Supplementary information

Demonstration of the knowledge (i.e. ‘know how’) in the competence areas could include:

- academic qualifications (primary or secondary degrees) However, individual curricula vary, and it may be necessary to provide evidence of specific course components in the form of course outlines etc,

- professional qualifications (syllabus needs to be made clear), completed modules/appropriate courses (details of course content will need to be included).

- Not all competencies require academic/professional qualifications to demonstrate ‘know how’ as in some areas knowledge could be demonstrated through projects, reports, etc. For example a properly conducted and well written up critical appraisal of the literature or systematic review would suffice to demonstrate ‘know how’ and attending a course on critical appraisal or systematic reviews in not necessary. However, it would be difficult to demonstrate a breadth of knowledge in certain areas for example statistics, epidemiology, health promotion and research methods only through reports and projects and a taught course would be needed to demonstrate knowledge (‘know how’) in these areas.

AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 1
Surveillance and assessment of the population’s health and well-being (including managing, analysing and interpreting information, knowledge and statistics)

Demonstration of the knowledge (‘know how’) in this competence area could include:
Possession of a Master’s degree in Epidemiology, Demography, Public Health, Medical Statistics, Social Sciences or Geography may demonstrate that the candidate has competence in this area. However, individual curricula vary, and it may be necessary to ask for evidence of specific course components in the form of course outlines etc.

A PhD in any of the above areas should give ample evidence of competence, with the above reservations.

Demonstration of an understanding and ability to ‘show how’ could include:
Reports and other written materials on:
Project work (in areas where routine information is analysed) whether as part of a taught programme of study, as a piece of service work, or as part of a research project demonstrating evidence of understanding of this area. In this area particularly, projects ought to demonstrate numerical competence, including calculation of appropriate rates etc.
AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 2
Promoting and protecting the population’s health and well-being

Demonstration of the knowledge in this competence area could include:
Possession of an appropriate Master’s degree in may demonstrate that the candidate has theoretical knowledge in this area. However, individual curricula vary, and it may be necessary to ask for evidence of specific course components in the form of course outlines etc. A PhD in any of the above areas should give ample evidence of competence, with the above reservations.

Demonstration of an understanding and ability to ‘show how’ could include:
Involvement in projects planning, implementing, monitoring and evaluating strategies for promoting the health and well-being related to:
   a) individuals (e.g. lifestyle approaches)
   b) groups (e.g. families)
   c) communities (e.g. community development)
   d) organisations
   e) populations

Involvement in planning, implementing, monitoring and evaluating projects in the following areas:
• the role of screening (genetic and other), counseling and related actions in preventing disease and disability and the risks of these approaches.
• the purpose of screening programmes and their role in planning the reduction of the long-term impact of disease and disability.
• the role of disease prevention and screening programmes in reducing inequalities and achieving long-term equity of health and well-being.

Projects and work related to:
• appraising disease prevention and screening programmes using a range of different outcome measures
• critically appraising the evidence of effectiveness of different disease prevention and screening programmes
• identifying the range of different stakeholders with an interest in disease prevention and screening programmes (including the public and communities) and the nature of their interests and concerns

Supplementary information to portfolio assessment framework WCH
AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 3
Developing quality and risk management within an evaluative culture

Demonstration of an understanding and ability to ‘show how’ could include:

- Evidence of critical appraisal of literature or systematic literature review and use of evidence to inform needs assessments, projects, etc.
- Contribution to national evidence based policy work – e.g. HDA, NICE, NSFs – or to international evidence reviewing – Cochrane or Campbell Collaborations.

Examples of evidence could include audits and evaluations:
- a) targeting specific groups, issues or health and well-being needs (e.g. young people, preventable accidents, cancer)
- b) of interventions, programmes and services that are broad in focus (e.g. youth clubs).

AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 4
Collaborative working for health

Demonstration of an understanding and ability to ‘show how’ could include:

Examples of involvement in developing, facilitating and sustaining multi-agency working for health and well-being with a variety of agencies and communities. Each example could include a description of the following:

- the membership, purpose, life-span and achievements of the group or project
- the role played by the individual
- descriptions of the organisational culture and leadership style of the key organisations represented and how this had influenced the individual’s approach
- project documentation which the individual has written including details of the readership and how this had influenced the content and style of the documentation.
- any presentations (in a variety of forms) to meet the needs of different audiences. Details of the audience and the way that this had influenced the content and style of the presentation.
- descriptions of occasions when the individual had led, chaired or facilitated a multi-agency group containing representatives from different organisations. Details of the group and the way that this had influenced the approach of the individual.
- reflections on what impact the project or group and the individual had and what the was learnt from the experience.

Supplementary information to portfolio assessment framework WCH
AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 5
Developing health programmes and services and reducing inequalities

Demonstration of an understanding and ability to ‘show how’ could include:
- needs assessment projects - evidence of summary document
- evidence of involvement with Health Improvement programmes
- role in managing or developing part (or whole) of a strategy
- involvement in action plans/implementation of health strategy, evidence of delivery, knowledge of impact of various initiatives, etc.
- working on commissioning groups and at a strategic level of PCT or StHAs or Trusts
- evidence of preparation of reports etc influencing resource allocation

AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 6
Policy and strategy development and implementation

Demonstration of an understanding and ability to ‘show how’ could include:
- work experience at senior manager level
- experience at regional/ national level ( achieved by placement/secondment/ past work experience)
- evidence of preparation of/ participation in reports to one or a variety of decision making bodies ( Board papers, committee reports etc)
- evidence of preparation/ delivery of written/oral presentations containing relevant recommendations etc.

Supplementary information to portfolio assessment framework WCH
AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 7:
Working with and for communities

Demonstration of the knowledge (‘know how’) in this competence area could include:
Attendance and successful completion of post graduate level education & training module covering sociological, psychological, and socio political aspects of working with and for communities to improve health and reduce inequalities

Demonstration of an understanding and ability to ‘show how’ could include:
- Community participation initiatives with geographical communities, communities of common interest (eg occupational group) and/or aspect (eg age group or ethnic origin)
- Community participation strategy demonstrating processes for promoting change and increasing community influence within organisation eg development of mechanisms for active community involvement throughout service planning and decision-making structures in PCT
- Participatory Health Needs Assessment, community profiling, community asset mapping: community research using variety of methods eg questionnaires, focus groups, interviews, public events, and community researchers to collect quantitative and qualitative data
- Use of participatory health impact assessment;
- Use of participatory planning tools: planning for real; participatory rapid appraisal
- Innovative consultation and feedback exercises eg Live Annual reports
- User involvement processes eg carers involvement strategy
- Community involvement in consultation on delivery plans, implementation, monitoring and review of for example Sure Start programmes or Healthy Living Centre initiatives
- Strategy for community development
- Community development and health programmes/initiatives (bid documents, delivery plans, progress reports, critical evaluations) for example lay health worker initiatives; health living centre/network initiatives; neighbourhood renewal initiatives
- Organisational initiatives to support and resource community networks and alliances
- Community led evaluation

Supplementary information to portfolio assessment framework WCH
AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 8
Strategic leadership for health

Demonstration of an understanding and ability to ‘show how’ could include:

- evidence of presentations made with objectives described and impact assessed with feedback if available
- examples of Board papers given which clearly demonstrate leadership and are supported by details of follow up action
- examples of press releases / transcripts of media work – with description of how media took up the issues
- teaching materials plus evaluation

AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 9
Research and development

Examples of evidence include:

- a substantial report of a health project, with a good section on methods, that demonstrates a) the choice of appropriate methods b) competence in the techniques used for collecting and analysing their data c) understanding of the strengths and weaknesses of the approach used
- published papers

AREA OF SPECIALIST PUBLIC HEALTH PRACTICE 10
Ethically managing self, people and resources to improve health

Basis for assessing this key area lies in Good Public Health Practice. It is based on assumptions of :-

- A sound understanding of specialist practice
- Probity
- Good working relationships
- Regular appraisal of won practice with a personal development programme.

Examples of evidence include:

- CPD record assessed by faculty or other professional body
- results of appraisal
- evidence of managing staff, budgets
- involvement in staff recruitment, appraisal, mentoring, etc.

Supplementary information to portfolio assessment framework WCH