |
| 4. Acts professionally and ethically | |
| Other comments | |
| Recommendation | |
| | |
| Assessor signature | |

Guidance on Testimonials and References

The submission of a testimonial and a reference is part of the assessment process and may be followed up (though this would be very unusual). Please give details of the people providing your reference and your testimonial on the application form and submit both with the rest of your application.

A Reference should be provided by someone who knows you professionally and can confirm that there is no professional, or fitness to practice, reason that you should not be included on the register. They should be able to provide general comments about your ability as a public health practitioner.

A Testimonial should be provided by someone who has reviewed the evidence you have submitted for assessment and can confirm that this is your work. They should be able to comment on the quality of the evidence submitted and confirm that you are working, or capable of working, at public health practitioner level. This overall testimonial is separate to any testimonials you may have included as part of your evidence.

The people providing your testimonial and reference will regularly see your work. They may be more senior than you or a professional colleague, but not junior to you. If you are employed, either the testimonial or the reference should normally be from a person who supervises your daily work. The reference may come from someone outside your own organisation or team.

You must not name anyone for whom you yourself are providing a reference or testimonial.

The UKPHR strongly recommends that the reference and testimonial are given by two separate individuals. If an applicant is unable to identify two individuals, they should discuss this with the scheme co-ordinator who will consider giving permission for one individual to provide both the testimonial (about the quality of the evidence submitted) and the reference (concerning the applicant's competence and fitness to practise as a public health practitioner). If given by one individual, the testimonial and reference should be addressed under separate headings in the letter.

The difference between the testimonial and the reference is summarised below: you may want to give this to those providing them for you.

INFORMATION FOR THOSE PROVIDING A TESTIMONIAL OR REFERENCE

The UK Public Health Register as part of the assessment process requires a testimonial in support of the evidence contained in the portfolio and a reference concerning the applicant's fitness to practise as a public health practitioner. Your testimonial or reference will be 'open': the applicant may see it if they wish.

- **Testimonial:** please comment generally on the *quality of the evidence* in the portfolio and, if you are able, state that to the best of your knowledge, the applicant is working at public health practitioner level, or has the competence to do so.
Please ask the applicant for a copy of their evidence for your consideration before you write the testimonial.
- **Reference:** please give a general reference regarding the applicant's competence and fitness to practise as a public health practitioner.

Please provide your testimonial or reference directly to the applicant as soon as you can, to enable the applicant to include it with the rest of their application.

Please include the following basic information:

1. Name of applicant
2. How you know the applicant's work (e.g. manager, professional colleague etc.) and for how long
3. Your name and position

Thank you for your help.

Application for Verification of Assessment to meet the Public Health Practitioner Standards

Once your assessor is satisfied that you have met all the standards you must submit your portfolio with your application for verification to the scheme co-ordinator.

This form must be completed and signed by you the practitioner (Parts A and B) and your assessor (Part C). You must send it in hard copy form with original signatures.

Please submit the verification application form, one complete copy of all your evidence, together with the assessment log, completed by your assessor and the following documentation:

- A current CV
- A current job description
- Copies of original certificates that are certified as being genuine by a senior colleague (for qualifications and courses)
- A testimonial
- A reference

More information on testimonials and references is provided in the previous section. Those giving testimonials and references may be contacted as part of the verification process.

Once your application has been verified (and moderated, if selected) your completed assessment log will be returned to you. You will then be eligible to apply to the UKPHR for registration: ***this must be done within 3 months of the date of the Verification Panel*** (see section 5 of the main Framework and Guidance document).

Application for Verification Form

Please complete this form in block capitals legibly in black ink, or typescript.

Section A: Applicant Details

Name:

Gender Male Female

Job Title:

Length of time in current position:

Organisation:

Address:

Telephone number:

Email:

Declaration: I confirm that the information I have submitted is my own work and all additional information and research is correctly cited and referenced.

Signed:

Date:

Section B Testimonial and reference

Please attach to this form one testimonial and one reference from people who can give an opinion on your professional competence. More details on testimonials and references can be found in annex A.

Please give us details of the people providing your testimonial and reference below.

Testimonial

Name:

Job Title:

Address:

Telephone number:

Email:

How does the person know you and your work?

.....
.....

Reference

Name:

Job Title:

Address:

Telephone number:

Email:

How does the person know you and your work?

.....
.....

Section C Assessor Details

Name:

Gender Male Female

Job Title:

Date of last assessor training:

Organisation:

Address:

Telephone number:

Email:

Declaration: I can confirm that in my opinion XXXXXX has met the all the standards

Comment:

Signed:

Date:

Application for Verification Submission Details

Please send completed and signed application forms to:

Tel:

Address:

Email:

Application for Registration as a Public Health Practitioner

Applying for registration with the UKPHR is the responsibility of the applicant and not of the scheme or scheme co-ordinator.

The application form for registration (below) must be completed by the applicant and sent to the UKPHR **with original signed copies of the testimonial and reference submitted that you previously submitted with your verification application form.** Please send a hard copy of the application form, with your original signature (because you are signing a declaration), and send the package Recorded (signed for) delivery.

You must apply for registration within 3 months of the date of your application being recommended at a verification panel meeting.

Registration incurs an initial administration fee of £20 and an **annual** registration fee of £75. Please make cheques payable to "Public Health Register".

Please read the guidance notes within the form carefully. Complete the form below in block capitals legibly in black ink, or typescript. Be aware throughout that you will have to declare your understanding and any false or misleading information may disqualify you from registration.

Section A

The information in this section is used for your entry on the register. This will be publicly available on the Register [website](#) and to enquirers in hard copy. This is what a typical register entry will look like.

| | |
|----------------------------|-------------------------------------|
| Registration Number | 00001 |
| Name | Janet |
| Surname | Bloggs |
| Gender | Female |
| Status of Registration | e.g. current / lapsed |
| Type of Registration | defined / generalist / practitioner |
| Date of First Registration | 1 September 2011 |

Applicant Details

Title:

Name:

Gender Male Female

Local Assessment Scheme:

FOR OFFICE USE ONLY

Office reference number:

Date application received:

Section B Additional details

The rest of this section deals with additional contact information that **will not be included in the public register**

You **must** give us here an address at which the UKPHR may contact you when necessary. If your address changes it is your responsibly to notify us.

We also need to know your current employment and employment history. Use separate sheets as necessary or submit a CV, as long as it includes a full employment history.

Address:

Telephone:

Fax:

E-mail :

Date of Birth:

Nationality:

Whether registered disabled Yes No

Please give the full name and address of the organisation you work for (if different from the address above)

.....
.....

.....
.....

.....Postcode
.....

Your job title:

Email:

Date you started in this post

Relevant qualifications and training programmes

Please include your primary and professional and/or postgraduate qualifications and all relevant training programmes, whether or not they led to a formal qualification. Alternatively ensure that all the information requested below is included in your CV.

| Qualification | Awarding body | Dates of study | Date of award |
|---------------|---------------|----------------|---------------|
|---------------|---------------|----------------|---------------|

Membership of relevant professional bodies

| Body | Membership status (i.e. member, associate etc.) | Date accepted into membership |
|------|--|-------------------------------------|
|------|--|-------------------------------------|

Registration with relevant professional bodies

| Registration Body | Type of registration (i.e. statutory/specialist etc.) | Date of registration |
|----------------------|--|-------------------------|
|----------------------|--|-------------------------|

Registration Number

Testimonial and Reference

Please attach to this form one testimonial and one reference from people who can give an opinion on your suitability for registration and, in particular, your professional competence. You will have already provided these for the verification process but the UKPHR needs to see them for registration purposes. More details on who can provide testimonials and references can be found in a separate section of the Supporting Information document.

Please give us details of the people providing your testimonial and other reference below.

Testimonial

Name:

Address:

Telephone number:

Fax:

E-mail:

How does the person know you and your work?

.....
.....

Reference

Name:

Address:

Telephone number:

Fax:

E-mail:

How does the person know you and your work?

.....
.....

Fitness to Practise

1. Have you read *Good Public Health Practice* and do you understand it and agree to adhere to it in your professional work?

Yes No

2. Are you aware of any physical or mental condition that might raise a question regarding your fitness to work as a public health practitioner?

Yes No

If yes please attach a full statement of the matter to this declaration.

3. Have you ever been convicted of an offence in a court of law or been cautioned either in the UK or any other country (you must include any convictions in the UK that have been spent under the Rehabilitation of Offenders Act 1974 , any road traffic convictions, or any offences for which you have been convicted in a military court or tribunal)

Yes No

If yes, you must provide further details below:

Date of conviction or caution
Name and address of the court or police authority
Details of any penalty imposed (continue on another sheet if necessary)

4. Is any action pending against you in the criminal courts?

Yes No

If yes please attach a full statement of the matter to this declaration.

5. Have you ever been issued with a fixed penalty notice either in the UK or any other country (this does not include road traffic offences where you accept the option of paying a fixed penalty notice)?

Yes No

If yes please attach a full statement of the matter to this declaration

6. Are you or have you ever been registered with a professional regulatory body either in the UK or any other country?

Yes No

If yes, please name the regulatory body:

7. Have you ever been suspended from duty, or had a complaint upheld, or had your registration removed while working as a professional in the UK or any other country, or is there any matter pending?

Yes No

If yes please attach a full statement of the matter to this declaration, and advise of the body with whom your case was considered.

8. Have you ever been refused registration by any regulator or professional body, or are there any proceedings currently pending against you in the UK or any other country that might affect your application for entry to the UKPHR.

Yes No

If yes please attach a full statement of the matter to this declaration, and advise of the body with whom your case was considered.

9. Have you ever been fined, given a warning or reprimanded by any regulator or professional body in the UK or any other country, or is there any action/investigation pending?

Yes No

If yes please attach a full statement of the matter to this declaration, and advise of the body with whom your case was considered.

10. Are you, or have you, ever been subject to disciplinary action by an employer, university/college or professional body in the UK or any other country?

Yes No

If yes please attach a full statement of the matter to this declaration, and advise of the body with whom your case was considered.

11. Have you ever entered into a settlement arising out of a malpractice or negligence claim in the UK or any other country?

Yes No

If yes please attach a full statement of the matter to this declaration.

12. Are you aware of any other issues in your conduct or capability that might raise a question as to your fitness to practise a public health professional in the UK?

Yes No

If yes please attach a full statement of the matter to this declaration.

Declaration 1

1. All the information I have given in this application is true to the best of my knowledge and belief.
2. I will notify the UK Public Health Register of any material changes in this information.
3. I understand that any false or misleading information I have given, or any deliberate omission of relevant information, may disqualify me from registration.
4. I am aware that registration, if granted, will be for five years. After this period, the UK Public Health Register will need to be satisfied that I am still competent to practise.
5. I understand that the UK Public Health Register is registered under the Data Protection Act 1998 and that all the information I have provided will be held by the UKPHR in accordance with the provisions of the Act. Only those contact details I have authorised for inclusion in the public register will appear there. I acknowledge that the UKPHR may receive information, including adverse information, about my fitness to practise, and I hereby consent to the UKPHR processing and disseminating such information for such reasonable purposes as it may determine.
6. I give permission to the UK Public Health Register to approach other appropriate statutory bodies with whom I am currently registered to obtain information on any previous or pending disciplinary and/or health matter.

Signed

Print Name

Date

Please ensure you sign both declarations above and below

Declaration 2

1. All the information I have given in this application is true to the best of my knowledge and belief.
2. I will notify the UK Public Health Register of any material changes in this information.
3. I understand that any false or misleading information I have given, or any deliberate omission of relevant information, may disqualify me from registration.
4. I am aware that registration, if granted, will be for five years. After this period, the UK Public Health Register will need to be satisfied that I am still competent to practise.
5. I understand that the UK Public Health Register is registered under the Data Protection Act 1998 and that all the information I have provided will be held by the UKPHR in accordance with the provisions of the Act. Only those contact details I have authorised for inclusion in the public register will appear there. I acknowledge that the UKPHR may receive information, including adverse information, about my fitness to practise, and I hereby consent to the UKPHR processing and disseminating such information for such reasonable purposes as it may determine.
6. I give permission to the UK Public Health Register to approach other appropriate statutory bodies with whom I am currently registered to obtain information on any previous or pending disciplinary and/or health matter.

Signed

Print Name

Date

Please ensure you sign both declarations

Monitoring – the information given in this section is for monitoring purposes only and is not part of the assessment process.

UK Public Health Register

What is your ethnic group? (Please enter a ✓ in the appropriate box.)

1 White

- British
- Irish
- Other White background *please write in*.....
.....

2 Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background *please write in*.....
.....

3 Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background *please write in*.

4 Black or Black British

- Caribbean
- African
- Other Black background *please write in*.....
.....

5 Chinese or other ethnic group

- Chinese

6

- Other ethnic background *please write in*

Application Submission

Please send **hard copy** completed and signed application forms, with original signed copies of the testimonial and reference submitted with your verification application form, by Recorded (“signed for”) delivery to:

The UK Public Health Register
Chadwick Court
15 Hatfields
London
SE1 8DJ

Tel: 020 7827 5842
Email: register@cieh.org

Learning Contract between assessor, applicant and mentor developed by Public Health Wales

Public Health Practitioner Portfolio Development Support Programme

Learning Contract

“A learning contract is a practical arrangement between a trainer and Specialist Registrar to enable both to make the most of learning opportunities in the time available. It spells out the objectives and responsibilities of each person in the situation so that both are clear about what is expected of each party and sets out clearly who will do what. It takes the form of a written statement.”

Training in Public Health Medicine – Trainers Workbook.
M Dlugolecka, Faculty Adviser Scotland
31 August 1998

This learning contract will form a formal agreement, in writing, between the Professional and Organisational Development team of Public Health Wales, the practitioner, line manager, mentor and assessor, stating what the practitioner will present to whom within a specified time period.

Practitioners will have already completed a self-assessment of their public health competences and identified any gaps which need attention. The learning contract should clearly detail these gaps and the plan to address them.

All sections of the learning contract need to be completed and signed appropriately.

Public Health Practitioner Portfolio Development Support Programme

LEARNING CONTRACT

Practitioner:.....

Assessor:.....

Mentor:

Agreed commentary1) 2)

..... 3)

Submission dates

4)

5)..... 6).....

Learning needs / Gaps

| Competency Ref | Proposed Activity | Achieve By: | Evidence | Review/Comments |
|----------------|-------------------|-------------|----------|-----------------|
| | | | | |

How have you agreed to communicate with your **mentor**? i.e. telephone, face to face etc.

.....

We strongly recommend you pre-book your sessions around the submission dates for your commentaries. Please detail here your proposed dates and times:

| Date and Time (1) | Date and Time (2) | Date and Time (3) | Date and Time (4) | Date and Time (5) | Date and Time (6) |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | | | | | |
| | | | | | |

How have you agreed to communicate with your **assessor**? i.e. telephone, face to face etc.

.....

We strongly recommend you pre-book your sessions around the submission dates for your commentaries. Please detail here your proposed dates and times:

| Date and Time (1) | Date and Time (2) | Date and Time (3) | Date and Time (4) | Date and Time (5) | Date and Time (6) |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | | | | | |
| | | | | | |

Signed: Signed:
 Signed:.....
 Practitioner Mentor Assessor

Signed: Signed:

 On behalf of POD Team Line
 Manager