Handbook of Professional Standards for Health Promotion

(DRAFT 1)

CompHP WORKPACKAGE 5

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CompHP
DEVELOPING COMPETENCIES AND PROFESSIONAL STANDARDS FOR HEALTH PROMOTION CAPACITY BUILDING IN EUROPE

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1. Introduction

This document presents a set of draft competency-based Professional Standards for Health Promotion practice in Europe. The standards were developed as part of the wider European project ‘Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe’ (CompHP)\(^1\) which is funded by the European Agency for Health and Consumers. The CompHP project aims to develop, test and refine a framework for competency-based standards and accreditation for health promotion in Europe. The project employs a consensus building process based on consultation with health promotion practitioners, policymakers and education providers across Europe.

The CompHP Professional Standards build on the CompHP Core Competencies Framework for Health Promotion (1). The process underpinning the development of the CompHP Professional Standards for Health Promotion includes the following steps:

1. A review of the international and European literature on professional standards for health promotion and other occupations and disciplines.
2. Initial draft framework of professional standards based on findings from the review and consultation with project partners
3. A survey on the draft professional standards undertaken with health promotion experts from across Europe to reach consensus
4. Focus groups with health promotion experts and other key stakeholders from across Europe
5. Consultation with health promotion practitioners, academics, policy makers and employers using an online consultation process.

The current (Draft 1) of the Handbook and Professional Standards for Health Promotion follows consultation with partners (step 2), and has been produced for comment by survey from health promotion experts across Europe (step 3). It is intended that the professional standards will be amended between each step of the consultation process in 2011. The CompHP project partners and an International Expert Advisory Group will also advise on each stage of the development process. The CompHP Professional Standards will, therefore, be the result of an extensive and wide ranging consultation process and will be published in February 2012.

1.1 Who are the CompHP Professional Standards for Health Promotion for?

The CompHP Professional Standards are designed for use by practitioners whose main role and function is health promotion and who have at least a graduate qualification in health promotion or a related discipline\(^2\). The standards will also be useful to those working in other professional areas whose role substantially includes

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\(^1\) See CompHP Website at http://www.iuhpe.org/?page=614&lang=en for details on the project as a whole and the development process for these Professional Standards
\(^2\) Including, for example, public health, social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, political science. This is not an exclusive list as other academic qualifications may also be deemed as appropriate in given situations.
health promotion (e.g. community health). The standards are also relevant for employers of those whose role is mainly in health promotion, as well as professional associations and trade unions with a remit for health promotion practitioners.

For the purpose of this document, a health promotion practitioner is defined as a person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (2) i.e: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; reorienting health services. While job titles and academic course titles in different countries across Europe may not always include the term ‘health promotion’, the professional standards are designed to be relevant to all practitioners whose main role reflects the Ottawa Charter’s definition and principles of health promotion and successive WHO charters and declarations on health promotion.

1.2 Core concepts and principles underpinning the CompHP Competency Framework and Professional Standards for Health Promotion

Health promotion is understood to be ‘the process of enabling people to increase control over, and to improve, their health’. The Ottawa Charter embraces a positive definition of health as being, ‘a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity’. Health is conceptualised as a resource for everyday life, emphasizing social and personal resources, as well as physical capacities. Health promotion represents a comprehensive social and political process which not only embraces action directed at strengthening the skills and capabilities of individuals, but also actions directed toward changing social, environmental and economic conditions which impact on health. The CompHP Professional Standards are underpinned by an understanding that health promotion has been shown to be an ethical, principled, effective and evidence-based discipline and that there are well-developed theories, strategies, evidence and values that underpin good practice in health promotion.

Within this set of professional standards the term ‘health promotion action’ is used to describe programmes, policies and other organised health promotion interventions that are empowering, participatory, holistic, inter-sectoral, equitable, sustainable and multi-strategy in nature which aim to improve health and reduce health inequities.

1.3 Uses of CompHP Professional Standards for Health Promotion

The proposed health promotion professional standards can be used for a range of purposes and a variety of settings for individual health promotion practitioners, employing organisations, education and training providers and the general public.

For individual practitioners:
- Assisting in career planning and identifying professional development and training needs
• Facilitating movement across roles, organisations, regions and countries through the use of shared understandings, qualifications and where appropriate, accreditation systems based on the professional standards

For employing organisations:
• Ensuring that there are clear guidelines for employers and organisations for the knowledge, skills and competencies needed to practice effectively and ethically
• Forming the basis for accountable practice and quality assurance
• Assisting employers and managers to gain a better understanding of health promotion roles in individual workplaces and develop appropriate job descriptions
• Promoting better communication and team work in multidisciplinary and multi-sectoral settings by providing a common language and shared understanding of the key concepts and practices used in health promotion

For education and training providers:
• Informing education, training and qualification frameworks to ensure that they are relevant to practice and workplace needs

For the general public:
• Providing assurance that services delivered by health promotion practitioners are safe and effective
2. Issues considered during the development of the CompHP Professional Standards for Health Promotion

The CompHP Professional Standards have been derived directly from the CompHP Core Competencies for Health Promotion Framework (1). A literature review undertaken as part of the process in developing the core competencies highlighted the different ways in which the terms ‘competency’ and ‘standard’ are used in health promotion and other fields, and indicated that the competencies should be usable by other disciplines as well as health promotion, and by those with a relevant graduate or postgraduate qualification (3). In order to ensure that the CompHP Professional Standards for health promotion would meet these requirements, and would be practically usable across Europe in the future, investigations have been undertaken as to how standards are used in general for professions and occupations across Europe. While a fuller literature review which will explore these issues in more depth will be published later, the key points are summarised below.

Professional standards and occupational standards differ but are aligned through the mechanism of the European Qualifications Framework (EQF). The EC Directive 2005/36/EC (4) on the recognition of professional qualifications aims to promote the free movement of professionals, while ensuring an adequate level of qualification by enabling professional associations and organisations or Member States to propose common platforms at European level. Professional standards are based on the recognition of graduate and postgraduate qualifications and regulation by national and European level professional associations. By this definition health promotion is not considered to be a regulated profession. The use of the word ‘professional’ in the context of the CompHP Professional Standards for Health Promotion is therefore as defined in the EQF as, ‘relating to those attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning. It is not used with regard to those specific requirements relating to regulated professions’ (5).

The format and use of occupational standards varies enormously across countries in Europe. To a greater or lesser extent they classify the labour market and detail the jobs and occupations in different countries (6). They specify ‘the main jobs that people do’, describing the professional tasks and activities as well as the competencies typical of an occupation. Occupational standards assess the individual’s ability to perform in an occupational setting. Preparation for individuals is usually through education and training programmes either before an individual enters employment and/or as continuous professional development (CPD) during their career. So in educational terms, occupational standards answer the question ‘what does the student need to be able to do in employment?’ (6, p18)

Despite the differences between educational systems in different countries there is a general shift across Europe towards the use of learning outcome-oriented standards in accrediting qualifications. These educational standards answer the question ‘what
does the student need to learn to be effective in employment?’ Finally assessment standards refer to the processes used to ensure that the qualification or preparation programme answers the question ‘how will we know what the student has learnt and is able to do in employment?’

Standards of learning outcomes are ‘statements of what a learner knows, understands and is able to do on completion of a learning process and are defined in terms of knowledge, skills and competences’ (6, p35). Whether used for initial training or for CPD, learning outcomes should ‘enable students to acquire the competences needed in their future profession and in society as a whole’ (7). Across Europe the format of outcome-oriented standards varies according to underlying different conceptualizations of competence or how the standards are used in learning and assessment. These vary from very detailed standards to be used as performance criteria, or more general statements to describe the learning outcomes from a qualification (8, 9, 10).

In order to unify the diverse qualifications systems and frameworks across Europe, the EQF proposes that qualification standards should be based on learning outcomes that are defined by knowledge, skills and competence, that describe what the learner should know and be able to do on award of the qualification. The EQF describes:

- Knowledge - as theoretical and/or factual
- Skills - as cognitive, (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments)
- Competence - in terms of responsibility and autonomy

The EQF is divided into 8 levels, level 6 is equivalent to Graduate (Bachelor) and level 7, Postgraduate (Masters). The CompHP Health Promotion Core Competencies Framework, as with some other professions, allows for standards to be set at either graduate or postgraduate levels. The descriptors for the levels of knowledge, skills and competency at these levels are therefore useful in considering how the standards and the type of performance criteria for assessment should be worded, (Appendix 1).

As well as the educational level that standards are to be applied to, there is also a concept of the ‘target level’ of standards, i.e what the student/applicant is aiming to achieve that will be sufficient for assessment (11). These are:

- Minimal standards – all the standards have to be met to be awarded the qualification/accreditation
- Average expectations – weaknesses in one area can be compensated by particular strengths in other areas
- Maximal standards – these standards express best practices and represent goals to be striven for.
Considering these issues, the principles underlying the proposed professional standards are that they are:

- useable at entry to the health promotion profession, either from initial training or during career progression
- directly aligned to each core competency domain
- formulated as standards that describe the knowledge and skills necessary for the whole of each core competency domain
- assessed by performance criteria which provide evidence of the applicant’s ability either by production of documentary evidence, or by direct observation, during work or study
- useable to assess competence following qualification, and/or experience from practice
- useable at either graduate or postgraduate level. The detail of the descriptors for knowledge and skills has not been specified further to enable the learning outcomes to be adapted for either graduate or postgraduate level courses. The performance criteria have also been worded in such a way that the evidence supplied could vary according to the level set for qualifications, or for use within different national accreditation schemes.
- minimal standards, i.e. they all have to be met
The nine CompHP Professional Standards for Health Promotion are underpinned by a base of professional and ethical values integral to the practice of health promotion. Each standard specifies the knowledge, skills and performance criteria required to demonstrate acquisition of the core competencies. They are intended to be sufficiently flexible for the widest application and interpretation in different national contexts, and for different health promotion practitioners, while establishing a clear minimum standard for entry to the health promotion profession.

For the purposes of consultation, comments are only requested on the knowledge, skills and performance criteria for the professional and ethical values, and each of the nine standards. These sections have been outlined in bold, so please focus attention on the items within the boxes in the following tables. (Note that the knowledge, skills and performance criteria describe the requirements for all of the competency statements in each domain, and are not therefore aligned to individual statements.)

Following the standards some descriptive examples are provided of the types of evidence that could be used to demonstrate the performance criteria, and achievement of the standard. Please note that these are for illustrative purposes only.
### A health promotion practitioner acts professionally and ethically

Ethical health promotion practice is based on a commitment to health as a human right, which is central to human development. It demonstrates respect for the rights, dignity, confidentiality and worth of individuals and groups; and for diversity of gender, sexual orientation, age, religion, disability and cultural beliefs. Ethical health promotion practice addresses health inequities and social injustice, and prioritises the needs of those experiencing poverty and social marginalisation. It acts on the political, economic, social, cultural, environmental, behavioural and biological determinants of health and wellbeing. A health promotion practitioner ensures that health promotion action is beneficial and causes no harm; and is honest about what health promotion is, and what it can and cannot achieve. In all areas of health promotion practice he/she acts professionally and ethically by:

<table>
<thead>
<tr>
<th>Knowledge, skills and 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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<tbody>
<tr>
<td>Recognise and address ethical dilemmas and issues, demonstrating:</td>
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<tr>
<td>- Knowledge of concepts, principles and ethical values of health promotion</td>
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<tr>
<td>- Knowledge of concepts of health equity, social justice and health as a human right</td>
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<td>- Knowledge of existing and emerging legal and ethical issues in own area of practice</td>
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<td>- Proactive addressing of issues in an appropriate way (eg challenging others’ unethical practice)</td>
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<td>Act in ways that:</td>
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<td>- Acknowledge and recognise people’s expressed beliefs and preferences</td>
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<tr>
<td>- Promote the ability of others to make informed decisions</td>
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<tr>
<td>- Promote equality and valuing diversity</td>
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<tr>
<td>- Value people as individuals</td>
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<tr>
<td>- Acknowledge the importance of data confidentiality and disclosure</td>
</tr>
<tr>
<td>- Are consistent with legislation, policies, governance frameworks and systems</td>
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<td>Continually develop and improve own and others’ practice by:</td>
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<tr>
<td>- Reflecting on own behaviour and practice and identifying where improvements should be made</td>
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<td>- Recognising the need for, and making use of, opportunities for personal and others’ development</td>
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<tr>
<td>- Being aware of different approaches and preferences to learning</td>
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<td>- Applying evidence in improving own area of work</td>
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<td>- Objectively and constructively reviewing the effectiveness of own area of work</td>
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### Standard 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 demonstrate:*

#### Competency Statement

<table>
<thead>
<tr>
<th>Knowledge and Skills required include:</th>
<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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<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>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 reduce health inequities in a specified area.</td>
</tr>
<tr>
<td>• Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork</td>
<td>1b. Identify and select appropriate health promotion approaches to support the creation of health promoting environments and/or settings in a specified area, and show an understanding of how the approaches can support empowerment, participation, partnership and equity.</td>
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<tr>
<td>• Knowledge of strategy and policy development and how legislation impacts on health</td>
<td>1c. Select and use appropriate community development approaches for a specified community, and show an understanding of how the approaches can lead to strengthened participation, ownership and health promotion capacity.</td>
</tr>
<tr>
<td>• Health promotion models</td>
<td>1d. Select and use appropriate behavioural change techniques for specified individuals or groups, to facilitate the development of personal skills to maintain or improve health.</td>
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<tr>
<td>• Health promotion settings approach</td>
<td></td>
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<tr>
<td>• Behavioural change techniques for brief advice / interventions</td>
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<tr>
<td>• Theory and practice of organisational development and change management</td>
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<tr>
<td>• Theory and practice of community development including: empowerment, participation and capacity building</td>
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<tr>
<td>• Understanding of social and cultural diversity</td>
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<tr>
<td><strong>Skills</strong></td>
<td></td>
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<tr>
<td>• Collaborative working</td>
<td></td>
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<tr>
<td>• Behavioural change techniques</td>
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<tr>
<td>• Organisational development</td>
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<tr>
<td>• Change management</td>
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<tr>
<td>• Community development including empowerment, participation and capacity building</td>
<td></td>
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<tr>
<td>• Ability to work with: Individuals and community groups defined by geography, culture, age, setting, or interest; individuals and teams in own/other organisations/sectors</td>
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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

1.2 Use health promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health

1.3 Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action

1.4 Facilitate the development of personal skills that will maintain and improve health

1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities
Standard 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 demonstrate:*

<table>
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</table>
| 2.1 Use advocacy strategies and techniques which reflect health promotion principles | Knowledge  
- 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 an understanding of how advocacy strategies reflect health promotion principles, and how they can be used in a specified area for health promotion action. |
| 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  
- Health impact assessment  
- 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 | 2b. Identify the range of relevant stakeholders/partners in a specified area, and show an understanding of how their support can be engaged to develop and sustain health promotion action. |
| 2.3 Raise awareness of and influence public opinion on health issues | | 2c. Select and use appropriate communication methods for a specified target group in order to raise awareness and enable action on health and wellbeing issues. |
| 2.4 Advocate for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities | | 2d. Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and wellbeing needs |
| 2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action | | |
### Standard 3. Mediate through partnership

**Competency Statement**

Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action. A health promotion practitioner is able to demonstrate:

<table>
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</table>
| 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. Identify the range of relevant stakeholders/partners in a specified area, and show an understanding of how different sectoral interests in a specified partnership/coalition/network are identified and acted upon. |
| 3.2 Facilitate effective partnership working which reflects health promotion values and principles | **Skills**
  - Stakeholder engagement
  - Collaborative working
  - Facilitation
  - Ability to work with: stakeholders from community groups and organisations; and partnerships, coalitions or networks for health improvement | 3b. Show an understanding of own role in a specified partnership, coalition or network; and of the skills or actions necessary to facilitate effective partnership working. |
| 3.3 Build successful partnership through collaborative working, mediating between different sectoral interests | | 3c. Show an understanding of own role in a specified partnership, coalition or network; and of the skills or actions necessary for its development and sustainability. |
| 3.4 Facilitate the development and sustainability of coalitions and networks for health promotion action | | |
Standard 4. Communication - *Communicate health promotion actions effectively using appropriate techniques and technologies for diverse audiences. A health promotion practitioner is able to demonstrate:*

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</table>
| 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, and mass media | 4a. Use a range of communication skills for health promotion, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills. |
| 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 other media  
- Ability to work with: individuals, groups, communities and organisations | 4b. Have a working knowledge of the use of information technology and electronic media for health promotion. |
| 4.3 Use culturally appropriate communication methods and techniques for specific groups and settings | | 4c. Show an understanding of the use of culturally sensitive and appropriate communication techniques for a specified group. |
| 4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities | | |
**Standard 5. Leadership** - *Contribute to the development of a shared vision and strategic direction for health promotion action.*

_A health promotion practitioner is able to demonstrate:_

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| 5.1 Work with stakeholders to agree a shared vision and strategic direction for health promotion action | **Knowledge**  
- Theory and practice of effective leadership  
- Management and organisational development  
- Strategy development  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, 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 | 5a. Identify the range of relevant stakeholders/partners in a specified area, and show an understanding of how they are engaged and motivated to agree a shared vision and strategic direction. |
| 5.2 Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving) | **Skills**  
- Stakeholder engagement  
- Collaborative working skills  
- Facilitation  
- Ability to work with: stakeholders from community groups and organisations; partnerships, coalitions or networks for health improvement  
- Resource management | 5b. Identify own role in a specified area of health promotion action, and demonstrate use of own leadership skills in eg teamwork and decision-making. |
| 5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities | 5c. Identify own role in a specified area of health promotion action, and demonstrate ways in which you contribute to improving practice by incorporating new ideas and knowledge. | |
| 5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in health promotion | 5d. Identify 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. | |
| 5.5 Contribute to mobilising and managing resources for health promotion action | 5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance health promotion action. | |
| 5.6 Contribute to team and organisational learning to advance health promotion action |  | |
**Standard 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 demonstrate:

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</table>
| 6.1 Use participatory methods to engage stakeholders in the assessment process | **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 | 6a. Identify the range of relevant stakeholders/partners in a specified area, and show an understanding of how their support is engaged in the needs assessment process, and in identifying priorities for action. |
| 6.2 Use a variety of assessment methods including quantitative and qualitative research methods | **Skills**  
- Stakeholder engagement  
- Participatory research  
- How to obtain, review and interpret data or information  
- Qualitative research methods  
- Quantitative research methods  
- Critical appraisal skills  
- Statistical analysis  
- Ability to work with: stakeholders from community groups and organisations; partnerships/coalitions/networks for health improvement; information and data analysts and/or researchers | 6b. Identify the range of qualitative and quantitative methods used in a specified assessment process, and show an understanding of why they are selected. |
| 6.3 Collect, review and appraise relevant data, information and literature to inform health promotion action | 6c. Identify, collect and critically appraise and analyse a range of data and information relevant to a specified assessment process, and show an understanding of how conclusions lead to recommendations for health promotion action. |
| 6.4 Identify the determinants of health which impact on health promotion action | 6d. Show an understanding of how the approaches used in a specified assessment process are culturally and ethically appropriate. |
Standard 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 demonstrate:

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<tbody>
<tr>
<td>7.1 Mobilise, support and engage the participation of stakeholders in planning health promotion action</td>
<td><strong>Knowledge</strong>&lt;br&gt;- Health promotion planning models and theories&lt;br&gt;- Principles of project/programme management&lt;br&gt;- Principles of resource management</td>
<td>7a. Identify the range of relevant stakeholders/partners in a specified area, and show an understanding of how their support and participation is engaged in planning health promotion action.</td>
</tr>
<tr>
<td>7.2 Use current models and systematic approaches for planning health promotion action</td>
<td><strong>Skills</strong>&lt;br&gt;- Stakeholder engagement&lt;br&gt;- Use of health promotion planning models&lt;br&gt;- Analyse and apply information about needs and assets&lt;br&gt;- Use of project/programme management tools&lt;br&gt;- Ability to work with: groups and communities targeted by the health promotion action; stakeholders and partners</td>
<td>7b. Show an understanding of the rationale for the selection and use of appropriate health promotion planning model(s).</td>
</tr>
<tr>
<td>7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets</td>
<td></td>
<td>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 and objectives.</td>
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### Standard 8. Implementation - Implement effective and efficient, culturally sensitive, and ethical health promotion action in partnership with stakeholders. A health promotion practitioner is able to demonstrate:

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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. |
| 8.2 Develop, pilot and use appropriate resources and materials | 8b. Identify the human and financial resources required for the implementation of a specified health promotion action and either demonstrate staff and budgetary responsibility, or show an understanding of principles of effective resource management. |
| 8.3 Manage the resources needed for effective implementation of planned action | 8c. Identify the range of relevant stakeholders/partners for a specified health promotion action, and show an understanding of how collaboration is sustained. |
| 8.4 Facilitate programme sustainability and stakeholder ownership through ongoing consultation and collaboration | 8d. Identify the information required to monitor the quality of the implementation process, and show an understanding of how it is collected, analysed and used to maintain quality. |
| 8.5 Monitor the quality of the implementation process in relation to agreed goals and objectives for health promotion action |  |  |
### Standard 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:*

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria — evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 9.1 Identify and use appropriate health promotion evaluation tools and research methods | **Knowledge**  
- Knowledge of formative and summative evaluation approaches  
- Qualitative and quantitative research methods  
- Evidence base for health promotion | 9a. Identify the research methods appropriate for the evaluation of a specified health promotion action. |
| 9.2 Integrate evaluation into the planning and implementation of all health promotion action | **Skills**  
- Use of a range of research methods and tools  
- Ability to formulate answerable research questions  
- Critical appraisal and review of literature  
- Communicate research findings effectively and appropriately  
- Ability to work with; stakeholders, communities and researchers | 9b. Show an understanding of how findings from evaluation and monitoring processes are used to refine and improve health promotion action. |
| 9.3 Use evaluation findings to refine and improve health promotion action | 9c. Critically appraise research literature and use evidence from systematic reviews and/or guidance in the planning and implementation of health promotion action. |
| 9.4 Use research and evidence based strategies to inform practice | 9d. Report on research findings and identify their implications for stakeholders and communities; and contribute to publications in management or academic journals. |
| 9.5 Contribute to the development and dissemination of health promotion evaluation and research processes |  |  |
Illustrative examples of evidence against the performance criteria

Note that these are selected examples to describe the sorts of evidence that could be used to demonstrate ability at different levels. They are intended as illustrations of how the performance criteria can be interpreted and evidenced appropriately in the learning context at either graduate or postgraduate levels, or by individual assessment during an accreditation process. This will enable flexibility in the application of the standards whilst ensuring that they are robust.

1a. Contribute to collaborative work with stakeholders across specified sectors that aims to develop or change policies, or change health and/or other services, to promote health and reduce health inequities in a specified area.

A number of performance criteria relate to knowledge and skills in collaborative working. An applicant could select one or more examples of collaborative work they have been involved in to demonstrate their abilities. If selecting only one example of collaboration from work or study experience, the applicant would need to make sure that they could demonstrate and provide evidence for the specific aspects required for each performance criterion. (1a) requires that the applicant has contributed in some way to collaborative work to improve health. The collaboration must aim to influence either policy or services that impact on health. The applicant would need to describe the objectives of the work, and the different stakeholders involved. The applicant’s contribution could vary from an observation or supportive role at a minimum, to leading such partnership work at more senior levels. However the key word here is ‘contribute’, purely theoretical understanding would not be sufficient, so even at graduate level this would require some practical placement or other experience.

3b. Show an understanding of own role in a specified partnership, coalition or network; and of the skills or actions necessary to facilitate effective partnership working.

This performance criterion (3b) could build on the evidence supplied for 1a, by the applicant being able to show that they critically understand the role they played, whether at a basic or advanced level, and that they can describe, from theory and their own experience, how to facilitate partnership working effectively.
6a. Identify the range of relevant stakeholders/partners in a specified area, and show an understanding of how their support is engaged in the needs assessment process, and in identifying priorities for action.

*Again drawing on a practical example of a particular partnership or health issue, (6a) requires that the applicant understands the range of relevant stakeholders, and can describe how their support was, or could be, engaged. At graduate level this could be simply through observation and discussion with stakeholders during a practical placement for example.*

6c. Identify, collect and critically appraise and analyse a range of data and information relevant to a specified assessment process, and show an understanding of how conclusions lead to recommendations for health promotion action.

*For 6c the applicant would need to show that they can identify, collect, analyse and draw conclusions from data relevant to a specified health issue. At more senior levels it would be expected that the applicant could evidence this through personal involvement in a needs assessment process, whereas at graduate level this could be achieved through a theoretical project.*

8b. Identify the human and financial resources required for the implementation of a specified health promotion action and either demonstrate staff and budgetary responsibility, or show an understanding of principles of effective resource management.

*8b requires that the applicant must specify a health promotion project and show that they understand the practical aspects of implementing it in terms of the resources required. This could vary from a small scale health promotion project, to a large programme dependant on the level, and need not require personal involvement in management. The key is that they can demonstrate awareness of the necessity of identifying and developing the resources required for implementation.*
9a. Identify the research methods appropriate for the evaluation of a specified health promotion action.

9a requires that the applicant can show an understanding of different research methods and how and why they are used, for a specific health promotion project. This could be done for a small scale project as a practical exercise or theoretically. At more senior levels personal involvement in evaluation of a more substantive health promotion action would be appropriate.
Glossary

**Accreditation – academic**
A process of evaluating qualifications, (or sometimes whole institutions), to determine whether they meet certain academic or professional criteria. A qualification which is accredited is recognized as meeting a certain standard and/or providing content which is required professionally.

**Accreditation body**
An organization which makes decisions about the status, legitimacy or appropriateness, of criteria of an institution, programme or professionals.

**Accreditation – professional/ individual**
A form of qualification or individual registration awarded by a professional or regulatory body that confirms an individual as fit to practice.

**Assessment standards**
Assessment standards for qualifications answer the question ‘how will we know what the student has learned and is able to do in employment?’ They specify the object of assessment, performance criteria, and assessment methods.

**Competence**
The acquisition of knowledge, skills and abilities at a level of expertise sufficient to be able to perform in an appropriate work setting.

**Competencies**
A combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion.

**Continuous Professional Development (CPD)**
Refers to study designed to upgrade the knowledge and skills of practitioners in the profession after initial training or registration.

**Core Competencies**
The minimum sets of competencies that constitute a common baseline for all health promotion roles. They are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field.

**Educational / qualification standards**
Answer the question ‘what does the student need to learn to be effective in employment?’ They define the expected outcomes of a learning process leading to the award of a qualification, the study programme in terms of content, learning objectives and timetable, as well as teaching methods and learning settings.
**Education and training providers**
Formally recognized education and/or training organizations with authority to grant certificates, diplomas, degrees etc.

**European Qualifications Framework (EQF)**
The EQF is an overarching qualifications framework that links the qualifications of different countries together. It acts as a translation device to make qualifications easier to understand across different countries and systems in Europe. The EQF aims to help develop a European-wide workforce that is mobile and flexible, and to aid lifelong learning.

**Graduate**
Someone who has successfully completed a higher education programme to at least Bachelor degree level, i.e. equivalent to level 6 of the European Qualifications Framework (EQF).

**Health promotion action**
Describes programmes, policies and other organized health promotion interventions that are empowering, participatory, holistic, intersectional, equitable, sustainable and multi-strategy in nature which aim to improve health and reduce health inequities.

**Health promotion practitioner**
A person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter

**Knowledge**
The outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. In the context of EQF knowledge is described as theoretical and/or factual.

**Learning outcomes**
Statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence

**National qualifications framework**
An instrument for the classification of qualifications according to a set of criteria for specified levels of learning achieved, which aims to integrate and coordinate national qualifications subsystems and improve the transparency, access, progression and quality of qualifications in reaction to the labour market.

**Occupational standards**
Specify ‘the main jobs that people do’, describing the professional tasks and activities as well as the competencies typical of an occupation. Occupational standards answer the question ‘what does the student need to be able to do in employment?’
Performance Criteria
Statement of the evidence required either from documentation or from assessment during work or study of the applicant’s ability.

Postgraduate
Study at postgraduate level, i.e. Masters or Doctorate, equivalent to levels 7 & 8 of the European Qualifications Framework.

Professional
Is defined (as in the EQF) as relating to those attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning. It is not used with regard to those specific requirements relating to regulated professions.

Qualification
A formal outcome of an assessment and validation process which is obtained when a competent body determines that an individual has achieved learning outcomes to given standards.

Registration
The entering of an individual practitioner or an education/training organization on a formal list of those meeting accreditation or reaccreditation criteria.

Regulated profession
A professional activity or group of professional activities, access to which, and pursuit of which is limited by legislative, regulatory or administrative provisions to holders of a given professional qualification.

Skills
The ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of EQF skills are described as cognitive (involving the use of logical, intuitive and creative thinking), or practical (involving manual dexterity and the use of methods, materials, tools and instruments).

Standard
A specification that establishes a common language, and contains a technical specification or other precise criteria and is designed to be used consistently, as a rule, a guideline, or a definition.

Target level of standards
Distinguishes between: Minimal standards – where all the standards have to be met to be awarded the qualification; Average expectations – where weaknesses in one area can be compensated by particular strengths in other areas; and Maximal standards – these standards express best practices and represent goals to be striven for.
5. References


Appendix 1

Descriptive for the Knowledge, Skills and Competencies for learning outcomes at levels 6 & 7 of the European Qualifications Framework (EQF)

<table>
<thead>
<tr>
<th>Learning outcomes relevant to</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 6</strong> EQF</td>
<td>Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles</td>
<td>Advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialised field of work or study.</td>
<td>Manage complex technical or professional activities or projects, taking responsibility for decision making in unpredictable work or study contexts Take responsibility for managing professional development of individuals or groups</td>
</tr>
<tr>
<td><strong>Level 7</strong> EQF</td>
<td>Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research Critical awareness of knowledge issues in a field and at the interface between different fields</td>
<td>Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields</td>
<td>Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches Take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams</td>
</tr>
</tbody>
</table>