Level 6 (degree) Public Health Practitioner (PHP) Apprenticeship Standard ([ST0631](https://www.instituteforapprenticeships.org/apprenticeship-standards/public-health-practitioner/))

Consultation

1. There are 14 **duties**. These are based on the functions of the [2016 Public Health Skills and Knowledge Framework](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/584408/public_health_skills_and_knowledge_framework.pdf).
2. Under each duty is a list of the **knowledge, skills and behaviours (KSBs)** expected of a ‘job-ready’ public health practitioner for that duty i.e.: those that will be demonstrated by a practitioner who has completed the apprenticeship.
3. Explicit links to the [practitioner standards for professional registration](https://www.ukphr.org/wp-content/uploads/2014/08/UKPHR-Practitioner-Standards-14.pdf) are given, as these are the current measures of **occupational competence** that the practitioners will need to meet.
4. Level 6 is the [academic level](https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels) of the qualifications framework for England, Wales and Northern Ireland. This is the level of a **bachelor degree with honours**. This is the level of knowledge required to meet the professional standards for practitioner registration. This sets the level of knowledge acquisition required for the apprenticeship.
5. Apprentices following this standard will also be expected to qualify with a degree in public health i.e.: the degree is integrated into the apprenticeship, and part of that degree includes an [End Point Assessment](https://www.instituteforapprenticeships.org/developing-new-apprenticeships/developing-an-end-point-assessment-plan/) (EPA). This EPA has to be prepared before the apprenticeship standard can become available for employers to use.
6. This consultation invites you to comment on the **CONTENT** of the standard i.e.: do you think that we are asking for the right knowledge, skills and behaviours? Are there any missing? Are we describing these at the right level for your practitioner at work?
7. It is expected that there may be repetition and overlap in the KSB descriptors, and these have been cross-referenced where this occurs. The **behaviours** have been taken from AREA 1 of the practitioner standards for professional registration. Again some repetition across the standard is expected. The **criteria for measuring performance** represent the employers key indicators regarding how well the work is being done (and to what relevant standard). This is different from assessment.
8. You may have thoughts about how the apprenticeship might be implemented or delivered, but we do not need your feedback on this at the moment. Implementation, or ‘on-programme’ plans are drawn up separately, and these are being developed by the employers and universities on the [Trailblazer Group](https://www.instituteforapprenticeships.org/developing-new-apprenticeships/forming-a-trailblazer-group/) (TB0302). If you would like to participate in this process then please contact us separately.

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| Level | Knowledge descriptor (the holder……..) | Skills descriptor (the holder can…….) |
| 6 | Has advanced practical, conceptual or technological knowledge and understanding of a subject or field of work to create ways forward in contexts where there are many interacting factors.  Understands different perspectives, approaches or schools of thought and the theories that underpin them.  Can critically analyse, interpret and evaluate complex information, concepts and ideas. | Determine, refine, adapt and use appropriate methods and advanced cognitive and practical skills to address problems that have limited definition and involve many interacting problems.  Use and, where appropriate, design relevant research and development to inform actions.  Evaluate actions, methods and results and their implications. |
| Ref: | <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461637/qualification-and-component-levels.pdf> | |

Introductory information for the standard

*(please note that this is written for a wide audience including school leavers, their tutors and guardians)*

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| **Occupational Profile:** |
| Public Health Practitioners (PHPs) are found in a wide range of organisations including:  • Local councils  • Government bodies eg: Public Health England (PHE)  • Local or international agencies  • National Health Service (NHS)  • Business and industry  • Voluntary and community agencies eg: charities  You will be a public health professional working as part of a national workforce that strives to help people and communities to maximise their potential for a healthy, happy and productive life, to live healthier for longer.  In order to achieve this, you will work independently and collaboratively, both within your organisation and with others, to initiate and develop public health interventions and services eg: obesity prevention programmes; infection prevention and control programmes.  PHPs focus on health at a community or population level, assessing and managing risk of disease and ill-health, and the prevention of premature deaths. They also monitor and promote health and wellbeing to ensure fairer health outcomes between different communities and groups (health inequalities).  You might find yourself working in a wide range of settings (eg: office, community, healthcare), working with different types of organisations (see list above), and with professionals and members of the public. You might be expected to work out-of-hours or on-call so you will be flexible and adaptable.  As a professionally competent PHP you will act autonomously within the scope of your role, taking responsibility for your continuous development; and the development, and possibly the supervision, of others. You will manage your own workload and the prioritisation of activities, utilising your problem solving skills in a complex and changing environment. You may also be responsible for resources such as people, budgets, equipment or facilities. |
| **Typical job titles:** |
| * Public Health Practitioner * Health Protection Practitioner * Health Improvement Practitioner * Public Health Intelligence Officer * Public Health Data Analyst * Healthy Lifestyles Coordinator * Public Health Programme Manager * Tobacco Control Manager * Workplace Health Advisor * Cardiovascular Disease (CVD) Prevention Lead * Immunisation Programmes Coordinator * Accident Prevention Officer * Community Development Worker * Community Engagement Officer * Public Health Project Manager * Health and Wellbeing Co-ordinator |

Duty 1

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| PHKSF A1: **measure, monitor and report population health and wellbeing; health needs, risks, and inequalities; and the use of services**  Related UKPHR registration standards: 6a, 6b, 6c, 5d | | | |
| Knowledge | | Skills | |
| 1 | methods used to determine existing and future population health needs and how they are monitored (eg: within a local authority population) and for specific communities (eg: children and young people; people with life-long conditions such as diabetes; people living in prison) | 1 | analyse a range of data sets to draw informed conclusions about local public health needs and use of services, contributing to strategic needs assessments and operational service planning |
| 2 | the complexities of health inequalities, how they occur, how they are measured, monitored and reported, and the impact on different societies and populations | 2 | provide and present public health information, analysis, interpretation and insight to support decision making, business planning, policy and strategy development, performance monitoring, and quality assurance |
| 3 | how to analyse and interpret the data generated when tracing patterns of disease and ill-health, and how this data is reported for communities and populations (eg: incidence and prevalence) | 3 | manage data and information in compliance with policy and protocol (A1.3) and assess and manage risks associated with using and sharing data and information, data security and intellectual property (PHSKF A1.4) |
| 4 | the challenges of measuring health and health improvement, setting performance indicators for health –related programmes and services, and the importance of evaluation, audit and quality assurance (see also duty 5 and 8) |  |  |
| Behaviours | | Criteria for measuring performance | |
| 1 | to promote the ability of others to make informed decisions to solve public health problems (UKPHR 3b) | 1 | complies with legislation relating to data management |
| 2 | to acknowledge the importance of data confidentiality and disclosure and use of data sharing protocols (UKPHR 3e) | 2 | analyses and interprets data accurately |
| 3 | to act in ways that are consistent with legislation, policies, governance frameworks and systems (UKPHR 3f) | 3 | communicates the outcomes of data analysis clearly and succinctly |

Duty 2

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| PHKSF A2: **promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities**  Related UKPHR registration standards: 5a, 5b, 5c, 9aii, 9iii, 9d, 9f | | | |
| Knowledge | | Skills | |
| 1 | methods used to engage with the public and local communities and the current evidence around asset based approaches to community development (see also duty 4) | 1 | work with communities, to facilitate their engagement and participation in:   * needs assessments, service design and delivery * improving access to, and navigation of local services * action to improve health literacy where it is a barrier to accessing services and interventions (see also duty 11) |
| 2 | how public health interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn’t), and how to evaluate these interventions to track effectiveness and ensure continuing improvement (see also duty 4 and 5) | 2 | recognise where health inequalities prevail; determine how they will influence the planning of public health interventions and services; and apply the evidence appropriately to make the most impact in alleviating these inequalities |
| 3 | the theories underpinning behavioural science and its relevance to a range of health and wellbeing outcomes, and how it informs the development of policy, strategy, and the planning and implementation of public health interventions and services (see also duty 6) | 3 | apply behavioural insights and information about community needs to support healthy choices that individuals might wish to make, and provide individuals, groups and communities with the capabilities to make changes to their behaviours (eg: increasing levels of physical activity), in the context of a wider set of interventions and actions |
| 4 | the wider determinants of health, how these impact on health and wellbeing of individuals and communities, and the principles of proportionate universalism when taking action to improve health and redress health inequalities |  |  |
| Behaviours | | Criteria for measuring performance | |
| 1 | to acknowledge and recognise peoples expressed beliefs and preferences (UKPHR 3a) | 1 | uses approaches to engaging communities in line with guidance |
| 2 | to promote equality and diversity (UKPHR 3c) | 2 | communicates with individuals about their health and wellbeing in line with guidance |
| 3 | to recognise the need for, and making use of, opportunities for personal and others’ development (UKPHR 4b) | 3 | delivers in line with expectations around health inequalities and the wider determinants of health |

Duty 3

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| PHSKF A3: **protect the public from environmental hazards, communicable disease, and other health risks, while addressing inequalities in risk exposure and outcomes**  Related UKPHR registration standards: 8a, 8b, 9av, 9c, 9d, 9h, 12 | | | |
| Knowledge | | Skills | |
| 1 | infectious disease (incubation, transmission, hygiene, infection control, personal behaviours), how infectious disease can spread in a range of settings, and the prevention and management strategies and protocols, including notifiable diseases and current legislation | 1 | participate effectively in the assessment and management of outbreaks, incidents, and single cases of contamination and communicable disease, locally and across boundaries (PHSKF A3.2) |
| 2 | understanding the challenges and successes of disease prevention and management programmes such as immunisation and screening, for whole populations, or specific groups, and the pre-requisites for these programmes to be most effective | 2 | apply protocol and standard operating procedures related to the management of infectious disease, and in response to civil emergencies and unscheduled events, within the scope of one’s role |
| 3 | understanding emergency planning and response, the organisations responsible, and the role of public health | 3 | identify, analyse and manage longer-term hazards and risks to health that may play out at either a global, national or local level (PHSKF A3.1) |
| 4 | how to mitigate risks to the public’s health using different approaches such as legislation, licensing, policy, education, fiscal measures PHSKF (A3.5) | 4 | communicate the risks and benefits of immunisation and screening programmes to a range of audiences eg: health professionals, parents, people from a range of cultures |
| Behaviours | | Criteria for measuring performance | |
| 1 | to recognise and address ethical dilemmas and issues demonstrating knowledge of existing and emerging legal and ethical issues in own area of practice (UKPHR 1a) | 1 | complies with health protection legislation |
| 2 | to promote the ability of others to make informed decisions (UKPHR 3b) | 2 | responds reliably to ‘command and control’ management of events |
| 3 | to recognise and act within the limits of own competence seeking advice when needed (UKPHR 2) | 3 | communicates risks to health clearly and succinctly |

Duty 4

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| PHSKF A4: **work to, and for, the evidence base, conduct research, and provide informed advice**  Related UKPHR registration standards: 7a, 7b, 9b, 12 | | | |
| Knowledge | | Skills | |
| 1 | how to critically appraise the evidence base, interpret its relevance and application to practice, and how it informs the basis of key public health messages and advice, and national guidance | 1 | use appropriate methods to access and appraise evidence gained through systematic methods and through engagement with the wider research community (PHSKF A4.1) |
| 2 | how public health interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn’t), and when the evidence base is incomplete | 2 | critique published and unpublished research, synthesise the evidence and draw appropriate conclusions (PHSKF A4.2) |
| 3 | how to evaluate public health interventions to track effectiveness and ensure continuing improvement (see also duty 2 and 5) | 3 | report and advise on the implications of the evidence base for the most effective practice; to define problems and shape solutions; and to help in the delivery of value for money (A4.4) PHSKF (see also duty 8) |
| 4 |  | 4 | present an evidence based narrative that is suitably adjusted to inform different types of audiences with different levels of health literacy |
|  |  | 5 | use and adapt appropriate research techniques and principles to evaluate local services and interventions to contribute to the local evidence-base for effectiveness (A4.6) PHSKF (see also duty 5) |
| Behaviours | | Criteria for measuring performance | |
| 1 | to promote the ability of others to make informed decisions (UKPHR 3b) | 1 | sources, and critically appraises the evidence to draw conclusions, in line with guidance |
| 2 | to apply the evidence in improving own area of work (UKPHR 4d) | 2 | communicates the evidence clearly and succinctly |
| 3 | to objectively and constructively contribute to reviewing the effectiveness of own area of work (UKPHR 4e) |  |  |

Duty 5

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| PHSKF A5: **audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities**  Related UKPHR registration standards: 5e, 9ai, 9aiv, 9c, 9f, 9g, 11b, 11c | | | |
| Knowledge | | Skills | |
| 1 | a critical insight into the accessibility and availability of health, care and other public services for different groups in the population and the barriers that may exist to prevent the public from successfully receiving the care and support that they need | 1 | monitor, evaluate and disseminate (report) the impact of public health projects, services and interventions, including their impact on health equity |
| 2 | knowledge of the ways in which different health and care organisations and professionals are held to account for the quality and effectiveness of services and interventions, and how they keep themselves informed of new developments in technologies, treatments and therapies to improve efficacy | 2 | engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services (PHSKF A5.3) |
| 3 | the complexities of measuring health improvement, setting performance indicators for programmes and services, and the importance of evaluation, audit and quality assurance (see also duty 1 and 8) | 3 | refine and implement standards, protocols and procedures, incorporating national ‘best practice’ guidance, into local delivery systems (PHSKF A5.5) |
| 4 | how public health interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn’t), and how to monitor these interventions to track effectiveness and ensure continuing improvement (see also duty 2 and 4) |  |  |
| Behaviours | | Criteria for measuring performance | |
| 1 | to recognise and proactively address ethical dilemmas in an appropriate way (UKPHR 1b) | 1 | complies with best practice guidance (NICE) and quality assurance frameworks |
| 2 | to acknowledge and recognise people’s expressed beliefs and preferences (UKPHR 3a) | 2 | uses audit and evaluation frameworks in line with instructions/guidance |
| 3 | to promote equality and value diversity (UKPHR 3c) |  |  |

Duty 6

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| PHSKF B1: **work with, and through, policies and strategies to improve health outcomes and reduce health inequalities**  Related UKPHR registration standards: 10a, 10b, 10c | | | |
| Knowledge | | Skills | |
| 1 | how policy and strategy is formed and developed, nationally and locally | 1 | appraise and implement government-led policies and strategies locally (PHSKF B1.1) eg: ensuring the equitable and effective implementation of winter fuel schemes to prevent deaths from cold; the implementation of national surveillance programmes |
| 2 | how policies and strategies are used to implement change, improve services, and secure wide engagement in public health issues and outcomes, the social determinants of health, and the different government and local government departments that influence these | 2 | assess the impact and benefits of health and other policies and strategies on the public’ health and health inequalities (PHSKF B1.2) eg: using health impact assessment tools |
| 3 | the extent to which national and local policies, strategies and service planning impact on health and wellbeing | 3 | develop and implement actions plans, with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies (PHSKF B1.3) |
| 4 | the theories underpinning behavioural science and its relevance to a range of health and wellbeing outcomes, and how it informs the development of policy, strategy, and the planning and implementation of public health interventions and services (see also duty 2) |  |  |
| Behaviours | | Criteria for measuring performance | |
| 1 | to recognise and act within the limits of own competence seeking advice when needed (UKPHR 2) | 1 | applies policies and strategies in line with procedures |
| 2 | to promote equality and value diversity (UKPHR 3c) | 2 | interprets and assesses the impact of policies and strategies in line with guidance |
| 3 | to apply the evidence in improving own area of work (UKPHR 4d) |  |  |

Duty 7

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| PHSKF B2: **work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities**  Related UKPHR registration standards: 9 and 11 | | | |
| Knowledge | | Skills | |
| 1 | the principles of partnership working and collaboration, and the skills and approaches necessary to do this successfully | 1 | evaluate one’s own interpersonal skills, and adapt to different situations through a developed proficiency in negotiation, influencing, diplomacy, mediation, facilitation |
| 2 | ways to determine the organisational relationships and inter-dependencies in the local field of operation; the boundaries of jurisdiction, accountability, and purpose; and where the opportunities for collaboration might lie | 2 | use appropriate methods to establish and sustain effective working relationships with local partners in order to bring about positive outcomes in the health and wellbeing of the local population |
| 3 | the different approaches to evaluating the effectiveness of existing partnerships (PHSKF B2.3) | 3 | work collaboratively with colleagues across a broad range of partnership organisations to identify local needs, agree priorities and deliver on action plans for joint health improvement programmes across the area (see also duty 12) |
| Behaviours | | Criteria for measuring performance | |
| 1 | to acknowledge and recognise people’s expressed beliefs and preferences (UKPHR 3e) | 1 | works with other agencies in line with partnership expectations |
| 2 | to value people as individuals (UKPHR 3d) | 2 | facilitates collective efforts to deliver on actions agreed within a multi-agency environment in line with good public health practice guidance |
| 3 | to reflect on own behaviour and practice, identifying where improvements should be made (UKPHR 4a) |  |  |
| 4 | to continually develop and improve own and others practice in public health by recognising the need for, and making use of, opportunities for personal and other’s development (UKPHR 4b), and with an awareness of different approaches and preferences to learning (UKPHR 4c) |  |  |

Duty 8

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| PHSKF B3: **work in a commissioning based culture to improve health outcomes and reduce health inequalities**  UKPHR Standard 9a(iv), 9a(v), 9c, 10b, 10d | | | |
| Knowledge | | Skills | |
| 1 | Knowledge of how health and care services are funded, the organisations responsible for the delivery of different services, and the tensions that arise from the availability of finite resources | 1 | interact with other specialists and colleagues to improve health and reduce health inequalities through the development, monitoring and review of public health programmes, including the commissioning and delivery of these programmes, (see also duty 1, 2 and 12) |
| 2 | the complexities of measuring health improvement, setting performance indicators for programmes and services, and the importance of evaluation, audit and quality assurance (see also duty 1 and 5) | 2 | commission, plan or provide a range of services to bring about improvements in public health (including the drawing up and negotiation of service specifications and performance indicators), ensuring, where relevant, that tendering and procurement processes are managed appropriately and within policy and legislative requirements |
| 3 | the legislation and regulations relating to procurement, commissioning models and theories of commissioning for outcomes | 3 | facilitate positive contractual relationships understanding how disagreements and changes can be managed within legislative and operational frameworks (PHSKF B3.4) |
| 4 | How progress and deliverables against outcomes and processes agreed through a contract, service level agreement, or memorandum of understanding are managed and monitored (PHSKF B3.5) |  |  |
| Behaviours | | Criteria for measuring performance | |
| 1 | to promote equality and value diversity (UKPHR 3c) | 1 | complies with legislation and procedures |
| 2 | to act in ways that are consistent with legislation, policies, governance frameworks and systems (UKPHR 3f) | 2 | communicates commissioning or service intentions clearly and succinctly |
| 3 | to continually develop and improve own and others' practice in public health by the application of evidence in improving own area of work (UKPHR 4d) | 3 | works with key performance indicators and other outcome measures associated with commissioned services in line with instructions/guidance |
| 4 | to objectively and constructively contribute to reviewing the effectiveness of own area of work (UKPHR 4e) |  |  |

Duty 9

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| PHSKF B4: **work within political and democratic systems and with a range of organisational cultures to improve health outcomes and reduce health inequalities**  UKPHR Standards 9f, 10a, 11b, 11c(i, ii, iii), 12 | | | |
| Knowledge | | Skills | |
| 1 | the different organisations and agencies, both nationally and locally, that play a key role in the public’s health, their statutory duties and remits, and the leadership and other roles where key accountabilities lie | 1 | Operate appropriately within the decision making, administrative and reporting processes that support political and democratic systems (PHSKF B4.2) |
| 2 | ways to determine and overcome the challenges of making the business case for prevention against competing, and more immediate priorities, for key agencies positioned to promote and protect the public’s health | 2 | present a compelling case for action to improve health and wellbeing and reduce inequalities, using appropriate methods to capture and interpret the evidence |
| 3 | the legislative framework and decision making, administrative and reporting processes that support political and democratic systems. (PHSKF B4.2/B4.5) | 3 | use appropriate community engagement techniques to support individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice (PHSKF B4.4) (see also duty 2,7 and 8) |
| 4 | a critical awareness of the political and other tensions that impact on public service provision, and ways to encourage a focus on the interests of the public’s health (including helping individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice) (PHSKF B4.3/B4.4) | 4 | respond constructively to political and other tensions while encouraging a focus on the interests of the public’s health (PHSKF B4.3) |
| Behaviours | | Criteria for measuring performance | |
| 1 | to recognise and address ethical dilemmas and issues demonstrating the proactive addressing of issues in an appropriate way (UKPHR 1b) | 1 | complies with relevant legislation (e.g. Equality Act 2010, Localism Act 2011, Public Services (social value) Act 2012) |
| 2 | to promote equality and value diversity (UKPHR 3c) | 2 | delivers work in line with political and democratic instruction and procedures (such as local scheme of delegation or standard operating procedures) |
| 3 | to act in ways that are consistent with legislation, policies, governance frameworks and systems (UKPHR 3f) | 3 | communicates with politicians and partner organisations objectively and succinctly |
| 4 | to continually develop and improve own and others' practice in public health by the application of evidence in improving own area of work (UKPHR 4d) |  |  |

Duty 10

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| PHSKF C1: **provide leadership to drive improvement in health outcomes and the reduction of health inequalities**  UKPHR Standards 5e, 10c, 11a, 11b,11c(i,ii,iii), 12 | | | |
| Knowledge | | Skills | |
| 1 | the theories and approaches that underpin the leadership and management culture within decision making organisations, including systems leadership approaches | 1 | act with integrity, consistency and purpose, and continue own personal development (PHSKF C1.1) |
| 2 | healthcare management systems and their applicability to public health systems (locally, regionally) | 2 | work effectively within a team that is collectively responsible for leading and managing areas of public health business including the management and supervision of staff, resources and finances (see duty 13) |
| 3 | leadership and management approaches that support the influencing role of public health practitioners in situations where they have some statutory authority, (e.g. through the statutory requirement for local authority public health teams to provide public healthcare advice to NHS commissioners), but also in situations when they do not have this authority | 3 | use appropriate leadership skills to engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives (PHSKF C1.2) |
| 4 | approaches to transformational change management within health and care systems | 4 | adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environments (PHSKF C1.3) |
| Behaviours | | Criteria for measuring performance | |
| 1 | to recognise and act within the limits of own competence seeking advice when needed (UKPHR 2) | 1 | influences others in line with good public health practice guidance |
| 2 | to act in ways that acknowledge/recognise people's expressed beliefs and preferences (UKPHR 3a) | 2 | communicates with others clearly and succinctly |
| 3 | to continually develop and improve own and others' practice in public health by:   * recognising the need for, and making use of, opportunities for personal and others' development (UKPHR 4b) * being aware of different approaches and preferences to learning (UKPHR 4c) | 3 | manages self and supervises others in line with instructions, procedures and guidance |

Duty 11

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| PHSKF C2: **communicate with others to improve health outcomes and reduce health inequalities**  Related UKPHR registration standards: 9d, 9e, 9f, 12 | | | |
| Knowledge | | Skills | |
| 1 | techniques and methods for communicating sometimes complex messages to different segments of the population to support choices and decisions made at an individual level that impact on health and wellbeing | 1 | communicate complex information and concepts, including health outcomes, inequalities and life expectancy, to a range of different audiences using different methods (PHSKF C2.2) |
| 2 | the techniques and methods used to engage with the public and local communities, and to consult with the public in a meaningful way, with an understanding of best practice in the use and application of these methods (PHSKF C2.5) | 2 | work with communities, to facilitate their engagement and participation in:   * needs assessments, service design and delivery * improving access to, and navigation of local services (see also duty 2) |
| 3 | An understanding of the role of health education in addressing the wider determinants of health, and the promotion of health for individuals, groups and communities | 3 | apply a range of tools and technologies to improve health literacy where it is creating a barrier to accessing services and information (see also duty 2) |
| 4 |  | 4 | manage public perception of health risks or solutions, and convey key messages using a range of media processes (PHSKF C2.1) |
|  |  | 5 | consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change (PHSKF C2.5) (see also duty 9) |
| Behaviours | | Criteria for measuring performance | |
| 1 | to acknowledge and recognise people’s expressed beliefs and preferences (UKPHR 3a | 1 | applies appropriate guidance when consulting with others (eg: the Gunning Principles) |
| 2 | to promote the ability of others to make informed decisions (UKPHR 3b) | 2 | communicates with other clearly and succinctly |
| 3 | to promote equality and diversity (UKPHR 3c) | 3 | provides information and opportunities for others to understand health and health services in line with good public health practice guidance |
| 4 | to value people as individuals (UKPHR 3d) |  |  |

Duty 12

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| PHSKF C3: **design and manage programmes and projects to improve health and reduce health inequalities**  Related UKPHR registration standards 9, 10d | | | |
| Knowledge | | Skills | |
| 1 | the principles of programme and project management, and the methodologies used to manage public health projects and programmes | 1 | engage stakeholders and work collaboratively with colleagues across a broad range of partnership organisations to identify local needs, agree priorities and develop action plans for joint public health programmes across boundaries (see also duty 7) |
| 2 | the principles of corporate governance and accountability, and a recognition and understanding of the governance frameworks in place within own organisation and through which public health action is delivered (see also duty 13) | 2 | support the development, monitoring and review of public health programmes, including the commissioning of these programmes, working with other specialists and colleagues to improve health and reduce health inequalities (see also duties 1, 2 and 8) |
| 3 | the importance of evaluation, audit and quality assurance (see also duty 1, 5 and 8) | 3 | develop projects and plans with key stakeholders and partner agencies to address local public health needs and bring about improvements in identified areas. Lead or contribute to delivery of these projects as appropriate within the scope of your role |
| Behaviours | | Criteria for measuring performance | |
| 1 | to act in ways that are consistent with legislation, policies, governance frameworks and systems (UKPHR 3f) | 1 | manages projects and programmes in line with best practice methodology and guidance |
| 2 | to recognise and act within the limits of own competence, seeking advice when needed (UKPHR 2) | 2 | works in compliance with organisational governance frameworks |
| 3 | to objectively and constructively contribute to reviewing the effectiveness of own area of work (UKPHR 4e) |  |  |

Duty 13

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| PHSKF C4: **prioritise and manage resources at a population/systems level to achieve equitable health outcomes and return on investment**  Related UKPHR registration standards: 9aiv, 9c, 10d | | | |
| Knowledge | | Skills | |
| 1 | how to identify opportunities to build capacity through the specialised and wider public health workforce to strengthen approaches to prevention, understanding the impact of local system capacity on the delivery of public health services and interventions | 1 | identify the resources needed to develop and deliver new public health activity, or to sustain public health services and interventions, and how these resources might be sourced |
| 2 | the principles of corporate governance and accountability, and the importance of engaging with the organisational governance frameworks through which public health action is delivered (see also duty 12) | 2 | determine priorities and develop action plans for joint public health programmes working with colleagues across a broad range of partnership organisations to (see also duty 7 and 12) |
| 3 | economic analysis of services and interventions using tools and techniques to determine cost effectiveness, return on investment and value for money to inform decision making (see also duty 5) | 3 | build capacity and capability across the field of operation to increase impact and effectiveness of public health programmes and interventions, engaging with professional colleagues, and others groups of workers or volunteers who make up the wider public health workforce |
| Behaviours | | Criteria for measuring performance | |
| 1 | to act in ways that are consistent with legislation, policies, governance frameworks and systems (UKPHR 3f) | 1 | targets resources in line with prioritisation frameworks |
| 2 | to act in ways that value people as individuals (3d) | 2 | manages resources in compliance with procedures |
| 3 | to continually develop and improve own and others' practice in public health by recognising the need for, and making use of, opportunities for personal and others' development (UKPHR 4b), and with an awareness of different approaches and preferences to learning (UKPHR 4c) | 3 | evaluates cost-effective use of resources in line with instructions and guidance |

Duty 14

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| **work within ethical and professional boundaries while promoting population health and wellbeing, and addressing health inequalities**  Related UKPHR registration standards: 1a, 1b, 2, 4a, 9av,11a | | | |
| Knowledge | | Skills | |
| 1 | theories informing the development of public health ethics and law, how these compare to medical ethics, and the different ethical theories that support different public health challenges | 1 | use appropriate tools and methods to appraise ethical tensions and to make decisions that promote ethical practice |
| 2 | making the best use of a range of ethical frameworks to support decision making when faced with different ethical dilemmas in practice | 2 | think and write reflectively about one’s own practice, lessons learned, and things that can be done differently for better outcomes eg: to keep a reflective log as part of one’s continuing professional development |
| 3 | a developed area of expertise in a particular area of public health (eg: the management of risk behaviours such as smoking, inactivity, poor nutrition; infectious disease prevention and control such as sexually transmitted infections, Tuberculosis (TB), or anti-microbial resistance (AMR); the implementation of immunisation and vaccination programmes; mental health and wellbeing; public health intelligence etc.) | 3 | demonstrate professional characteristics throughout the course of one’s work eg: engendering trust; assuring confidentiality where appropriate; understanding one’s own limitations in terms of capability, accountability and expertise; the addressing of risks and issues in a timely and appropriate manner |
|  |  | 4 | demonstrate awareness of personal impact on others, both fellow professionals, external partners, and members of the public |
| Behaviours | | Criteria for measuring performance | |
| 1 | to recognise and address ethical dilemmas and issues (UKPHR 1a/b) | 1 | uses ethical frameworks when assessing own and others work |
| 2 | to recognise and act within the limits of own competence seeking advice when needed (UKPHR 2) | 2 | raises ethical issues with others in line with protocols, procedures and good public health practice guidance |
| 3 | to reflect on own behaviour and practice, identifying where improvements should be made (UKPHR 4a) |  |  |