Registration as a IUHPE European Health Promotion Practitioner (IUHPE EuHP) via NAO, UKPHR

February 2017

Adapted from:

UKPHR. (2016). Register of health promotion practitioners in the UK - UKPHR’s scheme as accredited by the International Union for the promotion of health and education (IUPHE). UKPHR, Birmingham.
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What is the IUHPE European Health Promotion Accreditation System?

The system is based on the core concepts and principles of Health Promotion outlined in the Ottawa Charter and subsequent WHO charters and declarations on Health Promotion.

The goal of the IUHPE European Health Promotion Accreditation System is to promote quality assurance and competence in Health Promotion practice, education and training.

The system accredits:

1. **Education and training courses**
   - Evaluating courses to determine whether they meet criteria referred to within the CompHP Core Competencies and Professional Standards. Completing a IUHPE EuHP accredited course forms the basis for registration as a IUHPE EuHP.

2. **Individual practitioners**
   - Practitioners registered within the System are awarded the title ‘IUHPE European Health Promotion Practitioner’ (IUHPE EuHP). Registration is confirmation that the practitioner is fit to practice, based on their educational attainment, work experience, continuous professional development or agreed combinations of these elements.

3. **Organisations**
   - IUHPE accredits organisations as National Accreditation Organisations (NAO), who through a devolved model register IUHPE European Health Promotion Practitioners within their catchment area using agreed criteria, procedures and policies.

The System is premised on the understanding that Health Promotion practitioners require specific education, together with Continuing Professional Development (CPD) to maintain the particular combination of knowledge and skills required to ensure quality in Health Promotion practice.

**UKPHR’s role in the system**

UK Public Health Register (UKPHR) was accredited as a NAO in December 2015 and has been awarded the role to manage and maintain the registration of health promotion practitioners within the United Kingdom and subsequent registration of practitioners on the European register so that they are eligible to use the title – IUHPE EuHP.

All applications for registration as a IUHPE EuHP from applicants within the UK have to be submitted to UKPHR. Applications made directly to IUHPE EAO will be returned with instruction to submit directly through the approved NAO.

Comparisons between UKPHR’s Public Health Practitioner Standards against IUHPE Health Promotion Practitioner standards have been made. Please see annex B.
Benefits of registration

For individuals
- Assists in career planning and identifying professional development and training needs
- Eligible to use title – IUHPE EuHP
- Facilitates movement across roles, organisations, regions and countries through the use of shared understandings

For employers
- Forms the basis for quality assurance in Health Promotion practice
- Assist employers to gain a better understanding of Health Promotion roles and develop appropriate job descriptions
- Add to greater recognition and visibility of Health Promotion and the work done by Health Promotion practitioners
- Provide a reference point for employers in recruitment, selection and ongoing assessment
- Ensure that there are clear and agreed guidelines and quality standards for the Health Promotion knowledge, skills and values required to practice effectively and ethically.
- Promotes better communication and team work in a multidisciplinary setting by providing common language and shared understanding of key concepts and practice used in Health Promotion.

For the public
- Ensures accountability to the public through the registration of practitioners
Registration as a IUHPE EuHP via UKPHR

Practitioners who successfully register are awarded the title – *IUHPE EuHP*.

There are 2 steps of registration:

1. Initial registration through one of the three categories listed below; and

2. Re-registration every 3 years, dependent on fulfilling agreed criteria for Continued Professional Development (CPD)

Registration fees and charges

Fees in the Financial Years 2016-17 and 2017-18 are:

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-off Assessment fee</td>
<td>£160.00</td>
</tr>
<tr>
<td>One-off Administration fee</td>
<td>£30.00</td>
</tr>
<tr>
<td>Triennial registration fee</td>
<td>£360.00</td>
</tr>
</tbody>
</table>

*N.B. UKPHR practitioner registrants are not required to pay the triennial registration fee for IUHPE EuHP registration, as long as they keep up with their registration fees for their UKPHR registration.*
How to apply for initial registration as a IUHPE EuHP via UKPHR

There are three categories to apply for registration:

1. Graduates from an IUHPE EuHP accredited course
   You will automatically be eligible for registration on the IUHPE accredited register upon proof of graduation.

   You are required to submit the following in support of your application:
   - Application form
   - Proof of graduation from IUHPE EuHP accredited course – certificate
   - One-off administration fee
   - Triennial registration fee

2. Applicants who are not graduates of an IUHPE EuHP accredited course
   You are required to submit the following in support of your application:
   - Application form
   - Evidence of graduating from a relevant undergraduate (Bachelors) degree
   - Self-assessment proforma prescribed by IUHPE
   - Demonstration of 2 years’ experience of having been working in the field of health promotion
   - 2 references
   - One-off administration fee
   - One-off assessment fee
   - Triennial registration fee

3. UKPHR public health practitioner registrants on the PSA accredited register
   You are required to submit the following in support of your application:
   - Application form
   - Demonstration of 2 years’ experience of having been working in the field of health promotion
   - One-off administration fee

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1 Have a relevant undergraduate (Bachelors) degree. Graduates from a range of relevant courses, including public health, health promotion, health education and social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, and political science, will be eligible to apply. Other academic qualifications may also be deemed appropriate, but must be approved by UKPHR’s Board of Directors. A list of all previously accepted graduate qualifications will be maintained for future reference.
Application process - Applicants who are not graduates of an IUHPE EuHP accredited course

Application, supporting documents and fees are submitted to UKPHR (NAO)

ASSESSMENT PROCESS overseen by UKPHR Registration Panel

Eligible for registration

Eligible for registration subject to receipt of additional information/clarification within a 4-week period of applicant being notified

Not eligible for registration

Information/clarification not received within 4 weeks or clarification is unsatisfactory

Name added to the national IUHPE register and the European register. IUHPE EuHP title can only be used following formal notification of registration at European level.
Application process - Applicants who are graduates of an IUHPE EuHP accredited course and UKPHR practitioner registrants

Application, supporting documents and fees are submitted to UKPHR (NAO)

Application taken to next available Registration Panel

Registration Panel makes recommendation to Registration Approvals Committee

Eligible for registration

Not eligible for registration

Name added to the national IUHPE register and the European register. IUHPE EuHP title can only be used following formal notification of registration at European level.
Assessment Process - Applicants who are not graduates of an IUHPE EuHP accredited course

An application for registration as a IUHPE EuHP will be acknowledged within 3 working days. If the prescribed documents and fees are not complete, practitioners will be requested to fulfil all requirements before the application is processed further. After the practitioner is notified of the missing requirements, it is the practitioners responsibility to ensure UKPHR is in receipt of all documents and fees to continue with assessment. UKPHR will take no further action before these are received in full.

Assessment of all applications is processed through UKPHR’s Registration Panel which is overseen by UKPHR’s Board.

Each application is assigned to two trained assessors, ensuring that there is no conflict of interest. Each assessor completes an assessment form that contains a declaration of understanding and acceptance of the Conflict of Interest and Confidentiality polices.

Each assessor will complete their assessment and submit their completed and signed assessment form to the next available Registration Panel. The Registration Panel recommendation will be dependent on the assessors’ agreement:

- **If assessors are in agreement that the application has met the required criteria**
  The Registration Panel will accept the findings and make a recommendation of ‘Admit to the IUHPE accredited register’ to the Registration Approvals Committee.

  The Registration Approvals Committee will make the final decision to allow entry to the IUHPE accredited register. It is after this meeting that the practitioner will be notified of the outcome of their application via post and they will be entered to the National IUHPE accredited Register.

  UKPHR will notify the IUHPE EAO to allow entry on the European Register. The practitioner will also be formally notified by the IUHPE EAO, after which they will be entitled to use the title – IUHPE EuHP.

- **If assessors are not in agreement**
  The Chair of the Registration Panel will contact each assessor to discuss their assessment findings and establish whether a consensus can be reached. Should this prove impossible, the Chair may act as the final assessor or if he/she is unable to make a decision or there is a potential conflict of interest, the Chair will refer the application to the Registration Panel as a whole for a final decision.
- **If assessors are in agreement that further information/clarification is required**

  The applicant will be informed of the required information via written correspondence post Registration Panel. The applicant has 4 weeks from the date of the letter to respond with all requested information.

  If UKPHR receives all information within the prescribed time frame, the original assessors will assess the clarification and make a further decision on whether the applicant meets the required criteria.

  If the clarifications are not satisfactory, not received or received outside of the 4 weeks, the application is deemed as not meeting the required criteria. The applicant will be notified of this outcome via written correspondence and they must proceed to submit a new application and pay the assessment fee once again. The triennial registration fee will be reimbursed.
Re-registration as a IUHPE EuHP via UKPHR

Re-registration after three years is essential for practitioners who want to maintain their registration. Applications for re-registration is based on providing evidence of participating in the minimum CPD requirements.

Registrants will be issued with reminders to re-register 6 months prior to their due date, however it is the responsibility of the practitioner to ensure that their registration is in good standing order.

Practitioners are required to provide and demonstrate the following in support of their re-registration application:

✓ Re-registration application form demonstrating
  - A minimum of 1 ½ years of work experience in Health Promotion practice in the preceding three years
  - Participating in a minimum of 75 hours across a diverse range of CPD activities in the preceding three years
✓ Triennial registration fee (n/a for IUHPE EuHP registrants who hold UKPHR registration

Revocation/cancellation of registration

Registration of IUHPE Health Promotion Practitioners can be revoked or cancelled. In such cases, decisions will be made jointly by UKPHR’s Board of Directors and IUHPE European Accreditation Organisation’s Board of Directors.

Reasons for revoking or cancelling registration include but are not limited to:
  - Breach of ethical principles and values as defined in the IUHPE Core Competencies and Professional Standards
  - Evidence of dishonesty in the application process
  - Failure to pay any required fees/other costs

Appeals procedures

If a practitioner is denied registration or has their registration revoked/cancelled, they can appeal the decision to UKPHR’s Appeals Panel. Practitioners will be expected to apply to UKPHR’s Board, who will convene its Appeals Panel which will include a member of the Competencies and Workforce Development Working Group (CWFG) from outside the NAO catchment area (appointed by the IUHPE EAO). A final decision on the appeal will be issued within 6 working weeks.
Annex A – Illustrative Examples of ways to Complete the Self-assessment of Competence Requirements in the Application Form (for Standards 1 and 2)

1. Enable Change

**Example 1**

**Type of work activity**

A) “Alliance for Health Promotion in (insert city name) Hospitals and Long-Term Care Facilities”

B) “Patient oriented hospital ward”

**Brief description**

A) “Alliance for Health Promotion in (city) Hospitals and Long-Term Care Facilities” is a network including all relevant owners of health care facilities in (city) (nearly 80% of all facilities). The network enables change of organizations by a systematic organized exchange of experiences related to health promotion activities. In addition also individual skills for changing health care services and implementing health promotion programs are facilitated by specific workshops. My role is planning, coordinating and conducting these activities (together with a colleague employed at the public agency “(city) Health Promotion”)

B) “Patient oriented hospital wards” was a project to improve the patient orientation (e.g. participation of patient, pain management) in hospitals ward by analysing and changing core processes in treatment and care. My role can be described as “change agent” who supported the project groups in the hospital (together with a management consulter). Part of the job was to facilitate the development of personal skills of project leaders in the hospital (e.g. project management skills, health promotion knowledge).

**Example 2**

**Type of work activity**

Developing the capacity for health promotion cultural liaisons in primary care to serve the immigrant population.

**Brief description**

Together with the Ministry of Health in (country), we have developed the concept of health promotion cultural liaisons, building capacity for cultural competence and for closing the disparities to promote equity in community health. This long term initiative was also reported in the issue of Promotion and Education special supplement on effectiveness. My role has been to develop, manage and support and build capacity both of the cultural liaisons as well as of the primary care staff that they work with.

**Example 3**

**Type of work activity**

A Programme Manager role for (organisation)

B Lead for Healthier Communities and Older People for (organisation)

**Brief description**

1a: As both Programme Manager and the lead for (organisation) action plan, a key element of my work was to develop multi-agency partnerships in order to work collaboratively to improve health and reduce health inequalities in (city). This involved developing both a multi-agency strategy and an action plan with key partners including Education, Social Services, Children and Young People’s Services, Youth Service,
Contraception and Sexual Health Services and Housing, as well as young people themselves.

1b: A method used for development of the (organisation) action plan, was a facilitated workshop approach, where all members of the partnership were supported and encouraged to participate and share their key priorities, and suggestions as to how these could be addressed.

1c: One aim of the Teenage Pregnancy strategy was to ensure that young people were fully involved and felt able to participate thus leading to increased control and greater self-confidence. This was achieved in various ways depending on the age of the young people. For younger people this involved members of the Youth Service working with them in the supportive environment of their own Youth Clubs to discuss barriers to them accessing contraception and sexual health services.

1d: Whilst in this role, I developed the project to support and enable teenage mothers to return to education, training or employment. This involved fully understanding the context in which these young mothers lived and considering their capability, opportunity and motivation to change. This was achieved through both individual and group work. The work was underpinned by principles of respect, honesty and a desire for social justice.

2. Advocate for Health

Example 1

**Type of work activity**
“Project Sustainable Hospital”

**Brief description**
The project “Sustainable Hospital” had three program phases (feasibility study, development and implementation of actions, and transfer of results and networking). The guiding concept for the developing of a sustainable hospital was the integration of the sustainability triangle (social, economic, ecological aspects) and also health promotion strategies with the work and treatment process in hospitals. In 2008 the transfer phase started and together with the project partner (university) the “sustainable hospital approach” was disseminated by special advocacy strategies. A website was installed, “drug boxes” with a package insert providing information about “sustainable hospital approaches” were printed and distributed in (country) (especially within the hospital sector), results and the “agenda” were also spread via presentations (e.g. hospital conferences), publications, press releases, and last but not least was lobbying by political stakeholders done. (Insert web page link).

Example 2

**Type of work activity**
Advocacy for legislature on smoking in public places; advocacy for including smoking cessation in the (organization) in (country)

**Brief description**
We are following quite closely the development of change, an update of legislation with relation to smoking in public places, smoking advertisement and packing, signage, enforcement of directive and laws in health institutions, the basic of services for smoking cessation in the National Health Insurance Law in addition to using the laws as a springboard for promoting smoking cessation programs for workers. This type of advocacy for health promotion requires building and maintaining alliances with other stakeholders: Ministry of Health professional organizations, NGOs and representatives of the private sector.
Example 3

Type of work activity

A) Programme Manager for (organisation)
B) Lead for Healthier Communities and Older People (organisation) element of Local Area Agreement (LAA) whilst Senior Public Health Development Manager
C) Senior Public Health Workforce Development (PHWD) Manager
D) Co-coordinator and Chair production of Public Health Annual Report (PHAR)

Brief description

2a: In my role of PHWD Manager I have been advocating for the development of a registration programme for PH Practitioners and have been involved with developing and piloting this. The aim is to build capacity for HP action by ensuring that practitioners are supported to achieve the necessary skills and competencies, and to recognize and celebrate this achievement. The evaluation has shown that registered practitioners feel that the process increases their confidence by acknowledging skills and knowledge that were previously unrecognized (C).

2b: A key element of my work as both (role) and the lead for (organisation) was to develop effective multi-agency partnerships to work collaboratively to improve health and reduce health inequalities. This involved developing a multi-agency strategy and action plan with partners including Education, Social Services, Children and Young People’s Services, Youth Service, Contraception & Sexual Health Services and Housing, plus young people themselves (A & B).

2c: In 2008 I coordinated production of the Director of Public Health’s Annual Report focusing on understanding the gap in life expectancy in (insert city name). This was produced in two formats. One was a formal report for professionals and elected members. The second was in easy to read newspaper format delivered to every household. It featured information on a range of issues and services, plus quizzes and competitions (D).

2d: Whilst (role), I developed the (project) to support and enable teenage mothers to return to education, training or employment. This involved fully understanding the context in which these young mothers lived and considering their capability, opportunity and motivation to change. The young mothers were encouraged to express their needs and preferences through both individual and group work (A).
## Annex B - Comparison of UKPHR Public Health Practitioner standards against IUHPE Health Promotion Practitioner standards

### IUHPE Core Competencies and Professional Standards 1. Enable Change

Enable individuals, groups, communities and organisations to build capacity for health promoting action to improve health and reduce health inequities. A Health Promotion practitioner is able to:

<table>
<thead>
<tr>
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<th>Performance Criteria - evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
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</table>
| 1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities | **Knowledge**  
- Theory and practice of collaborative working including: facilitation, negotiation, teamwork, conflict resolution, mediation.  
- Knowledge of strategy and policy development and how legislation impacts on health  
- Health Promotion models  
- Health Promotion settings approach  
- Behavioural change techniques for brief advice/intervention  
- Institutional theory  
- Theory and practice of organisational development and change management  
- Theory and practice of community development including: empowerment, participation and capacity building  
- Understanding of social and cultural diversity | 1a. Contribute to collaborative work with stakeholders across specified sectors that aim to develop or change policies, and/or change health or other services, to promote health and wellbeing, reduce health inequities, and promote sustainable action in a specified area. | 9, 10c, 11 |
| 1.2 Use Health Promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health | **Skills**  
- Partnership building and collaborative working  
- Behavioural change techniques  
- Organisational development  
- Change management  
- Community development including empowerment, participation and capacity building  
- Ability to work with: Individuals and community groups defined by geography, culture, age, setting, or interest; Individuals and teams in own/other organisations/sectors | 1b. Demonstrate an ability to select appropriate change management and organisational development approaches to support the creation of health promoting environments and/or settings in a specified area, and show how the approaches used support, participation empowerment, partnership and equity. | 11c |
| 1.3 Use community development approaches to strengthen community participation and ownership and build capacity for Health Promotion action | | 1c. Select and use appropriate community development approaches for a specified community, and show how the methods used can lead to strengthened participation, ownership and Health Promotion capacity. | 9d, 9f |
| 1.4 Facilitate the development of personal skills that will maintain and improve health | | 1d. Use appropriate behavioural change techniques for individuals or groups to facilitate the development of personal skills to maintain or improve health, and develop the capacity of others to support behavioural change | 5c, 9a |
| 1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities | | | |
### IUHPE Core Competencies and Professional Standards 2. Advocate for Health

Advocate with, and on behalf of individuals, communities and organisations to improve health and well-being and build capacity for Health Promotion action. A Health Promotion practitioner is able to:

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</table>
| **2.1 Use advocacy strategies and techniques which reflect Health Promotion principles** | **Knowledge**  
- Determinants of health  
- Advocacy strategies and techniques  
- Methods of stakeholder engagement  
- Health and wellbeing issues relating to a specified population or group  
- Theory and practice of community development including: empowerment, participation and capacity building | **2a.** Show how advocacy strategies can be used in a specified area for Health Promotion action, and demonstrate how they reflect Health Promotion principles.  
**2b.** Identify the range of relevant stakeholders/partners in a specified area, and show how their support can be engaged to develop and sustain Health Promotion action.  
**2c.** Select and use appropriate communication methods for a specified target group in order to raise awareness, influence opinion and enable action on health and wellbeing issues.  
**2d.** Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and wellbeing needs. | 9d, 9f, 10b, 10c  
6c, 8b, 9f, 9h  
9d |
| **2.2 Engage with and influence key stakeholders to develop and sustain Health Promotion action** | **Skills**  
- Use of advocacy techniques  
- Working with a range of stakeholders  
- Facilitation  
- Community development including empowerment, participation and capacity building  
- Ability to work with: Individuals and community groups defined by geography, culture, age, setting, or interest; Individuals and teams in own/other organisations/sectors |  
**11b, 11c** |  |
IUHPE Core Competencies and Professional Standards 3. Mediate through partnership - Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of Health Promotion action. A Health Promotion practitioner is able to:

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| 3.1 Engage partners from different sectors to actively contribute to Health Promotion action | Knowledge  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, stakeholder engagement  
- Systems, structures and functions of different sectors  
- Principles of effective intersectoral partnership working | 3a. Demonstrate the skills or actions necessary to develop, facilitate and sustain effective partnership working by describing own role in a specified partnership, coalition or network.  
3b. Identify the range of relevant stakeholders/partners in a specified area, and show how they are engaged actively in Health Promotion action.  
3c. Show how different sectoral interests in a specified partnership, coalition or network are identified and acted upon, and demonstrate own role in mediating between sectors. | 9, 11                                                                                                           |
| 3.2 Facilitate effective partnership working which reflects Health Promotion values and principles |                                                                                                              |                                                                                                                                                                                                | 9, 11                                                                                                           |
| 3.3 Build successful partnership through collaborative working, mediating between different sectoral interests |                                                                                                              |                                                                                                                                                                                                | 9, 11                                                                                                           |
| 3.4 Facilitate the development and sustainability of coalitions and networks for Health Promotion action |                                                                                                              |                                                                                                                                                                                                | 9, 11                                                                                                           |
|                                                                                     | Skills  
- Stakeholder engagement  
- Collaborative working  
- Facilitation  
- Ability to work with: stakeholders from community groups and organisations; and partnerships, coalitions or networks for health improvement; public and private sector and civil society  
- Networking | |


IUHPE Core Competencies and Professional Standards 4. Communication - Communicate Health Promotion actions effectively using appropriate techniques and technologies for diverse audiences. A Health Promotion practitioner is able to:

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| **4.1 Use effective communication skills including written, verbal, non-verbal, listening skills and information technology** | **Knowledge**  
- Understanding of social and cultural diversity  
- Interpersonal communication  
- Theory and practice of effective group work  
- Current applications of information technology for social networking media, and mass media  
- Diffusion of innovations theory  
- Health literacy | **4a. Use a range of communication skills for Health Promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.**  
**4b. Have a working knowledge of the use of information technology and electronic media for Health Promotion.**  
**4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.**  
**4d. Identify and use innovative and/or unconventional communication techniques according to local setting, customs and social and cultural environment.** | **6c, 8b 12**  
**6c, 9e, 12**  
**9f, 12**  
**9f, 12** |
| **4.2 Use electronic and other media to receive and disseminate Health Promotion information** | **Skills**  
- Communication skills: including written, verbal, non-verbal, listening skills and information technology  
- Working with individuals and groups  
- Use of electronic media and information technology  
- Use of print, radio, TV and social media  
- Ability to work with: individuals, groups, communities and organisations in diverse settings. | | |
<p>| <strong>4.3 Use culturally appropriate communication methods and techniques for specific groups and settings</strong> | | | |
| <strong>4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities</strong> | | | |</p>
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| **5.1** Work with stakeholders to agree a shared vision and strategic direction for Health Promotion action  
**5.2** Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving)  
**5.3** Network with and motivate stakeholders in leading change to improve health and reduce inequities  
**5.4** Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in Health Promotion  
**5.5** Contribute to mobilising and managing resources for Health Promotion action  
**5.6** Contribute to team and organisational learning to advance Health Promotion action | **Knowledge**  
- Theory and practice of effective leadership  
- Management and organisational development theory  
- Strategy development  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, decision-making, teamwork, stakeholder engagement  
- Principles of effective intersectoral partnership working  
- Emerging challenges in health and Health Promotion  
- Principles of effective human and financial resource management and mobilisation | **5a.** Identify and mobilise leaders within the community, showing how they are engaged and motivated to agree a shared vision and strategic direction.  
**5b.** Demonstrate use of own leadership skills in e.g. teamwork and decision-making describing own role in a specified area of Health Promotion action.  
**5c.** Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of Health Promotion action.  
**5d.** Demonstrate how resources were mobilised for a specified Health Promotion action, and show an understanding of the principles of effective management of staff and/or budgets for Health Promotion.  
**5e.** Reflect on own practice, and show how this contributes to team and/or organisational learning to advance Health Promotion action. | **11b**  
**11a-c**  
**9b, 10c**  
**10d**  
**11c, ethical practice** |
IUHPE Core Competencies and Professional Standards 6. Assessment - Conduct assessment of needs and assets, in partnership with stakeholders, in the context of the political, economic, social, cultural, environmental, behavioural and biological determinants that promote or comprise health. A Health Promotion practitioner is able to:

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<tr>
<td>6.1 Use participatory methods to engage stakeholders in the assessment process</td>
<td>Knowledge</td>
<td>6a. Identify the range of relevant stakeholders/partners in a specified area, and show how their support is engaged in a needs assessment process, and in identifying priorities for action.</td>
<td>9, 11</td>
</tr>
<tr>
<td>6.2 Use a variety of assessment methods including qualitative and quantitative research methods</td>
<td></td>
<td>6b. Select appropriate qualitative and quantitative methods for use in a specified assessment process.</td>
<td>6b</td>
</tr>
<tr>
<td>6.3 Collect, review and appraise relevant data, information and literature to inform Health Promotion action</td>
<td></td>
<td>6c. Identify, collect, critically appraise and analyse a range of data and information relevant to a specified assessment process, and illustrate how conclusions lead to recommendations for Health Promotion action.</td>
<td>6c, 9f</td>
</tr>
<tr>
<td>6.4 Identify the determinants of health which impact on Health Promotion action</td>
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<td>6d. Demonstrate how the approaches used in a specified assessment process are</td>
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<tr>
<td>6.5 Identify the health needs, existing assets and resources relevant to Health Promotion action</td>
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<tr>
<td>6.6 Use culturally and ethically appropriate assessment approaches</td>
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<tr>
<td>6.7 Identify priorities for Health Promotion action in partnership with stakeholders based on best available evidence and ethical values</td>
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</tbody>
</table>

Knowledge:
- A range of assessment processes using both qualitative and quantitative methods
- Available data and information sources
- Social determinants of health
- Health inequalities
- Evidence base for Health Promotion action
- Understanding of social and cultural diversity

Skills:
- Partnership building and negotiation
- Health Impact Assessment
- How to obtain, review and interpret data or information
- Qualitative research methods including participatory and action research
- Quantitative research methods including statistical analysis
- Critical appraisal skills
- Ability to work with: stakeholders from community groups/organisations; partnerships; coalitions or networks for health improvement; information/data analysts and/or researchers
## IUHPE Core Competencies and Professional Standards 7. Planning

- Develop measurable Health Promotion goals and objectives based on assessment of needs and assets in partnership with stakeholders. A Health Promotion practitioner is able to:

<table>
<thead>
<tr>
<th>Competency Statement</th>
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<th>Comparison of UKPHR standards and indicators against performance criteria</th>
</tr>
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</table>
| 7.1 Mobilise, support and engage the participation of stakeholders in planning Health Promotion action | **Knowledge**  
- Use and effectiveness of Health Promotion planning models and theories  
- Principles of project/programme management  
- Principles of resource management and risk management | 7a. Identify the range of relevant stakeholders/partners in a specified area, and devise ways through which their support and participation is engaged in planning Health Promotion action.  
7b. Present a rationale for the selection and use of appropriate Health Promotion planning model(s).  
7c. Develop an action plan, based on an assessment of needs and assets for a specified area that shows an understanding of: the range of Health Promotion strategies that may be used to meet identified needs; the human and financial resources required for Health Promotion action; and measurable goals. | 9, 11, 12 |
| 7.2 Use current models and systematic approaches for planning Health Promotion action | | | 5c, 9a |
| 7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets | | | 9a |
| 7.4 Develop and communicate appropriate, realistic and measurable goals and objectives for Health Promotion action | **Skills**  
- Use of Health Promotion planning models  
- Analysis and application of information about needs and assets  
- Use of project/programme management tools  
- Ability to work with: groups and communities targeted by the Health Promotion action; stakeholders and partners | | |
<p>| 7.5 Identify appropriate Health Promotion strategies to achieve agreed goals and objectives | | | |</p>
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| **8.1 Use ethical, empowering, culturally appropriate and participatory processes to implement Health Promotion action** | Knowledge  
- Principles of project/programme management  
- Principles of resource management including financial and human resources  
- Theory and practice of programme implementation  
- Understanding social and cultural diversity  
- Performance management  
- Quality assurance, monitoring and process evaluation  
- Theory and practice of community development including: empowerment, participation and capacity building | 8a. Develop and pilot resources and materials for a specified Health Promotion action identifying the participatory processes used and demonstrating how they are culturally appropriate and empowering.  
8b. Identify the human and financial resources required for the implementation of a specified Health Promotion action, and demonstrate responsibility for staff and/or budgets.  
8c. Identify the range of relevant stakeholders/partners for a specified Health Promotion action, and show how collaboration is developed and sustained.  
8d. Identify the information required to monitor the quality of the implementation process, and show how it is collected, analysed and used to maintain quality. | 9a-h  
9a-h  
9a-h |
| **8.2 Develop, pilot and use appropriate resources and materials**                  |                                                                                                         |                                                                                                                        |                                           |
| **8.3 Manage the resources needed for effective implementation of planned action** |                                                                                                         |                                                                                                                        |                                           |
| **8.4 Facilitate programme sustainability and stakeholder ownership through ongoing consultation and collaboration** |                                                                                                         |                                                                                                                        |                                           |
| **8.5 Monitor the quality of the implementation process in relation to agreed goals and objectives for Health Promotion action** |                                                                                                         |                                                                                                                        |                                           |
IUHPE Core Competencies and Professional Standards 9. Evaluation and Research - Use appropriate evaluation and research methods, in partnership with stakeholders, to determine the reach, impact and effectiveness of Health Promotion action. A Health Promotion practitioner is able to demonstrate:

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| 9.1 Identify and use appropriate Health Promotion evaluation tools and research methods | Knowledge  
  • Knowledge of different models of evaluation  
  • Formative and summative evaluation approaches  
  • Qualitative and quantitative research methods  
  • Data interpretation and statistical analysis  
  • Evidence base for Health Promotion | 9a. Identify the research methods appropriate for the evaluation of a specified Health Promotion action.  
  9b. Critically appraise research literature and use evidence from systematic reviews and/or guidance in the planning and implementation of Health Promotion action  
  9c. Analyse and evaluate complex data including statistical information relating to a specified Health Promotion action  
  9d. Show how findings from evaluation and monitoring processes are used to refine and improve Health Promotion action  
  9e. Report on research findings and identify their implications for stakeholders and communities; and contribute to publications in management or academic journals. | 6b, 7a, 7b |
| 9.2 Integrate evaluation into the planning and implementation of all Health Promotion action |  | 7b | |
| 9.3 Use evaluation findings to refine and improve Health Promotion action |  | 6a-c | |
| 9.4 Use research and evidence based strategies to inform practice |  | 9b, 9g | |
| 9.5 Contribute to the development and dissemination of Health Promotion evaluation and research processes |  | 12 | |

Note that IUHPE professional and ethical practice was largely drawn from UKPHR Area 1 and matches 1-4 closely.