The IUHPE Health Promotion
Accreditation System
Full Handbook
April 2016
Barbara Battel-Kirk
on behalf of the
IUHPE Global Accreditation Organisation Board of Directors.
Acknowledgements

The author acknowledges the input of all who have contributed to the development of this Handbook including Gerard van der Zanden, Marielle Schipperen, Sara Denebetti, Marie Grimes, Viv Speller, the CompHP Project Partners and International Expert Advisory Group, the members of the IUHPE Health Promotion Competencies and Workforce Development Working Group (CWDG) and the EU Health Programme which provided cofunding for the piloting of the System.

Suggested citation for the document:

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 Organization
Table of Contents

1. INTRODUCTION ................................................................................................................................. 6
   1.1 Goal of THE IUHPE HEALTH Promotion Accreditation System ....................................................... 7
   1.2 Rationale for Developing a Health Promotion Accreditation System ............................................... 7
   1.3 Development of the IUHPE Health Promotion Accreditation System .............................................. 8
   1.4 Health Promotion Concepts and Principles Underpinning the System ........................................... 10
   1.5 Quality Concepts and Principles Underpinning the Accreditation System .................................... 11
   1.6 Definitions ........................................................................................................................................ 13
      1.6.1 ACCREDITATION ....................................................................................................................... 13
      1.6.2 DEFINITIONS OF PRACTITIONERS, PROVIdERS AND COURSES ........................................ 14
      1.6.3 LANGUAGE AND TRANSLATION .......................................................................................... 15

2. SCOPE, CONTEXT AND BENEFITS OF THE IUHPE HEALTH PROMOTION ACCREDITATION SYSTEM ......................................................................................................................... 16
   2.1 Scope of the System .......................................................................................................................... 16
      2.1.1 COUNTRIES AND STAGES OF HEALTH PROMOTION DEVELOPMENT ..................................... 16
      2.1.2 PROFESSIONAL COMPETENCE FOCUS ............................................................................... 16
   2.2 Benefits of the System ...................................................................................................................... 17

3. ACCREDITATION ORGANISATIONS .................................................................................................... 18
   3.1 The IUHPE Global Accreditation Organisation (GAO) ..................................................................... 18
   3.2 National Accreditation Organisations (NAOs) ................................................................................. 20
      3.2.1 TYPES OF ORGANISATIONS WHICH MAY FORM NAOs .......................................................... 21
      3.2.2 RIVAL APPLICANTS FROM SAME CATCHMENT AREA ............................................................ 21
      3.2.3 KEY FUNCTIONS AND RESPONSIBILITIES OF NAOs ............................................................ 22
      3.2.4 STRUCTURE OF NAOs .............................................................................................................. 23
      3.2.5 APPROVAL OF NAOs ............................................................................................................... 24
      3.2.6 REvOCATION/CANCELLATION OF APPROVAL OF NAO .......................................................... 26
      3.2.7 APPEALS PROCEDURES ........................................................................................................... 27
      3.2.8 CAPACITY DEVELOPMENT OF NAOs ...................................................................................... 27

4. REGISTRATION AND ACCREDITATION PROCESSES ........................................................................ 28
7.5.5 IUHPE GAO INTERNATIONAL EXPERT ADVISORY GROUP TERMS OF REFERENCE .......................... 87
7.6 Template annual NAO report to IUHPE GAO ........................................................................... 88
7.7 Letters/forms approval NAO: ................................................................................................... 89
  7.7.1 LETTER OF APPLICATION FROM NAO ............................................................................. 89
  7.7.2 SAMPLE LETTER OF APPROVAL A NAO ........................................................................ 91
7.8 Practitioners Application Form ................................................................................................ 93
  7.8.2 ILLUSTRATIVE EXAMPLES OF HOW TO COMPLETE THE SELF-ASSESSMENT REQUIREMENTS ....... 117
7.9 Sample letters to applicants .................................................................................................... 121
  7.9.1 APPLICATION SUBMITTED – PENDING PAYMENT OF ADMINISTRATIVE FEE ................. 121
  7.9.2 APPLICATION SUBMITTED – ADMINISTRATIVE FEE PAID ............................................ 121
  7.9.3 WARNING: YOUR APPLICATION IS INCOMPLETE .......................................................... 121
  7.9.4 APPLICATION ACCEPTED – REGISTRATION FEE PENDING ........................................ 122
  7.9.5 APPLICATION ACCEPTED (PRACTITIONER) – REGISTRATION FEE PAID .................... 122
  7.9.6 APPLICATION ACCEPTED (COURSE) – REGISTRATION FEE PAID .................................. 122
  7.9.7 APPLICATION REJECTED ................................................................................................. 122
  7.9.8 PROVIDING MORE INFORMATION .................................................................................. 123
  7.9.9 CERTIFICATE LETTER (COURSE) ..................................................................................... 123
  7.9.10 CERTIFICATE LETTER (PRACTITIONER) ....................................................................... 123
7.10 Application process for full courses ...................................................................................... 124
7.11 Assessor forms ........................................................................................................................ 154
  7.11.1 ASSESSOR FORMS NAO .................................................................................................. 154
  7.11.2 ASSESSOR FORMS PRACTITIONERS ............................................................................. 162
  7.11.3 ASSESSOR FORMS COURSES ........................................................................................ 173
1. INTRODUCTION

This Handbook presents the formally agreed structures, eligibility criteria, policies, procedures and processes of the IUHPE Health Promotion Accreditation System. The Handbook is the formal point of reference on all aspects of the IUHPE Health Promotion Accreditation System. It must be used by the IUHPE Global Accreditation Organisation (IUHPE GAO) and National Accreditation Organisations (NAOs) in undertaking their agreed roles and functions.

The policies, procedures, structures and processes outlined in this Handbook cannot be amended, revised or changed except through a formal exception 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 IUHPE Health Promotion Accreditation System Global Board of Directors. Registrations and accreditations 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 assurance and competence in Health Promotion practice, education and training. 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 ¹ are may be formally described as an ‘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 Rationale for Developing a Health Promotion Accreditation System

Research has shown that the Health Promotion workforce is at different stages of development within and across countries globally, with varying levels of professional identity, education and career development (2-16). The development of the IUHPE Accreditation System responds to the need for a quality assurance system to unify and strengthen the diverse Health Promotion workforce globally.

The development of the System was driven by recognition that, while quality assurance issues for practice, education and training have been identified within health fields globally, few were evident in Health Promotion. The need to develop a competency based approach to Health Promotion practice in the context of workforce capacity development was identified in a Conference held in Galway, Ireland, in 2008 (17) :

‘To develop and strengthen workforce capacity to improve global health in the 21st century, health promotion and health education must identify and

¹ Full courses are defined as complete educational programmes that consist of different modules that cover all domains of the IUHPE Core Competencies Framework 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.
promulgate the core competencies, standards, and quality assurance systems for use in workforce training of all kinds.’

The Conference Statement indicated that acquiring proficiency in the domains of core competency require setting standards and developing quality assurance mechanisms that are practice-based and periodically updated.

1.3 Development of the IUHPE Health Promotion Accreditation System

The development of the System drew on the international literature, research and action on competency based accreditation in Health Promotion and related fields. (2 -16). The System builds on the work of the CompHP Project which developed Core Competencies, Professional Standards and Pan Accreditation Frameworks in the European context (1). The CompHP Project took a consensus building approach to developing its frameworks and also undertook testing undertaken in academic (18) and practice (19) settings. The work of the CompHP Project was informed by input from an International Expert Advisory group, comprising leaders in the Health Promotion policy, practice and academic sectors globally. Full details of the CompHP Project and the development of the IUHPE European health Promotion Accreditation System are available (1, 20-22).

The key points in the System’s development are:

- **2004**: An IUHPE EURO Sub-Committee was established with a remit to examine the accreditation of Health Promotion training and education in Europe.

- **2007**: The Galway Consensus Conference Statement on Domains of Core Competency, Standards, and Quality Assurance for Building Global Capacity in Health Promotion is published.

- **2008**: A feasibility Study\(^2\) found overall support for the development of a pan-European Health Promotion accreditation system.

- **2009-2012**: The CompHP Project developed Core Competencies, Professional Standards and a Pan-European Accreditation Framework which form the basis for the IUHPE Accreditation System.

\(^2\) [http://www.iuhpe.org/images/PROJECTS/ACCREDITATION/RSS_1_09.pdf](http://www.iuhpe.org/images/PROJECTS/ACCREDITATION/RSS_1_09.pdf)
• 2012: The IUHPE Working Group on Competencies and Workforce Development (CDWG)\(^3\) was established to further develop quality assurance systems for Health Promotion building on the findings of the CompHP Project, in the EU and ultimately at the global level.

• 2013: The CDWG obtained funding from the European Union to pilot the IUHPE European Accreditation System building on the work of the CompHP Project.

• 2013-2016: The IUHPE European Health Promotion Accreditation System undertook approval of NAO’s, accreditation of Health promotion courses and registration of Health Promotion practitioners within the European Region.

• 2016: Following expressions of interest and proposals from other regions, the IUHPE Executive Board approves the expansion of the System to the global level and the IUHPE Health Promotion Accreditation System was launched at the 22\(^{nd}\) IUHPE World Conference On Health Promotion in Curitiba, Brazil.

For more information on the development of the System see the information in the Links and Resources section.\(^4\)

The IUHPE European Health Promotion Accreditation System, which operationised the work of the CompHP Project, underwent piloting in 2013 and was operational from 2014 to May 2016 when it expanded to the global level. The European System, while open only to applicants in the IUHPE European region, was actively engaged with the global Health Promotion community, mainly through the IUHPE Competencies and Workforce Development Working Group (CWDG) which formed part of its governance.

In response to interest in and proposals from other IUHPE regions and to proposals to expand the System to the global level, the IUHPE Executive Board approved its expansion in 2015. A ‘Going Global’ Action Group was formed to manage the expansion process and the IUHPE Health Promotion Accreditation System was formally launched at the 22\(^{nd}\) IUHPE World Conference in Curitiba, Brazil, in May, 2016.


1.4 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 (23) and successive WHO charters and declarations on Health Promotion (24-31).

Health Promotion is, understood to be ‘the process of enabling people to increase control over, and to improve, their health’ (23). 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 have impacts on health.

Health is defined as ‘a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity’ (33), and is further conceptualised as a resource for everyday life, emphasising social and personal resources, as well as physical capacities (23).

The System is underpinned by an understanding that Health Promotion has been shown to be an ethical, principled, effective and evidence-based discipline (34,35) and that there are well-developed theories, strategies, evidence and values that underpin good practice in Health Promotion (36).

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 (36).

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 (1). 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.

1.5 Quality Concepts and Principles Underpinning the Accreditation System

The 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 professional accreditation 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.

**Relevant to differing contexts and settings while being robust and practical** - The System is based on globally recognised WHO Charters and Declarations (23-31) and builds on international research and experience (2-17) in competency based approaches to Health Promotion. 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 (18, 19). 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 (23-31), on The Galway Consensus Statement on Domains of Core Competency, Standards, and Quality Assurance for Building Global Capacity in Health Promotion (17) and on the CompHP Core Competencies and Professional Standards (1) 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 (2-17).

**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\(^5\) specifically designed for the System have been developed and will be implemented.

\(^5\) Appendix 7.1
1.6 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 is 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.

1.6.1 Accreditation

Accreditation in the context of the System is viewed as a way of ensuring quality practice, as a wide 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 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.

---

For other terms please see the System Glossary – Appendix 7.2

IUHPE Core Competencies and Professional Standards for Health Promotion
1.6.2 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 (22) and successive WHO charters and declarations (23-30) 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.

**Providers**

Providers of education and training in Health Promotion are defined as those academic (and in some countries vocational) organisations which offer courses with Health Promotion (as defined) above as the **core** content.

**Course**

Accreditation within the System is available for full courses only (i.e. not modules or parts of courses). Full courses are defined as complete educational programmes that consist of different modules that cover all domains of the IUHPE Core Competencies Framework 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.
Practice

Health Promotion practice is defined as work which reflects Health Promotion as defined in the Ottawa Charter (22) and successive charters and declarations (23-30) 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.

1.6.3 Language and Translation

The working language of the System is English. Where resources allow the IUHPE GAO will translate information and documents into the two 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 languages (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 education and training 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 accreditation processes.

For these countries, the IUHPE Core Competencies can be used as stand-alone document, or in conjunction with the IUHPE 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 and accreditation rather than statutory regulation, it focuses on professional competence only. Practitioners and providers of Health Promotion courses 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.).

The System also operates within the overall context of academic accreditation globally. Providers of Health Promotion courses applying for accreditation within the System must therefore demonstrate that they are fully compliant with all national accreditation requirements and are formally recognised as accredited providers of education at appropriate levels.
2.2 Benefits of the System

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

- 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
- 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.
3. ACCREDITATION ORGANISATIONS

The IUHPE Health Promotion Accreditation System comprises a devolved model involving National Accreditation Organisations (NAOs) which are approved by the IUHPE Global Accreditation Organisation (IUHPE GAO) to undertake registration of practitioners in 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 The IUHPE Global Accreditation Organisation (GAO)

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.\(^9\)

Functions of the GAO include:

**Managing and maintaining the accreditation system**

- Overseeing all management aspects of the System at the level including planning, implementation and evaluation of annual and long-term action plans
- Overseeing the use and application of the System in various settings and contexts
- Ensuring that all aspects of the System are in accordance with the ethical and legal requirements, agreed criteria and governance procedures through ongoing monitoring and evaluation
- Developing and overseeing appropriate policies to manage cancellation revocation of accreditation/registration if agreed procedures and criteria are not met and/or maintained
- Managing conflict and controversy resolution in relation to the implementation of the System at and national levels
- Managing conflicts of interest according to agreed procedures for assessment and appeals processes

---

\(^9\) Full courses are defined as complete educational programmes that consist of different modules that cover all domains of the IUHPE Core Competencies Framework and that can demonstrate how their learning outcomes relate to the performance criteria defined in the IUHPE Core Competencies and Professional Standards Handbook. The assessment of eligibility is focused on content and not on the title of the course or modules.
• Facilitating the revision of the Accreditation System on a 5-year cycle in partnership with the relevant Committees, NAOs and other relevant professional organisations and individual experts
• Undertaking risk analysis and implementing a risk management strategy
• Seeking legal, financial or other expert advice as required for the effective Implementation and management of the Accreditation System.

Overseeing financial management and regulation
• Developing and maintaining a system of financial management for the Accreditation System
• Managing the setting and updating of all fees and costs
• Ensuring the accountability and transparency of all financial systems
• Ensuring that all fund-raising, sponsorship and marketing strategies comply with the IUHPE sponsorship and fund-raising guidelines
• Overseeing and approving applications for funding by external bodies.

Ensuring the Maintenance of a Register
• Maintaining a Register of all practitioners registered by NAOs (or at the level where there is no NAO), updated on an annual basis
• Maintaining a record of accredited academic courses in the register.

Approving, monitoring and supporting National Accreditation Organisations (NAOs)
• Ensuring that an appropriate approval process is in place to recognise, 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 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 countries, in conjunction with relevant partners and stakeholders.

Terms of reference for all GAO Boards and committees are available in Appendix 7.5

### 3.2 National Accreditation Organisations (NAOs)

The main function of a NAO is to undertake registration\(^{10}\) 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 national accreditation organisation in all countries, particularly in the early stages of 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

---

\(^{10}\) Initial registration and re-registration
GAO Assessment Committee it will be returned to the applicant with instructions to apply via the NAO.

3.2.1 Types of organisations which may form NAOs

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 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 applications 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 an 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 an NAO is to manage and maintain the registration of practitioners in their catchment area and to ensure that the registered practitioners are recorded within the Global as well as national 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.

The NAO must follow all process, procedures and apply the agreed criteria as defined in this Handbook apart from previously agreed limited variations. Registrations of practitioners which do not 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 Board of Directors as part of the internal quality assurance of the System.

---

11 It is suggested that NAO’s establish a governance system similar to the of the GAO – see Appendix 7.4 and NAO Handbook

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.
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 the agreed national registration fee)\textsuperscript{13}.

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

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 7.6.

\textbf{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.

---

\textsuperscript{13} Information on fees is included in the information provided to all organisations applying to become a NAO.
3.2.5 Approval of NAOs

Applications for recognition as a National Accreditation Organisation are made to the IUHPE GAO Board of Directors letter 14 which will assesses the eligibility of the NAO using the following criteria:

- **Formal acceptance of the criteria for accreditation/registration** as indicated in the System Handbook 15.
- **Formal acceptance of the definitions of Health, Health Promotion and of the Ethical Principles** outlined in the IUHPE Core Competencies Framework for Health Promotion and the quality principles and policies outlined in the System Handbook.
- **Formal acceptance of the quality policies outlined in this 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 or, if a newly established organisation, evidence of support/recognition by membership of/ formal commitment of the Health Promotion community.
- **Evidence of ability to establish and maintain governance systems/committees**, etc. as required to operate all aspects of the IUHPE Accreditation Systems within their agreed location. This should include details of committees. Members, etc.
- **Evidence of ability to perform required tasks i.e. details of** financial management, methods for maintaining registers, maintaining secure application platforms, etc. 16.

---

14 Sample letters of application and approval of NAOs are available in Appendix 7.7
15 Or reference to agreed variations
• **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:

*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.*

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

• Eligible for approval to operate as a NAO within the IUHPE Health Promotion Accreditation System.

  or

• Conditionally eligible for approval 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 only where additional details minor or clarification are required. Details of the information/clarifications required will be clearly indicated. If the required information is not received within the 4 week period, a full resubmission to a future assessment session is required, including payment of the administration fee\(^{17}\).

\(^{16}\) It should be noted that in order to operate a NAO effectively and ethically 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,

\(^{17}\) The administration fee in each instance of application is nonrefundable and non-transferable
or

- Not eligible for approval. In this case a full resubmission to a future assessment session is required, including payment of an administration fee.\(^1\)

The Chair of the IUHPE GAO BoD formally notifies the applicant NAO of the outcome of the assessment. If assessed as eligible, the NAO will be required to pay the registration fee 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.

### 3.2.6 Revocation/Cancellation of Approval of 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 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
- 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 on 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

\(^1\) The administration fee in each instance of application is nonrefundable and non-transferable
• other situations as identified by the IUHPE GAO Board which will be detailed on the System’s website.

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 formal advice on the case to the GAO BoD Board of Directors within a defined period 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

The IUHPE GAO Board will, as resources allow, work with Health Promotion stakeholders to advocate for the development of NAOs and with potential NAOs to establish a national register 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 normally applies for registration within the IUHPE System through the appropriate NAO. Where there is no NAO, the practitioner can apply directly to the IUHPE GAO Accreditation 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 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)\(^{19}\) and provide evidence of graduation.\(^{20}\)

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\(^{21}\) are eligible for

---

\(^{19}\) These applicants DO NOT need to complete the self-assessment form.

\(^{20}\) 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).

\(^{21}\) 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.\textsuperscript{22}

3. For a limited period (five years) from the establishment of the IUHPE Accreditation System at the 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\textsuperscript{23} in the preceding five years.

The practitioners as described in 2 and 3 above must:

- Complete an application form that includes a self-evaluation 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.

\textbf{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’.

\textbf{4.1.3 Re-registration for Practitioners}

\textbf{Re-registration for practitioners is obligatory after three years} and every three years thereafter. Eligibility 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 normally through the NAO but where none exists the practitioner may apply to the GAO assessment Committee.

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

\textsuperscript{22}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.

\textsuperscript{23}See above
leeway will be allowed to take into account the possible delay in re-registration that this may cause. 24

The basic conditions 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 25 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. 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 such evidence in the re-registration process.

If the applicant is still in the same job with the same role, they will only have to confirm this. If, however they have changed roles (but remain with the same employer), they will be required to complete a summary of their current role and indicate how it relates to the definition 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 definition of Health Promotion practice as defined in this Handbook and provide a reference.

A credit points system is used to record CPD activities that provide 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 preceding three year period where one credit 26 equals the investment of one hour of participation in the activity. The CPD hours must be across a diversity of activities.

---

24 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.

25 See above.

26 Unless the IUHPE GAO or NAO has formally exempted them from this requirement.
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.

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

**Table 1 Sample of CPD activities**

<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>

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 (1) to the relevant Assessment Committee. The relevant Board of Directors (NAO or Global) will make the final decision on

---

27 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.
the relevance and acceptability of the activity and on all aspects of CPD requirements in relation to re registration.²⁸

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.

4.1.3 Application Process for Health Promotion Practitioners

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 available on the Accreditation System website http://www.iuhpe.org/index.php/en/the-accreditation-system and Appendix 7.8

The assessment determines if the applicant is:

- Eligible for registration
  
  or

- Conditionally eligible for registration subject to receipt of additional information or 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. The information/ clarification required will be clearly indicated. If the required information is

²⁸ 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 consitency. 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.
not received within the 4 week period a new application, must be submitted, including payment of an administration fee\(^{29}\).

or

- Not eligible for registration. This finding will result in the need for a new application to the next Assessment session, including payment of the administration fee\(^{30}\).

Following a successful initial application and payment of the 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 a formal notification of registration at the level\(^{31}\), the practitioner may use the title ‘IUHPE Health Promotion Practitioner’ and will receive a certificate of registration\(^ {32}\) from the awarding organisation. 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 from a random sample (up to 20%) of the practitioners applying for registration in each calendar year. If the NAO as 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 Accreditation of Courses**

Course providers should apply to the IUHPE GAO Accreditation Assessment Committee for accreditation of full courses.\(^ {33}\) It should be noted that it is the course which is accredited,

---

\(^{29}\) The administration fee in each instance of application is nonrefundable and non-transferable

\(^{30}\) The administration fee in each instance of application is nonrefundable and non-transferable

\(^{31}\) 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

\(^{32}\) A template for this certificate is given to NAO by GAO.

\(^{33}\) 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 and that can demonstrate how their
not the provider. Thus, should a provider offer more than one relevant course, an application must be made for each separately. Accreditation is available for full courses (i.e. not modules/ parts of courses) **only** as it leads to automatic registration of graduates.

### 4.2.1 Criteria for Accreditation of Full Courses

To be accredited within the System, full courses must cover **all** domains of the IUHPE Core Competencies and Professional Standards and demonstrate how the course content enables students to meet the performance criteria (i.e. learning outcomes) as defined in the Handbook.

The provider must also provide proof of formal recognition/accreditation as an education provider at the required levels (i.e. undergraduate or postgraduate) within the quality assurance/accreditation system applicable in their country.

### 4.2.2 Application Process for Full Courses

All providers applying for accreditation of full courses must submit the required application form, together with any documents required to support their application to the IUHPE GAO Accreditation Assessment Committee, and pay the required administrative fee.

Course providers are required to undertake a detailed self-assessment process\(^ {34} \) which comprises mapping the course content and demonstrating how this relates to the IUHPE Core Competencies and Professional Standards for Health Promotion. The provider must also submit evidence of formal recognition/accreditation as an education provider within their region/country.

The provider may be asked to submit supporting documents to provide evidence of meeting the specified criteria. It is suggested that any relevant websites/links be included in the application. In some cases a site visit by the GAO Accreditation Assessment Committee may be deemed appropriate.\(^ {35} \)

---


\(^ {35} \) If such a visit is required the applicant will be required to cover all costs incurred by the accreditation team.
The assessment determines if the course is:

- Eligible for accreditation.

  or

- Conditionally eligible for accreditation subject to receipt of additional information or 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. The information/clarification required will be clearly indicated. If the required information is not received within the 4 week period a new application must be made to the next Assessment session and a new administration fee must be paid.\(^{36}\)

  or

- Not eligible for accreditation. This finding will result in the need for a new application to the next Assessment session and an administration fee paid.\(^ {37}\)

If the application is successful, an invoice will be sent to the provider for the accreditation fee. When all required fees are paid, the accredited Health Promotion course is added to the IUHPE Global register which is updated on a regular basis. A letter will be sent to the provider to confirm accreditation, together with a certificate and on receipt of these the course may be described as an ‘IUHPE Health Promotion Accredited Course’.

**Accreditation for a course is usually valid for a three year period.** However, if in this period there are substantial changes to the course content, the provider must notify the IUHPE GAO Assessment Committee which will make a decision on whether a full re-accreditation process is required.

### 4.3 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 activities CPD activities are formally accredited- but the practitioner must be able to relate the activity to

---

\(^ {36}\) The administration fee in each instance of application is nonrefundable and non-transferable

\(^ {37}\) The administration fee in each instance of application is nonrefundable and non-transferable
the IUHPE Core Competencies and 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 catchments areas and not as the basis for initial registration.38

Further development of this process requires more detailed plans depending on the opportunities and requirements in each country.39

4.4 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. 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
- An accreditation fee to be paid if application approved. This fee must be paid before the accreditation is finalised within the System
- Current fees for accreditation of courses are detailed on the System website http://www.iuhpe.org/index.php/en/fees

---

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

39 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.
4.5 Revocation/Cancellation of Registration/Accreditation

Registration of practitioners and accreditation of a course can be revoked or cancelled. Decisions on revocation and cancellation accreditation are made by the jointly by the GAO and NAO Bods, where relevant, in relation to practitioners. If there is no NAO and in relation to courses IUHPE GAO BoD 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).

4.6 Appeals Procedures

If a practitioner or provider of a course is denied registration/accreditation or has their registration/accreditation revoked/canceled they can appeal the decision to an independent Appeals Committee (NAO/GAO as relevant).

Course providers and practitioners registered by the IUHPE GAO should formally apply to the IUHPE GAO by letter outlining their reasons for appeal. The IUHPE will convene an Appeals Committee which will advise on the final outcome of the appeal. The IUHPE GAO BoD will give a formal response on the appeal within 6 working weeks.

Those registered by a NAO should apply to the NAO BoD which will convene its Appeals Committee. 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.

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

---

40 Which will include a member of the GAO from outside the NAO catchment area who will be appointed by the IUHPE GAO
‘accreditation’ is for CPD purposes only within the agreed catchment areas and not as the basis for initial registration.\textsuperscript{41} Further development of this process requires more detailed plans depending on the opportunities and requirements in each country.\textsuperscript{42}

\textsuperscript{41} For example, a course recognised as appropriate for CPD could be described as ‘Accredited for CPD. IUHPE Health Promotion Accreditation System’.

\textsuperscript{42} 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 relevant Assessment Committee at global or National level as relevant and is overseen by the relevant BoD.

Each application is assigned to two assessors who are members of the relevant Assessment Committee who have undergone training/updating 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 for each application that includes a declaration of understanding and acceptance of the agreed Conflict of Interest and Confidentiality and any other relevant policies.

5.2 Assessment process

Each assessor must assess the application and submits their findings to the Chair of the relevant Assessment Committee. If both assessors are in agreement and the application is deemed as meeting the required criteria, the Chair of the Committee 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 and a certificate indicating that they are now on the IUHPE Global register. Practitioners can then use the title ‘IUHPE Registered Health Promotion Practitioner’ and courses may be referred to as ‘IUHPE Accredited Health Promotion Course’.

If the two assessors do not agree, the Chair of the relevant Assessment Committee will contact each to discuss their findings and 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 conflicts of interest, will refer the application to the Assessment Committee as a whole for a final decision by a majority of members.

---

43 See Appendix 7.1
44 See Appendix 7.11
45 See Appendix 7.9 for sample letters
Where it is assessed that more information/clarification is required on some minor points in the application, the Chair of the relevant 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 to a future assessment session and pay the administration fee.\textsuperscript{46}

Templates of formal letters for notifications to applicants at all stages of the registration/accreditation process have been developed for use by NAOs and the GAO.\textsuperscript{47}

\textsuperscript{46} Administration fees are non-refundable and non-transferable

\textsuperscript{47} Appendix 7.9
6. REFERENCES


7. APPENDICES

7.1 Conflict of Interest and Confidentiality Policy

The IUHPE GAO Board of Directors and constituent Committees (or NAO 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.

7.1.2 Confidentiality Policy

Scope of Confidentiality Policy

- All issues relating to application, records and correspondence that are exchanged or maintained online will be governed by the relevant Data Protection laws in place in the relevant catchment area (NAO/GAO).
- Information supplied by applicants and used in the processes of assessment in relation to applicants and the assessment processes will be accessible only to the GAO/NAO Board of Directors, relevant Committee members and such staff as are required to record and manage the assessment process at GAO/NAO level as relevant.
- Secure storage, whether of online or hard copy applications, is the responsibility of the relevant BoD (NAO/GAO).
- Applicants should be aware that once entered into Global or National registers that their names/name of course/NAO will be publicly available on the System website(s) (GAO/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 persons involved in or acting on behalf of the IUHPE Health Promotion Accreditation System in relation to assessment/appeals procedures for all applications must not relate, discuss or share information pertaining to assessments, outcomes or other information related to the applicants to the System to anyone other than the relevant members of the IUHPE GAO/NAO Board of Directors and Committees and relevant IUHPE/NAO staff as relevant.
- All persons involved in or acting on behalf of the IUHPE Health Promotion Accreditation System at GAO/NAO level as relevant in relation to
assessment/appeals procedures for all applications must report any concerns about breaches of confidentiality to the Chair of the IUHPE GAO/NAO BoD as relevant.

- The Chair of the Assessment/Appeals Committees (GAO/NAO) will 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.

- If the NAO/GAO Board of Directors or any member of Committees or relevant others involved in any aspect of the IUHPE Health Promotion Accreditation the System determine that anyone with a relevant role has breached the rules of confidentiality no further information on the applicant will be available to that person until such time as the breach is either upheld and action taken against the individual or 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 either the relevant NAO/GAO members or other expert advice as enquired. Full records of the complaint, investigation and outcome will be kept on file and a formal written reply will be sent to the complainant within 30 working days. 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.

- 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.

- A statement of agreement in relation to confidentiality will be completed by all assessors/reviewers at each round of application/appeal processes and by others as relevant and will be kept on file as part of the formal documentation of the IUHPE Accreditation 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 Conflicts of Interest and Confidentiality Policies and I agree to comply in all respects with these policies.

Date  
Signed  
Please print name
7.1.1 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 Accreditation System in relation to assessment/appeals procedures for all applications. For other aspects of conflict of interest the relevant IUHPE policy applies.\(^ {48} \)

Conflict of Interest - Definition

A conflict of interest is defined as any relationship with an applicant (practitioner or provider) or other relevant person or organisation that could interfere with the ability of the individual to exercise objectivity in the accreditation/registration process. A perceived conflict of interest is any such relationship that could be perceived as interfering with the individual’s ability to exercise objectivity.

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

- Is a close relative (e.g. spouse, parent, child, or sibling) of the applicant
- 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 Health Promotion Accreditation System in relation to assessment/appeals procedures for all applications 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.

\(^ {48} \) Available from Chair GAO BoD
All persons involved in or acting on behalf of the IUHPE Health Promotion Accreditation System in relation to assessment/appeals procedures for all applications 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/NAO BoD as relevant.

The Chair of the Assessment/Appeals Committees (GAO/NAO as relevant) will remind all those who are active in the relevant processes to 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 in relation to assessment/appeals procedures for all application 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.

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 s/he must notify the Chair of the IUHPE GAO/NAO BoD as relevant and absent themselves from the process and refrain from participating in the discussion and decision-making on such applications/appeals.

If the Board of Directors or any member of Committees or relevant others involved in the application/appeals process at GAO or NAO level, as relevant, determine that anyone with a relevant role 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 will absent himself/herself from the discussion and decision-making on the relevant application.

The minutes of the meeting must clearly reflect that the individual did not participate in any aspect of the process.

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 GAO/NAO Board of Directors as relevant who will review the case and, if necessary, request input from either the Appeals Committee (GAO/NAO 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 be found the person involved will have no further input into any assessment/appeals procedures?

A statement of agreement will be completed by all assessors/reviewers at each round of application/appeal processes and kept on file as part of the formal documentation of the IUHPE Accreditation System.

50
7.2. GLOSSARY

7.2.1 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 multi-media, 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 them.

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 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).
**7.2.2 Glossary References**


7.3 IUHPE Core Competencies and Professional Standards for Health Promotion

INTRODUCTION

Background

This booklet presents the IUHPE Core Competencies and Professional Standards for Health Promotion[^49] 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.[^50] 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.

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.[^51]

[^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.
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).

**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>
<tbody>
<tr>
<td><strong>Core</strong></td>
<td><strong>Knowledge</strong></td>
<td>1a. Contribute to collaborative work with stakeholders across specified sectors that aims to influence policies or services to improve health and reduce health inequities.</td>
</tr>
<tr>
<td><strong>1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities</strong></td>
<td><strong>Knowledge</strong></td>
<td>1a. Contribute to collaborative work with stakeholders across specified sectors that aims to influence policies or services to improve health and reduce health inequities.</td>
</tr>
<tr>
<td>1.2 Use Health Promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health</td>
<td><strong>Knowledge</strong></td>
<td>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.</td>
</tr>
<tr>
<td>1.3 Use community development approaches to strengthen community participation and ownership and build capacity for Health Promotion action</td>
<td><strong>Knowledge</strong></td>
<td>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.</td>
</tr>
<tr>
<td>1.4 Facilitate the development of personal skills that will maintain and improve health</td>
<td><strong>Knowledge</strong></td>
<td>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.</td>
</tr>
<tr>
<td>1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities</td>
<td><strong>Knowledge</strong></td>
<td>1e. 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.</td>
</tr>
<tr>
<td><em>Performance Criteria – evidence provided either from documentation, or assessment during work or study, of practitioner’s ability to:</em></td>
<td><strong>Knowledge</strong></td>
<td>1f. 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.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td><strong>Knowledge</strong></td>
<td>1g. 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.</td>
</tr>
<tr>
<td>- Partnership building and collaborative working</td>
<td><strong>Knowledge</strong></td>
<td>1h. 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.</td>
</tr>
<tr>
<td>- Behavioural change techniques</td>
<td><strong>Knowledge</strong></td>
<td>1i. 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.</td>
</tr>
<tr>
<td>- Organisational development</td>
<td><strong>Knowledge</strong></td>
<td>1j. 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.</td>
</tr>
<tr>
<td>- Change management</td>
<td><strong>Knowledge</strong></td>
<td>1k. 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.</td>
</tr>
<tr>
<td>- Community development including empowerment, participation and capacity building</td>
<td><strong>Knowledge</strong></td>
<td>1l. 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.</td>
</tr>
<tr>
<td>- Ability to work with: Individuals and groups defined by geography, culture, age, setting, or interest; and those in own/other organisations/sectors</td>
<td><strong>Knowledge</strong></td>
<td>1m. 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.</td>
</tr>
<tr>
<td><em>Performance Criteria – evidence provided either from documentation, or assessment during work or study, of practitioner’s ability to:</em></td>
<td><strong>Knowledge</strong></td>
<td>1n. 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.</td>
</tr>
</tbody>
</table>

**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

**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

---

68
# 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:

## Core Competency Statement

<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>
</table>
| 2.1 Use advocacy strategies and techniques which reflect Health Promotion principles | Knowledge
  - Determinants of health
  - Advocacy strategies and techniques
  - Methods of stakeholder engagement
  - Health and wellbeing issues relating to a specified population or group
  - Theory and practice of community development including: empowerment, participation and capacity building
  - Knowledge of strategy and policy development | 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
  - 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 | 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. |
| 2.3 Raise awareness of and influence public opinion on health issues |                                                                                                       | 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. |
| 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 |                                                                                                       |                                                                                                                                 |

69
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>
</table>
| 3.1 Engage partners from different sectors to actively contribute to Health Promotion action | **Knowledge**  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, networking, stakeholder engagement  
- Systems, structures and functions of different sectors, organisations and agencies  
- Principles of effective intersectoral partnership working | 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. |
| 3.2 Facilitate effective partnership working which reflects Health Promotion values and principles | **Skills**  
- 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 | 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. |
| 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. |
| 3.4 Facilitate the development and sustainability of coalitions and networks for Health Promotion action | | |
# 4. Communication

**Communicate Health Promotion actions effectively using appropriate techniques and technologies for diverse audiences. 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>
</table>
| **4.1 Use effective communication skills including written, verbal, non-verbal, listening skills and information technology** | **Knowledge**  
- Understanding of social and cultural diversity  
- Theory and practice of effective communication including Interpersonal communication and group work  
- Applications of information technology for social networking media, and mass media  
- Diffusion of innovations theory  
- Health literacy | **4a. Use a range of communication skills for Health Promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.** |
| **4.2 Use electronic and other media to receive and disseminate Health Promotion information** | **Skills**  
- Communication skills: including written, verbal, non-verbal, listening skills and information technology  
- Working with individuals and groups  
- Use of electronic media and information technology  
- Use of print, radio, TV and social media  
- Ability to work with: individuals, groups, communities and organisations in diverse settings | **4b. Have a working knowledge of the use of information technology and electronic media for Health Promotion.** |
| **4.3 Use culturally appropriate communication methods and techniques for specific groups and settings** | | **4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.** |
| **4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities** | | **4d. Identify and use innovative communication techniques appropriate for the specific setting, customs, and social and cultural environment.** |
## 5. Leadership

**Contribute to the development of a shared vision and strategic direction 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>
</table>
| 5.1 Work with stakeholders to agree a shared vision and strategic direction for Health Promotion action | Knowledge  
- 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 | 5a. Identify and mobilise leaders within the community, showing how they are engaged and motivated to agree a shared vision and strategic direction. |
| 5.2 Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving) | Skills  
- Stakeholder engagement / networking  
- Collaborative working skills  
- Facilitation  
- Ability to motivate groups and individuals towards a common goal  
- Resource management | 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. |
| 5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities | | 5c. Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of Health Promotion action. |
| 5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in Health Promotion | | 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. |
| 5.5 Contribute to mobilising and managing resources for Health Promotion action | | 5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance Health Promotion action. |
| 5.6 Contribute to team and organisational learning to advance Health Promotion action | | |
## 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>
<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>6.1 Use participatory methods to engage stakeholders in the assessment process</td>
<td><strong>Knowledge</strong>&lt;br&gt;- Range of assessment methods/processes using both qualitative and quantitative methods&lt;br&gt;- Available data and information sources&lt;br&gt;- Social determinants of health&lt;br&gt;- Health inequalities&lt;br&gt;- Evidence base for Health Promotion action and priority setting&lt;br&gt;- Understanding social and cultural diversity</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><strong>Skills</strong>&lt;br&gt;- Partnership building and negotiation&lt;br&gt;- Health Impact Assessment&lt;br&gt;- How to obtain, review and interpret data or information&lt;br&gt;- Qualitative research methods including participatory and action research&lt;br&gt;- Quantitative research methods including statistical analysis&lt;br&gt;- Critical appraisal skills&lt;br&gt;- Ability to work with: stakeholders from community groups/organisations; partnerships, coalitions or networks for health improvement; information/data analysts and/or researchers</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></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>
</tr>
<tr>
<td>6.6 Use culturally and ethically appropriate assessment approaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.7 Identify priorities for Health Promotion action in partnership with stakeholders based on best available evidence and ethical values</td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<thead>
<tr>
<th>Core Competency Statement</th>
<th>Core Knowledge and Skills required:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the practitioner’s ability to:</th>
</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. |
| 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 | 7b. Present a rationale for the selection and use of appropriate Health Promotion planning model(s). |
| 7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets |                                                                                                     | 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. |
### 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>
<th>Core Competency Statement</th>
<th>Core Knowledge and Skills required:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the practitioner’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.1 Use ethical, empowering, culturally appropriate and participatory processes to implement Health Promotion action</strong></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><strong>8.2 Develop, pilot and use appropriate resources and materials</strong></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><strong>8.3 Manage the resources needed for effective implementation of planned action</strong></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><strong>8.4 Facilitate programme sustainability and stakeholder ownership through ongoing consultation and collaboration</strong></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><strong>8.5 Monitor the quality of the implementation process in relation to agreed goals and objectives for Health Promotion action</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

75
## 9. Evaluation and Research

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

<table>
<thead>
<tr>
<th>Core Competency Statement</th>
<th>Core Knowledge and Skills required:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the practitioner’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Identify and use appropriate Health Promotion evaluation tools and research methods</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>9.2 Integrate evaluation into the planning and implementation of all Health Promotion action</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>9b. Critically appraise research literature and use evidence and/or guidance in the planning and implementation of Health Promotion action</td>
</tr>
<tr>
<td>9.3 Use evaluation findings to refine and improve Health Promotion action</td>
<td></td>
<td>9c. Analyse and evaluate complex data including statistical information relating to a specified Health Promotion action.</td>
</tr>
<tr>
<td>9.4 Use research and evidence based strategies to inform practice</td>
<td></td>
<td>9d. Show how findings from evaluation and monitoring processes are used to refine and improve Health Promotion action.</td>
</tr>
<tr>
<td>9.5 Contribute to the development and dissemination of Health Promotion evaluation and research processes</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>
7.3.1. 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 the steps below to assure quality and cultural sensitivity.

- Translation from English to the relevant language 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 GAO/NAO or other organisation 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.

---

53 For example, an experienced and well recognised practitioner or established academic
7.5 Terms of Reference GAO BoD

IUHPE Accreditation Organisation Board of Directors and Committees (GAO) 54

7.5.1 IUHPE GAO Board of Directors Terms of Reference

Purpose: To oversee and manage the performance of the IUHPE Health Promotion Accreditation System and its processes. The GAO Board of Directors is the formal decision making body on all matters pertaining to the structures and process of the Accreditation System. It ensures that all actions taken in the registration and accreditation processes follow the agreed criteria in relation to accreditation and relevant legal and ethical principles and are in accordance with IUHPE governance procedures. The GAO Board will ensure the functioning of the Accreditation System through designated Committees, employees and others as relevant. The Board’s functions include:

Managing and maintaining the accreditation system

- Overseeing all management aspects of the Accreditation System at the level including planning, implementation and evaluation of annual and long-term action plans
- Overseeing the use and application of the Accreditation System in various settings
- Ensuring that all aspects of the Accreditation System are in accordance with the ethical and legal requirements, agreed criteria and IUHPE governance procedures
- Developing and overseeing appropriate policies to manage National Accreditation Organisations (NAOs)/practitioners/providers of education and training if the agreed procedures and criteria are not met and/or maintained
- Managing conflict and controversy resolution in relation to the Accreditation System and its implementation
- Managing conflicts of interest according to IUHPE procedures and as agreed for assessment and appeals processes
- Facilitating the revision of the Accreditation System on a 5-year cycle in partnership with the relevant Committees, NAOs and other relevant professional organisations and individual experts
- Undertaking risk analysis and implementing a risk management strategy

54 A suggested template, similar to the TOR of the GAO as defined above, has been developed and is available in the IUHPE Health Promotion Accreditation System NAO Handbook.
- Seeking legal, financial or other expert advice as required for the effective implementation and management of the Accreditation System.

**Overseeing financial management and regulation**

- Developing and maintaining a system of financial management for the Accreditation System, including setting fees
- Ensuring the accountability and transparency of all financial systems
- Ensuring that all fund-raising, sponsorship and marketing strategies comply with the IUHPE sponsorship and fund-raising guidelines
- Overseeing and approving applications for funding by external bodies.

**Ensuring the Maintenance of a Register**

- Maintaining a Register of all practitioners registered by NAOs or at the level, which will be updated on an annual basis
- Maintaining a record of the accredited full academic courses in the register.

**Capacity Development**

- Encouraging the establishment and engagement of NAOs in countries, in conjunction with relevant partners.

**Approving National Accreditation Organisations (NAOs)**

- Ensuring that an appropriate approval process is in place to accredit, monitor and maintain NAOs
- Formally notify NAOs of the outcome of the assessment on their eligibility to join the IUHPE Accreditation System
- Formally recognise those NAOs assessed as eligible by the IUHPE GAO Assessment Committee to act as national accreditation organisations within the IUHPE Accreditation System.

**Reports to:** CWDG/IUHPE GAO Boards

**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 GAO BoD will produce an annual report on the Accreditation System, including relevant financial information, to the CWDG and the IUHPE.

**Current membership (2014):**
- Executive Director of the IUHPE
- Co-Chairs of the CWDG
- IUHPE Vice President for Finances and Internal Control
- IUHPE Vice President for Marketing and Fund-raising

It has been agreed that consideration will be given to widening the membership of the Board to include elected members as the System evolves.

**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 ongoing 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.
7.5.2 IUHPE GAO Assessment Committee

Terms of Reference

Purpose: To implement manage and coordinate the accreditation and registration processes of the System at level.

This includes:

- Assessing the eligibility of NAOs to undertake accreditation within specified catchment areas as defined in the Handbook
- Assessing and approving eligible full academic courses for accreditation
- Assessing/approving eligible practitioners for registration/re-registration where there is no NAO
- Overseeing the processes for calls for applications/applications to the System
- Overseeing the processes for notification of approval/denial of registration/accreditation and processes for appeals
- Referring appeals to the IUHPE GAO Appeals Committee
- Overseeing the maintenance of a Register of all practitioners registered/re-registered by NAOs or at level, to be updated on an annual basis
- Overseeing the maintenance of a Register of all accredited full courses, to be updated on an annual basis
- Overseeing the updating of the online applications systems for use at both national levels
- Monitoring complaints/feedback and making recommendations on the process of revocation/cancellation of registration/accreditation to the Board based on agreed criteria
- Applying the agreed a Conflict of Interest and Confidentiality policies in relation to assessment procedures and tasks.

Reports to: IUHPE GAO Board of Directors

Membership

---

55 The IUHPE Accreditation Committee may organise site visits to verify the evidence of course providers meeting the specified criteria.
**Number of members:** Minimum eight, maximum twelve. Members must undergo specific training on the assessment processes before undertaking any assessments.

**Composition:** The fully constituted Committee will comprise representatives of Health Promotion policy, practice and academia with the ideal balance being three from each area. The Co-Chairs 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 procedure).

**Selection – suggested process**

The Interim Committee which will serve for two years to April 2015 (this may be extended by the IUHPE GAO BoD if considered necessary) will comprise those members of the CWDG from EU Member States who are willing to serve. In 2015 half of these members will resign but may stand for re-election.

Resignations will be firstly on a voluntary basis. If the required number does not volunteer to resign, names will be drawn by the Co-Chairs, 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 2017 and may stand for re-election at that point. This process will ensure continuity within the Committee.

**Election**

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 CWDG
- Registered Health Promotion practitioners/accredited providers of education and training
- National Accreditation Organisations and National Professional Associations
- IUHPE GAO Board and Committee Members
Stakeholders as may be defined by the IUHPE GAO

**Call for nominations**

The call for nominations will be published on the IUHPE Accreditation System and general website and circulated to all of the above.

All candidates must be residents/representatives of countries within the IUHPE EURO Region.

**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 Interim Chair will be one of the CWDG Co - Chairs, after 2015 the Chair will be elected by the Committee.

**Sub - Committees**

Two Sub-Committees were established at the Inaugural Meeting of the System to undertake specific tasks and roles within the IUHPE GAO Assessment Committee. These are:

**Practitioner Assessment Sub-Committee**

**Purpose**: To manage the assessment process of those practitioners who apply at the level (i.e. where there is no NAO).

**Academic Assessment Sub-Committee**

**Purpose**: To manage the assessment process of full courses with Health Promotion as the core content.

Each of these Sub-Committees will:

- Oversee all aspects of accreditation/registration within their remit
• Form a panel of reviewers who will review applications and report back on applicants’ eligibility to the IUHPE GAO Assessment Committee as a whole

• Refer any problems/issues arising from the review process to the full IUHPE GAO Committee for their consideration and, if necessary, further action at a higher level

• Ensure that all procedures are open and transparent and that the agreed conflict of interest and confidentiality policies are applied in all cases.

7.5.3 IUHPE GAO Appeals Committee Terms of Reference

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

Reports to: IUHPE GAO Board of Directors

Membership

Composition: Co-Chairs of the CWDG, IUHPE Vice President Administration and two Members of the International Expert Advisory Group nominated by the Board of Directors.

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.

7.5.4 IUHPE GAO PR, Marketing and Dissemination Committee TOR

Terms of Reference

Purpose: To oversee the Dissemination, Public Relations and Marketing activities required to support the implementation, management and expansion of the IUHPE Accreditation System.

Reports to: IUHPE GAO Board of Directors

Membership

Number of members: Minimum five, maximum ten
Composition: Volunteers from the Membership of the CWDG

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.

7.5.5 IUHPE GAO International Expert Advisory Group Terms of Reference

Purpose: To provide insight into the best practices of workforce development globally and technical support to the Accreditation System based on their expertise and experience in the area of competency-based Health Promotion accreditation.

This includes:

- Ensuring that the Accreditation System is informed by current international developments in Health Promotion policy, practice, education and research
- Ensuring that the Accreditation System is informed by current international developments in relation to competency based approaches, quality assurance and accreditation
- Advising on the implementation, development and maintenance of the System where appropriate
- Making recommendations for specific actions where required
- Providing feedback on draft documents/statements, etc.
- Advising on the dissemination of information on the Accreditation System through *Global Health Promotion* and related networks
- Acting as champions for the Accreditation System internationally.

Reports to: IUHPE GAO Board of Directors/CWDG

Number of members: No minimum/maximum.

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

Composition: Experts in Health Promotion with significant experience in Health Promotion (minimum five years) and/or accreditation systems, quality assurance and workforce capacity development at national or international levels.

Selection: By invitation to experts in Health Promotion (minimum five years) and/or accreditation/credentialing systems, quality assurance and workforce capacity development at national or international levels. Others may be invited to join the Group as required (i.e. those with specific area of expertise or representative of EU Enlargement countries). Invitations can be suggested by CWDG members and will be extended by the Co-Chairs.
7.6 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\textsuperscript{56} 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.

\textsuperscript{56} The NAO should refer to GAO for advice before accepting activities other than those on list
7.7 Letters/forms approval NAO:

7.7.1 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\(^\text{57}\) []

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\(^\text{58}\):

- the criteria for accreditation/registration as indicated in the IUHPE Health Promotion Accreditation System Handbook

\(^\text{57}\) For example, active membership from the Health Promotion community in the development process/ written letter(s) of support, etc.

\(^\text{58}\) Any variations on process/procedures agreed with GAO BoD must be noted in the application letter.
• 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).

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 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
• 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 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

7.76.2 Sample letter of approval a NAO

[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. 59

59 Details of any variation to procedures/processes agreed by the GAO must be included in this letter.
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 OFFICIAL NAME}
Signature
Title

Signed on behalf of the IUHPE Accreditation Organisation
Signature
Title
7.8. Practitioners Application Form

Please read the guidance notes below before completing the application form

- Make sure that all sections are completed as incomplete applications cannot be processed
- Make a copy of your application and keep it for your records
- The IUHPE Accreditation Assessment Committee (NAO/GAO) 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>
</tr>
</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>Education /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>
<td></td>
</tr>
<tr>
<td>- The determinants of health and their implications for Health Promotion action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The impact of social and cultural diversity on health and health inequities and the implications for Health Promotion action</td>
<td></td>
<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>
</tr>
<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>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<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>Education /training (please indicate BSc/MSc/other)</td>
<td>Work Experience (Please give brief details e.g. peer support/onsite education.)</td>
</tr>
<tr>
<td>• The evidence base and research methods, including qualitative and quantitative methods, required to inform and evaluate Health Promotion action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The communication processes and current information technology required for effective Health Promotion action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The systems, policies and legislation which impact on health and their relevance for Health Promotion.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUMMARY OF ROLE AND SELF ASSESSMENT OF COMPETENCE

The applicant must provide a summary of their role with reference to the definition of a Health Promotion practitioner and of Health Promotion.

Self-Assessment of Competence

You must provide a brief summary (max 200 words) of health promotion work that you have done which demonstrates the performance criteria for each of the IUHPE Professional Standards.

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

You may be asked to provide evidence of all experience, activities, education and training that are included in the application at any point in the application process or at any point during the period of registration.
## IUHPE Core Competencies and Professional Standards

1. **Enable Change - Enable individuals, groups, communities and organisations to build capacity for health promoting action to improve health and reduce health inequities.**

A Health Promotion practitioner is able to:

<table>
<thead>
<tr>
<th>Core Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 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 | |
| 1.3 Use community development approaches to strengthen community participation and ownership and build capacity for Health Promotion action | |
| 1.4 Facilitate the development of personal skills that will maintain and improve health | |
| 1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities | |
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.

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th>When completed</th>
<th>Where completed</th>
<th>Brief description of the action and your role with reference to the performance criteria above (max 200 words)</th>
</tr>
</thead>
</table>

**Other comments**

______________________________
### IUHPE Core Competencies and Professional Standards

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

<table>
<thead>
<tr>
<th>Core Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 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.

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

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>When completed</td>
<td></td>
</tr>
<tr>
<td>Where completed</td>
<td></td>
</tr>
</tbody>
</table>

**Brief description of the action and your role with reference to the performance criteria above (max 200 words)**

---

*Other comments*
# IUHPE Core Competencies and Professional Standards

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

<table>
<thead>
<tr>
<th>Core Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Engage partners from different sectors to actively contribute to Health Promotion action</td>
<td><strong>Knowledge</strong>&lt;br&gt;• Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, stakeholder engagement&lt;br&gt;• Systems, structures and functions of different sectors&lt;br&gt;• Principles of effective intersectoral partnership working</td>
<td>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.</td>
</tr>
<tr>
<td>3.2 Facilitate effective partnership working which reflects Health Promotion values and principles</td>
<td><strong>Skills</strong>&lt;br&gt;• Stakeholder engagement&lt;br&gt;• Collaborative working&lt;br&gt;• Facilitation&lt;br&gt;• 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&lt;br&gt;• Networking</td>
<td>3b. Identify the range of relevant stakeholders/partners in a specified area, and show how they are engaged actively in Health Promotion action.</td>
</tr>
<tr>
<td>3.3 Build successful partnership through collaborative working, mediating between different sectoral interests</td>
<td></td>
<td>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>3.4 Facilitate the development and sustainability of coalitions and networks for Health Promotion action</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th>When completed</th>
<th>Where completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Brief description of the action and your role with reference to the performance criteria above (max 200 words)

Other comments

_____________________________________________________________________________________________________________
<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 4.1 Use effective communication skills including written, verbal, non-verbal, listening skills and information technology | **Knowledge**  
- Understanding of social and cultural diversity  
- Interpersonal communication  
- Theory and practice of effective group work  
- Current applications of information technology for social networking media, and mass media  
- Diffusion of innovations theory  
- Health literacy | 4a. Use a range of communication skills for Health Promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills. |
| 4.2 Use electronic and other media to receive and disseminate Health Promotion information | **Skills**  
- Communication skills: including written, verbal, non-verbal, listening skills and information technology  
- Working with individuals and groups  
- Use of electronic media and information technology  
- Use of print, radio, TV and social media  
- Ability to work with: individuals, groups, communities and organisations in diverse settings. | 4b. Have a working knowledge of the use of information technology and electronic media for Health Promotion. |
| 4.3 Use culturally appropriate communication methods and techniques for specific groups and settings |                                                                                                                              | 4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group. |
| 4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities |                                                                                                                              | 4d. Identify and use innovative and/or unconventional communication techniques according to local setting, customs and social and cultural environment. |
22. **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 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.

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th>When completed</th>
<th>Where completed</th>
<th>Brief description of the action and your role with reference to the performance criteria above (max 200 words)</th>
</tr>
</thead>
</table>

*Other comments*
### IUHPE Core Competencies and Professional Standards

#### 5. Leadership - Contribute to the development of a shared vision and strategic direction for Health Promotion action. A Health Promotion practitioner is able to:

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Work with stakeholders to agree a shared vision and strategic direction for Health Promotion action</td>
<td><strong>Knowledge</strong> • Theory and practice of effective leadership • Management and organisational development theory • Strategy development • Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, decision-making, teamwork, stakeholder engagement • Principles of effective intersectoral partnership working • Emerging challenges in health and Health Promotion • Principles of effective human and financial resource management and mobilisation</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. 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.</td>
</tr>
<tr>
<td>5.2 Use leadership skills which facilitate empowerment and participation (including teamwork, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving)</td>
<td><strong>Skills</strong> • Stakeholder engagement • Collaborative working skills • Facilitation • Ability to motivate groups and individuals towards a common goal • Resource management</td>
<td></td>
</tr>
<tr>
<td>5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in Health Promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5 Contribute to mobilising and managing resources for Health Promotion action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6 Contribute to team and organisational learning to advance Health Promotion action</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 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.

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th>When completed</th>
<th>Where completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Brief description of the action and your role with reference to the performance criteria above (max 200 words)**

---

**Other comments**

---
## IUHPE Core Competencies and Professional Standards

### 6. Assessment

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

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| **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 |
| **6.3 Collect, review and appraise relevant data, information and literature to inform Health Promotion action** | 6b. Select appropriate qualitative and quantitative methods for use in a specified assessment process. |
| **6.4 Identify the determinants of health which impact on Health Promotion action** | 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. |
| **6.5 Identify the health needs, existing assets and resources relevant to Health Promotion action** | 6d. Demonstrate how the approaches used in a specified assessment process are socially, culturally and ethically appropriate. |
| **6.6 Use culturally and ethically appropriate assessment approaches** | | |
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 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.

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th>When completed</th>
<th>Where completed</th>
</tr>
</thead>
</table>

**Brief description of the action and your role with reference to the performance criteria above (max 200 words)**

---

**Other comments**
### IUHPE Core Competencies and Professional Standards

#### 7. Planning

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

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| **7.1 Mobilise, support and engage the participation of stakeholders in planning Health Promotion action** | **Knowledge**  
- Use and effectiveness of Health Promotion planning models and theories  
- Principles of project/programme management  
- Principles of resource management and risk management | 7a. Identify the range of relevant stakeholders/partners in a specified area, and devise ways through which their support and participation is engaged in planning Health Promotion action. |
| **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 management tools  
- Ability to work with: groups and communities targeted by the Health Promotion action; stakeholders and partners | 7b. Present a rationale for the selection and use of appropriate Health Promotion planning model(s). |
| **7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets** | | 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. |
| **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** | | |
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 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.

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th>When completed</th>
<th>Where completed</th>
<th>Brief description of the action and your role with reference to the performance criteria above (max 200 words)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other comments**
**IUHPE Core Competencies and Professional Standards**

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>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 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 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.

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>When completed</td>
<td></td>
</tr>
<tr>
<td>Where completed</td>
<td></td>
</tr>
<tr>
<td><strong>Brief description of the action and your role with reference to the performance criteria above (max 200 words)</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Other comments*

_____________________________________________________________________________________________________________
### IUHPE Core Competencies and Professional Standards

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

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 9.1 Identify and use appropriate Health Promotion evaluation tools and research methods | Knowledge  
  - Knowledge of different models of evaluation  
  - Formative and summative evaluation approaches  
  - Qualitative and quantitative research methods  
  - Data interpretation and statistical analysis  
  - Evidence base for Health Promotion | 9a. Identify the research methods appropriate for the evaluation of a specified Health Promotion action. |
| 9.2 Integrate evaluation into the planning and implementation of all Health Promotion action | 9b. Critically appraise research literature and use evidence from systematic reviews and/or guidance in the planning and implementation of Health Promotion action |
| 9.3 Use evaluation findings to refine and improve Health Promotion action | 9c. Analyse and evaluate complex data including statistical information relating to a specified Health Promotion action |
| 9.4 Use research and evidence based strategies to inform practice | 9d. Show how findings from evaluation and monitoring processes are used to refine and improve Health Promotion action |
| 9.5 Contribute to the development and dissemination of Health Promotion evaluation and research processes | 9e. Report on research findings and identify their implications for stakeholders and communities; and contribute to publications in management or academic journals |
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 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.

<table>
<thead>
<tr>
<th>Type of work/activity</th>
<th>When completed</th>
<th>Where completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Brief description of the action and your role with reference to the performance criteria above (max 200 words)**

**Other comments**
7.8.2 Illustrative Examples of how to complete the self-assessment requirements

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

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

(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 in your profile on the IUHPE online platform ([www.iuhpe.org](http://www.iuhpe.org)) (GAO ONLY) Your application will be reviewed by the Assessment Committee at its next session. The dates of the Assessment sessions are published on the website.

You will be notified by email 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 that incomplete applications which have not been modified for more than 6 months will be deleted from the system. If you are still interested in applying to IUHPE the Health Promotion Accreditation 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

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 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.

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

7.9.5 Application accepted (Practitioner) – registration fee paid

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 register, and you can use the professional title ‘IUHPE Registered Health Promotion Practitioner.’

Your registration 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 IUHPE 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 accepted (Course) – registration fee paid

Dear [NAME OF USER],

We are pleased inform you that the course ________ has been assessed as meeting all the required criteria and that it is now accredited within the IUHPE Health Promotion System.

The name of the course will now be included in the register, and the title ‘IUHPE Accredited Health Promotion Course’ can be used on the course literature.

The accreditation is valid for 3 years, during which you are required to notify the IUHPE Assessment Committee if there are substantial changes to the course content. The Assessment Committee will then decide on whether a full re-accreditation process is required.

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

7.9.7 Application rejected

Dear [Recipient’s Name],
We regret to inform you that, after careful consideration, the 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.

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

7.9.8 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. The information required is:

We would be most grateful if you could send this information within 30 days. If you require any additional information please do not hesitate to contact us.

Yours sincerely,

7.9.9 Certificate Letter (Course)

[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 the Certificate of Accreditation for the course: ............ This course is now on register of accredited courses in the IUHPE website http://www.iuhpe.org/index.php/en/iuhpe-accredited-courses and you may now include ‘IUHPE Accredited Health Promotion Course’ on the course literature, etc. I have attached your course certificate. Please note that the accreditation of the course is valid for 3 years.

7.9.10 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). You are on the IUHPE register of Health Practitioners and you can the title ‘IUHPE Registered Health Promotion Practitioner’ professional title. Your registration is valid for 3 years.

Yours sincerely,
7.10 Application process for full courses

Application Form

Full Health Promotion Course

Before submitting your application form and paying the required non-refundable application fee (see System website), please

- Read the definition of what constitutes a full health Promotion course within the System, as only those courses meeting the agreed criteria are eligible for registration. If you are unclear about this requirement please contact the system administrator BEFORE you apply and pay the application fee.
- Read the IUHPE Core Competencies and Professional Standards for Health Promotion Handbook (Full Version) available on the website.
- Make sure you fill in all sections, as incomplete applications cannot be processed
- Make a copy of your application and keep it for your records
- Ensure that you have collected and retained all relevant information
- Note that you can be asked to supply additional information or formal verification of all information given in this application.

Please provide additional information such as course handbook/website or summary of these in English. Where this is not readily available, a translation of the key points in the course material must be provided.

Hard copies of course documents and other relevant information may also be requested as part of the accreditation process and at any time during the accredited period.
1. DETAILS OF COURSE PROVIDER

NAME OF UNIVERSITY/INSTITUTION
ADDRESS
NAME OF DEPARTMENT/SCHOOL (IF RELEVANT)
NAME OF CONTACT PERSON
EMAIL
TELEPHONE

2. DECLARATION

I, (please print NAME and JOB TITLE)
Confirm that full formal permissions/endorsements to apply for accreditation within the IUHPE Health Promotion Accreditation System have been given by the appropriate authorities in this organisation.

3. SUMMARY OF COURSE

Please provide a short summary of the course (max 300 words) with reference to the definition of Health Promotion, full Health Promotion course and IUHPE Core Competencies and Professional Standards. The summary should briefly demonstrate how the aims of the course, its ethical framework and core content relate to the IUHPE domains and how it prepares graduates to be competent Health Promotion practitioners defined in the IUHPE Core Competencies and Professional Standards Handbook).

SUMMARY OF COURSE

Please include a summary of the course here.
4. SELF ASSESSMENT QUESTIONNAIRE

You must complete the following self-assessment of the course as below.

To complete the self-assessment, you will need to undertake a mapping process to relate the course content to each domain in the IUHPE Core Competencies and Professional Standards. To do this you will need to:

1. Read the details on each Domain, which present the IUHPE Core Competencies and Professional Standards, including the performance criteria, which form the basis for the accreditation process.

2. Identify the modules in your course which cover the domains of the IUHPE Core Competencies and Professional Standards. This should include some brief details on how the module content relates to the competencies/performance criteria and not just the name of the module.

3. List the main teaching and assessment methods for each module identified. There is also space for any additional comments you may wish to add.

A glossary of terms is provided in the please see the System Website to assist you in completing the forms). If you require further assistance, please contact the System Coordinator – details available on the System website.
IUHPE Core Competencies and Professional Standards - Knowledge Base Underpinning Health Promotion

The core competencies require that a Health Promotion practitioner draws on a multidisciplinary knowledge base of the core concepts, principles, theory and research of Health Promotion and its application in practice. A Health Promotion practitioner is able to demonstrate knowledge of:

- 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
- The concepts of health equity, social justice and health as a human right as the basis for Health Promotion action
- The determinants of health and their implications for Health Promotion action
- The impact of social and cultural diversity on health and health inequities and the implications for Health Promotion action
- Health Promotion models and approaches which support empowerment, participation, partnership and equity as the basis for Health Promotion action
- The current theories and evidence which underpin effective leadership, advocacy and partnership building and their implication for Health Promotion action
- 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
- The evidence base and research methods, including qualitative and quantitative methods, required to inform and evaluate Health Promotion action
- The communication processes and current information technology required for effective Health Promotion action
- The systems, policies and legislation which impact on health and their relevance for Health Promotion.
Knowledge base – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where the 'Health Promotion Knowledge Base' as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IUHPE Core Competencies and Professional Standards – Ethics

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 well-being. 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 from assessment during work or study, of the applicant’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 addressing of 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 data confidentiality and disclosure
- Are consistent with scientific evidence, legislation, policies, governance frameworks and systems
<table>
<thead>
<tr>
<th>Continually develop and improve own and others’ practice by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reflecting on own behaviour and practice and identifying where improvements should be made</td>
</tr>
<tr>
<td>• Recognising the need for, and making use of, opportunities for personal and others’ development</td>
</tr>
<tr>
<td>• Being aware of different approaches and preferences to learning</td>
</tr>
<tr>
<td>• Applying evidence in improving own area of work</td>
</tr>
<tr>
<td>• Objectively and constructively reviewing the effectiveness of own area of work</td>
</tr>
</tbody>
</table>
Health Promotion Ethics – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Health Promotion Ethics’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

132
**IUHPE Core Competencies and Professional Standards**

**1 Enable Change**

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

<table>
<thead>
<tr>
<th>Competency statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence from documentation or from assessment during work or study, of the applicant’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**  
- 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 well-being, reduce health inequities, and promote sustainable action in a specified area. |
| 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 | 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. |
| 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 individuals or groups to facilitate the development of personal skills to maintain or improve health, and develop the capacity of others to support behavioural |
| teams in own/other organisations |  | change. |
### 1. Enable change – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Enable change’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies/skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## IUHPE Competencies and Professional Standards

### 2. Advocate for Health

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

<table>
<thead>
<tr>
<th>Competency statement</th>
<th>Knowledge and Skills required include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Use advocacy strategies and techniques which reflect Health Promotion principles</td>
<td><strong>Knowledge</strong></td>
</tr>
<tr>
<td>2.2 Engage with and influence key stakeholders to develop and sustain Health Promotion action</td>
<td>• Determinants of health</td>
</tr>
<tr>
<td>2.3 Raise awareness of and influence public opinion on health issues</td>
<td>• Advocacy strategies and techniques</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>• Methods of stakeholder engagement</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>
<td>• Health and well-being issues relating to a specified population or group</td>
</tr>
<tr>
<td></td>
<td>• Theory and practice of community development including: empowerment, participation and capacity building</td>
</tr>
<tr>
<td></td>
<td><strong>Skills</strong></td>
</tr>
<tr>
<td></td>
<td>• Use of advocacy techniques</td>
</tr>
<tr>
<td></td>
<td>• Working with a range of stakeholders</td>
</tr>
<tr>
<td></td>
<td>• Facilitation</td>
</tr>
<tr>
<td></td>
<td>• Community development including empowerment, participation, capacity building and equality impact assessment</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
</tr>
</tbody>
</table>

**Performance Criteria** — evidence from documentation or from assessment during work or study, of the applicant’s ability to:

2a. Show how advocacy strategies can be used in a specified area for Health Promotion action, and demonstrate how they reflect Health Promotion principles.

2b. Identify the range of relevant stakeholders/partners in a specified area, and show how their support can be engaged to develop and sustain Health Promotion action.

2c. Select and use appropriate communication methods for a specified target group in order to raise awareness, influence opinion and enable action on health and well-being issues.

2d. Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and well-being needs.
2. Advocate for health – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Advocate for health’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IUHPE Core Competencies and Professional Standards 3. Mediate through Partnership  
Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of Health Promotion action. A Health Promotion practitioner is able to:

<table>
<thead>
<tr>
<th>Competency statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence from documentation or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 3.1 Engage partners from different sectors to actively contribute to Health Promotion action | Knowledge  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, stakeholder engagement  
- Systems, structures and functions of different sectors  
- Principles of effective inter sectoral 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 complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Mediate through partnership’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### IUHPE Core Competencies and Professional Standards 4. Communication

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

<table>
<thead>
<tr>
<th>Competency statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence from documentation or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Use effective communication skills including written, verbal, non-verbal, listening skills and information technology</td>
<td><strong>Knowledge</strong>&lt;br&gt;• Understanding of social and cultural diversity&lt;br&gt;• Interpersonal communication&lt;br&gt;• Theory and practice of effective group work&lt;br&gt;• Current applications of information technology for social networking media, and mass media&lt;br&gt;• Diffusion of innovations theory&lt;br&gt;• Health literacy</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>4.2 Use electronic and other media to receive and disseminate Health Promotion information</td>
<td><strong>Skills</strong>&lt;br&gt;• Communication skills: including written, verbal, non-verbal, listening skills and information technology&lt;br&gt;• Working with individuals and groups&lt;br&gt;• Use of electronic media and information technology&lt;br&gt;• Use of print, radio, TV and social media&lt;br&gt;• Ability to work with: individuals, groups, communities and organisations in diverse settings</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 and settings</td>
<td></td>
<td>4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.</td>
</tr>
<tr>
<td>4.4 Use interpersonal communication and group work skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities</td>
<td></td>
<td>4d. Identify and use innovative and/or unconventional communication techniques according to local setting, customs and social and cultural environment.</td>
</tr>
</tbody>
</table>
1. Communication – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Communication’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

141
**IUHPE Core Competencies and Professional Standards 5. Leadership**

Contribute to the development of a shared vision and strategic direction for Health Promotion action. A Health Promotion practitioner is able to:

<table>
<thead>
<tr>
<th>Competency statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence from documentation or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 5.1 Work with stakeholders to agree a shared vision and strategic direction for Health Promotion action | **Knowledge**  
- Theory and practice of effective leadership  
- Management and organisational development theory  
- Strategy development  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, decision-making, teamwork, stakeholder engagement  
- Principles of effective inter-sectoral partnership working  
- Emerging challenges in health and Health Promotion  
- Principles of effective human and financial resource management and mobilisation  | 5a. Identify and mobilise leaders within the community, showing how they are engaged and motivated to agree a shared vision and strategic direction. |
| 5.2 Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving) | **Skills**  
- Stakeholder engagement  
- Collaborative working skills  
- Facilitation  
- Ability to motivate groups and individuals towards a common goal  
- Resource management  | 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. |
| 5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities |  | 5c. Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of Health Promotion action. |
| 5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in Health Promotion |  | 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. |
| 5.5 Contribute to mobilising and managing resources for Health Promotion action |  | 5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance Health Promotion action. |
| 5.6 Contribute to team and organisational learning to advance Health Promotion action |  |  |
2. Leadership – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Leadership’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IUHPE Core Competencies and Professional Standards

### 6. Assessment

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

<table>
<thead>
<tr>
<th>Competency statement</th>
<th>Knowledge and Skills required include:</th>
</tr>
</thead>
</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  

| 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  |
| 6.3 Collect, review and appraise relevant data, information and literature to inform Health Promotion action | **Performance Criteria** – evidence from documentation or from assessment during work or study, of the applicant’s ability to:  
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.  
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.  |
| 6.4 Identify the determinants of health which impact on Health Promotion action |  
6.5 Identify the health needs, existing assets and resources relevant to Health Promotion action  
6.6 Use culturally and ethically appropriate assessment approaches  
6.7 Identify priorities for Health Promotion action in partnership with stakeholders based on best available evidence and ethical values |
6. Assessment please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Assessment’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Competency statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence from documentation or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 7.1 Mobilise, support and engage the participation of stakeholders in planning Health Promotion action | **Knowledge**  
- Use and effectiveness of Health Promotion planning models and theories  
- Principles of project/programme management  
- Principles of resource management and risk management  
**Skills**  
- Use of Health Promotion planning models  
- Analysis and application of information about needs and assets  
- Use of project/programme management tools  
- Ability to work with: groups and communities targeted by the Health Promotion action; stakeholders and partners | 7a. Identify the range of relevant stakeholders/partners in a specified area, and devise ways through which their support and participation is engaged in planning Health Promotion action.  
7b. Present a rationale for the selection and use of appropriate Health Promotion planning model(s).  
7c. Develop an action plan, based on an assessment of needs and assets for a specified area that shows an understanding of: the range of Health Promotion strategies that may be used to meet identified needs; the human and financial resources required for Health Promotion action; and measurable goals. |
7. Planning – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Planning’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency statement</td>
<td>Knowledge and Skills required include:</td>
<td>Performance Criteria – evidence from documentation or from assessment during work or study, of the applicant’s ability to:</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| 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  
**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  
8a. Develop and pilot resources and materials for a specified Health Promotion action identifying the participatory processes used and demonstrating how they are culturally appropriate and empowering.  
8b. Identify the human and financial resources required for the implementation of a specified Health Promotion action, and demonstrate responsibility for staff and/or budgets.  
8c. Identify the range of relevant stakeholders/partners for a specified Health Promotion action, and show how collaboration is developed and sustained.  
8d. Identify the information required to monitor the quality of the implementation process, and show how it is collected, analysed and used to maintain quality. |
8. Implementation – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Implementation’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**IUHPE Core Competencies and Professional Standards** 9. Evaluation and Research *Use appropriate evaluation and research methods, in partnership with stakeholders, to determine the reach, impact and effectiveness of Health Promotion action. A Health Promotion practitioner is able to demonstrate:*

<table>
<thead>
<tr>
<th>Competency statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence from documentation or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Identify and use appropriate Health Promotion evaluation tools and research methods</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.</td>
</tr>
<tr>
<td>9.2 Integrate evaluation into the planning and implementation of all Health Promotion action</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>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>9.3 Use evaluation findings to refine and improve Health Promotion action</td>
<td></td>
<td>9c. Analyse and evaluate complex data including statistical information relating to a specified Health Promotion action.</td>
</tr>
<tr>
<td>9.4 Use research and evidence based strategies to inform practice</td>
<td></td>
<td>9d. Show how findings from evaluation and monitoring processes are used to refine and improve Health Promotion action.</td>
</tr>
<tr>
<td>9.5 Contribute to the development and dissemination of Health Promotion evaluation and research processes</td>
<td></td>
<td>9e. Report on research findings and identify their implications for stakeholders and communities; and contribute to publications in management or academic journals.</td>
</tr>
</tbody>
</table>
9. Evaluation and research – please complete the following:

<table>
<thead>
<tr>
<th>Please list the titles of the module(s) where ‘Evaluation and research’ as described above is covered in the course and give brief details. Please use one box for each module</th>
<th>Indicate which IUHPE Core competencies /skills/knowledge base/performance criteria are covered in module</th>
<th>Indicate the main teaching/learning methods used (e.g. lecture, workshops, problem-based learning, case study, work placement, etc.) for each module</th>
<th>Indicate the main assessment methods used (e.g. exam, continuous assessment, practice assessment, etc.) for each module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please include a CHECK LIST of all of the SUPPORTING DOCUMENTS ATTACHED to this APPLICATION.

Please submit this application and your supporting documents to the System Coordinator (details on website) and send the application fee (as defined on the website) via credit card on the online accreditation system or via bank transfer to the following bank account:

NAME
Account Number: 00010065864 460
IBAN: FR76 3000 4029 3300 0100 6586 460
BIC/SWIFT: BNPFRPPPCE
BANK: BNP Paribas 80 Avenue Marceau – 75008 Paris – France
Beneficiary: Union Intern Education Santé
Purpose: Accreditation System Course
7.11 Assessor forms

7.11.1 Assessor Forms NAO

INSTRUCTIONS FOR ASSESSORS (GAO BoD)

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 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.

---

60 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.

**ASSESSORS PLEASE read the following before undertaking the assessment:**

**CRITERIA FOR RECOGNITION OF NATIONAL ACCREDITATION ORGANISATION**

**Types of NAOs**

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 independent organisations that are 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.

**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. This entails establishing a Board of Directors and Committees similar to those at level to ensure that all functions, roles and tasks are implemented and evaluated with clarity and transparency. **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.

**Approval of NAOs**

Applications for recognition as a National Accreditation Organisation are made to the IUHPE GAO BoD by letter.\(^{61}\) The BoD will assess the eligibility of the NAO using the following criteria:

- **Formal acceptance of the criteria for accreditation/registration** as indicated in the System Handbook\(^{62}\).

- **Formal acceptance of the definitions of Health, Health Promotion and of the Ethical Principles** outlined in the IUHPE Core Competencies and Professional Standards for Health Promotion and the quality principles and policies outlined in the System Handbook.

- **Formal acceptance of the quality policies outlines in this handbook** and as may be agreed in the future by the GAO.

---

\(^{61}\) Sample letters of application and approval of NAOs are available in Appendix 7.6

\(^{62}\) Or reference to agreed variations
• **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 or, if a newly established organisation, evidence of support/recognition by membership of/ formal commitment of the Health Promotion community.

• **Evidence of ability to establish and maintain governance systems/committees**, etc. as required to operate all aspects of the IUHPE Accreditation Systems within their agreed location. This should include details of committees/ Membership, etc.

• **Evidence of ability to perform required tasks i.e. details of** financial management, methods for maintaining registers, maintaining application platforms including individual records of CPD activities, etc.

• **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 ranges 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 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 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

---

63 It should be noted that in order to operate a NAO effectively and ethically 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,
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 determines if the applicatiant NAO is:

- Eligible to operate as a NAO within the IUHPE 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.  
  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.

The Chair of the GAO BoD Directors formally notifies the applicant NAO of the outcome of the assessment. If assessed as eligible, the NAO will be required to pay the registration fee 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.

---

64 The administration fee in each instance of application is nonrefundable and non-transferable.

65 The administration fee in each instance of application is nonrefundable and non-transferable.
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 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. DETAILS OF APPLICANT NAO

2.1 Name of NAO

2.2 Address:

2.3 Type of organisation (e.g. Professional Association, existing accreditation organisation, other).

2.4 Catchment area/group (i.e. country, region, partnership)

2.5 Name of contact person

2.6 Telephone number Email
Note: please check if there is already an NAO that covers this catchment area. If this is the case please seek advice from the Chair of the Assessment Committee.

3. ASSESSMENT OF REQUIRED INFORMATION

3.1 Letter as a formal application to become a national accreditation organisation within the IUHPE Health Promotion Accreditation System. YES [ ] NO [ ]

3.2 Evidence of ability to establish and maintain governance systems/committees, etc. as required to operate all aspects of the IUHPE Accreditation Systems within their agreed location. YES [ ] NO [ ]

3.3 Evidence of ability to perform required tasks i.e. financial management, maintaining registers, maintaining online application platforms including individual online records of CPD activities, etc. YES [ ] NO [ ]

3.4 Formal acceptance of the criteria for accreditation/registration as indicated in the System Handbook. YES [ ] NO [ ]

3.5 Formal acceptance of the definitions of Health, Health Promotion and of the Ethical Principles outlined in the CompHP Core Competencies Framework for Health Promotion and the quality principles outlined in the System Handbook. YES [ ] NO [ ]

3.6 Details of quality assurance/levels of evidence required Yes [ ] No [ ]

3.7 Declarations completed

Understanding that approval to operate as a NAO within the accreditation system can be revoked or cancelled indicated. Yes [ ] No [ ]

That all formal approvals and authorisations for this application have been obtained from all relevant parties within the applicant NAO YES [ ] NO [ ]

That the person signing below is authorised to do so on behalf of the applicant organisation. YES [ ] NO [ ]

4. RECOMMENDATIONS

66 It should be noted that in order to operate an NAO effectively and ethically there will be a need for significant resources. It is recommended that organisations interested in becoming an 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,
Please indicate if you assess the NAO to be (please choose one option by ticking in appropriate box)

- Eligible for recognition as a NAO  Yes [ ] No [ ].
- Conditionally eligible for recognition as a NAO subject to receipt of additional information or clarification within a 4 week period of the applicant being notified. The information/clarification required should be minor. Please clearly indicate the information/clarification that is required.
- Not recommended for recognition as a NAO. Please clearly indicate the reasons for your negative assessment with reference to the specific errors/omission that are the basis for your opinion.

5. Any other comments on the NAO you have assessed in relation to its recognition within the system?
7.11.2 Assessor Forms Practitioners

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.

- 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

---

67 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 form 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.
• 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
ASSESSORS – PLEASE READ before undertaking the assessment

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 minimum of two years’ work experience in Health Promotion practice in the preceding five years.

---

68 There is no limitaion 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).
69 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 EAO 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 EAO Board of Directors reserves the right to make decisions on the relevance of a qualification in the context of applications.
70 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.
3. For a limited period (five years) from the establishment of the IUHPE Accreditation System at Global level (i.e. to Spring 2021)\textsuperscript{71}, 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\textsuperscript{72} in the preceding five years.

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 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.
  - 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.

- 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.

\textsuperscript{71} NAO will make their own decisions about the length of time they allow but this must be not less than 3 and not more than 5 years from the date they are established

\textsuperscript{72} See above
Details of the application forms and their submission are available on the Accreditation System website and Appendix 7.7.

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.

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.

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 notification of registration, the practitioner may use the title IUHPE Registered Health Promotion Practitioner.

**Definitions of Health Promotion Practice/Practitioners**

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

---

73 The administration fee in each instance of application is nonrefundable and non-transferable.

74 The administration fee in each instance of application is nonrefundable and non-transferable.

75 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 7.7.
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 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 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.

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

---

76 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 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.

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

77 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.
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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
7.11.3 Assessor Forms Courses

INSTRUCTIONS FOR ASSESSORS

➢ Please download and complete a separate assessment document for each course you assess.
➢ Please complete each section as you view the application online.
➢ If you identify omissions/incomplete information or you assess the applicant as not meeting the required criteria please give reasons for your opinions in the comment box in each section.
➢ Once you have completed the assessment you will be able to record your recommendations about eligibility in a box associated with the application form.
➢ You should email the completed assessment form to the Chair of the Assessment Committee.
➢ 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 will be based on a majority decision.
➢ Should there be a split decision the Chair will have a final deciding vote, unless unable to do so for any reason (i.e. conflict of interest. In such cases the decision will be made by the Assessment Committee as a whole, by majority decision.
➢ For advice on the process of assessing application please contact the System Coordinator.
➢ If you have any questions on the final recommendations or other issues related to decision making please contact the Chair of the Assessment Committee.
➢ If you need technical assistance to access the applications online and to insert your comments, please contact the System Coordinator.

PLEASE READ THE INFORMATION ON ACCREDITATION OF COURSES BEFORE UNDERTAKING THE ASSESSMENT.
CRITERIA FOR ACCREDITATION OF FULL COURSES

To be accredited within the System, full courses must cover all domains of the IUHPE Core Competencies and Professional Standards for Health Promotion and demonstrate how the course content will enable students to meet the performance criteria (i.e. learning outcomes).

Accreditation is available for full courses only (i.e. not modules or parts of courses). 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 and that can demonstrate how their learning outcomes relate to the performance criteria. The assessment of eligibility is focused on content and not on the title of the course or constituent modules. The provider must also provide proof of recognition/accreditation within the relevant education system applicable in their country.

It should be noted that it is the course which is accredited, not the provider. Thus, should a provider offer more than one relevant course, application must be made for each separately.

Your assessment of the course may result in it being:

Eligible for accreditation

Conditionally eligible for accreditation subject to receipt of additional information or clarification within a 4 week period of the applicant being notified. The information/clarification required should be minor. Please clearly indicate the information/clarification that is required.

Not recommended for accreditation. Please clearly indicate the reasons for your negative assessment with reference to the specific errors/omission that are the basis for your opinion.
PLEASE COMPLETE THE FOLLOWING

1. DETAILS OF ASSESSOR

Please note that while you will not be identified as the assessor your comments may be shared with applicants.

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 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. DETAILS OF COURSE

2.1 Course title

2.2 Name of institution:

2.3 Address:

2.4 Level of course. Please place X in appropriate box

Bachelor degree (graduate) [ ]

Masters (post graduate) [ ]

Other (postgraduate) [ ]

2.5 Details of national accreditation/registration as an education provider provided

Yes [ ] No [ ]

2.6 Projected or actual number of students indicated?

Yes [ ] No [ ]

2.7 Other required details completed?

Yes [ ] No [ ]

3. DECLARATION RE PERMISSIONS/ENDORSEMENTS COMPLETED

Yes [ ] No [ ]

4. SUPPORTING INFORMATION (e.g. handbook/website of course) supplied?

Yes [ ] No [ ]

5. Summary of course completed by applicant

Yes [ ] No [ ]

If yes, is summary relevant and adequate in describing the course in the context of the IUHPE Core Competencies and Professional Standards?

Yes [ ] No [ ]
If no, please give reasons for your opinion.

6. MAPPING/ASSESSEMENT QUESTIONNIARE

Please indicate if, in your opinion, the mapping process for each domain of the IUHPE Core Competencies and Professional Standards is completed to an adequate level and gives enough information to support accreditation by placing a tick in the appropriate box. *If you choose no, please indicate omissions/inadequacies that are the basis for your opinion.* You may also add other relevant comments.

6.1 Knowledge Base Underpinning Health Promotion

Yes [ ] No [ ]

*Comments*

6.2 Ethics

Yes [ ] No [ ]

*Comments*

6.3 Enable Change

Yes [ ] No [ ]

*Comments*

6.4 Advocate for Health

Yes [ ] No [ ]

*Comments*

6.5 Mediate through Partnership

Yes [ ] No [ ]

*Comments*

6.6 Communication

Yes [ ] No [ ]
**Comments**

6.7 Leadership
Yes [ ] No [ ]

**Comments**

6.8 Assessment
Yes [ ] No [ ]

**Comments**

6.9 Planning
Yes [ ] No [ ]

**Comments**

6.10 Implementation
Yes [ ] No [ ]

**Comments**

6.11 Evaluation and Research
Yes [ ] No [ ]

**Comments**

6. RECOMMENDATIONS

Please indicate if you assess the course to be (please choose one option by placing X in appropriate box)

- Eligible for accreditation [ ] No
- Conditionally eligible for accreditation subject to receipt of additional information or clarification within a 4 week period of the applicant being notified. The information/clarification required should be minor. Please clearly indicate the information/clarification that is required. [ ]
• Not recommended for accreditation. *Please clearly indicate the reasons for your negative assessment with reference to the specific errors/omission that are the basis for your opinion.* [ ]

7. ANY OTHER COMMENTS ON THIS COURSE IN RELATION TO ACCREDITATION?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________