The IUHPE Health Promotion Accreditation System
National Accreditation Organisation Handbook
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on behalf of the
IUHPE Global Accreditation Organisation Board of Directors.
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7.3 GLOSSARY ........................................................................................................................................61
7.4 Translation Policy ................................................................................................................................71
7.5 Template annual NAO report to IUHPE GAO ..................................................................................72
7.6 Terms of Reference National Accreditation Organisation Board of Directors and Committees – Suggested Template ........................................................................................................74
7.7 Letter of application from NAO .........................................................................................................81
7.8 Application process and forms ...........................................................................................................85
7.9 Sample letters to applicants ...............................................................................................................111
7.10 Assessor forms ..................................................................................................................................115

ABBREVIATIONS COMMONLY USED IN THE HANDBOOK

Ass.Com. - Assessment Committee

BoD - Board of Directors

CPD - Continuing Professional Development

IUHPE - International Union for Health Promotion and Education

IUHPE GAO - Global Accreditation Organisation

NAO - National Accreditation Organisation

WHO – World Health Organisation
1. INTRODUCTION

This Handbook presents the formally agreed structures, eligibility criteria, policies, procedures and processes of the IUHPE Health Promotion for use by National Accreditation Organisations (NAOs). The Handbook is the formal point of reference for all aspects of the System and must be used by NAOs when undertaking registration of practitioners within their catchment area.

The policies, procedures, structures and processes outlined in this Handbook cannot be amended, revised or changed except through a formal negotiation process between the IUHPE Global Accreditation Organisation (GAO) and an applicant NAO or by a full formal revision process of the System as a whole which is managed by the IUHPE Global Accreditation Organisation (GAO) Board of Directors (BoD), in partnership with NAOs and other relevant stakeholders.

Some limited variations to processes may be by applicant NAOs to better reflect specific contexts in exceptional circumstances. In order to do so the applicant NAO must indicate what variations they propose from the processes detailed in the Handbook before they formally apply for approval as a NAO. The IUHPE GAO BoD will make decisions on such proposals on a case by case basis. Such variations will be considered only in the context of established processes already in use by the applicant NAO, should be kept to a minimum and cannot be made to core criteria such as educational attainment required for practitioners. In order to maintain consistency within the System and transparency of decision making all variations agreed and the processes through which they are agreed will be formally recorded by the GAO BoD, for example mapping of proposed variations to existing detail. Final decisions on the acceptability of such variation will be made by the GAO BoD. Registrations which do not follow the agreed criteria, policies, processes and procedures as defined in this Handbook or which have been formally agreed with a NAO for use in their catchment area only will not be valid within the System.

1.1 Goal of the IUHPE Health Promotion Accreditation System

The goal of the IUHPE Health Promotion Accreditation System is to promote quality

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1 For full details of the System as a whole, including its development and the structures of the IUHPE Health Promotion Accreditation System please refer to the full System Handbook available on the System website.
assurance and competence in Health Promotion practice and education. The Accreditation System is designed to be flexible and sensitive to different contexts while maintaining robust and validated criteria.

Practitioners registered within the System are awarded the title ‘IUHPE Registered Health Promotion Practitioner’ and approved full courses ² may be formally described as ‘IUHPE Accredited Health Promotion Course’.

The Accreditation System is premised on the understanding that Health Promotion practitioners require specific education, together with Continuing Professional Development (CPD) to maintain the particular combination of knowledge and skills required to ensure quality in Health Promotion practice (1).

1.2 Health Promotion Concepts and Principles Underpinning the System

The IUHPE Health Promotion Accreditation System is based on the core concepts and principles of Health Promotion outlined in the Ottawa Charter (2) and successive WHO charters and declarations on Health Promotion (3-10).

Health Promotion is, therefore, understood to be ‘the process of enabling people to increase control over, and to improve, their health’ (2). Health Promotion is viewed as 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 (11).

Health is defined as ‘a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity’ (12), and is further conceptualised as a resource for everyday life, emphasising social and personal resources, as well as physical capacities (2).

The System is underpinned by an understanding that Health Promotion has been shown to be an ethical, principled, effective and evidence-based discipline (13,14) and that there are

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² Full courses are defined as complete educational programmes that consist of different modules that cover all domains of the IUHPE Core Competencies and Professional Standards (Appendix 7.1) that can demonstrate how their learning outcomes relate to the performance criteria defined in the IUHPE Professional Standards.
well-developed theories, strategies, evidence and values that underpin good practice in Health Promotion (13).

The term ‘Health Promotion action’ is used in the System to describe programmes, policies and other organised Health Promotion interventions which aim to improve health and reduce health inequities that are empowering, participatory, holistic, intersectoral, equitable, sustainable and multi-strategy in nature (15).

The ethical values and principles underpinning the IUHPE Accreditation System include a belief in equity and social justice, respect for the autonomy and collaborative and consultative ways of working.

Ethical Health Promotion practice is based on a commitment to:

- Health as a human right, which is central to human development
- Respect for the rights, dignity, confidentiality and worth of individuals and groups
- Respect for all aspects of diversity including gender, sexual orientation, age, religion, disability, ethnicity, race, and cultural beliefs
- Addressing health inequities, social injustice, and prioritising the needs of those experiencing poverty and social marginalisation
- Addressing the political, economic, social, cultural, environmental, behavioural and biological determinants of health and wellbeing
- Ensuring that Health Promotion action is beneficial and causes no harm
- Being honest about what Health Promotion is, and what it can and cannot achieve
- Seeking the best available information and evidence needed to implement effective policies and programmes that influence health
- Collaboration and partnership as the basis for Health Promotion action
- The empowerment of individuals and groups to build autonomy and self-respect as the basis for Health Promotion action
- Sustainable development and sustainable Health Promotion action
- Being accountable for the quality of one’s own practice and taking responsibility for maintaining and improving knowledge and skills
1.3 Quality Concepts and Principles Underpinning the IUHPE Health Promotion Accreditation System

The IUHPE Health Promotion Accreditation System is based on key criteria that reflect its emphasis on quality and commitment to the public and the Health Promotion community that ensure that it is:

**Voluntary** - The IUHPE Health Promotion Accreditation System is premised on a voluntary, rather than a statutory/legal model of professional recognition, reflecting the situation of Health Promotion in most countries. It is important to note that while the System currently outlines practitioner registration on a voluntary basis, it can form the foundation for the development of a regulated profession in the future should the opportunity to do so arise.

**Owned by the Profession** - Ownership of the System is firmly based within the Health Promotion community which is assured through ongoing participation in its development and management. Ownership by the Health Promotion community is embodied in IUHPE as the only global professional body focused on Health Promotion and in the National Accreditation Organisations as the national Health Promotion community’s representatives.

**Flexible, sensitive and relevant to differing contexts and settings while being robust and practical** - The System is based on globally recognised WHO Charters and Declarations (3 – 10) and builds on international research and experience in competency based approaches to Health Promotion (16, 17). It also draws on agreed core competencies, professional standards and accreditation for Health Promotion which has undergone wide-ranging consultation and testing in various contexts and settings (1). The agreed criteria, process and policies ensure that the System is robust while the well-developed structures and formats support a practical and easily managed approach. Guidelines are in place to allow for limited variation to some aspects of the System to better fit with specific contexts while maintaining consistency and transparency.

**Practical and feasible** - The System, by providing well developed and validated criteria, standards, policies, procedures and processes supports efficient and effective use and sharing, of limited resources. Handbooks provide information on structures, processes,
formats, forms and, most importantly, the System facilitates sharing of experience and knowledge at global and national levels.

**Robust** - The System is robust as it builds on international Health Promotion Charters and declarations (3-10), on The Galway Consensus Statement on Domains of Core Competency, Standards, and Quality Assurance for Building Global Capacity in Health Promotion (18) and on the CompHP Core Competencies and Professional Standards which were developed through consensus building with Health Promotion stakeholders across Europe and with input from Health Promotion leaders globally. It also draws on international examples of competency based approaches to quality assurance in the context of health promotion and related fields (16, 17).

**Transparent and objective** - The System, throughout all stages of its development and implementation used and continues to use, decision-making and assessments processes that are clear, understandable and easily accessible and that are supported by formal adoption of ethical and quality assurance principles and policies.

To support the principles described above, Conflict of Interest and Confidentiality Policies specifically designed for the System have been developed which must have implemented at all levels of its operation.

**1.4 Definitions**

It is recognised that terminology in relation to concepts such as ‘registration’ and ‘accreditation’ may vary in translation, usage and meaning in countries globally. The following are the agreed definitions of the terms for use in the System which are used by the IUHPE Global Accreditation Organisation In countries where the terms ‘accreditation’ or ‘registration’ cause difficulties implementing the System other terms may be used which have the same meanings as the definitions below.

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3 Appendix 7.1  
4 Appendix 7.2  
5 For other terms please see the System Glossary – Appendix 7.3  
6 As registered practitioners and accredited courses are entered on a Global register there should be no difficulties with recognition of titles using different terms. The practitioner will continue to use the title awarded until such time as they apply for reregistration when, if assessed as eligible, they will use the title of
1.4.1 Accreditation

Accreditation in the context of the System is viewed as a way of ensuring quality practice, as a global quality seal, and as a benchmark that enhances professional profiles and gives recognition to best practice, based on Health Promotion knowledge, values and principles.

In the System, the term ‘accreditation’ applies to the whole quality system and to the process of recognising education and training courses. The terms ‘registration/registered’ apply to the process by which individual practitioners are recognised as meeting agreed criteria.

The definitions of accreditation used in the System are:

- **Accreditation of education and training courses** is the process of evaluating full courses to determine whether they meet agreed criteria based on the IUHPE Core Competencies and Professional Standards\(^7\) and as outlined in this Handbook. A qualification arising from such a course is recognised as the basis for initial registration of practitioners.

- **Accreditation of an individual practitioner** is described as ‘registration’ which confirms an individual as fit to practice based on their educational attainment, work experience, continuous professional development or agreed combinations of these elements.

- **Accreditation Organisations** are those with the power to make decisions about: the status, legitimacy or appropriateness of individual practitioners to practice to agreed quality standards; and regarding education and training courses meeting agreed quality standards. Within the System, the IUHPE Global Accreditation Organisation is the central decision making body, while National Accreditation Organisations apply to, and if eligible are formally approved by the IUHPE Global Organisation to undertake registration of practitioners within a defined catchment area.

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\(^7\) Appendix 7.1
1.4.2 Definitions of Practitioners, Providers and Courses

Practitioners

While job titles and academic course titles in different countries globally may not always include the term Health Promotion, the term practitioner refers to all whose main role reflects Health Promotion as defined in the Ottawa Charter (2) and successive WHO charters and declarations (3-8) to promote health and reduce health inequities by:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- reorienting health services.

The term ‘practitioner’ for the purposes of the System, includes those working in the academic sector (educators and researchers), policy makers and others whose role meets the above criteria.

Practice

Health Promotion practice is defined as work which reflects Health Promotion as defined in the Ottawa Charter (2) and successive charters and declarations (3-10) to promote health and reduce health inequities by:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- reorienting health services.

Health Promotion practice is further defined as being empowering, participatory, holistic, intersectoral, equitable, sustainable and multi-strategy in nature.

1.4.3 Language and Translation

The working language of the System is English. Where resources allow information and documents will be translated by the IUHPE GAO into the other official languages of the IUHPE (French and Spanish).
NAOs may operate in their own language of choice. They must, however, communicate and report to the GAO in one of its official language (English, French, and Spanish).

All translations of formal documents and forms undertaken by both the IUHPE and any applicant or approved NAOs must follow the agreed Translation Policy\textsuperscript{8} to ensure validity and consistency within the System.

\textsuperscript{8} Appendix 7.4
2. SCOPE, CONTEXT AND BENEFITS OF THE IUHPE HEALTH PROMOTION ACCREDITATION SYSTEM

2.1 Scope of the System

2.1.1 Countries and stages of Health Promotion development

While the purpose System is to provide a validated, agreed and recognised quality assurance structure for Health Promotion practice and education it is recognised that Health Promotion is at different stages of development globally. Therefore, some countries may currently not have the resources or infrastructure required to develop and maintain national accreditation systems.

For these countries, the IUHPE Health Promotion Core Competencies can be used as stand-alone document, or in conjunction with the IUHPE Health Promotion Professional Standards, as the basis for quality assurance for Health Promotion practice, education and training.

2.1.2 Professional competence focus

As the System is premised on voluntary registration rather than statutory regulation, it focuses on professional competence only. Practitioners are therefore expected to meet not only all the requirements detailed in the Handbook, but also any other legal and professional requirements specified within their country in relation to their practice and/or as required by specific working environments (e.g. clearance for working with children or vulnerable people, etc.).

2.2 Benefits of the System

For those countries that are ready to participate in the System it can be used to:

- Ensure that there are clear and agreed guidelines and quality standards for the Health Promotion knowledge, skills and values required to practice effectively and ethically
- Form the basis for all aspects of quality assurance in Health Promotion practice and in education and training
- Ensure accountability to the public through the registration of practitioners
- Ensure that Health Promotion courses are validated and awards are based on agreed criteria
Facilitate movement of employment across roles, organisations, regions and countries through the use of recognised Health Promotion qualifications

Add to greater recognition and visibility of Health Promotion and the work done by Health Promotion practitioners

Provide a reference point for employers in recruitment and selection.
3. ACCREDITATION ORGANISATIONS

The IUHPE Health Promotion Accreditation System comprises a devolved model involving National Accreditation Organisations (NAOs) which are approved by a Global Accreditation Organisation (GAO) to undertake registrations of practitioners within their catchment area. The Global and National Organisations each have specific functions and tasks, but use the same agreed criteria, policies and procedures.

3.1 IUHPE Global Organisation (GAO) ⁹

The GAO is the core organisation within the System with the key roles of managing the System as a whole, approving eligible NAOs to register practitioners within their catchment area, registration of practitioners where there is no NAO and accreditation of full Health Promotion Courses. In relation to the approval of NAOs this role includes:

- Ensuring that an appropriate process is in place to approve, monitor and maintain NAOs
- Formally notifying NAOs of the outcome of the assessment on their eligibility to operate within the IUHPE Health Promotion Accreditation System
- Formally approving those NAOs assessed as eligible by to act as national accreditation organisations within the System
- Developing and implementing monitoring and evaluation processes, in partnership with NAOs, to ensure the quality and consistency of all aspects of the System across all NAO catchment areas and at Global level
- Working with NAOs to manage appeals and any other potential conflicts, difficulties or challenges in relation to registration/re-registration
- Encouraging the development of NAOs in all countries, in conjunction with relevant partners and stakeholders.

The GAO also undertakes the accreditation of full Health Promotion courses¹⁰ and maintains the Global register of practitioners (i.e. those registered at NAO and GAO level), courses and approved NAOs. NAOs must submit the names of the practitioners they have registered to

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⁹ For full details of the structure, terms of reference and other issues related to the GAO please refer to the full System Handbook available on the System website.
¹⁰ Full courses are defined as complete educational programmes that consist of different modules that cover all domains of the IUHPE Core Competencies and Professional Standards (Appendix 7.1) and that can demonstrate how their learning outcomes relate to the performance criteria defined in the IUHPE Professional Standards. The assessment of eligibility is focused on content and not on the title of the course or modules.
the GAO for entry onto the Global register not less than biannually. The organisational structure of the Global Accreditation Organisation is outlined in Figure 1.

3.2 National Accreditation Organisations (NAOs)

The main function of a NAO is to undertake registration\(^\text{11}\) of practitioners within their catchment area using the agreed criteria, procedures, processes and policies as outlined in this Handbook.

While it is recognised that there may not be a NAO in all countries globally, particularly in the early stages of its implementation, the System is premised on the long term goal that all participating countries will have a NAO. Where there is no NAO, Health Promotion practitioners can apply directly to the IUHPE GAO Assessment Committee for registration/accreditation. Once a NAO is established all applications from practitioners for registration will be processed only by the NAO. If an application from practitioners in an approved NAO catchment area is received by the IUHPE GAO Assessment Committee, it will be returned to the applicant with instructions to apply via the relevant NAO.

3.2.1 Types of organisations which may form NAOs

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\(^{11}\) Initial registration and re-registration
NAOs may be formed by different type of organisations, e.g. a professional association, an established national accreditation organisation, or appropriate organisation reflecting national contexts. However, all NAOs must be able to make informed and independent decisions about the registration of Health Promotion practitioners. All NAOs are required to make formal declarations on any existing or potential conflicts of interest.

While termed ‘national’, NAOs can operate at any agreed catchment level provided that the applicant NAOs can demonstrate a critical mass of support from the Health Promotion community within the proposed catchment area. For example, it is possible to form a NAO comprising a number of countries based on geographic proximity or mutual interests, an option that is of particular relevance for countries with limited Health Promotion infrastructure. Where there is decentralisation of Health Promotion functions to regions or other geographic or political entities these may also be recognised as suitable NAO catchment areas.

Should an organisation apply to be approved as a NAO in a catchment area where a NAO already exists the application will not be processed. The IUHPE GAO will advise the new applicant of the contact details of the existing NAO and suggest that they make contact to explore the potential for a future partnership.

3.2.2 Rival applicants from the same catchment area

It should be noted that the IUHPE GAO will not be drawn into disputes between rival applicants from the same catchment area/country requesting recognition as a NAO, for example, from competing professional organisations or regional/other groupings with the same catchment area.

It is the responsibility of the applicant organisation to ensure that it has a critical mass of support within its catchment area. Should competing application be received, each organisation will be asked separately if they are willing to work with the competing organisation to submit a joint application. The IUHPE GAO may facilitate dialogue between the rival applicants where appropriate and resources and expertise allow, but is not responsible for nor obliged to do so. Until agreement is reached between any rival applicants for recognition as a NAO for the same catchment area none will be approved.
3.2.3 Key functions and responsibilities of NAOs

The key function of the NAO is to manage and maintain the registration of practitioners in its catchment area and to ensure that the practitioners so registered are recorded within Global as well as the national the register so that they are eligible to use the title ‘IUHPE Registered Health Promotion Practitioner’. The NAO will also complete a certificate indicating their enrolment on the register and send it to the practitioner.¹²

The NAO must follow all process, procedures and apply the agreed criteria as defined in this Handbook apart from previously agreed limited variations¹³. Registrations of practitioners which do not follow agreed policies, processes, procedures and criteria will not be valid and the NAO will be responsible for reimbursements of any fees paid by the practitioner and to take action to address any other implications arising from invalid registration.

The NAO must formally espouse the ethical and quality principles outlined in this Handbook, must accept and implement relevant policies such as those on confidentiality and Conflict of Interest and develop and maintain clear, transparent and objective systems and processes in relation to registration and related activities. The NAO must also demonstrate that they have sustainable resources to undertake all roles and tasks. Ongoing monitoring of these criteria will be undertaken by the GAO BoD as part of the internal quality assurance of the System.

NAOs set their own fees for registration and will make a per capita payment to the IUHPE GAO for each practitioner registered (currently set at 10% of agreed national registration fee)¹⁴.

The NAO must submit a short monitoring report on its activities annually to the IUHPE GAO, which should include details of:

- numbers of application,
- numbers of resulting registrations
- problems or difficulties identified.

¹² A template for a Certificate for practitioners who are assessed as eligible for registration by the GAO will form the basis for a certificate which will be used by NAO. The NAO certificate may have its own logo in addition to that of the IUHPE and should be signed by the Chair of the NAO Accreditation Board or of the NAO, BoD or their delegate.
¹³ See page 6.
¹⁴ Information on fees is included in the information provided to all organisations applying to become a NAO.
Proposals for additions to the approved list of CPD activities or for changes to processes for consideration by the IUHPE GAO at its annual meeting should also be included. A template for this report is supplied in Appendix 7.5.

### 3.2.4 Structure of NAOs

While it is recognised that there is a need for flexibility in the structure of NAOs to reflect national contexts, they are required to establish a formal governance structure in order to fulfil their role. For example, a NAO can establish a Board of Directors and Committees similar to those at Global level to ensure that all functions, roles and tasks are implemented and evaluated with clarity and transparency. The following is a sample template for a NAO organisational structure although it is possible that some adaptations will be required (Figure 2) **However, it is not necessary to use these exact terms/titles** – what is important is that there is a functioning structure to manage the NAO and undertake key roles and tasks.  

![Organisational structure IUHPE Health Promotion Accreditation System National Accreditation Organisations](image)

### 3.2.5 Approval of NAOs

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15 A suggested list of Board and Committees and terms of Reference are available in Appendix 7.6
Applications for approval to operate as a NAO are made to the IUHPE GAO by letter.\(^{16}\) The IUHPE GAO Board of Directors assesses the eligibility of the NAO using the following criteria:

the NAO indicates:

- **Formal acceptance of the criteria for registration of Health Promotion practitioners** as indicated in the System Handbook\(^ {17}\).
- **Formal acceptance of the definitions of Health, Health Promotion and of the Ethical Principles, quality principles and policies** outlined in the System Handbook and as may be agreed in the future by the GAO.
- **Evidence of support from catchment area**, for example -that the applicant NAO is already an established organisation with status/recognition within the Health Promotion community in the catchment area. If the applicant NAO is a newly established organisation evidence of support and formal commitment of the Health Promotion community is required.
- **Evidence of ability to establish and maintain governance systems/committees**, etc. as required to operate all relevant aspects of the IUHPE Accreditation Systems within their agreed location. This should include details of established committees/membership, etc.
- **Evidence of ability to perform required tasks i.e. details of** established financial management systems, methods for maintaining registers, maintaining secure application platforms, etc.\(^ {18}\).
- **Details of internal quality assurance systems.** While the same minimum requirements are used for all aspects of registration across all levels of the System, it is recognised that the process of collecting evidence of their attainment may vary (i.e. formal proof of graduation, documentation of CPD activities) is usually required in relation to professional recognition systems. This may range from requiring formal evidence for all awards, certificates, degrees and CPD activities that the practitioner refers to in their application to an ‘honour’ system where no such evidence is required and it is assumed that the practitioner will be honest about the information they supply. In order to be sensitive to such diversity while maintaining overall quality assurance for the System the following has been agreed:

> While the same minimum requirements and criteria are used for registration/registration of practitioners across the whole System it is recognised that the process of collecting evidence of their attainment may vary between

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\(^{16}\) Sample letters of application and approval of NAOs are available in Appendix 7.7

\(^{17}\) Or reference to agreed variations

\(^{18}\) It should be noted that in order to operate a NAO effectively and ethically there is a need for significant resources. It is recommended that organisations interested in becoming a NAO take a developmental approach, with the first step being an analysis of available resources and capabilities, followed by planning to address any gaps identified,
NAOs. The NAO may decide to request evidence of all qualifications, work experience, CPD etc., or may operate an honour system or any option/mix of systems which best meets their context. However, as a minimum level of quality control, the NAO must require proof of qualifications/work experience/participation in CPD activities from a random sample (up to 20%) of the practitioners applying for registration/re-registration in each calendar year. If the NAO is already an established Health Promotion accreditation system or a related system which recognises Health Promotion practitioners, it may follow their agreed levels of proof, provided this meets or is above this minimum quality control standard as defined above.

The assessment undertaken by the GAO using the above criteria determines if the applicant NAO is:

- Eligible to operate as a NAO within the IUHPE Health Promotion Accreditation System.
  
  or

- Conditionally eligible to operate as a NAO subject to receipt of additional information or clarification within a 4-week period of the applicant being notified. This option applies where only minor additional details or clarification are required. Details of the information/clarifications required will be clearly indicated to the applicant. If the required information is not received within the 4-week period a full resubmission to a future assessment session is required, including repayment of an administration fee.\(^\text{19}\)
  
  or

- Not eligible to operate as a NAO. In this case, should the applicant NAO wish to reapply at a later date, a full resubmission to a future assessment session is required, including repayment of an administration fee.\(^\text{20}\)

The Chair of the IUHPE GAO BoD formally notifies the applicant NAO of the outcome of the assessment. If assessed as eligible to operate as a NAO, an invoice will be sent indicating the registration fee to be paid and on receipt of payment a formal letter of approval will be sent to the Chair of the BoD of the NAO.

If the NAO is an established accreditation organisation, with existing registration criteria, negotiations between both BoDs may be required on aligning these with the criteria of the System.

\(^\text{19}\) The administration fee in each instance of application is nonrefundable and non-transferable

\(^\text{20}\) The administration fee in each instance of application is nonrefundable and non-transferable
3.2.6 Revocation/Cancellation of Approval of NAO

Approval to operate as a NAO within the IUHPE Health Promotion Accreditation System can be revoked or cancelled. Decisions on revocation and cancellation of registration/accreditation are made by the IUHPE GAO BoD. Reasons for revoking or cancelling approval include, but are not limited to:

- breach of the ethical principles and values as defined in the IUHPE Core Competencies and Professional Standards for Health Promotion Handbook\(^{21}\)
- failure to apply/comply with Conflict of Interest/Confidentiality Policy and other relevant policies
- failure to follow the agreed procedures and processes and apply the agreed criteria as defined in this Handbook
- evidence of inability to undertake required tasks (i.e. complaints from applicants re procedures/delays etc.)
- evidence of inability to manage register (i.e. register not updated on agreed schedule /incorrect/incomplete information or applicants informed that they were registered but this is not recorded.
- evidence of dishonesty/ lack of ability/capacity to manage finances (i.e. no formal accounts kept/evidence of misappropriation of funds, etc.)
- evidence of dishonesty in the application process
- failure to pay any required fees/other costs
- other situations as identified by the IUHPE GAO/NAO Board which will be detailed on the System’s website (s).

3.2.7 Appeals Procedures

Appeals against refusal to approve the applicant organization to operate as a NAO or cancellation/revocation of approval to operate as a NAO can be made to an independent IUHPE GAO Appeals Committee. The Committee will give a formal advice on the appeal to the GAO BoD as the basis for the final decision.

Should an NAO wish to appeal a decision of the IUHPE GAO a formal application should be made in a letter to the Chair of the IUHPE GAO BoD stating the reasons and grounds for the appeal.

3.2.8 Capacity Development of NAOs

\(^{21}\) Appendix 7.1
The IUHPE Health Promotion Accreditation System GAO Board will, as resources allow, work with Health Promotion stakeholders within all countries, contexts and settings to advocate for the development of NAOs to establish national registers of practitioners.
4. REGISTRATION AND ACCREDITATION PROCESSES

4.1 Registration of Health Promotion Practitioners

Practitioners registered within the System are awarded the title ‘IUHPE Registered Health Promotion Practitioner’.

The stages in registration of Health Promotion practitioners are:

- Initial registration
- Re-registration based on fulfilling agreed criteria for Continuing Professional Development (CPD) every three years.

4.1.1 Initial Registration

A Health Promotion practitioner should apply for registration/re-registration within the IUHPE System through the relevant NAO. Where there is no NAO, the practitioner can apply directly to the IUHPE GAO Assessment Committee. A non-refundable administration fee must be paid before the application is assessed.

Within the System two types of applicants are normally eligible for initial registration within the System. A third type of applicant is eligible for a limited time period ONLY:

1. Health Promotion practitioners with a graduate (Bachelor) or postgraduate (Masters) qualification from a Health Promotion course which is **accredited within the IUHPE Accreditation System** are eligible for registration. The applicant must complete the online application form (personal details) and provide evidence of graduation.

2. Health Promotion practitioners with a graduate (Bachelor) or postgraduate (Masters) qualification from a Health Promotion course which is **not accredited** within the System or a course in another relevant discipline are eligible for...

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22 These applicants DO NOT need to complete the self-assessment form.
23 There is no limitation on the length of time between graduation and application for registration. However, only those who graduate **AFTER** the course is accredited are eligible for registration (i.e. not retroactively).
24 Including public health, health education, and social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, and political science. Other academic qualifications may also be deemed appropriate, but must be approved by GAO the Board of Directors of the Accreditation System. NAOs should refer to the BoD for advice on the eligibility of qualifications other than that listed. A list of all accepted graduate qualifications will be maintained and shared for future reference and to ensure consistency. The IUHPE GAO Board of Directors reserves the right to make decisions on the relevance of a qualification in the context of applications.
registration if they have a minimum of two years’ work experience in Health Promotion practice in the preceding five years.  

3. For a limited period (five years) from the establishment of the IUHPE Accreditation System at the Global level (i.e. until Spring 2021), Health Promotion practitioners who do not meet the educational criteria (i.e. who do not have graduate or postgraduate qualification in Health Promotion or another relevant discipline) are eligible for registration if they have a minimum of three years’ work experience in Health Promotion practice in the preceding five years.

The practitioners as described in 2 and 3 above must:

- Complete an application form that includes a self-assessment section where they must show that they meet the criteria defined in the IUHPE Core Competencies and Professional Standards for Health Promotion.
- Give details of their work experience.
- Provide two appropriate references.

4.1.2 Award of Title

The NAO (or GAO where there is no NAO) will notify the applicant of the assessment on their application. If assessed as being eligible for registration an invoice will be sent indicating the registration fee required and upon receipt of payment a formal letter and a certificate indicating that the practitioner has been entered on the relevant register and may use the title ‘IUHPE Registered Health Promotion Practitioner’.

4.1.3 Re-registration of Practitioners

Re-registration of practitioners is obligatory after three years and every three years thereafter. Eligibility for reregistration is based on providing evidence of continuing experiences in Health Promotion practice and that a specified amount of CPD activities has been completed. Re-registration in usually through the NAO but, where none exists, the practitioner may apply to the GAO Assessment Committee.

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25 For example, if a practitioner is unemployed or on parental, sick or other leave when they apply they are eligible if they have 2 years work experience in Health Promotion practice in the past three years.

26 See above

27 Appendix 7.1
Where resources allow reminders will be sent to practitioners to reregister. However, it is the responsibility of the practitioner to ensure that their registration is current and to submit an application for re-registration well in advance of the end of the three-year period. It should be noted that assessment sessions may occur only on an annual basis and some leeway will be allowed to take into account the possible delay in re-registration that this may cause.²⁸

The basic criteria for re-registration are that the practitioner is:

- A registered practitioner within the System
- An active practitioner with a minimum of 1.5 years of work experience in Health Promotion practice in the preceding three years
- Able to show that they have participated in a minimum of 75 hours across a diversity of CPD activities in the preceding three-year period.

To reregister the practitioner must complete an application form that includes details on work experience and of CPD activities undertaken in the preceding three years. Practitioners are advised to keep awards, certificate of attendance, etc., related to CPD activities undertaken over the three-year period as they may be required to submit these as evidence in the re-registration process. If the applicant is still in the same job with the same role, they need only confirm this. If, however they have changed roles jobs but are with the same employer, they will be required to complete a summary of their current role and indicate how it relates to the definitions of Health Promotion practice as defined in this Handbook. Those with new jobs with a different employer will also be required to complete a summary of their current role and indicate how it relates to the definitions of Health Promotion practice as defined in this Handbook. and provide a current reference.

A credit points system is used to record CPD activities as this provides a measurable and transparent procedure both for the registering organisation and the practitioner. The minimum requirement for re-registration is the completion of 75 credit hours in the

²⁸ For example, if a practitioner’s three year’s registration runs out at the beginning of the year and there is not an assessment session until later in the year the practitioner will continue to be registered until the date of the assessment session provided that they have completed and submitted their application for reregistration before the date on which their registration lapses. Their date of re-registration, if assessed as eligible, will be from the date their registration fee is received.
preceding three-year period \(^{29}\) where one credit equals one hour of participation in the activity. The CPD hours must be across a diversity of activities.

The table below (Table 1) details categories to assist practitioners to classify CPD and to ensure that a balance of activities is undertaken. CPD does not have to consist of formal courses and conferences, although of course it may include some of these activities.

### Table 1 Sample of CPD activities \(^{30}\)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education/training</td>
<td>Participating in education/training to increase knowledge/skills in Health Promotion across all IUHPE competencies. This includes courses, on job learning, etc.</td>
</tr>
<tr>
<td>Conference /workshop/formal meeting</td>
<td>Participating in a conference/workshop/formal meeting focusing on Health Promotion.</td>
</tr>
<tr>
<td>Presenting/Lecturing/training</td>
<td>Giving a formal presentation/lecture or providing training on a Health Promotion topic</td>
</tr>
<tr>
<td>Peer Group Reflection</td>
<td>Participating in a group comprising Health Promotion practitioners to reflect on and share experiences and provide peer support.</td>
</tr>
<tr>
<td>Mentored practice</td>
<td>Gaining /expanding knowledge and/or skills through working with a Health Promotion mentor or acting as a mentor</td>
</tr>
<tr>
<td>Undertaking research/evaluation</td>
<td>Undertaking research/evaluation on any aspect of Health Promotion</td>
</tr>
<tr>
<td>Publishing</td>
<td>Publishing an article, book chapter, or book focusing on a Health Promotion topic.</td>
</tr>
<tr>
<td>Professional Activities</td>
<td>Being active in a regional, national or international Health Promotion professional association/organisation.</td>
</tr>
</tbody>
</table>

In relation to how these credits should be divided the IUHPE System is flexible as it relates to the individual practitioners situation. However, no single category as above should normally contribute more than 33% of the total hours achieved. However, certain major pieces of work, such as the writing of books, external courses and higher degrees, may be apportioned across the categories.

If a practitioner wants to claim credit for a type of CPD activity that is not listed above they may be asked to provide detailed information on the activity and show how it relates to the IUHPE Core Competencies and Professional Standards \(^{31}\) to the relevant Assessment

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\(^{29}\) Unless the IUHPE GAO or NAO has formally exempted them from this requirement.

\(^{30}\) It is not a requirement that activities CPD activities be formally accredited- but the practitioner must be able to relate the activity to the IUHPE Core Competencies and Standards to ensure that it has a Health Promotion specific focus.

\(^{31}\) Appendix 7.1
Committee. The relevant Board of Directors (NAO or Global) will make the final decision on the relevance and acceptability of the activity and on all aspects of CPD requirements in relation to re registration. 32

All credits claimed must be supported by evidence (for example, awards, certificates of attendance, notes of meetings, lecture notes, reflective learning notes etc.) Practitioners may be asked to supply evidence either when applying for reregistration or at any time in the following three years. Where possible, the Health Promotion practitioner will record their CPD activities using an online system which makes it easier to monitor, check and assess that the requirements have been met.

4.1.4 Application Process for Health Promotion Practitioners 33

All applicants for initial registration and re-registration must submit the required application form and pay the required fee (i.e. non-refundable administration fee and, if assessed as eligible, a registration fee).

Details of the application forms and their submission are in Appendix 7.6 and on the System website.

The assessment determines if the applicant is:

- Eligible for registration
  
  or

- Conditionally eligible for registration subject to receipt of additional information or to clarification within a 4-week period of the applicant being notified. This option applies where only minor adjustments to either the application or small amounts of additional information are required. The information/clarification required will be clearly indicated to the practitioner by the Chair of the Assessment Committee. If the required information is not received within the 4-week period and the applicant wishes to continue with the period a new application will be needed, including repayment of an administration fee. 34
  
  or

32 A list of all activities accepted as eligible for CPD by the GAO and NAOs, respectively, will be collated annually by the GAO) and shared as the basis for future decisions ensure consistency. The IUHPE GAO and/or NAO Board of Directors (as relevant) reserve the right to make decisions on the relevance of CPD activities in the context of applications.

33 For details on the application process please see Appendix 7.8 or http://www.iuhpe.org/index.php/en/practitioner

34 The administration fee in each instance of application is nonrefundable and non-transferable.
• Not eligible for registration. Should the applicant will to reapply in the future this finding will result in the need for a new application and repayment of administration fee.\(^{35}\)

Following a successful initial application and payment of required fees, the Health Promotion practitioner’s name is added to the national register which is updated on a regular basis (not less than biannually) and on the Global professional register which is also updated on a regular basis (not less than biannually). Following receipt of formal notification of registration\(^{36}\), the practitioner may use the title IUHPE Registered Health Promotion Practitioner and will receive a certificate of registration\(^{37}\) from the awarding organisation\(^{38}\). It is the responsibility of NAOs to ensure that the names of the practitioners entered on their registers are sent to the GAO for entry on the Global register on not less than biannually.

4.1.5 Level of Proof Required

While the same criteria and processes for registration / re-registration are used by the GAO and all NAOs it is recognised that the process of collecting evidence of their attainment may vary. As a minimum level of quality control, the relevant organisation will require proof of qualification/work experience/participation in CPD activities\(^{39}\) from a random sample (up to 20\%) of the practitioners applying for registration/registration in each calendar year. If the NAO is already an established Health Promotion accreditation system or a related system which recognises Health Promotion practitioners, it may follow its agreed levels of proof, provided this meets or is above this minimum quality control standard as defined above.

4.2 Fees

Fees for those applying to the IUHPE GAO (i.e. where there is no NAO) are detailed on the IUHPE Health promotion Accreditation System website.

NAOs set their own fees for registration of practitioners in their catchment area\(^{40}\).

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\(^{35}\) The administration fee in each instance of application is nonrefundable and non-transferable

\(^{36}\) i.e. a formal letter informing the practitioner that their application has been successful and stating that they can use the IUHPE title – see Appendix 7.9

\(^{37}\) A template for this certificate is given to NAO by GAO.

\(^{38}\) Sample letters to practitioners are available in Appendix 7.9

\(^{39}\) e.g. certificates/proof of attendance/publications, etc.

\(^{40}\) Fees for those practitioners applying to the IUHPE GAO (i.e. where there is no NAO) are detailed on the IUHPE Health promotion Accreditation System website.
A per capita fee (currently set at 10% of the registration fee paid) for each practitioner registered by the NAO is payable to the IUHPE GAO.

The fees for all types of applicant comprise:

- A **non-refundable** administrative fee payable on submission of application
- A fee to be paid if application approved. This fee must be paid before the formal registration of the practitioner is finalised within the System
- Current fees should be detailed by the NAO and advertised on a website or other easily accessible medium.

### 4.3 Revocation/Cancellation of Registration

Registration of practitioners can be revoked or cancelled. Decisions on cancellation of registration of a practitioner registered by a NAO are made jointly by the NAO and IUHPE GAO BoDs. Where there is no NAO the IUHPE GAO is the decision making body.

Reasons for revoking or cancelling accreditation/registration include, but are not limited to:

- breach of the ethical principles and values as defined in the IUHPE Core Competencies and Professional Standards for Health Promotion Handbook
- evidence of dishonesty in the application process
- failure to pay any required fees/other costs.

Other reasons may be identified by the IUHPE GAO and NAOs Boards and will be detailed on the relevant Accreditation System website(s).

### 4.4 Appeals Procedures

If a practitioner is denied registration or has their registration revoked/cancelled they can appeal the decision to an independent Appeals Committee of the NAO (or GAO if no NAO exists).

Those registered by a NAO will apply to the NAO BoD which will convene its Appeals Committee 41 which will make recommendations. The final decision will be made by the NAO Board of Directors in consultation with the GAO BoD and a final decision on the case given to the appellant within six working weeks whenever possible.

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41 Which will include a member of the IUHPE Health Promotion Accreditation System from outside the NAO catchment area. This person will be appointed by the IUHPE GAO BoD
4.5 Accreditation of CPD Training and Education

Given the wide range of training and education courses which are likely to be suitable for CPD for re-registration of practitioners, it is not feasible that all such courses will be formally accredited within the System. It is therefore not a requirement that CPD activities are formally accredited, but the practitioner must be able to relate the activity to the IUHPE Core Competencies and Professional Standards to ensure that it has a health promotion specific focus.

Modules, short courses and parts of courses may be formally recognised as eligible for CPD by NAOs and may be referred to as ‘accredited’. However, it must be made clear that the ‘accreditation’ is for CPD purposes only within the agreed catchment areas and not as the basis for initial registration.42 Further development of this process requires more detailed plans depending on the opportunities and requirements in each country.43

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42 For example, a course recognised as appropriate for CPD could be described as ‘Accredited for CPD. IUHPE Health Promotion Accreditation System’.

43 As it is likely to prove difficult and time-consuming to accredit all CPD activities on a one by one basis, it may be possible that the provider of relevant education and training may be accredited, unlike accreditation of full courses where the course and not the provider are accredited and may be ‘licensed’ for specific activities based on the agreed criteria for a given period. This again will need further discussion and agreement between the GAO and NAOs.
5. ASSESSMENT AND NOTIFICATION PROCEDURES

5.1 Assigning applications to assessors

Assessment of all applications is managed by the NAO Assessment Committee and is overseen by the NAO BoD.

Each application is assigned to two assessors who are members of the NAO Assessment Committee who have undergone specific training on all relevant policies, procedures and processes within the preceding 12 months. Attention must be paid to any obvious potential conflict of interest in assigning applications as defined in the agreed Policy. Each assessor completes a form\(^{44}\) for each application that includes a declaration of understanding of the required criteria and assessment process and acceptance of the agreed Conflict of Interest and Confidentiality and any other relevant policies.

5.2 Assessment process

Each assessor assesses the application independently and submits their findings to the Chair of the NAO Assessment Committee. If both assessors are in agreement and the application is deemed as meeting the required criteria,\(^{45}\) the Chair will validate the findings and the applicant is advised that, when they have paid the registration fee, they will be entered into the relevant register.

Once payment is received, the applicant will receive a letter\(^{46}\) and a certificate indicating that they are now on the IUHPE Health Promotion Accreditation System register and can use the title ‘IUHPE Registered Health Promotion Practitioner’.

If the two assessors do not agree the Chair of the NAO Assessment Committee will review the findings and will contact each to see if a consensus can be reached. Should this prove impossible the Chair may act as the final assessor or, if unable to come to a decision or limited by other issues, such as potential conflict of interest, will refer the application to the NAO Assessment Committee as a whole for a final decision by a majority of members.

\(^{44}\) See Appendix 7.10

\(^{45}\) In some cases, the assessor may find that more information or clarification of minor points is required and the applicant will be advised of this and will have 4 weeks within which to respond.

\(^{46}\) See Appendix 7.8
Where it is assessed that more information/clarification is required on some minor points in the application the Chair of the Assessment Committee will ensure that the applicant is informed in detail of what they are required to supply and the time period (four weeks) within which they must respond. When the required information is received, provided it is within the four-week period, the original assessors will review it and make a final decision on whether the applicant meets the required criteria.

If the required information is not received within the deadline or is assessed as not being sufficient to demonstrate eligibility, the applicant must apply again at a future date and will be required to repay the administration fee.\(^\text{47}\) This is also the case should the applicant be deemed ineligible for registration.

Templates of formal letters of notifications to applicants at all stages of the registration process have been developed for use by NAOs.\(^\text{48}\)

\(^{47}\) Administration fees are non-refundable and non-transferable

\(^{48}\) Appendix 7.8
6. REFERENCES


INTRODUCTION

Background

This booklet presents the IUHPE Core Competencies and Professional Standards for Health Promotion which were originally developed as part of the Project ‘Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe’ (CompHP). The CompHP Project drew on international interest and experience in competency based approaches to Health Promotion. A consensus building process based on consultation with Health Promotion practitioners, policymakers, employers and education providers across Europe was at the core of the CompHP Project. However, the development process also incorporated input from an Expert Advisory group drawn from the global Health Promotion community. For full details on the development of the IUHPE Core Competencies and Professional Standards please refer to Barry, Battel, Davidson et al., 2012(1).

Who are the IUHPE Core Competencies and Professional standards for?

The IUHPE Core Competencies and Professional Standards are designed for use by practitioners whose main role and function is Health Promotion and who have a graduate qualification in Health Promotion or a related discipline. They are also designed for use by providers of Health Promotion education courses which aim to equip graduates to be ethical, effective and effective Health promotion practitioners.

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49 Originally known as the CompHP Core Competencies and Professional Standards for Health Promotion.
50 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 exhaustive list as other academic qualifications may also be deemed as appropriate in given situations.
The main purpose of the IUHPE Core Competencies and Professional Standards is to form the criteria for the registration of Health Promotion practitioners and accreditation of full Health Promotion courses within the IUHPE Health Promotion Accreditation System. 

However, these competencies and standards may also be useful to those working in other professional areas whose role substantially includes Health Promotion; employers and professional associations and trade unions with a remit for Health Promotion practitioners and in the development of education and training programmes supporting Health Promotion practice.

Definitions

**Practitioner**

Within the context of the IUHPE Core Competencies, Professional Standards and Accreditation System, 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):

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- reorienting health services.

While job titles and educational course titles in different countries across Europe may not always include the term ‘Health Promotion’, the core competencies and professional standards are designed to be relevant to all practitioners whose main role reflects the Ottawa Charter’s definition and principles of Health Promotion (2), and those of successive WHO charters and declarations on Health Promotion (3-13).

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Health Promotion

Health Promotion is understood to be ‘the process of enabling people to increase control over, and to improve, their health’ (2). The Ottawa Charter (2) 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, emphasising social and personal resources, as well as physical capacities. Health Promotion represents a comprehensive social and political process, which not only embraces action that is 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 IUHPE Core Competencies and Professional Standards for Health Promotion 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 determine good practice in Health Promotion.

The term ‘Health Promotion action’ is used in the context of these competencies and standards 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.

Using the IUHPE Core Competencies and Professional Standards for Health Promotion

The IUHPE Core Competencies and Professional Standards, in addition to forming the criteria for registration and accreditation, can be used for a range of purposes and in a variety of settings for individual Health Promotion practitioners, employing organisations, education and training providers and the general public, for example:

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.

**Employing organisations:**

• Providing the basis for recruitment, selection and ongoing assessment of Health Promotion practitioners
• 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.

**Education and training providers:**

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

**The general public:**

• Providing assurance that services delivered by Health Promotion practitioners are safe and effective.

**ETHICAL VALUES UNDERPINNING THE IUHPE CORE COMPETENCIES AND PROFESSIONAL STANDARDS FOR HEALTH PROMOTION**

*Ethical values and principles for Health Promotion include a belief in equity and social justice, respect for the autonomy and choice of both individuals and groups, and collaborative and consultative ways of working.*

Ethical Health Promotion practice is based on a commitment to:

• Health as a human right, which is central to human development
• Respect for the rights, dignity, confidentiality and worth of individuals and groups
• Respect for all aspects of diversity including gender, sexual orientation, age, religion, disability, ethnicity, race, and cultural beliefs
• Addressing health inequities, social injustice, and prioritising the needs of those experiencing poverty and social marginalisation
• Addressing the political, economic, social, cultural, environmental, behavioural and biological determinants of health and wellbeing
• Ensuring that Health Promotion action is beneficial and causes no harm
• Being honest about what Health Promotion is, and what it can and cannot achieve
• Seeking the best available information and evidence needed to implement effective policies and programmes that influence health
• Collaboration and partnership as the basis for Health Promotion action
• The empowerment of individuals and groups to build autonomy and self-respect as the basis for Health Promotion action
• Sustainable development and sustainable Health Promotion action
• Being accountable for the quality of one’s own practice and taking responsibility for maintaining and improving knowledge and skills

IUHPE CORE COMPETENCIES FOR HEALTH PROMOTION

The definition of competencies used in this Handbook is: ‘a combination of the essential knowledge, abilities, skills and values necessary for the practice of Health Promotion,’ adapted from Shilton, Howat, James et al. 2001 (10). Core competencies are defined as the minimum set of competencies that constitute a common baseline for all Health Promotion roles i.e. ; ‘they are what all Health Promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field’ (11).

The IUHPE Core Competencies for Health Promotion comprises domains of core competency which are illustrated in Figure 1. Ethical Values and the Health Promotion Knowledge base underpin all Health Promotion action detailed in the nine other domains. Ethical values are integral to the practice of Health Promotion and inform the context within which all the other competencies are practiced. The Health Promotion Knowledge domain describes the core concepts and principles that make Health Promotion practice distinctive.

The remaining nine domains: Enable Change, Advocate for Health, Mediate through Partnership, Communication, Leadership, Assessment, Planning, Implementation, and
Evaluation and Research, each deal with a specific area of Health Promotion practice with their associated competency statements articulating the necessary skills needed for competent practice. It is the combined application of all the domains, the knowledge base and the ethical values which constitute the IUHPE Core Competencies Framework for Health Promotion.

Figure 1 IUHPE Core Competencies for Health Promotion
IUHPE PROFESSIONAL STANDARDS FOR HEALTH PROMOTION

The IUHPE Professional Standards for Health Promotion were formulated to meet the widely accepted definition of what constitutes a standard, which is, ‘a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition’ (12). The standards need to be commonly understood, specify technical criteria and be capable of being used consistently across varying settings and geographical regions.

Each standard specifies the knowledge, skills and performance criteria required to demonstrate acquisition of the core competencies in each domain. For each standard the knowledge, skills and performance criteria describe the requirements for all of the core competency statements in that area, and are not therefore aligned to individual statements. There is therefore some repetition of certain items across the standards.

The standards are pitched at entry level to the Health Promotion profession.

A Health Promotion practitioner must be able to meet all the Standards to be eligible for registration within the IUHPE Health Promotion Accreditation System.

A Health Promotion course provider must be able to demonstrate that all the Standards are covered within the course for it to be eligible for accreditation.

For more details on registration for practitioners and accreditation of course please see http://www.iuhpe.org/index.php/en/the-accreditation-system

IUHPE Core Competencies and Professional Standards for Health Promotion

The following table comprises the IUHPE Core Competencies for Health Promotion. Each domain is detailed at the top the table with the associated core competency statement given in the left side column. The related knowledge, skills and performance criteria for each domain (centre and left columns), together with the core competency statement, form the IUHPE Professional Standards for Health Promotion.
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, groups and communities; 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:

**Knowledge, skills and performance criteria**

Evidence provided either from documentation, or assessment during work or study, of practitioner’s ability to:

**Recognise and address ethical dilemmas and issues, demonstrating:**

- Knowledge of concepts, principles and ethical values of Health Promotion
- Knowledge of concepts of health equity, social justice and health as a human right
- Knowledge of existing and emerging legal and ethical issues in own area of practice
- Proactive in addressing ethical issues in an appropriate way (e.g. challenging others’ unethical practice)

**Act in ways that:**

- Acknowledge and recognise people’s expressed beliefs and preferences
- Promote the ability of others to make informed decisions
- Promote equality and value diversity
- Value people as individuals
- Acknowledge the importance of maintaining confidentiality
- Are consistent with evidence, legislation, policies, governance frameworks and systems

**Continually develop and improve own and others’ practice by:**

- Reflecting on own behaviour and practice and identifying where improvements should be made
- Recognising the need for, and making use of, opportunities for own and others’ development
- Being aware of different learning approaches and preferences
- Applying evidence in improving own area of work
- Objectively and constructively reviewing the effectiveness of own area of work
1. Enable Change  *Enable individuals, groups, communities and organisations to build capacity for health promoting action to improve health and reduce health inequities. A Health Promotion practitioner is able to:*

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

<table>
<thead>
<tr>
<th>Core Competency Statement</th>
<th>Core Knowledge and Skills required</th>
<th>Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Use advocacy strategies and techniques which reflect Health Promotion principles</td>
<td><strong>Knowledge</strong>&lt;br&gt;Determinants of health&lt;br&gt;Advocacy strategies and techniques&lt;br&gt;Methods of stakeholder engagement&lt;br&gt;Health and wellbeing issues relating to a specified population or group&lt;br&gt;Theory and practice of community development including: empowerment, participation and capacity building&lt;br&gt;Knowledge of strategy and policy development</td>
<td>2a. Show how advocacy strategies can be used in a specified area for Health Promotion action, and demonstrate how they reflect Health Promotion principles.</td>
</tr>
<tr>
<td>2.2 Engage with and influence key stakeholders to develop and sustain Health Promotion action</td>
<td></td>
<td>2b. Identify the range of relevant stakeholders/partners in a specified area or setting, and show how their support can be engaged to develop and sustain advocacy and Health Promotion action.</td>
</tr>
<tr>
<td>2.3 Raise awareness of and influence public opinion on health issues</td>
<td></td>
<td>2c. Select and use appropriate communication methods for a specified audience in order to raise awareness, influence opinion, advocate for and enable action on health and wellbeing issues.</td>
</tr>
<tr>
<td>2.4 Advocate for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities</td>
<td><strong>Skills</strong>&lt;br&gt;- Use of advocacy techniques&lt;br&gt;- Working with a range of stakeholders&lt;br&gt;- Facilitation&lt;br&gt;- Community development including empowerment, participation, capacity building and equality impact assessment&lt;br&gt;- Ability to work with: Individuals and groups defined by gender, social and economic status, geography, culture, age, setting, or interest; and those in own/other organisations/sectors</td>
<td>2d. Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and wellbeing needs.</td>
</tr>
<tr>
<td>2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for Health Promotion action</td>
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</tbody>
</table>

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45
3. Mediate through partnership  Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of Health Promotion action. A Health Promotion practitioner is able to:

<table>
<thead>
<tr>
<th>Core Competency Statement</th>
<th>Core Knowledge and Skills required:</th>
<th>Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, networking, stakeholder engagement - Systems, structures and functions of different sectors, organisations and agencies - Principles of effective intersectoral partnership working</td>
<td>3a. Describe own role in a specified partnership, coalition or network, and demonstrate the skills or actions needed to develop, facilitate and sustain effective partnership working.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>- Stakeholder engagement - Collaborative working - Facilitation and mediation - Communication skills - Ability to work with: stakeholders from community groups and organisations; and partnerships, coalitions or networks for health improvement; public and private sector and civil society - Networking</td>
<td>3b. Identify the range of relevant stakeholders/partners in a specified area or setting, and show how they are engaged actively in Health Promotion action. 3c. Show how different sectoral interests in a specified partnership, coalition or network are identified and acted upon, and demonstrate own role in mediating between sectors.</td>
</tr>
<tr>
<td>Core Competency Statement</td>
<td>Core Knowledge and Skills required:</td>
<td>Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:</td>
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</tr>
<tr>
<td>4.1 Use effective communication skills including written, verbal, non-verbal, listening</td>
<td>Knowledge</td>
<td>4a. Use a range of communication skills for Health Promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.</td>
</tr>
<tr>
<td>skills and information technology</td>
<td>- Understanding of social and cultural diversity</td>
<td></td>
</tr>
<tr>
<td>4.2 Use electronic and other media to receive and disseminate Health Promotion information</td>
<td>- Theory and practice of effective communication including Interpersonal communication and group work</td>
<td>4b. Have a working knowledge of the use of information technology and electronic media for Health Promotion.</td>
</tr>
<tr>
<td>4.3 Use culturally appropriate communication methods and techniques for specific groups</td>
<td>- Applications of information technology for social networking media, and mass media</td>
<td></td>
</tr>
<tr>
<td>and settings</td>
<td>- Diffusion of innovations theory</td>
<td></td>
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<tr>
<td>4.4 Use interpersonal communication and groupwork skills to facilitate individuals,</td>
<td>- Health literacy</td>
<td></td>
</tr>
<tr>
<td>groups, communities and organisations to improve health and reduce health inequities</td>
<td></td>
<td>4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4d. Identify and use innovative communication techniques appropriate for the specific setting, customs, and social and cultural environment.</td>
</tr>
</tbody>
</table>
5. Leadership  
*Contribute to the development of a shared vision and strategic direction for Health Promotion action. A Health Promotion practitioner is able to:* | Core Knowledge and Skills required: | Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to: |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Core Competency Statement</strong></td>
<td><strong>Knowledge</strong></td>
<td>5a. Identify and mobilise leaders within the community, showing how they are engaged and motivated to agree a shared vision and strategic direction.</td>
</tr>
</tbody>
</table>
| 5.1 Work with stakeholders to agree a shared vision and strategic direction for Health Promotion action | - Theory and practice of effective leadership  
- Including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving  
- Management and organisational development theory  
- Strategy development  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, decision-making, teamwork, stakeholder engagement, networking  
- Principles of effective intersectoral partnership working  
- Emerging challenges in health and Health Promotion  
- Principles of effective human and financial resource management and mobilisation | 5b. Demonstrate use of own leadership skills in e.g. teamwork and decision-making describing own role in a specified area of Health Promotion action. |
| 5.2 Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving) | **Skills** | 5c. Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of Health Promotion action. |
| 5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities | - Stakeholder engagement / networking  
- Collaborative working skills  
- Facilitation  
- Ability to motivate groups and individuals towards a common goal  
- Resource management | 5d. Demonstrate how resources were mobilised for a specified Health Promotion action, and show an understanding of the principles of effective management of staff and/or budgets for Health Promotion. |
| 5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in Health Promotion | 5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance Health Promotion action. |
### 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:**

<table>
<thead>
<tr>
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<th>Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Use participatory methods to engage stakeholders in the assessment process</td>
<td><strong>Knowledge</strong></td>
<td>6a. Identify the range of relevant stakeholders/partners in a specified area or setting, and show how their support is engaged in a needs/assets assessment process, and in identifying priorities for action.</td>
</tr>
<tr>
<td>6.2 Use a variety of assessment methods including quantitative and qualitative research methods</td>
<td></td>
<td>6b. Select appropriate qualitative and quantitative methods for use in a specified assessment process.</td>
</tr>
<tr>
<td>6.3 Collect, review and appraise relevant data, information and literature to inform Health Promotion action</td>
<td><strong>Skills</strong></td>
<td>6c. Identify, collect, critically appraise and analyse a range of data and information relevant to a specified assessment process, and illustrate how conclusions lead to recommendations for Health Promotion action.</td>
</tr>
<tr>
<td>6.4 Identify the determinants of health which impact on Health Promotion action</td>
<td></td>
<td>6d. Demonstrate how the approaches used in a specified assessment process are socially, culturally and ethically appropriate.</td>
</tr>
<tr>
<td>6.5 Identify the health needs, existing assets and resources relevant to Health Promotion action</td>
<td></td>
<td></td>
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<tr>
<td>6.6 Use culturally and ethically appropriate assessment approaches</td>
<td></td>
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<tr>
<td>6.7 Identify priorities for Health Promotion action in partnership with stakeholders based on best available evidence and ethical values</td>
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</table>
7. Planning

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

<table>
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<tr>
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</tr>
</thead>
</table>
| 7.1 Mobilise, support and engage the participation of stakeholders in planning Health Promotion action | **Knowledge**  
- Use and effectiveness of current Health Promotion planning models and theories  
- Principles of project/programme management  
- Principles of resource management and risk management | 7a. Identify the range of relevant stakeholders/partners in a specified area, and devise ways through which their support and participation is engaged in planning Health Promotion action.  
7b. Present a rationale for the selection and use of appropriate Health Promotion planning model(s).  
7c. Develop a Health Promotion action plan, based on an assessment of needs and assets for a specified area/setting 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. |
| 7.2 Use current models and systematic approaches for planning Health Promotion action | **Skills**  
- Use of Health Promotion planning models  
- Analysis and application of information about needs and assets  
- Use of project/programme planning and management tools  
- Ability to work with: groups and communities targeted by the Health Promotion action; stakeholders and partners | |
| 7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets | | |
| 7.4 Develop and communicate appropriate, realistic and measurable goals and objectives for Health Promotion action | | |
| 7.5 Identify appropriate Health Promotion strategies to achieve agreed goals and objectives | | |

50
# 8. Implementation

*Implement effective and efficient, culturally sensitive, and ethical Health Promotion action in partnership with stakeholders. A Health Promotion practitioner is able to:*

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>8.1 Use ethical, empowering, culturally appropriate and participatory processes to implement Health Promotion action</td>
<td><strong>Knowledge</strong>&lt;br&gt;- Principles of project/programme management&lt;br&gt;- Principles of effective human and financial resource management including performance management and risk management&lt;br&gt;- Theory and practice of programme implementation&lt;br&gt;- Understanding social and cultural diversity&lt;br&gt;- Quality assurance, monitoring and process evaluation&lt;br&gt;- Theory and practice of community development including: empowerment, participation and capacity building</td>
<td>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.</td>
</tr>
<tr>
<td>8.2 Develop, pilot and use appropriate resources and materials</td>
<td><strong>Skills</strong>&lt;br&gt;- Use of participatory implementation processes&lt;br&gt;- Use of project/programme management tools&lt;br&gt;- Resource management&lt;br&gt;- Collaborative working&lt;br&gt;- Ability to work with: groups and communities participating in the Health Promotion action; stakeholders and partners; team members&lt;br&gt;- Monitoring and process evaluation</td>
<td>8b. Identify the human and financial resources required for the implementation of a specified Health Promotion action, and demonstrate responsibility for efficient use of resources either as part of own role or collaboratively with others.</td>
</tr>
<tr>
<td>8.3 Manage the resources needed for effective implementation of planned action</td>
<td></td>
<td>8c. Identify the range of relevant stakeholders/partners for a specified Health Promotion action, and show how collaboration is developed and sustained.</td>
</tr>
<tr>
<td>8.4 Facilitate programme sustainability and stakeholder ownership through ongoing consultation and collaboration</td>
<td></td>
<td>8d. Identify the information required to monitor the quality of the implementation process, and show how it is collected, analysed and used to maintain quality.</td>
</tr>
<tr>
<td>8.5 Monitor the quality of the implementation process in relation to agreed goals and objectives for Health Promotion action</td>
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</table>
### 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>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>9.1 Identify and use appropriate Health Promotion evaluation tools and research methods</strong></td>
<td><strong>Knowledge</strong>&lt;br&gt;- Knowledge of different models of evaluation and research&lt;br&gt;- Formative and summative evaluation approaches&lt;br&gt;- Qualitative and quantitative research methods&lt;br&gt;- Data interpretation and statistical analysis&lt;br&gt;- Evidence base for Health Promotion</td>
<td>9a. Identify appropriate methods for the evaluation of a specified Health Promotion action.</td>
</tr>
<tr>
<td><strong>9.2 Integrate evaluation into the planning and implementation of all Health Promotion action</strong></td>
<td></td>
<td>9b. Critically appraise research literature and use evidence and/or guidance in the planning and implementation of Health Promotion action</td>
</tr>
<tr>
<td><strong>9.3 Use evaluation findings to refine and improve Health Promotion action</strong></td>
<td></td>
<td>9c. Analyse and evaluate complex data including statistical information relating to a specified Health Promotion action.</td>
</tr>
<tr>
<td><strong>9.4 Use research and evidence based strategies to inform practice</strong></td>
<td><strong>Skills</strong>&lt;br&gt;- Use of a range of research methods and tools&lt;br&gt;- Ability to formulate answerable research questions&lt;br&gt;- Critical appraisal and review of literature&lt;br&gt;- Write research reports and communicate research findings effectively and appropriately&lt;br&gt;- Ability to work with: stakeholders, communities and researchers</td>
<td>9d. Show how findings from evaluation and monitoring processes are used to refine and improve Health Promotion action.</td>
</tr>
<tr>
<td><strong>9.5 Contribute to the development and dissemination of Health Promotion evaluation and research processes</strong></td>
<td></td>
<td>9e. Report on research findings and identify their implications for stakeholders and communities; and contribute to publications in professional, management or academic journals.</td>
</tr>
</tbody>
</table>
7.1.1 REFERENCES


7.2 Conflict of Interest and Confidentiality Policy

The IUHPE GAO Board of Directors and constituent Committees (or NAO BoD and Committees as relevant) affirm their commitment to an accreditation process that is characterised by fairness, impartiality and transparency. Central to assuring that the procedural aspects of the System are fair to all applicants and that its decision-making processes are impartial in all instances is an organisational and personal duty to avoid real or perceived conflicts of interest and to maintain confidentiality.

7.2.1. Conflict of Interest Policy

Scope of Conflict of Interest Policy

This policy addresses actual, potential, and perceived conflicts of interest related to the responsibilities of all persons acting on behalf of the IUHPE Health Promotion Accreditation System in relation to all aspects of its operation and in particular in relation to assessment/appeals procedures for all applications. For other aspects of conflict of interest, the relevant IUHPE policy applies.\(^53\)

Conflict of Interest - Definition

A conflict of interest is defined as any relationship with an applicant or other relevant person or organisation that could interfere with the ability of the individual to exercise objectivity in the accreditation/registration process or any other relevant aspects/processes of the System. A perceived conflict of interest is any such relationship that could be perceived as interfering with the individual’s ability to exercise objectivity, even if this is not necessarily the case.

Circumstances that may create a real or perceived conflict of interest include, but are not limited to, situations in which an assessor/reviewer/other relevant person:

- Is a close relative (e.g. spouse, parent, child, or sibling) of the applicant

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\(^{53}\) Available from Chair GAO BoD
• Has close personal relationship with an applicant
• Is employed by the applicant, or has a close relative (spouse, parent, child, or sibling) who is so employed
• Is, or has been, a consultant to the applicant, or has a close relative who is, or has been, such a consultant
• Has a monetary or personal interest in the outcome of the accreditation/registration decision
• Is a graduate of a course offered by an applicant
• Manifests a partiality that prevents objective consideration of an application for accreditation/registration.

**Application of Policy**

• All persons involved in or acting on behalf of the IUHPE Accreditation System in relation to assessment/appeals procedures for all applications or any other relevant activity must not accept any role in these procedures if there is a real, potential or perceived conflict of interest with their participation in the process.

• All persons involved in or acting on behalf of the IUHPE Health Promotion Accreditation System in relation to assessment/appeals procedures for all applications or any other relevant activity must report any concerns about their own or others’ real, potential or perceived conflict of interest with their participation in the process to the Chair of the IUHPE GAO (or NAO) BoD as relevant.

• The Chair of the relevant Assessment/Appeals Committees must remind all those who are active in the relevant processes that they must avoid all real and perceived conflicts of interest as each round of applications are considered or Appeals processed.

• All persons acting on behalf of the IUHPE Health Promotion Accreditation System (GAO or NAO) in relation to assessment/appeals procedures for all applications or other relevant activities must not accept any role that activity if there is a real, potential or perceived conflict of interest with their participation in the process.

• When accepting appointment as an assessor or reviewer the individual must sign a statement (see below) attesting to the fact that that s/he has no real or perceived conflict of interest in relation to any of the applications being assessed/reviewed.
• Where a person has a real or potential perceived conflict of interest in relation to all and any applications/appeals or other relevant activity s/he must notify the Chair of the IUHPE GAO (or NAO) BoD as relevant and absent themselves from the process and refrain from participating in all aspects of the discussion and decision-making on such applications/appeals or other relevant activity.

• If the Board of Directors or any member of Committees (GAO or NAO as relevant) or any member of any GAO/NAO Committee or relevant others involved in the application/appeals process or other relevant activity determine that anyone with a relevant role in the process/activity has a conflict of interest in connection with a particular application, the documentation on that applicant will not be provided to that individual, either in an advance mailing or at the time of the meeting and the person must absent himself/herself from the discussion and decision-making on the relevant application or related activity.

• The minutes of any meeting/discussion within which such conflicts or perceived conflicts must clearly reflect that the conflicted individual did not participate in any aspect of the process or relevant related activity.

• An assertion by any third party of an actual, potential, or perceived conflict of interest in any matter must be submitted in writing to the NAO and/or GAO Board of Directors as relevant who will review the case and, if necessary, request input from either the GOA/NAO Appeals Committee as relevant or other expert advice as enquired. Full records of the complaint, investigation and outcome will be kept on file and a formal written reply sent to the complainant within 30 working days.

• Should a conflict of interest which is obvious and appears deliberate a full investigation will be undertaken by the NAO and GAO BoDs jointly. If this is found to be the case the person involved in the deliberate conflict of interest will have no further input into any assessment/appeals procedures or any activity process within the System.

• A statement of agreement will be completed by all assessors/reviewers at each round of application/appeal processes and relevant related activities and kept on file as part of the formal documentation of the IUHPE Health Promotion Accreditation System at GAO/NAO level as relevant.

7.2.2 Confidentiality Policy
**Scope of Confidentiality Policy**

- All issues relating to application, records and correspondence or other relevant information that are exchanged or maintained online will be governed by the relevant Data Protection laws in place in the relevant catchment area (NAO or GAO).
- Information supplied by applicants and used in the processes of assessment in relation to applicants and the assessment processes and relevant related activities will be accessible only to the GAO/NAO Board of Directors as relevant, relevant Committee members and such staff as are required to record and manage the assessment process at GAO and/or NAO level as relevant.
- Secure storage, whether of online or hard copy applications, is the responsibility of the relevant BoD (GAO/NAO).
- Applicants should be made aware that once entered into Global and National registers that their names will be publicly available on the GAO System website (and NAO as relevant) as part of the quality assurance commitment to the public which is a key element of the IUHPE Health Promotion Accreditation System.

**Application of Confidentiality Policy**

- All issues relating to application, records and correspondence or other relevant information that are exchanged or maintained online will be governed by the relevant Data Protection laws in place in the relevant catchment area (NAO or GAO).
- Assessment processes and related activities will be accessible only to the GAO/NAO (as relevant) Board of Directors, relevant Committee members and such staff as are required to record and manage the assessment process at GAO and/or NAO level as relevant.
- All persons involved in or acting on behalf of the IUHPE Accreditation System at GAO or NAO level as relevant in relation to assessment/appeals procedures for all applications must not relate, discuss or share information pertaining to applicants, assessments, outcomes or other related/information/matters to anyone other than the relevant members of the IUHPE GAO/NAO Board of Directors and Committees and GAO/NAO staff as relevant.
- All persons involved in or acting on behalf of the IUHPE Accreditation System in relation to assessment/appeals procedures for all applications or related activities must report any concerns about breaches of confidentiality to the Chair of the BoD (GAO/NAO) as relevant.
The Chair of the Assessment/Appeals Committees (GAO/NAO as relevant) must remind all those who are active in the relevant processes to avoid all real and perceived breaches of confidentiality as each round of applications are considered or Appeals processed or as otherwise relevant.

If the NAO/GAO Board of Directors as relevant or any member of Committees or relevant others involved in any way in any aspect of the IUHPE Health Promotion Accreditation System determine that anyone with a relevant role has breached the rules of confidentiality no further information on applicant will be available to that person until such time as the breach is either upheld and action taken against the accused individual or is dismissed as not upheld. If the breach of confidentiality is upheld the NAO/ GAO BoD will ensure that the person responsible will not take part in any aspect of the System in the future.

An assertion by any third party of an actual, potential, or perceived breach of confidentiality must be submitted in writing to the Board of Directors (GAO/NAO as relevant) who will review the case and, if necessary, request input from the GAO BoD or other expert advice as enquired. BoD. Full records of the complaint, investigation and outcome will be kept on file and a formal written reply sent to the complainant within 30 working days by the relevant Chair. If the breach of confidentiality is upheld the GAO/NAO BoD will ensure that the person responsible will not take part in any aspect of the System in the future.

A statement of agreement in relation to confidentiality must be completed by all assessors/reviewers at each round of application/appeal processes or other related processes and by others as relevant at GAO/NAO level as relevant and will be kept on file within the relevant organization as part of the formal documentation of the IUHPE Health Promotion Accreditation System.

Should a breach of confidentiality which is obvious and appears deliberate be found, the person involved will have no further input into any aspect of the System.

Secure storage, sharing or handling of whether of online or hard copy applications or other confidential information, is the responsibility of the relevant BoD (GAO/NAO) and must follow all local and national data protection laws.

Conflict of Interest and confidentiality Statement of Agreement

By my signature below, I acknowledge that I have received, read and understood the IUHPE Health Promotion Accreditation System instructions on assessment and undertaken training in assessment procedures relevant to the System in the past 12 months. I also affirm I have
received, read and understood the IUHPE Health Promotion Accreditation System and Conflicts of Interest and Confidentiality Policies and I agree to comply in all respects with these policies.

Date
Signed Please print name
7.3 GLOSSARY

7.3.1 Glossary

Please note - the terms defined in this glossary are based on the sources cited but are, in some cases, slightly reworded to make them more directly relevant to the System.

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 recognised as meeting a certain standard and/or providing content which is required professionally (1).

Accreditation Body or Organisation: An organisation which makes decisions about the status, legitimacy or appropriateness of an institution, programme or professionals (1).

Accreditation Professional/Individual: A form of qualification or individual registration awarded by a professional or regulatory organisation that confirms an individual as fit to practice (1).

Advocacy: A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme. Advocacy can take many forms including the use of the mass media and multimedia, direct political lobbying, and community mobilisation through, for example, coalitions of interest around defined issues (2).

Assessment (see also Needs Assessment): The systematic collection and analysis of data in order to provide a basis for decision-making (3).

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 (4).

Capacity Building: The development of knowledge, skills, commitment, structures, systems and leadership to enable effective Health Promotion which involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for Health Promotion in Organisations, and the development of cohesiveness and partnerships for health in communities (5).
**Collaboration:** A recognised relationship among different sectors or groups, which has been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by one sector or group acting alone (6).

**Community Assets:** Contributions made by individuals, citizen associations and local institutions that individually and/or collectively build the community’s capacity to assure the health, well-being, and quality of life of the community and all its members (7).

**Community Development:** The process of helping communities to take control over their health, social and economic issues by using and building on their existing strengths (8).

**Competence:** The proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development (9).

**Competencies:** A combination of the essential knowledge, abilities, skills and values necessary for the practice of Health Promotion (10).

**Consensus:** Ideally, unanimous agreement with an outcome, or at least a unanimous agreement that the final proposal is acceptable to all stakeholders, after every effort has been made to meet any outstanding objections (11).

**Continuing Professional Development (CPD):** Study/experiences designed to upgrade the knowledge and skills of practitioners after initial training or registration.

**Core Competencies:** The minimum sets of competencies that constitute a common baseline for all Health Promotion roles and are what all Health Promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field (12).

**Course:** A series of lessons or lectures on a particular subject followed by formal assessment.

**Culture:** A socially inherited body of learning including knowledge, values, beliefs, customs, language, religion, art, etc. (13).

**Delphi Method/Technique:** A process used to collect and distil the judgments of experts using a series of questionnaires interspersed with feedback (14).

**Determinants of Health:** The range of political, economic, social, cultural, environmental, behavioural and biological factors which determine the health status of individuals or populations (2).
**Educational / Qualification Standards:** 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 and answer the question ‘what does the student need to learn to be effective in employment’? (8).

**Education and Training Providers:** Formally recognised education and/or training organisations with authority to grant certificates, diplomas, degrees, etc., which are recognised formally by the appropriate national academic accreditation system.

**Empowerment for Health:** The process through which people gain greater control over decisions and actions which impact on their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Individual empowerment refers to the individual’s ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community (2).

**Enable:** Taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources, to promote and protect their health. A key role for Health Promotion practitioners is acting as a catalyst for change by enabling individuals, groups, communities and organisations to improve their health through actions such as providing access to information on health, facilitating skills development, and supporting access to the political processes which shape public policies affecting health (2).

**Equity/Inequity in Health:** Equity means fairness and equity in health means that people’s needs should guide the distribution of opportunities for wellbeing. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity which result, for example, in unequal access to health services, to nutritious food, adequate housing, etc. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life (2). See also: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

**Ethics:** The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions. Much of modern ethical thinking is based on the
concepts of human rights, individual freedom and autonomy, and on doing good and not harm (8).

**European Qualifications Handbook (EQF):** An overarching qualifications Handbook that links the qualifications of different countries together and 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 Europe-wide workforce that is mobile and flexible, and to aid lifelong learning (9).

**Full Course:** a complete Bachelor (3 years) or Masters (1 or 2 years) educational programme that consists of different modules and is usually offered within the academic setting, although in some countries such courses are also offered at vocational level.

**Graduate:** Someone who has successfully completed a higher education programme to at least Bachelor degree level (9).

**Health:** A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (15). Within the context of Health Promotion, health is considered as a resource which permits people to lead an individually, socially and economically productive life. The Ottawa Charter (16) emphasises pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health, all key to a holistic understanding of health which is central to the definition of Health Promotion (2).

**Health Education:** Planned learning designed to improve knowledge, and develop life skills which are conducive to individual and community health. Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health (2).

**Health Promotion:** The process of enabling people to increase control over, and to improve, their health. Health Promotion represents a comprehensive social and political process, which includes not only actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health (2). The Ottawa Charter (16) identifies three basic strategies for Health Promotion:

- advocacy for health to create the essential conditions for health
- enabling all people to achieve their full health potential
- mediating between the different interests in society in the pursuit of health.
These strategies are supported by five priority action areas for Health Promotion:
• build healthy public policy
• create supportive environments for health
• strengthen community action for health
• develop personal skills, and
• reorient health services.

Health Promotion Action: Describes programmes, policies and other organised 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 (16).

Healthy Public Policy: Aims to create a supportive environment to enable people to lead healthy lives by making healthy choices possible or easier and by making social and physical environments health enhancing (2).

Inequity: See Equity

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 (9).

Leadership: In the field of Health Promotion, leadership is defined as the ability of an individual to influence, motivate, and enable others to contribute to the effectiveness and success of their community and/or the Organisation in which they work. Leaders inspire people to develop and achieve a vision and goals, and encourage empowerment (6).

Mediate: A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Enabling change in any context inevitably produces conflicts between the different sectors and interests and reconciling such conflicts in ways that promote health requires input from Health Promotion practitioners, including the application of skills in advocacy for health and conflict resolution (6).

National Qualifications Handbook: 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 (9).

**Needs Assessment:** A systematic procedure for determining the nature and extent of health needs in a population, the causes and factors contributing to those needs and the resources (assets) which are available to respond to these (2).

**Occupational Standards:** Specify the main jobs that people do by describing the professional tasks and activities as well as the competencies typical of an occupation. Occupational standards provide the detail of what will be required of the learner in employment (4).

**Partnership:** A partnership for Health Promotion is a voluntary agreement between individuals, groups, communities, organisations or sectors to work cooperatively towards a common goal through joint action (2) and (6).

**Practitioner:** see Health Promotion practitioner

**Performance Criteria:** Statement of the evidence of the applicant’s ability either from documentation or from assessment during work or study.

**Postgraduate:** Study at postgraduate level, i.e. Masters or Doctorate, equivalent to levels 7 & 8 of the European Qualifications Handbook (9).

**Professional:** Relates to those attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning (17). See also regulated profession.

**Qualification:** A formal outcome of an assessment and validation process which is obtained when a competent organisation determines that an individual has achieved learning outcomes to given standards (9).

**Registration:** The entering of an individual practitioner or an education/training organisation on a formal list of those meeting accreditation or re-accreditation 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 (17).

**Right to Health:** A rights-based approach means integrating human rights, norms and principles in the design, implementation, monitoring and evaluation of all health-related policies and programmes. This includes human dignity, attention to the needs and rights of vulnerable
groups and an emphasis on ensuring that health systems are made accessible to all. The principles of equality and freedom from discrimination are central to this approach. Integrating human rights into health development also means empowering poor people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access (18).

**Settings for Health Promotion:** The places or social contexts in which people live, work and play and in which environmental, organisational and personal factors interact to affect health and well-being. Action to promote health in different settings can take different forms including organisational or community development. Examples of settings for Health Promotion action include: schools, workplaces, hospitals, prisons, universities, villages and cities (2).

**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) (9).

**Social Justice:** The concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income (6).

**Stakeholders:** Individuals, groups, communities and Organisations that have an interest or share in an issue, activity or action (19).

**Standard:** An agreed, repeatable way of doing something which is published and contains a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition (20).

**Strategies:** Broad statements that set a direction and are pursued through specific actions, such as those carried out in programmes and projects (7).

**Supportive Environments for Health:** Environments which offer people protection from threats to health, and enable people to expand their capabilities and develop self-reliance in health (2).

**Target Level of Standards:** Refers to 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 which express best practices and represent goals to be striven for (21).
**Teamwork:** The process whereby a group of people, with a common goal, work together to increase the efficiency of the task in hand, see themselves as a team and meet regularly to achieve and evaluate those goals. Regular communication, coordination, distinctive roles, interdependent tasks and shared norms are important features of teamwork (22).

**Values:** The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and may be, but are not necessarily, grounded in religious faith. Social values are more flexible and may change as individuals gain life experience and include, for example, attitudes towards the use of alcohol, tobacco and other substances (6).

**Vision:** Expresses goals that are worth striving for and incorporates shared ideals and values (7).

**Workforce Planning:** The strategic alignment of an organisation’s human resources with the direction of its planned service and business (19).

### 7.3.2 Glossary References


7.4 Translation Policy

As has been shown by translations undertaken within the System to date, there needs to be some flexibility to allow that the meaning of the criteria, process policy, etc. is understood rather than a direct, but meaningless, translation of words. However, it is also important that the control is maintained over the translation of the key elements such as the agreed criteria for assessment, processes, procedures and policies and the definitions of health, Health Promotion, etc. to ensure consistency, transparency, fairness and the internal quality assurance of the System.

The translation procedure for all forms, documents (i.e. those used as part of any registration/accreditation undertaken within the System and the official information on these processes) must follow a clear process to assure clarity, consistency, quality and cultural sensitivity. The suggested steps in the transition policy are:

- Translation in first draft (from English to the relevant language) should be undertaken by a competent person, preferably a professional translator,
- The resulting translated draft should be reviewed by a Health Promotion expert fluent in the relevant language to ensure correct translation of content and meaning. Cultural sensitivity to relevant contexts should be considered while preserving the core agreed dimensions of the document/process,
- A final proof, read by another Health Promotion practitioner or member of GAO/NAO Board or committee to ensure the absence of errors.

Responsibility for all aspects of these translations lies with the NAO or stakeholder/other organization leading the process.

For short term use and informal information sharing (i.e. for other than assessing eligibility for NAOs, courses or practitioners and other major decisions in relation to criteria, process and policies), documents may be translated in a less rigorous way but these must be clearly marked as ‘working copy only’ and not be used for any of the formal processes of the System.

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54 For example, an experienced and well recognised practitioner or established academic
7.5 Template annual NAO report to IUHPE GAO

- Name NAO
- Contact Person
- Period covered (from – to)
- Details of (as relevant):
- Any changes to NAO structures/personnel (i.e. members of committee, etc.)
- Number of applications (initial registration)
- Number of initial registrations completed
- Number of applications re-registration
- Number of re-registrations completed
- Total income from registration fees (this will be the basis for the 10% per capita fee to be submitted to the IUHPE GAO for each completed registration).
- Details of any types of CPD activities accepted\(^{55}\) for re-registration other than those listed in Handbook
- Number of Appeals- if any (please give details)
- Any difficulties/problems with any aspects of the System, registration or other related issues
- Any recommendations/proposals for consideration at IUHPE GAO Annual meeting including changes to processes. Handbooks etc.
- Any other comments

The report should be signed by the Chair of the NAO Board of Directors or on their authority or behalf by a delegate

\(^{55}\) The NAO should refer to GAO for advice before accepting activities other than those on list
7.6 Terms of Reference National Accreditation Organisation Board of Directors and Committees – Suggested Template

NAO Board of Directors Terms of Reference

**Purpose:** To oversee and manage the performance of the NAO. The Board is the formal decision making body on all matters pertaining to the structures and process of the registration of practitioners within the System. It ensures that all actions taken in the registration process follow the agreed criteria in relation to accreditation and relevant legal and ethical principles and are in accordance with agreed IUHPE Health Promotion Accreditation System governance procedures.

The Board will ensure the functioning of the Accreditation System in the NAO catchment area through designated Committees, employees and others as relevant. The Board’s functions include:

**Managing and maintaining the IUHPE Accreditation System in the NAO catchment area**

- Overseeing all management aspects of the Accreditation System at NAO catchment level including planning, implementation and evaluation of annual and long-term action plans
- Overseeing the use and application of the System in the catchment area
- Ensuring that all aspects of implementation of the Accreditation System in the catchment areas are in accordance with the ethical and legal requirements, agreed criteria and governance procedures as outlines in the IUHPE Accreditation System
- Managing conflict and controversy resolution in relation to the Accreditation System and its implementation in the NAO catchment area
- Managing conflicts of interest according to IUHPE Health Promotion Accreditation System policies procedures and as agreed for assessment and appeals processes within the NAO catchment area
- Managing systems to ensure confidentiality
Facilitating the revision of the Accreditation System on a 5-year cycle in partnership with the IUHPE GAO, other NAOs and other relevant professional organisations and individual experts

Undertaking risk analysis and implementing a risk management strategy within the NAO catchment area

Seeking legal, financial or other expert advice as required for the effective implementation and management of the IUHPE Accreditation System within the NAO catchment area.

Overseeing all aspects of PR and marketing for the System at NAO level and at global level in partnership with the GAO.

**Overseeing financial management and regulation**

- Developing and maintaining a system of financial management for the operation of the NAO including setting fees within its catchment area
- Ensuring that the per capita fee$^{56}$ for each practitioner registered is paid to the IUHPE GAO on a regular basis
- Ensuring the accountability and transparency of all financial systems of the NAO
- Ensuring that all fund-raising, sponsorship and marketing strategies of the NAO comply with the IUHPE sponsorship and fund-raising guidelines$^{57}$
- Overseeing and approving applications for funding by the NAO to external bodies.
- Produce an annual report$^{58}$ on the IUHPE Health Promotion Accreditation System within the NAO catchment area including relevant financial information, to the GAO BoD.

**Ensuring the Maintenance of a Register of practitioners**

- Maintaining a Register of all practitioners registered which will be updated on an annual basis

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$^{56}$ Currently set at 10% of NAO fee per practitioner

$^{57}$ Available from the Chair of the GAO Bog

$^{58}$ Template
• Ensuring that the names entered on the NAO register are also entered onto the Global register and that such information is shared with the GAO on a regular basis\(^59\).

**Capacity Development**

• Encouraging the development and expansion of the NAO within its catchment area
• Encouraging the expansion and development of the System Globally in partnership with the GAO, other NAOs and relevant others.
• Sharing information, experience and skills with the GAO/NAOs and relevant others

**Reports to:** IUHPE GAO Board

**Membership**

**Number of members:** Minimum six, maximum nine.

**Composition:** The members of the Board will be those with the authority to act as decision makers on legal, financial and other relevant aspects of the Accreditation System. A minimum of three members should have significant experience in Health Promotion (minimum five years). The IUHPE NAO BoD will produce an annual report on their activities, including relevant financial information, to IUHPE Health Promotion Accreditation System GAO.

**Terms of service:** Voluntary. Payment for agreed expenses will be reimbursed as funding allows.

**Meetings:** Minimum of one face-to-face meeting per annum. The use of IT systems for on-going communication will be maximised. The quorum for formal decision making will be three members. The Chair of the Board will be appointed by the Board of Directors.

**7.6.4 NAO Assessment Committee**

**Terms of Reference**

**Purpose:** To manage the assessment process for Health Promotion practitioners in their catchment area.

\(^{59}\) Not less than biannually
This includes:

- Overseeing all aspects of assessment of eligibility for registration of Health Promotion practitioners within their catchment area
- Forming a panel of assessors/reviewers who will review applications and report back on applicants’ eligibility to the IUHPE NAO Assessment Committee as a whole\(^{60}\)
- Assessing/approving eligible practitioners for registration/re-registration
- Overseeing the processes for calls for applications and applications from health Promotion practitioners for registration within the catchment area
- Overseeing the processes for notification of approval/denial of registration/accreditation and processes for appeals within the catchment areas
- Referring appeals to the NAO Appeals Committee\(^{61}\)
- Referring any problems/issues arising from the review process to the NAO BoD for their consideration and, if necessary, further action at a higher level
- Overseeing the maintenance of a Register of all practitioners registered/re-registered by NAOs within their catchment areas to be updated on not less than a biannual annual basis
- Overseeing the updating of the online applications systems for use in partnership with GAO.
- Monitoring complaints/feedback and making recommendations on the process of revocation/cancelation of registration to the NAO Board based on agreed criteria
- Applying the agreed a Conflict of Interest and Confidentiality policies in relation to assessment procedures and tasks within the NAO catchment area.

**Reports to:** NAO Board of Directors

**Membership**

**Number of members:** Minimum eight, maximum twelve. Members must undergo specific training on the assessment processes before undertaking any assessments.

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\(^{60}\) It may be that the whole Committee act as reviewers—this will depend on the size of the Committee and the number of applications

\(^{61}\) Once an appeal is made the NAO should inform the IUHPE GAO who will assist with the process and also appoint an external member to work with the NAO Appeal Committee from outside the catchment area.
**Composition:** The fully constituted Committee will, where possible, comprise representatives of Health Promotion policy, practice and academia with the ideal balance being three from each area. The Chair of the NAO BoD will have automatic membership of the committee.

**Length of service:** Members will serve for two years. At two yearly intervals half the membership will resign (see below for suggested procedure).

**Suggested selection procedure**

Initially the members of the Committee will be volunteers from within the NAO. If possible it is recommended that an elective system be inaugurated as soon as possible once the NAO is established. In this case resignations of the original members will be firstly on a voluntary basis. If the required number does not volunteer to resign, names will be drawn by the Chair of the NAO BoD, with reference to the need to maintain a balance of representatives from policy, practice and academic settings.

The remaining half of the members will resign in the following year and may stand for re-election at that point. This process will ensure continuity within the Committee.

**Suggested election process**

Candidates can self-nominate but must have a seconder from a member of the defined electorate. Members of the electorate can nominate candidates but must have the person’s permission to do so. All candidates will be required to complete a declaration in relation to any relevant conflicts of interest.

A quota system will apply to nominations to ensure representation from the areas of Health Promotion policy, practice and academia. If only the quota number in any category is nominated, then they will be declared elected without further election procedures.

The list of nominees in each category will be circulated to the electorate by email, on the website, etc.

The candidates and electorate will be drawn from:

- Members of the NAO
- Registered Health Promotion practitioners, suitable academics/policy makers
- Stakeholders as may be defined by the NAO

**Call for nominations**
The call for nominations should be widely published and circulated to all of above.

All candidates must be residents/representatives of organisations within the NAO catchment area.

Criteria

- Minimum of three members from each of the Health Promotion areas: policy, practice and academia
- Expressed interest in the Handbook/willingness to serve/availability for meetings
- Completion of declaration in relation to confidentiality and any relevant conflicts of interest
- Knowledge of/experience with accreditation (desirable).

Terms of service: Voluntary. Payment for agreed expenses will be reimbursed as funding allows.

Meetings: Minimum of one face-to-face meeting per annum. The use of IT systems will be maximised for on-going communication. The quorum for formal decision making will be five. The Chair will be one Chair of the BoD or may be elected by the Committee from among its

7.6.5 NAO Appeals Committee Terms of Reference

Purpose: To make final decisions on appeals against refusal/cancelation/revocation of registration of practitioners. The NAO Appeals Committee must seek external advice from the IUHPE GAO Board of Directors to ensure that all procedures in relation to appeals are according to relevant policies and procedures and to consider, if necessary if external legal advice is required in relation to any relevant laws. The decision making process will be minuted and the final decision/advice submitted to the NAO Board of Directors within 30 working days from date of submission of the appeal. All discussions and decisions will be held in strictest confidence and the agreed Conflict of Interest and Confidentiality policies will apply.

Reports to: IUHPE NAO/GAO Board of Directors

Membership
**Composition**: Chair of GAO/NAO BoD, IUHPE Vice President Administration and one Member each from relevant NAO and either another NAO BoD or Assessment Committee or the same at GAO.

**Number of members**: Minimum five, maximum seven

**Meetings**: as required when appeals are submitted. It is likely that teleconferencing or online meetings will be sufficient for the Committee’s business.

### 7.6.6 NAO Public Relations, Marketing and Dissemination Committee Terms of Reference

**Terms of Reference**

**Purpose**: To oversee the Dissemination, Public Relations and Marketing activities required to support the implementation, management and expansion of the IUHPE Health Promotion Accreditation System within the NAO catchment area and contribute to its expansion globally.

**Reports to**: NAO Board of Directors

**Membership**

**Number of members**: Minimum five, maximum ten

**Composition**: Volunteers from the Membership of the NAO

**Terms of service**: Voluntary. Payment for agreed expenses will be reimbursed as funding allows.

**Meetings**: No minimum requirement. The committee will use teleconferencing and other online/telephone communication tools rather than face-to-face meetings.
7.7 Letter of application from NAO

APPLICANT NAO
Name, Address
Name of Contact person
Contact details

Re Application for approval of a National Accreditation Organisation within the IUHPE Health Promotion Accreditation System

This letter constitutes a formal application for recognition as a National Accreditation Organisation within the IUHPE Health Promotion Accreditation System. The NAO, if approved will be the accreditation organisation for the following catchment area (Country/Region/Other NAME).

The applicant organisation is constituted as a (voluntary/professional/other) organisation. The support of the Health Promotion community within the catchment area for the organisation to become a NAO is evidenced by (please choose one option):

- Organisation is an existing registration organisation []
- Organisation is an established professional Health Promotion association []
- Other\[62\] []

If other, please give details:

Evidence to be supplied on the following:

- That there are no known conflicting applicants/potential applicants for NAO in the same catchment area.
- That the applicant organisation has the ability to establish and maintain governance systems/committees, etc. as required to operate all aspects of the IUHPE Accreditation Systems within their agreed context/area.
- That the applicant organisation has the ability to perform required tasks i.e. financial management, maintaining registers, maintaining application platforms, etc.

This application also indicates that the applicant NAO formally accepts\[63\]:

\[62\] For example, active membership from the Health Promotion community in the development process/ written letter(s) of support, etc.
• the criteria for accreditation/registration as indicated in the IUHPE Health Promotion Accreditation System Handbook
• the definitions of Health Promotion, health and other terms as defined in the System Glossary.
• the ethical and quality principles outlined in the System Handbook
• all policies and procedures outlined in the System Handbook (e.g. Conflict of Interest Policy).

It is understood that approval to operate as a NAO within the IUHPE Health Promotion Accreditation System can be revoked or cancelled. Reasons for revoking or cancelling approval will include:

**Details of internal quality assurance systems, for example,** what level of evidence will be required from applicants for registration/re-registration. While the same minimum requirements are used for re-registration in all countries, it is recognised that the process of collecting evidence of their attainment may vary. The NAO may decide to request evidence of all qualifications, work experience, CPD etc., or may operate an honour system or any option between these extremes. However, as a minimum level of quality control, the NAO must require proof of qualifications/work experience/participation in CPD activities from a random sample (up to 20%) of the practitioners applying for registration/re-registration in each calendar year. If the NAO is already an established Health Promotion accreditation system or a related system which recognises Health Promotion practitioners, it may follow their agreed levels of proof, provided this meets or is above this minimum quality control standard as defined above.

**Revocation/Cancellation of Approval to operate as a NAO**

Approval to operate as a NAO within the IUHPE Accreditation System can be revoked or cancelled. Decisions on revocation and cancellation of registration/accreditation are made by the IUHPE GAO Board. Reasons for revoking or cancelling approval include, but are not limited to:

• breach of the ethical principles and values as defined in the IUHPE Core Competencies for Health Promotion Handbook (1)
• failure to apply/comply with Conflict of Interest/Confidentiality Policy and other relevant policies
• failure to follow the agreed procedures and processes and apply the agreed criteria as defined in this Handbook

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63 Any variations on process/procedures agreed with GAO BoD must be noted in the application letter.
• evidence of inability to undertake required tasks (i.e. complaints from applicants regarding procedures/delays etc.)
• evidence of inability to manage register (i.e. register not updated on agreed schedule/incorrect/incomplete information or applicants informed that they were registered but this is not recorded.)
• evidence of dishonesty/lack of ability/capacity to manage finances (i.e. no formal accounts kept/evidence of misappropriation of funds, etc)
• evidence of dishonesty in the application process
• failure to pay any required fees/other costs
• other situations as identified by the IUHPE GAO/NAO Board which will be detailed on the System’s website.

Appeals against cancellation/revocation of accreditation can be made to an independent IUHPE GAO Appeals Committee.

This letter of application formally affirms:
• understanding and acceptance of all IUHPE Health Promotion Accreditation System policies, procedures, criteria and processes
• that all formal approvals and authorisations for this application have been obtained from all relevant parties within the applicant NAO
• that the person signing below is authorised to do so on behalf of the applicants.

Signed

By [NAO Name] Title or position
Signature Date

7.5.1 Sample letter of approval to operate as a NAO within from IUHPE Health Promotion Accreditation System GAO Board of Directors

[Date of letter]
[Recipient’s Name] [Title]
[NAO Name]
[Address]
Re Application for approval to operate as a National Accreditation Organisation within the IUHPE Health Promotion Accreditation System
This letter serves as a formal agreement between [the IUHPE Accreditation Organisation] and [NAO’s Name], whereby [NAO’s Name] is approved to operate as the accreditation organisation within the above System for the catchment area of [Name of Country/Region] in relation to the registration and re-registration of practitioners and such other related activities as may be agreed in the future.

This approval is based on evidence supplied by the [Name NAO] in relation to their ability to meet the required criteria and acceptance of the definitions, policies and procedures as outlined in the System Handbook and as may be agreed by the IUHPE GAO Board of Directors in the future.

It should be noted that approval to operate as a NAO within the IUHPE Health Promotion Accreditation System can be revoked or cancelled. Decisions on revocation and cancellation of registration/accreditation will be made by the IUHPE GAO Board of Directors.  

Appeals against cancellation/revocation of accreditation can be made to an independent IUHPE GAO Appeals Committee that will give a final decision on the case within a defined period.

This letter of agreement indicates understanding and formal acceptance of all IUHPE Health Promotion Accreditation System policies, procedures, criteria and processes and those to be agreed in the future.

Signed On behalf of the NAO {NAO FULL OFFICAL NAME}
Signature ___________________________ Date ________________
Title ____________________________________________________________________________

Signed on behalf of the IUHPE Accreditation Organisation
Signature ___________________________ Date ________________
Title ____________________________________________________________________________

64 Details of any variation to procedures/processes agreed by the GAO must be included in this letter.
7.8 Application process and forms

7.7.1 Practitioners Application Form

Please read the guidance notes below before completing the application form

- Make sure that you have completed all sections as incomplete applications cannot be processed
- Make a copy of your application and keep it for your records
- The IUHPE NAO Accreditation Assessment Committee can ask you to supply additional information and/or seek verification of all information given in this application form so please ensure that you have collected and retained all relevant information, awards, certificates, etc.
- Formal notification of the outcome of the assessment process may take up to 8 weeks after the close of the application period.

The application form comprises:

Personal and contact details

Declaration indicating that you have read understood and accepted the criteria for registration and the Ethical Principles which underpin the System. **NOTE** You will not be able to continue with the application until you accept this step.

**Education** – if you are a graduate of a course **accredited within the System** (please check list on the IUHPE System website) you should put a tick in the appropriate box and you will be asked to supply proof of graduation.

If you are not a graduates of such courses (or are applying under the time limited special provision for experienced practitioners) you must complete the following.

- Details of Work experience
- Self-assessment of Knowledge Base for Health Promotion Practice
NOTE
Please refer to information available on the website and in the Practitioner’s Handbook BEFORE you complete and submit an application. Administrative fees which must be submitted with completed application with are NOT REFUNDABLE. It is your responsibility to check if you are likely to meet the required criteria. If you need more information please contact the NAO or GAO Coordinator.

Self-assessment of Knowledge Base for Health Promotion Practice

You must tick the boxes to indicate that you have the required knowledge base related to each area and indicate where the knowledge was acquired.
<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Tick to confirm that you have required knowledge</th>
<th>Please indicate where knowledge acquired – you may tick more than one box</th>
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</thead>
<tbody>
<tr>
<td>• The concepts, principles and ethical values of Health Promotion as defined by the Ottawa Charter for Health Promotion (WHO, 1986) and subsequent charters and declarations</td>
<td>Edutation /training (please indicate BSc/MSc/other)</td>
<td>Work Experience (Give brief details e.g. peer support/onsite education).</td>
</tr>
<tr>
<td>• The concepts of health equity, social justice and health as a human right as the basis for Health Promotion action</td>
<td></td>
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<tr>
<td>• The determinants of health and their implications for Health Promotion action</td>
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<tr>
<td>• The impact of social and cultural diversity on health and health inequities and the implications for Health Promotion action</td>
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<td></td>
</tr>
<tr>
<td>• Health Promotion models and approaches which support empowerment, participation, partnership and equity as the basis for Health Promotion action</td>
<td></td>
<td></td>
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<tr>
<td>• The current theories and evidence which underpin effective leadership, advocacy and partnership building and their implication for Health Promotion action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>Tick to confirm that you have the required knowledge</td>
<td>Please indicate where knowledge acquired – you may tick more than one box</td>
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<td>Education /training (please indicate BSc/MSc/other)</td>
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<td>Work Experience (Please give brief details e.g. peer support/onsite education.)</td>
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<td>Other, please specify</td>
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<tr>
<td>• The current models and approaches of effective project and programme management (including needs assessment, planning, implementation and evaluation) and their application to Health Promotion action</td>
<td></td>
<td></td>
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<tr>
<td>• The evidence base and research methods, including qualitative and quantitative methods, required to inform and evaluate Health Promotion action</td>
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<tr>
<td>• The communication processes and current information technology required for effective Health Promotion action</td>
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<tr>
<td>• The systems, policies and legislation which impact on health and their relevance for Health Promotion.</td>
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</table>
SUMMARY OF ROLE AND SELF ASSESSMENT OF COMPETENCE

You must provide a summary of your current role with reference to the agreed definition of Health Promotion, a Health Promotion practitioner and of Health Promotion as used by the System.

Summary should be no more than words

Self-Assessment of Competence

You must provide an example (max 200 words) of health promotion work that you have completed that demonstrates the performance criteria for each of the domains of the IUHPE Core Competencies and Professional Standards for Health Promotion.

At least 50% of the examples (i.e. overall - not for each domain) must describe work you have completed in the last five years.

You may be asked to provide evidence of all experience, activities, education and training that you include in the application at any point in the application process or at any time during the period of registration.
1. Enable Change Enable individuals, groups, communities and organisations to build capacity for health promoting action to improve health and reduce health inequities. A Health Promotion practitioner is able to:

<table>
<thead>
<tr>
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</table>
| 1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities | **Knowledge**  
- Theory and practice of collaborative working including: facilitation, negotiation, teamwork, conflict resolution, mediation,  
- Knowledge of strategy and policy development and how legislation impacts on health  
- Health Promotion models  
- Health Promotion settings approach  
- Behavioural change techniques for brief advice/intervention  
- Institutional theory  
- Theory and practice of organisational development and change management  
- Theory and practice of community development including: empowerment, participation and capacity building  
- Understanding of social and cultural diversity | 1a. Contribute to collaborative work with stakeholders across specified sectors that aim to develop or change policies, and/or change health or other services, to promote health and wellbeing, reduce health inequities, and promote sustainable action in a specified area.  
1b. Demonstrate an ability to select appropriate change management and organisational development approaches to support the creation of health promoting environments and/or settings in a specified area, and show how the approaches used support, participation empowerment, partnership and equity.  
1c. Select and use appropriate community development approaches for a specified community, and show how the methods used can lead to strengthened participation, ownership and Health Promotion capacity.  
1d. Use appropriate behavioural change techniques for individuals or groups to facilitate the development of personal skills to maintain or improve health, and develop the capacity of others to support behavioural change. |
| 1.2 Use Health Promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health | **Skills**  
- Partnership building and collaborative working  
- Behavioural change techniques  
- Organisational development  
- Change management  
- Community development including empowerment, participation and capacity building  
- Ability to work with: Individuals and community groups defined by geography, culture, age, setting, or interest; Individuals and teams in own/other organisations/sectors | |
1. **Enable change** – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

If you refer to more than one example of work experience in a domain please list as Example A, B, C, etc.

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**Other comments**

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91
## 2. Advocate for Health

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

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| 2.1 Use advocacy strategies and techniques which reflect Health Promotion principles | Knowledge  
- Determinants of health  
- Advocacy strategies and techniques  
- Methods of stakeholder engagement  
- Health and wellbeing issues relating to a specified population or group  
- Theory and practice of community development including: empowerment, participation and capacity building | 2a. Show how advocacy strategies can be used in a specified area for Health Promotion action, and demonstrate how they reflect Health Promotion principles. |
| 2.2 Engage with and influence key stakeholders to develop and sustain Health Promotion action | Skills  
Use of advocacy techniques  
- Working with a range of stakeholders  
- Facilitation  
- Community development including empowerment, participation, capacity building and equality impact assessment | 2b. Identify the range of relevant stakeholders/partners in a specified area, and show how their support can be engaged to develop and sustain Health Promotion action. |
| 2.3 Raise awareness of and influence public opinion on health issues | Ability to work with: Individuals and community groups defined by gender, social and economic status, geography, culture, age, setting, or interest; Individuals and teams in own/other organisations/sectors | 2c. Select and use appropriate communication methods for a specified target group in order to raise awareness, influence opinion and enable action on health and wellbeing issues. |
| 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 | | |
2. Advocate for Health – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

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Other comments

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93
3. **Mediate through partnership** Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of Health Promotion action. A Health Promotion practitioner is able to:

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| **3.1 Engage partners from different sectors to actively contribute to Health Promotion action** | **Knowledge**  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, stakeholder engagement  
- Systems, structures and functions of different sectors  
- Principles of effective intersectoral partnership working | **3a.** Demonstrate the skills or actions necessary to develop, facilitate and sustain effective partnership working by describing own role in a specified partnership, coalition or network. |
| **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; public and private sector and civil society  
- Networking | **3b.** Identify the range of relevant stakeholders/partners in a specified area, and show how they are engaged actively in Health Promotion action. |
| **3.3 Build successful partnership through collaborative working, mediating between different sectoral interests** | | **3c.** Show how different sectoral interests in a specified partnership, coalition or network are identified and acted upon, and demonstrate own role in mediating between sectors. |
3. Mediate through partnership – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

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4. Communication Communicate Health Promotion actions effectively using appropriate techniques and technologies for diverse audiences. A Health Promotion practitioner is able to:

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<tbody>
<tr>
<td><strong>4.1 Use effective communication skills including written, verbal, non-verbal, listening skills and information technology</strong></td>
<td>Knowledge</td>
<td>4a. Use a range of communication skills for Health Promotion action, including: written, verbal, non-verbal, listening, presentation and group work facilitation skills.</td>
</tr>
<tr>
<td><strong>4.2 Use electronic and other media to receive and disseminate Health Promotion information</strong></td>
<td></td>
<td>4b. Have a working knowledge of the use of information technology and electronic media for Health Promotion.</td>
</tr>
<tr>
<td><strong>4.3 Use culturally appropriate communication methods and techniques for specific groups and settings</strong></td>
<td>Skills</td>
<td>4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.</td>
</tr>
<tr>
<td><strong>4.4 Use interpersonal communication and group work skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities</strong></td>
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<td>4d. Identify and use innovative and/or unconventional communication techniques according to local setting, customs and social and cultural environment.</td>
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</table>
4. **Communication** – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

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**Other comments**

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97
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<tr>
<td><strong>5. Leadership</strong>  Contribution to the development of a shared vision and strategic direction for Health Promotion action. A Health Promotion practitioner is able to:</td>
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<tr>
<td><strong>5.1 Work with stakeholders to agree a shared vision and strategic direction for Health Promotion action</strong></td>
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<td><strong>5.2 Use leadership skills which facilitate empowerment and participation (including teamwork, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving)</strong></td>
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<tr>
<td><strong>5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities</strong></td>
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<tr>
<td><strong>5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in Health Promotion</strong></td>
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<td><strong>5.5 Contribute to mobilising and managing resources for Health Promotion action</strong></td>
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<tr>
<td><strong>5.6 Contribute to team and organisational learning to advance Health Promotion action</strong></td>
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<table>
<thead>
<tr>
<th>Knowledge</th>
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<tbody>
<tr>
<td>• Theory and practice of effective leadership</td>
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<tr>
<td>• Management and organisational development theory</td>
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<tr>
<td>• Strategy development</td>
</tr>
<tr>
<td>• Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, decision-making, teamwork, stakeholder engagement</td>
</tr>
<tr>
<td>• Principles of effective intersectoral partnership working</td>
</tr>
<tr>
<td>• Emerging challenges in health and Health Promotion</td>
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<tr>
<td>• Principles of effective human and financial resource management and mobilisation</td>
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<tr>
<th>Skills</th>
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<tr>
<td>• Stakeholder engagement</td>
</tr>
<tr>
<td>• Collaborative working skills</td>
</tr>
<tr>
<td>• Facilitation</td>
</tr>
<tr>
<td>• Ability to motivate groups and individuals towards a common goal</td>
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<tr>
<td>• Resource management</td>
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</table>

5a. Identify and mobilise leaders within the community, showing how they are engaged and motivated to agree a shared vision and strategic direction.
5b. Demonstrate use of own leadership skills in e.g. teamwork and decision-making describing own role in a specified area of Health Promotion action.
5c. Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of Health Promotion action.
5d. Demonstrate how resources were mobilised for a specified Health Promotion action, and show an understanding of the principles of effective management of staff and/or budgets for Health Promotion.
5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance Health Promotion action.
5. Leadership – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

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Other comments
6. Assessment  Conduct assessment of needs and assets, in partnership with stakeholders, in the context of the political, economic, social, cultural, environmental, behavioural and biological determinants that promote or comprise health. A Health Promotion practitioner is able to:

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</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  
- Understanding of social and cultural diversity | 6a. Identify the range of relevant stakeholders/partners in a specified area, and show how their support is engaged in a needs assessment process, and in identifying priorities for action. |
| 6.2 Use a variety of assessment methods including quantitative and qualitative research methods | Skills  
- Partnership building and negotiation  
- Health Impact Assessment  
- How to obtain, review and interpret data or information  
- Qualitative research methods including participatory and action research  
- Quantitative research methods including statistical analysis  
- Critical appraisal skills  
- Ability to work with: stakeholders from community groups/organisations; partnerships, coalitions or networks for health improvement; information/ data analysts and/or researchers | 6b. Select appropriate qualitative and quantitative methods for use in a specified assessment process.  
6c. Identify, collect, critically appraise and analyse a range of data and information relevant to a specified assessment process, and illustrate how conclusions lead to recommendations for Health Promotion action.  
6d. Demonstrate how the approaches used in a specified assessment process are socially, culturally and ethically appropriate. |
6. **Assessment** – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

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**Other comments**

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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:

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<tr>
<td></td>
<td><strong>Knowledge</strong></td>
<td>7a. Identify the range of relevant stakeholders/partners in a specified area, and devise ways through which their support and participation is engaged in planning Health Promotion action.</td>
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<td></td>
<td>• Use and effectiveness of Health Promotion planning models and theories</td>
<td>7b. Present a rationale for the selection and use of appropriate Health Promotion planning model(s).</td>
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<td></td>
<td>• Principles of project/programme management</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.</td>
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<td></td>
<td>• Principles of resource management and risk management</td>
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<tr>
<td>7.1 Mobilise, support and engage the participation of stakeholders in planning Health Promotion action</td>
<td><strong>Skills</strong></td>
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<tr>
<td></td>
<td>• Use of Health Promotion planning models</td>
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<tr>
<td></td>
<td>• Analysis and application of information about needs and assets</td>
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<td></td>
<td>• Use of project/programme management tools</td>
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<td></td>
<td>• Ability to work with: groups and communities targeted by the Health Promotion action; stakeholders and partners</td>
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<tr>
<td>7.2 Use current models and systematic approaches for planning Health Promotion action</td>
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<td>7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets</td>
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<tr>
<td>7.4 Develop and communicate appropriate, realistic and measurable goals and objectives for Health Promotion action</td>
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<tr>
<td>7.5 Identify appropriate Health Promotion strategies to achieve agreed goals and objectives</td>
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7. **Planning** – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

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*Other comments*

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### 8. Implementation

Implement effective and efficient, culturally sensitive, and ethical Health Promotion action in partnership with stakeholders. A Health Promotion practitioner is able to:

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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 | **Skills**  
- Use of participatory implementation processes  
- Use of project/programme management tools  
- Resource management  
- Collaborative working  
- Ability to work with: groups and communities participating in the Health Promotion action; stakeholders and partners; team members  
- Monitoring and process evaluation | 8b. Identify the human and financial resources required for the implementation of a specified Health Promotion action, and demonstrate responsibility for staff and/or budgets. |
| 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 how collaboration is developed and 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 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 |  |  |
8. Implementation – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

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Other comments

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## 9. Evaluation and Research

Use appropriate evaluation and research methods, in partnership with stakeholders, to determine the reach, impact and effectiveness of Health Promotion action. A Health Promotion practitioner is able to demonstrate:

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<tr>
<td><strong>9.1 Identify and use appropriate Health Promotion evaluation tools and research methods</strong></td>
<td><strong>Knowledge</strong>&lt;br&gt;• Knowledge of different models of evaluation&lt;br&gt;• Formative and summative evaluation approaches&lt;br&gt;• Qualitative and quantitative research methods&lt;br&gt;• Data interpretation and statistical analysis&lt;br&gt;• Evidence base for Health Promotion</td>
<td>9a. Identify the research methods appropriate for the evaluation of a specified Health Promotion action.&lt;br&gt;9b. Critically appraise research literature and use evidence from systematic reviews and/or guidance in the planning and implementation of Health Promotion action.</td>
</tr>
<tr>
<td><strong>9.2 Integrate evaluation into the planning and implementation of all Health Promotion action</strong></td>
<td><strong>Skills</strong>&lt;br&gt;• Use of a range of research methods and tools&lt;br&gt;• Ability to formulate answerable research questions&lt;br&gt;• Critical appraisal and review of literature&lt;br&gt;• Write research reports and communicate research findings effectively and appropriately&lt;br&gt;• Ability to work with: stakeholders, communities and researchers</td>
<td>9c. Analyse and evaluate complex data including statistical information relating to a specified Health Promotion action.&lt;br&gt;9d. Show how findings from evaluation and monitoring processes are used to refine and improve Health Promotion action.</td>
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<tr>
<td><strong>9.3 Use evaluation findings to refine and improve Health Promotion action</strong></td>
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<td>9e. Report on research findings and identify their implications for stakeholders and communities; and contribute to publications in management or academic journals.</td>
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<tr>
<td><strong>9.4 Use research and evidence based strategies to inform practice</strong></td>
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<tr>
<td><strong>9.5 Contribute to the development and dissemination of Health Promotion evaluation and research processes</strong></td>
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9. **Evaluation and research** – please give an example of your work experience that illustrates that you meet the above performance criteria. You should refer to experience that covers MOST of the performance criteria. You should refer to experience that covers MOST of the performance criteria. You should take note of any gaps in your experience so that you can address these in future CPD.

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*Other comments*
7.7.2 Illustrative Examples of how to complete the self-assessment (IUHPE Core Competencies and Professional Standards 1 and 2)

1. Enable Change

Example 1

A) “Alliance for Health Promotion in Hospitals and Long-Term Care Facilities”
B) “Patient oriented hospital ward”

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

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

Example 2

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

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

Example 3

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

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

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

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

2. Advocate for Health

Example 1.

A) Project “Sustainable Hospital”

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

Example 2.

Advocacy for legislature on smoking in public places; advocacy for including smoking cessation in the (organization) in (country)

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

Example 3.

A Programme Manager for (organisation)

B Lead for Healthier Communities and Older People (organisation)) element of Local Area Agreement (LAA) whilst Senior Public Health Development Manager

C Senior Public Health Workforce Development (PHWD) Manager

D Co-coordinator and Chair production of Public Health Annual Report (PHAR)

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

2b: A key element of my work as both (role) and the lead for (organisation) was to develop effective multi-agency partnerships to work collaboratively to improve health and reduce health inequalities. This involved developing a multi-agency strategy and action plan with partners including Education, Social Services, Children and Young People’s Services, Youth Service, Contraception & Sexual Health Services and Housing, plus young people themselves (A & B).
2c: In 2008 I coordinated production of the Director of Public Health’s Annual Report focusing on understanding the gap in life expectancy in (insert city name). This was produced in two formats. One was a formal report for professionals and elected members. The second was in easy to read newspaper format delivered to every household. It featured information on a range of issues and services, plus quizzes and competitions (D).

2d: Whilst (role), I developed the (project) to support and enable teenage mothers to return to education, training or employment. This involved fully understanding the context in which these young mothers lived and considering their capability, opportunity and motivation to change. The young mothers were encouraged to express their needs and preferences through both individual and group work (A).

7.9 Sample letters to applicants

7.9.1 Application submitted – Pending payment of administrative fee

[Date of letter]
Dear [Recipient’s Name]

Thank you for submitting your application in the IUHPE Health Promotion Accreditation System. Please note that you must pay the administrative fee to complete your application. If you fail to complete the payment within 6 months, your application will be deleted from the system. Please note that your application will be submitted to the Assessment Committee only when the payment is received.

For any queries or technical assistance, please contact the Coordinator of the Accreditation System:

7.9.2 Application submitted – administrative fee paid

[Date of letter]

Dear [Recipient’s Name]

Thank you for submitting your application in the IUHPE Health Promotion Accreditation System. We are pleased to confirm that your application and the payment of the administrative fee have been received.
Your invoice is available (detail where/how available). Your application will be reviewed by the Assessment Committee at its next session.

You will be notified (by email – or relevant method) of the result of your application within four weeks after the next meeting of the Assessment Committee.

For any queries or technical assistance, please contact the Coordinator of the Accreditation System:

**7.9.3 Warning: Your application is incomplete**

[Date of letter]
Dear [Recipient’s Name]

Thank you for your interest in the IUHPE Health Promotion Accreditation System.

We note that you have not completed your application and would like to remind you those incomplete applications which have not been modified for more than 6 months will be deleted from the system. Please update and complete your application within this time limit.

For any queries or technical assistance, please contact the Coordinator of the Accreditation System:

**7.9.4 Application accepted – registration fee pending**

[Date of letter]
Dear [Recipient’s Name]

We are pleased to inform you that your application has been assessed as meeting the criteria for registration within the IUHPE Health Promotion Accreditation System.

Please note that you must now pay the registration fee to complete your application and that you are not registered until this payment is completed. If you fail to complete the payment within 6 months, your application will be deleted from the system. This will mean that should you wish to reapply, you will be required to apply the administrative fee again.
For any queries or technical assistance, please contact the Coordinator of the Accreditation System:

**7.9.5 Application accepted (Practitioner) – registration fee paid**

[Date of letter]

Dear [Recipient’s Name],

We are pleased to inform you that you have meet all the required criteria for registration. Your name will now be included in the IUHPE Global register, and you can use the professional title ‘IUHPE Registered Health Promotion Practitioner’.

Your accreditation is valid for 3 years, during which time you are required to participate in Continuing Professional Development (CPD) activities in order to be eligible for re-registration. Please visit the ....website for more information (www.iuhpe.org).

For any queries or technical assistance, please contact the Coordinator of the Accreditation System:

**7.9.6 Application rejected**

[Date of letter]

Dear [Recipient’s Name],

We regret to inform you that, after careful consideration, the Accreditation Assessment Committee has assessed that your application does not meet the required criteria for the following reasons:

REASON

Please note that you may reapply any time but that you must again pay an administrative fee before your application will be reassessed.

For any queries, technical assistance, or to appeal against the decision, please contact the Coordinator of the Accreditation System.
7.9.7 Providing More Information

[Date of letter]
Dear [Recipient’s Name],

Thank you for your application. Following careful consideration, the Assessment Committee has indicated that additional information is required before a final decision can be made on your application for registration within the System. The information required is:
We would be most grateful if you could send this information within 30 days. If we do not receive the information within this period your application will be closed and should you wish to replay you will be required to again pay the administration fee.
If you require any additional information please do not hesitate to contact us.

7.9.8 Certificate Letter (Practitioner)

[Date of letter]
Dear [Recipient’s Name],

Thank you again for your participation in the IUHPE Health Promotion Accreditation System.

It is with great pleasure that we present to you this Certificate of Registration (attached). Your name is now entered on the IUHPE NAO and Global register and you are entitled to use the title ‘IUHPE Registered Health Promotion Practitioner’. Your registration will be valid for 3 years from the above date.
7.10 Assessor forms

IUHPE Health Promotion Accreditation System

Assessment Forms - Registration of Practitioners.

Instructions for assessors

- You must have undertaken training/updating on assessment processes, policies and procedures for the IUHPE Health Promotion Accreditation System in the 12 months prior to undertaking any assessments. It is your responsibility to ensure that you assess such training which must be provided by the NAO Board of Directors. This is a core element of the internal quality assurance for the System and its assessment processes.

- You are required to read, and indicate that you accept, any relevant policies, instructions, etc., for example the IUHPE Health Promotion Accreditation System Conflict of Interest and Confidentiality policies.

- If you are unsure of any aspect of the assessment criteria, process, policies, etc. you must either ask for assistance/clarification or not undertake the assessment.

- You should refer to the IUHPE Core Competencies and Professional Standards Full Version Handbook as you are undertaking the assessment.

- Please download complete a separate assessment document for each application.

- If you identify omissions/incomplete information or you if assess the applicant does not meet the required criteria, please give clear reasons for your opinions in the comment box in each section. Please note that these comments may be shared with applicants.

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65 Retraining/updating can be designed by the NAO to meet current needs. For example, it might consist of a meeting of NAO assessors to discuss issues and problems, meetings/discussion with assessors from GAO or other NAOs etc. The key issue is that all assessor are updated on assessment processes and have opportunities to renew their knowledge in relation to criteria and processes.
Once you have completed the assessment you should record your recommendations regarding eligibility and ensure that it is sent to the Chair of the NAO Assessment Committee in the manner and format agreed.

The Chair of the Assessment Committee will review all assessors’ recommendations and may contact you for further clarification.

All assessors’ recommendations will be collated and the final recommendations on eligibility, based on a majority decision, will be approved by the Chair of the NAO Assessment Committee.

Should there be a split decision the Chair will have a final deciding vote or may refer the decision to the full Assessment Committee as required.

For advice on the process of assessing applications please contact the System Coordinator.

If you have any questions on issues related to decision making, please contact the Chair of the NAO Assessment Committee.
Registration of Health Promotion Practitioners

The stages in registration of Health Promotion practitioners are:

- Initial registration
- Re-registration based on fulfilling agreed criteria for Continuing Professional Development (CPD) every three years.

Initial Registration

Two types of applicants are eligible for initial registration within the System:

1. Health Promotion practitioners with a graduate (Bachelor) or postgraduate (Masters) qualification from a Health Promotion course which is **accredited within the IUHPE Accreditation System** are eligible for registration. The applicant must complete an application form with personal details and may be requested to provide evidence of graduation. You will not be asked to assess such applicants as they are automatically eligible for registration upon providing proof of graduation.

2. Health Promotion practitioners with a graduate (Bachelor) or postgraduate (Masters) qualification from a Health Promotion course which is **not** accredited within the System or a course in another relevant discipline are eligible for registration if they have a

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66 There is no limitation on the length of time between graduation and application for registration. However, only those who graduate **AFTER** the course is accredited are eligible for registration (i.e. not retroactively).

67 Including public health, health education, and social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, and political science. Other academic qualifications may also be deemed appropriate, but must be approved by GAO the Board of Directors of the Accreditation System. NAOs should refer to the BoD for advice on the eligibility of qualifications other than those listed. A list of all accepted graduate qualifications will be maintained and shared for future reference and to ensure consistency. The IUHPE GAO Board of Directors reserves the right to make decisions on the relevance of a qualification in the context of applications.
minimum of two years’ work experience in Health Promotion practice in the preceding five years\(^6^8\).

3. For a limited period (five years) from the establishment of the IUHPE Accreditation System at level (i.e. to Spring 2021 at Global level), Health Promotion practitioners who do not meet the educational criteria (i.e. who do not have graduate or postgraduate qualification in Health Promotion or another relevant discipline) are eligible for registration if they have a minimum of \textbf{three years’} work experience in Health Promotion practice\(^6^9\) in the preceding five years.

\textbf{It is the types of applicants described in 2 and 3 above that you will be asked to assessment for eligibility for registration based on the agreed criteria.}

These practitioners must:

- Complete an application form including a self-assessment section to demonstrate they are competent in \textbf{all} the domains outlined in the IUHPE Core Competencies and Professional Standards by showing relevant examples from their experiences that relate to the performance criteria for each domain.
  
  ➢ to show that they meet the criteria defined in the IUHPE Core Competencies and Professional Standards for Health Promotion
  ➢ Give details of their work experience
  ➢ Provide two appropriate references.

- All applicants must accept the ethical principles underpinning Health Promotion practice by completing a declaration.
- All applicants for initial registration and re-registration must submit the required application form and pay the required fee.

\(^{68}\)For example, if a practitioner is unemployed or on parental, sick or other leave when they apply they are eligible if they have 2 years’ work experience in Health Promotion practice in the past three years.

\(^{69}\)See above
- All applicants must accept the ethical principles underpinning Health Promotion practice by completing a declaration.
- All applicants for initial registration and re-registration must submit the required application form and pay the required fee.

Details of the application forms and their submission are available on the Accreditation System website and Appendix 7.1.

The assessment determines if the applicant is:
- Eligible for registration
  
or
- Conditionally eligible for registration subject to receipt of additional information or to clarification within a 4-week period of the applicant being notified. This option applies where only minor adjustments to either the application or the course are required. Details of the information/clarification required to meet the criteria should be clearly indicated on the assessment form. You will be requested to undertake a final assessment of the additional information if it is submitted within the agreed period. If the required information is not received within the 4-week period a new application, including payment of an administration fee.70.
  
or
- Not eligible for registration. This finding will result in the need for a new application to the next Assessment session, including payment of administration fee.71

Following a successful initial application and payment of required fees, the Health Promotion practitioner’s name is added to the national (where relevant) and Global professional register which is updated on a regular basis (not less than biannually). Following receipt of formal

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70 The administration fee in each instance of application is nonrefundable and non-transferable
71 The administration fee in each instance of application is nonrefundable and non-transferable
notification of registration\textsuperscript{72}, the practitioner may use the title IUHPE Registered Health Promotion Practitioner.

\textbf{Definitions of Health Promotion Practice/Practitioners}

The following definitions have been agreed for use within the IUHPE Health Promotion Accreditation System.

While job titles and academic course titles in different countries across Europe may not always include the term ‘Health Promotion’, within the System the term ‘practitioner’ refers to all whose main role reflects Health Promotion as defined in the Ottawa Charter and successive WHO charters and declarations\textsuperscript{73} to promote health and reduce health inequities by:

\begin{itemize}
    \item building healthy public policy
    \item creating supportive environments
    \item strengthening community action
    \item developing personal skills
    \item reorienting health services.
\end{itemize}

The term practitioner includes those working in management, education and research directly related to Health Promotion.

Health Promotion practice is defined as work which reflects Health Promotion as defined in the Ottawa Charter and successive charters and declarations to promote health and reduce health inequities.

\textbf{PLEASE REFER} TO THE IUHPE Core Competencies and Professional Standards Handbook, Full Version for definitions, criteria, etc.

\textsuperscript{72} i.e. a formal letter informing the practitioner that their application has been successful and stating that they can use the IUHPE Registered Health Promotion practitioner title – see Appendix 7.4.

\textsuperscript{73} \url{http://www.who.int/healthpromotion/conferences/en/}
ASSESSMENT FORM

1. DETAILS OF ASSESSOR

1.1 Name of assessor
________________________________
________________________________

1.2 Date of assessment
________________________________

1.3 Declaration:
I declare that:

- I have read and complied with all instructions on the assessment processes, Conflict of Interest/Confidentiality and other relevant policies/ethical principles associated with the IUHPE Health Promotion Accreditation System
- I have undertaken training/updating on the assessment process for the System in the past 12 months
- I know of no reason why I cannot ethically and practically assess this application.

Please tick box to indicate acceptance of declaration. [ ]

Please note if the above box is not ticked your assessment will not be valid.
Please note that while you will not be identified as the assessor your comments may be shared with applicants.
2. NAME/DETAILS OF APPLICANT PRACTITIONER

2.1 Last name
________________________________________________________

2.2 First name
________________________________________________________

2.3 Previous names (if any)
________________________________________________________

2.4 Date of birth (dd/mm/yyyy)
________________________________________________________

2.5 Formal identification information (Passport number or National Identification number please specify country)
________________________________________________________

3. EDUCATION – Please tick appropriate box

3.1 Graduate of Health Promotion course not accredited within the System or of other relevant course
YES [ ] NO [ ]

NOTE
Agreed relevant courses Include: public health, health education, social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, political science. Other academic qualifications may also be deemed appropriate but must be approved by the Board of Directors.

NOTE If the course is not listed but is, in your opinion, directly related to Health Promotion, please continue with the assessment but refer the application to the Chair of Assessment Committee who may then refer it to the GAO/NAO Board of Directors (as relevant) for a final decision.

74 The application forms of Graduates of courses accredited within the System will be collated by the Coordinator and sent to the Chair of the Assessment Committee for approval as they are automatically eligible for registration.
3.2 Other (those who do not meet educational requirements)
YES [ ] NO [ ]

4. EMPLOYMENT DETAILS COMPLETED
YES [ ] NO [ ]

5. EVIDENCE OF REQUIRED PERIOD OF EXPERIENCE IN HEALTH PROMOTION PRACTICE (please place tick in appropriate box)

5.1 Evidence of two years’ experience in Health Promotion practice (see above) in the past five years if graduate of non-accredited Health Promotion course or other relevant course
Yes [ ] No [ ]

or

5.2 Evidence of three years’ experience in Health Promotion practice (see above) in the past five years if not graduate as above
Yes [ ] No [ ]

If no, please indicate what aspects are incomplete, inadequate or unclear

6. SELF ASSESSMENT OF KNOWLEDGE BASE COMPLETED (i.e. Confirmation of required knowledge, where knowledge acquired)
Yes [ ] No [ ]

If no, please indicate what aspects are incomplete, inadequate or unclear

7. SUMMARY OF ROLE COMPETED AND RELEVANT
Yes [ ] No [ ]

NOTE Summary should indicate that practitioner’s role is within the scope of definition of Health Promotion, Health Promotion practitioner and Health Promotion practice as defined in the System.
If no, please give the reasons for your opinion

8. SELF ASSESSMENT OF COMPETENCE

Please indicate by placing a tick in the appropriate box, whether in your opinion, the summaries provided are relevant and adequate to demonstrate the required level of competence in each domain. If you tick no, please detail the reasons for your opinion.

8.1 Enable Change Yes [ ] No [ ]

Comments

8.2 Advocate for Health Yes [ ] No [ ]

Comments

8.3 Mediate through Partnership Yes [ ] No [ ]

Comments

8.4 Communication Yes [ ] No [ ]

Comments

8.5 Leadership Yes [ ] No [ ]

Comments

8.6 Assessment Yes [ ] No [ ]

Comments

8.7 Planning Yes [ ] No [ ]

Comments
8.8 Implementation Yes [ ] No [ ]

Comments

8.9 Evaluation and Research Yes [ ] No [ ]

Comments

8.10 Names of two referees supplied
Yes [ ] No [ ]

Comments

9. RECOMMENDATIONS
please indicate if you assess the applicant to be (please choose one option by ticking in appropriate box):

[ ] eligible for registration.

[ ] Conditionally eligible for registration subject to receipt of additional information or subject to clarification within a 4-week period of the applicant being notified. The information/clarification required should be minor. Please clearly indicate below what information/clarification is required.

[ ] Not recommended for registration. Please clearly indicate below the reasons for your assessment with reference to the specific errors/omission that are the basis for your opinion.

Comments

Any other comments on this assessment?