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EXECUTIVE SUMMARY

1. This report presents the full description of the research, development and consultation process leading to the publication of the CompHP Professional Standards for Health Promotion Handbook in February 2012, part of the Project ‘Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe’ (CompHP), which is funded by the Executive Agency for Health and Consumers. The CompHP Project has developed, tested and refined a framework for competency-based standards and accreditation for health promotion in Europe. The Project has employed throughout a consensus building process based on consultation with health promotion practitioners, policymakers, employers and education providers across Europe.

2. The CompHP Professional Standards for Health Promotion 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. The standards will 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.

3. The report first introduces some background literature relevant to the way in which the standards were developed and have been presented. The methods used to consult widely across Europe and beyond on the professional standards in three phases, are described. The results of the consultation for each phase are then presented and discussed to show how the feedback received helped to influence and shape the final standards.

4. A scoping review of literature of the systems, processes and forms of standards used in Europe relating to education and employment was undertaken, in order to better understand the context within which professional standards for health promotion would need to sit in Europe. In addition, examining standards in this way
would illustrate not only the different purposes of standards, but also the varying presentation formats used. This would enable the development of standards that would be most widely acceptable and understood, transferable between countries, and robust in their application.

5. The literature review considered issues to do with: terminology, professionalization, the application of professional, occupational and educational standards across Europe, and methods of deriving standards. Extracts from three examples are provided of existing standards in the UK and Estonia that relate to the practice of health promotion in order to consider issues of content and presentation format further.

6. From the review of literature and examples of existing standards, and in discussion with Project Partners, the following principles were agreed for the development of draft professional standards for consultation with stakeholders.

- They can be used at entry to the health promotion profession, either from initial training or continuous professional development during career progression
- They are directly aligned to each core competency domain
- They are formulated as standards describing the knowledge and skills necessary for the whole of each core competency domain
- They can be used to assess the practitioner’s competence following qualification, and/or experience from practice
- They can be used at either graduate or postgraduate level. The detail of the descriptors for knowledge and skills has not been specified further to enable the learning outcomes to be adapted for either graduate or postgraduate level courses
- The practitioner’s ability is assessed by providing evidence of achievement of the performance criteria, either from documentary evidence or by direct observation, during work or study
The performance criteria have been worded in such a way that the evidence provided can vary according to the level set for the qualification, or for use within different national accreditation schemes.

That a health promotion practitioner must demonstrate that they meet the requirements of all the standards.

7. The draft standards were consulted on in three main phases of consultation, and also by comments received from Project Partners during the course of the work and at formal meetings, and from the International Expert Advisory Group. The intention was to reach as wide an audience as possible across Europe in order to engage stakeholders from many different countries and from different sectors, including policy-makers, employers, educators and practice. The three phases were: an electronic consultation survey; focus groups and workshop discussions; and an online consultation. The standards handbook was revised following the electronic consultation survey and focus groups and discussions (which ran concurrently considering the first draft of the standards handbook); and the following online consultation (using the second draft of the handbook).

8. The CompHP survey on health promotion professional standards and accreditation successfully reached a wide representation of countries across Europe, with responses from over three-quarters of EU Member States, and others in Europe and globally. Although the sample was smaller than had been hoped for, the representation across sectors and professional areas was good, with slightly more academics and educators responding than employers and those in policy areas. Nearly all respondents agreed that the objectives of the consultation were clear and understandable (96%) and the information provided was adequate to make informed judgements (98%). A number of very detailed and helpful comments were also made. Of those disagreeing, there was no discernable trend of particular countries or areas of Europe making critical comments. On this basis the responses to the survey were considered to be representative and professionally informed across the European region.
9. Overall 94% of respondents stated that their overall impression of the standards was good or very good, with many positive and insightful comments being made. Useful suggestions were made to the wording and inclusion/exclusion of some items.

10. A good mix of practitioners, academics, and employers (n=140) from a range of countries (19) were involved in the focus groups held across Europe. Questions encompassed issues to do with both the standards and accreditation framework. The focus group discussions supported the findings from the electronic survey and demonstrated general agreement with and support for the CompHP professional standards for health promotion. Very few specific comments were made on the content of the standards, and where possible these were taken account of the next revision (Draft 2) of the standards.

11. Twenty people responded to the final online consultation phase and the standards were amended again for final publication in February 2012 at: http://www.iuhpe.org/uploaded/CompHP/CompHP_standards_handbook_final.pdf

12. The consultation phases were all achieved successfully, yielding a total of 232 responses across all the methods and stages. Of course some of these responses would have been from the same respondents who engaged throughout the process, but also at each stage individuals from new countries, both in the wider European region and globally, were represented.

13. Despite the considerable challenges ahead to implement these standards across Europe it is clear from the feedback received that they have already begun to influence education and training programmes, and have instigated discussion in some countries leading to the beginning of individual countries not only translating them, but also interpreting them within their particular contexts of employment and education. The overall response has demonstrated that across Europe there is an evident appetite for the CompHP professional health promotion standards, and for rising to the challenge of implementing them within the CompHP accreditation framework.
INTRODUCTION

This report presents the full description of the research, development and consultation process leading to the publication of the CompHP Professional Standards for Health Promotion Handbook in February 2012, part of the Project ‘Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe’ (CompHP)¹, which is funded by the Executive Agency for Health and Consumers. The CompHP Project has developed, tested and refined core competencies and a framework for competency-based standards and accreditation for health promotion in Europe. The Project has employed throughout a consensus building process based on consultation with health promotion practitioners, policymakers, employers and education providers across Europe.

The project is structured into eight units of work called ‘workpackages’. Three core workpackages, which run for the three years of the project, focus on coordination and management (Workpackage 1) dissemination (Workpackage 2) and evaluation (Workpackage 3) of the project. The remaining workpackages focus on specific aspects of developing and testing the core competencies, professional standards and accreditation framework.

The CompHP Professional Standards are the product of Workpackage 5, led by the Royal Society for Public Health in the UK, between 2010 - 2012. They build on the CompHP Core Competencies Framework for Health Promotion (1). The process underpinning the development of the CompHP Professional Standards for Health Promotion included: a review of the international and European literature on professional standards for health promotion and other occupations and disciplines; an initial draft framework of professional standards based on findings from the review and consultation with Project Partners; a survey on the draft professional standards undertaken with health promotion experts from across Europe; focus groups with health promotion experts and other key stakeholders from across

¹ For information on the structure and other aspects of the Project please see the CompHP Project Website http://www.iuhpe.org/?page=614&lang=en

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Europe; advice from CompHP Project Partners, and an International Advisory Group; online consultation with health promotion practitioners, academics, policy makers and employers. The CompHP Professional Standards for Health Promotion have been revised following every stage of consultation, they are therefore the result of an extensive and wide ranging stakeholder engagement process.

The CompHP Professional Standards for Health Promotion 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. The standards will 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.

A health promotion practitioner is defined as a person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (2) i.e.: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; reorienting health services. While job titles and educational course titles in different countries across Europe may not always include the term ‘health promotion’, the professional standards are designed to be relevant to all practitioners whose main role reflects the Ottawa Charter’s definition and principles of health promotion, and the successive WHO charters and declarations on 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 embraces a positive definition of health as being, ‘a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity’. Health is conceptualised as a resource for everyday life, emphasizing social and personal resources, as well as physical capacities. Health promotion represents a comprehensive social and political process which not only embraces action directed at strengthening the skills and capabilities of individuals, but also actions directed
toward changing social, environmental and economic conditions which impact on health. The CompHP Professional Standards 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.

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

The proposed health promotion professional standards 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 for individual practitioners they may assist in career planning and identifying professional development and training needs; and facilitate movement across roles, organisations, regions and countries through the use of shared understandings, qualifications and where appropriate, accreditation systems based on the professional standards. For employing organisations they can provide the basis for recruitment, selection and ongoing assessment of health promotion practitioners; ensure that there are clear guidelines for employers and organisations for the knowledge, skills and competencies needed to practice effectively and ethically; and form the basis for accountable practice and quality assurance. They could also assist employers and managers to gain a better understanding of health promotion roles in individual workplaces and develop appropriate job descriptions, and promote 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 will be able to use them to inform education, training and qualification frameworks to ensure that they are relevant to practice and workplace needs. Finally but most importantly, they can provide assurance to the general public that services delivered by health promotion practitioners are safe and effective.

The report first introduces some background literature relevant to the way in which the standards were developed and have been presented. The methods used in three phases to consult widely across Europe and beyond, on the professional standards are described. The results of the consultation for each phase are then presented and discussed to show how the feedback received helped to influence and shape the final standards.

The authors thank all those who, at every stage of this extensive process, have willingly and enthusiastically considered the documentation, discussed it with colleagues, hosted national and international meetings, and fed back detailed comments and helpful suggestions to improve the material.
Background Literature on the Development of Professional Standards for Health Promotion

The CompHP Project on Developing Competencies and Professional Standards for Health Promotion Capacity building in Europe has consisted of a series of overlapping strands of work, or workpackages, led by different Project Partners. The results of each workpackage were planned to build on each other to lead to the development of core competencies, competency-based professional standards, and an accreditation framework. As part of the work of developing competencies for health promotion, a substantial literature review was undertaken to inform the subsequent rounds of consultation. As WP5 began its consideration of the development of professional standards, the draft literature review on competencies for health promotion was available, later summarised in the full report of that work (3, 4). This review had considered the international literature on competency in health promotion using search terms that included both the words ‘health promotion’ and ‘public health’, and ‘competencies’ and ‘professional standards’. The findings raised a number of issues and queries pertinent to the development of standards for health promotion which are described below. These provided a focus for a complementary scoping review of literature of the systems, processes and forms of standards used in Europe relating to education and employment, in order to better understand the context within which professional standards for health promotion would need to sit in Europe. In addition, examining standards in this way would illustrate not only the different purposes of standards, but also the varying presentation formats used. This would enable the development of standards that would be most widely acceptable and understood, transferable between countries, and robust in their application.

This chapter reports on the initial issues arising from the literature review on competency development for health promotion, and provides a brief background on the European context for developing professional standards for health promotion. Some examples of existing standards for health promotion/public health are also provided for illustration. In conclusion the lessons learnt from the literature,
Examples, and discussions with Project Partners, that led to the principles underpinning the format of the draft professional standards for consultation, are discussed.

**Issues arising from literature on health promotion competencies**

The literature showed a lack of consistency and clarity in the use of the terms competency and standard within the health promotion field. Some definitions of competence referred to the concept of a standard, e.g.: ‘the knowledge, abilities and attitudes needed to implement specified health promotion actions within specified dimensions according to a specific standard’ (5); or, ‘a combination of attributes such as knowledge, abilities, skills and attitudes which enable an individual to perform a set of tasks to an appropriate standard’ (6). Within these, and other examples that do not use the term standard, the concepts of specificity of task or context, and of measurement, are implicit. For example: ‘an ability to apply a certain specific skill in dealing with some defined amount of meaningful subject matter’ (7, 8).

Thus the term standard implies both that the competence is measurable, and that there is an agreed level of performance that can be shown to be met. The distinction between competencies and standards may therefore be that while the competency is described more generally, the standard must be able to be assessed, and that the level of performance has been agreed, in a given context. For the purposes of building a definition of developing professional standards in health promotion it would therefore be important to include and refer only to those competences that can be evidenced, that is measured or assessed in some manner, as a basis for standards.

When considering the health promotion competencies it was clear that some (e.g. management or communication skills) are generic, that is they could be found in descriptions of competence for any number of professions. Hyndman (9) suggests that it is the ‘appropriate mix of health promotion strategies’ that constitutes the added value of health promotion. While individual standards might apply to other professions, the particular combination of standards would make them unique to
health promotion. Shilton et al (10) appear to have considered this in their rating of competencies as essential, desirable or only relevant to certain contexts. In the review it was also noted that those competencies specific to health promotion might be those based on the concepts, principles and actions of the Ottawa Charter (2). This raised questions of what to include when moving from a descriptive set of competencies towards a defined set of required standards. Would achievement of the standard require evidence of knowledge and skills and competence across the whole set of competencies, or only of some in different circumstances?

Another theme running through much of the literature on health promotion competencies has been the debate about the pros and cons of professionalizing the practice of health promotion. Negative views include the concern about undervaluing professional judgement and experience (11), and that the rigid use of competencies as professional standards could ultimately be detrimental to health promotion (12). Concern was also rightly expressed about the possibility of identifying competencies and standards in the absence of a formally recognised professional body of health promoters. Further, some health promoters have considered that while professionalization is necessary where public safety is an issue, and where unregulated practice might engender harm to a patient, this would not apply to the practice of health promotion, and that a key strength of health promotion is the rich variation in backgrounds of health promoters, (13). Issues to do with the process of professionalization in the European context are discussed further below.

Finally, in the literature on health promotion competencies there were examples of the need to carefully translate and agree terminology for health promotion concepts and practices when attempting to transfer competencies derived in one country to another culture (14). This does not just apply to the language differences, but also the fundamental differences in workforce roles, which would need to be carefully considered in the development and potential application of health promotion standards. In addition the need to clarify terminology and understand the way
systems are implemented in different countries is required in order to reach a wider consensus on and utilisation of standards (15).

Professionalization

Professionalization is the process by which any trade or occupation transforms itself into a profession. The process usually involves establishing acceptable qualifications, recognition of a professional body to oversee the conduct of members of the profession, and demarcation of the qualified professional from others by means of registration, accreditation, or credentialing. To be strictly viewed as a professional in many countries (and in some global instances where there are reciprocal arrangements for statutory recognition, regulation and transfer i.e. law, medicine, accountancy), the individual professional must be part of a regulated group of practitioners that have met standards in order to be able to practice.

In Europe the EC Directive 2005/36/EC on the recognition of professional qualifications aims to promote the free movement of professionals, while ensuring an adequate level of qualification, by enabling professional associations and organisations or Member States to propose common platforms at European level. Professional associations in a position to submit common platforms need to be representative at both national and European levels. A regulated profession is defined as: ‘a professional activity or group of professional activities, access to which, the pursuit of which is subject, directly or indirectly, by virtue of legislative, regulatory or administrative provisions to holders of a given professional qualification’ (16). Health promotion is not listed as a regulated profession, and in order to propose a common platform for professional recognition through recognised qualifications and professional standards, both national and European-wide bodies representing health promotion would be required. The definition of a ‘liberal profession’, given as ‘those practiced on the basis of relevant professional qualifications in a personal, responsible and professionally independent capacity by those providing intellectual and conceptual services in the interest of the client and the public’, would apply to the role of health promoters.
So as health promotion is not a regulated profession under the terms of this Directive, the use of the term professional is stated as ‘the attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning’. This definition is taken as the meaning of the term as used in the CompHP Project to develop ‘professional standards’ for health promotion. The outputs of the CompHP Project: competencies, standards, an accreditation framework, a pan-European agreement on standards and establishment of European-wide mechanisms, will all lay a firm basis for future recognition as a profession, if that be desired, under the terms of this Directive.

The application of standards: the European context for employment, education and training

Given that standards can be applied to individual practice, or to academic or vocational education and training it is important to understand the wider context in which they may be applied, in particular the European context with regard to employment, qualifications, and education and training, to ensure that health promotion standards and assessment systems will be fit for purpose and future use across Europe.

A report by the European Centre for the Development of Vocational Training (17) provides critical definitions and an overview of occupational and educational standards in Europe. It examines the relationship between qualification standards and the labour market, that is whether qualifications provide the level of knowledge, skills and competence required in employment. It found a great diversity across Europe in the national approaches to setting standards and little evidence of a move towards a common approach, but observable trends are that more countries are introducing outcome-based standards, and more are paying attention to the participation of stakeholders in standard-setting procedures. The following summarises some of the key points relevant to standard setting for health promotion from this report.
Qualification standards are described as the result of interactions or a feedback loop between the labour market and education:

![Feedback loop diagram](image)

**Labour Market**

- Demand for competences
- Formulation of competence requirements (Occupational Standards)
- Certification of competences (Assessment Standards)
- Learning processes (Educational Standards)

**Competence-based education**

Figure 1 The feedback loop between the labour market and education (from Cedefop, 2009)

The norms and specifications regulating the award of a qualification constitute qualification standards; these address the following aspects of occupational, education and assessment standards. Occupational standards specify *"the main jobs that people do"*, describing the professional tasks and activities as well as the competencies typical of an occupation. Occupational standards answer the question *"what does the student need to be able to do in employment?"* Education standards define the expected outcomes of the 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. Educational standards answer the question *"what does the student need to learn to be effective in employment?"* Finally Assessment standards specify the object of assessment, performance criteria, assessment methods, and the composition of the jury entitled
to award the qualification. Assessment standards answer the question ‘*how will we know what the student has learned and is able to do in employment?’*

The European Qualification Framework for lifelong learning (18) defines a qualification as ‘*a formal outcome of an assessment and validation process which is obtained when a competent body determines that an individual has achieved learning outcomes to a given standard.*’ Qualification standards come in various forms, two thirds of 32 countries examined have developed occupational standards, or were in the process of developing them. These are expected to simplify keeping qualifications up to date and relevant to labour market needs.

The bridging function performed by occupational standards between the worlds of work and education also takes different forms. In some countries occupational standards are more or less elaborate comprehensive classification systems of the labour market. Another group uses occupational standards as benchmarks for measuring occupational performance in either a work or educational context; a third group describe the occupation targeted by the qualification and are integrated with educational standards. Educational standards are distinguished from occupational standards as they ‘*follow a pedagogical logic of progressive accumulation of knowledge and skills, and not the logic of a systematic description of occupational tasks, functions and associated competencies.*’ Educational standards also vary significantly across Europe, as does the integration of occupational and educational standards i.e. the way the employment requirements and learning are related. A few countries follow the British National Vocational Qualification (NVQ) model, in that, for Vocational Education and Training (VET), qualifications are based solely on occupational standards, which, the authors note, makes them particularly open to validation of non-formal and informal learning (17).

What does appear to be an emergent phenomenon is a general shift across Europe towards the use of outcome-based standards in qualification standards, whether or not the qualifications are based on educational or occupational standards. The report states that ‘*learning outcomes are generally seen as facilitating the link*
between employment and education’, and that ‘they are formulated in terms of competences, a concept shared by both systems’. Learning outcomes are seen to have an important role to play in international mobility, lifelong learning and validation of various learning experiences. However despite the adoption, or process towards it, of learning outcome-orientated standards, there are persisting differences ‘which can be traced back to different understandings of competence and different goals ascribed to VET.’

Despite qualifications being based on standards addressing these three aspects of occupational, educational and assessment standards, in nearly all of the countries studied, there is great diversity in the distinction between these categories and whether or not they are separate, and in the concepts and terminology used, ‘for instance the meaning ascribed to the concept of ‘competence’. In addition the level of regulation varies, that is whether specific issues are the object of standardisation, or it is left to the competence of teachers and training providers. The review (17) of the VET qualifications in 32 countries examined the characteristics of qualification standards in respect of the following: types; categories (descriptors) used to formulate standards; the understanding of competence underpinning the standards; whether qualifications are modularised; and whether qualifications are nationally registered in some way. In addition, and relevant to the development of health promotion standards, they examined the way in which the standards had been derived; who were the actors involved in definition; are development processes formalised; what methods are used to develop new standards; what information is used in the process; and, what evaluation and monitoring mechanisms are there to ensure updating of the standards?

Five case studies (Germany, Denmark, Scotland, Poland and Spain) were used, plus country reports. They saw that occupational standards fell into three main types (see table below). The first group (I) classify and register all the main jobs that people do in the country, but do not necessarily express the competence requirements of the labour market. The second group (II) has benchmarks for measuring occupational performance, in either a work or educational context. While, like the first group they
classify the occupations, ‘the idea of benchmark inherent in them leads to formulation of performance requirements, meaning that they are based on systematic work analysis and that they are measurable’. The UK National Occupational Standards are seen as the best example of this type, which is used as a reference to develop both qualifications and also in human resource management for benchmarking good practices.

The third group (III) describes the occupation to which a specific qualification leads, and occupational standards are developed as an integrated process with educational standards, with occupational definitions driving the definition of educational and assessment standards. These categories cover most countries, but in Denmark, Finland, Germany, Ireland, Norway and Sweden, IVET qualifications are competence-based with learning outcomes but there are not occupational standards that explicitly refer to ‘the job that people do’ in terms of tasks, activities and associated competences. The authors consider that this may be because learning outcomes are based on ‘implicit’ descriptions of occupations that are not occupational standards.

Table 1. Types of occupational standards in Europe (adapted from Cedefop, 2009)

<table>
<thead>
<tr>
<th>I. Occupational standards classify main jobs in labour market</th>
<th>II. Occupational standards have benchmarks to measure / assess performance</th>
<th>III. Occupational standards integrated with educational standards, describe occupation to which a qualification leads</th>
<th>IV. No occupational standards at all</th>
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<tr>
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<td>Bulgaria</td>
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<td>Greece (in prep)</td>
<td>Lithuania</td>
<td>Belgium</td>
<td>Cyprus</td>
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<tr>
<td>Romania</td>
<td>Malta (planned)</td>
<td>Estonia</td>
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Key findings of this research were that more countries are introducing outcome-based standards; and that more countries are institutionalising the participation of social Partners in standard-setting procedures. In VET ‘the formulation of educational standards as learning outcomes is seen as an effective way to aid the link with employment requirements, as they target competencies.’ The following section is quoted from the report in full as it provides a clear explanation of standards in relation to learning outcomes.

‘Standards of learning outcomes can be defined as ‘statements of what a learner knows, understands and is able to do on completion of a learning process and are defined in terms of knowledge, skills and competences (19). Learning outcomes are at the heart of what is generally called competence-based education, meaning that education should ‘enable students to acquire the competences needed in their future profession and in society as a whole’ (20). The focus is thus shifted from what is being taught and how it is being taught (input) to what a student will know and will be able to do (output/outcome).’

Most countries had adopted, or were in the process of adopting, learning outcome-oriented standards at the time of reporting in 2008 (19), (see Table 2).

Table 2. Learning outcome-orientation of qualification standards in Europe (from Cedefop, 2008)

<table>
<thead>
<tr>
<th>Standards are outcome-oriented</th>
<th>The introduction of outcome-oriented standards is being prepared</th>
<th>No formulation of outcome-oriented standards / no information</th>
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<td>Liechtenstein</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slovakia</td>
</tr>
</tbody>
</table>
Within these systems the authors state that there are different understandings of competences, and ‘confusion’ regarding the difference between output and outcomes. ‘Outputs can be defined as the results of learning in an educational context, whereas the outcome of learning is the capacity of an individual to implement what he or she has learned in a ‘real life’ professional context’.

The authors suggest that this raises questions about competences, i.e. the results of learning: What does ‘competence’ mean?; How can competences be measured / observed?; and, what competences should stand as the result of learning?

They propose that there are typically two different understandings of competence in Europe, and that these differences impact on the formulation of standards (italics added). The UK system of National Vocational Qualifications (NVQs), based on National Occupational Standards (NOS), are described as a ‘functionalist’ concept of competence that describes good practice and what is required in the workplace, and that link organisational strategy and individual training. The focus is on the activity rather than the ‘personal qualities of the subject’. In NVQs standards of competence are described as being composed of knowledge (you will know and understand...), and practical skills and behaviours (you will be able to...). The underlying assumption is that competences can be made explicit and measured or observed.

Germany provides the example of the second more ‘holistic’ understanding of competence, action competence (Handlungskompetenz) which includes implicit knowledge and skills. Handlungskompetenz has four dimensions: occupational competence (Fachkompetenz), personal competence (Personalkompetenz), methodological competence (Methodenkompetenz), and social competence (Sozialkompetenz) – however these four dimensions are not broken down to standards of learning outcomes. Other countries with a similar system include Denmark, Switzerland and Austria.

For others these two categories do not apply, this third group tends ‘to reconcile a concept of competence as a dividable entity, and a more holistic approach..."
integrating the different dimensions of competence’. For example, in France competences are understood as resources on which an individual can draw on to act such as to solve problems.

Differences in outcome-oriented standards may be to do with these underlying different conceptualizations of competence or their function in learning and assessment. This is categorized as either:

’a) to provide performance criteria for assessment: standards have to be very detailed and associated with success criteria (for instance through the use of adjectives and adverbs)
b) to formulate learning objectives for the design of curricula: standards may be very detailed and binding in a regulated system like UK, or they might be rather unspecific to allow different forms of implementation, as in the German dual system where work-based training is provided in companies which may be very different;
c) to describe the competencies associated with a qualification: when qualifications are based in standards regulating the input-side of learning, learning outcomes can be described on a very general level to inform stakeholders about their content and/or to provide a basis for relating the qualification to a qualification framework.’ (19).

A further definition of types of qualification standards refers to the ‘target level’ of the standards, and touches on the issue raised from the literature review on health promotion competencies regarding whether all the standards would have to met equally, or not. Three different target levels of standards are described (17, 21):

- Minimal standards – all the standards have to be met to be awarded the qualification
- Average expectations – weaknesses in one area can be compensated by particular strengths in other areas
- Maximal standards – these standards express best practices and represent goals to be striven for.
Qualification frameworks

In order to promote mutual recognition of qualifications between countries in Europe, the Bologna Process proposes that the European Higher Education Area (EHEA) is developed (16). One of the key features of the Bologna Process involves the development of a national qualifications framework in each country to verify the compatibility of their qualifications with an overarching *Framework for Qualifications of the European Higher Education Area (FQ-EHEA)*. The FQ-EHEA consists of three main cycles, so that for example in the case of the UK (QAA, 2010), the Framework for Higher Education Qualifications (FHEQ), a Bachelor’s degree with honours is at level 6 of the FHEQ, and corresponds to the end of the first cycle in the FQ-EHEA. Masters degrees at level 7 FHEQ correspond to the end of the second cycle, and Doctoral degrees (level 8) with the third and final FQ-EHEA cycle. Verification of compatibility needed to be completed by all Bologna countries by 2010. (For the UK2 the FHEQ has five levels, numbered 4-8. Levels 1-3 precede higher education and are located in the National Qualifications Framework (NQF)).

The European Qualifications Framework (EQF) for lifelong learning was established in 2008 to provide a common reference framework and translation device between different qualifications systems and their levels whether for general or higher education, or for vocational education and training (18). The EQF aims to contribute to wider objectives of promoting lifelong learning and increasing the employability, mobility and social integration of workers and learners. It is proposed that it will also help to build bridges between education, training and employment, and formal, non-formal and informal learning, including the validation of learning outcomes acquired through experience. Key recommendations include the use of learning outcomes when defining and describing qualifications, and the promotion and application of quality assurance. The recommendation has a detailed list of definitions which are reproduced in full in Table 3.

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2 This relates to England, Wales and N. Ireland, Scotland has a separate similar framework, the Scottish Credit & Qualifications Framework.
### Table 3. European Qualifications Framework Definitions

<table>
<thead>
<tr>
<th>Qualification</th>
<th>A formal outcome of an assessment and validation process which is obtained when a competent body determines that an individual has achieved learning outcomes to given standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>National qualifications system</td>
<td>All aspects of a Member State’s activity related to the recognition of learning and other mechanisms that link education and training to the labour market and civil society. This includes the development and implementation of institutional arrangements and processes relating to quality assurance, assessment and the award of qualifications. A national qualifications system may be composed of several subsystems and may include a national qualification framework</td>
</tr>
<tr>
<td>National qualifications framework</td>
<td>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</td>
</tr>
<tr>
<td>Sector</td>
<td>A grouping of professional activities on the basis of their main economic function, product, service or technology</td>
</tr>
<tr>
<td>International sectoral organisation</td>
<td>An association of national organisations, including for example, employers and professional bodies, which represents the interests of national sectors</td>
</tr>
<tr>
<td>Learning outcomes</td>
<td>Statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence</td>
</tr>
<tr>
<td>Knowledge</td>
<td>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</td>
</tr>
<tr>
<td>Skills</td>
<td>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)</td>
</tr>
<tr>
<td>Competence</td>
<td>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. In the context of EQF, competence is described in terms of responsibility and autonomy.</td>
</tr>
</tbody>
</table>

The eight levels of the EQF are defined by a set of descriptors indicating the learning outcomes relevant to qualifications at that level. Thus for each level the learning outcomes in terms of knowledge, skills and competence are given. For levels 6 & 7,
corresponding to graduate (Bachelor) and postgraduate (Master) qualifications (as proposed for the standards for health promotion practitioners) these are as follows in Table 4:

**Table 4. Knowledge, Skills and Competence descriptors for EQF levels 6 & 7**

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

**Methods for deriving standards**

Methods used to derive standards vary but common principles include the need to ensure that they are relevant and reflect the demands of the labour market in an ongoing manner. The focus can either be on the analysis of work, to identify tasks and related competencies, or on the translation of work analysis into curricula.
The following methods are used (17):

a) DACUM – identification of major tasks and duties, knowledge, skills and duties through discussion with experienced workers, and survey. Used in Slovakia and Turkey.

b) Functional analysis – key purposes of an occupation identified and sub-divided into functional units to which outcomes are ascribed. Outcomes are what individuals are expected to achieve, and performance criteria are derived. Practitioners, managers and users are usually consulted. Used in Spain, Lithuania and UK.

c) ETED (Emploi-type Etudie dans sa dynamique) – competencies are understood to be resources an individual can draw upon in a given work context, and focus seems to be more on looking at the sensitive areas of activities and the extensions beyond core activities in order to develop job profiles.

d) Mixed methodologies – e.g. in Belgium using desk research, interviews and group discussions.

Whichever methods are used, the involvement of stakeholders, including employers as well as professional organisations and practitioners, is considered to be essential. A key challenge for the development of professional health promotion standards was to take account of this variability in the context for standards in Europe, and to ensure as wide as possible participation in the development process from different countries, and from different types and sectors of health promotion including policy, practice, academic and employers.

**Examples of existing health promotion standards**

Three examples of existing standards for, or related to health promotion, have been selected to demonstrate the variety in format, and the level of detail provided.

1. Extract from one of a substantial suite of National Occupational Standards (NOS) for Public Health Practice from the UK. The one selected is ‘SFHPHP23 - Work in Partnership with communities to plan how to improve health and wellbeing’ as its focus is clearly health promotion. This shows the detail with which the NOS is
specified, including an overview, performance criteria and knowledge and understanding required.

2. Extracts from: Professional Standard for Health Promotion Specialist, Professional Council for Health Care and Social Work, Estonia. This shows an example of a professional standard agreed by a regulating body, the Professional Council for Health Care and Social Work, and added to the national register of professions. It specifies the qualifications and experience required at three different levels of health promotion specialism, identifies a field of use, describes the profession, and lists the knowledge and skills required.

3. Extracts from Public Health Practitioners Standards for Registration, UK Public Health Register (UKPHR). This shows how existing occupational standards have been drawn upon, in wide consultation to provide an appropriate voluntary regulatory framework for public health practitioners in UK.

**Example 1. Extracts from a selected National Occupational Standard (UK) (Skills for Health, 2007) for Public Health Practice**

**SFHPHP23 Work in Partnership with communities to plan how to improve health and wellbeing**

**Overview**
This standard is about working in Partnership with communities to plan how to improve health and wellbeing and reduce inequalities. Users of this standard will need to ensure that practice reflects up to date information and policies.

**Performance criteria**
*You must be able to:*

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3 [http://www.ukstandards.co.uk/nos-search/Pages/SearchResults.aspx?k=PHP23](http://www.ukstandards.co.uk/nos-search/Pages/SearchResults.aspx?k=PHP23)
P1. communicate effectively with communities using methods appropriate to the communities concerned

P2. work collaboratively with others when this will achieve improvements in health and wellbeing and is the most effective way to use resources

P3. identify in Partnership with communities, and other workers and agencies
   P3.1 The concerns and interests of the community as a whole
   P3.2 the concerns and interests of particular groups within the community
   P3.3 the priorities of the community in improving health and wellbeing
   P3.4 the plans and resources which are needed to effectively address community concerns and priorities, including those which are needed to facilitate the participation of excluded/marginalised groups
   P3.5 how the policies, strategies, services, programmes and interventions will be taken forward and the timescales for doing this
   P3.6 the evaluation criteria for the policies, strategies, services, programmes and interventions

P4. produce accurate reports on agreements in formats and language that are useable by: P4.1 – P4.3

P5. use the analysis to inform: P5.1 – P5.2

Knowledge and understanding

You need to know and understand:

K1 the social construction of health and illness and how this affects people’s perceptions

K2 the kinds of misinformation which people receive about health and wellbeing and how this can be counteracted

K3 stressors to health and wellbeing: biological, chemical, physical, social, psychosocial

K4 health needs including those which may remain hidden, why needs related to health and wellbeing may not be known (e.g. domestic violence)

K5 – K28 etc.
Example 2. Extracts from: Professional Standard for Health Promotion Specialist, Professional Council for Health Care and Social Work, Estonia

This professional standard contains the requirements, agreed-upon by the institutions concerned, for the level III, IV, V health promotion specialist.

The current health promotion specialist III, IV, V professional standard has been confirmed 8.12.2004. a. with the resolution nr. 17 of the Professional Council for Health Care and Social Work. The professional qualifications defined in the professional standard have been added the register of professions.

Field of Use
The field of use for the professional standard:

1. defining the requirements for the professional qualification of employees
2. development of curricula and training programs
3. development of accreditation requirements, attestation and evaluation of professional qualification
4. supplying a basis for comparison of international documents consisting professional qualification

4. Profession description

A health promotion specialist is a specialist with a degree in higher education and professional qualification, whose professional activities are geared towards the development of the health and life quality of individuals, communities, organizations and the entire population. A health promotion specialist bases his professional activities on human rights and professional ethics. His goal is to create an equal opportunities and supportive environment for different social groups to comprehensively develop their health potential and decrease social inequality in health.

Main courses of action for the health promotion specialist are:

1. development of the capacities of communities and groups in order to control the determinants of social and physical health that influence the wellbeing of people;
2. initiation cooperation between different sectors to solve local health problems and to advance the health potential of the population;
3. development of the health related awareness and social skills of the population and creation of a supportive environment;  
4. analysis and advocacy of different political decisions and legislation in order to achieve health-supportive decisions and legislation;  
5. development of a peer-support systems and support groups for the coping of socially vulnerable groups and creating a social environment necessary for life;  
6. development of a counselling system concerning health and health services;  
7. monitoring, analysis and research of the health condition of the population and groups.

A health promotion specialist works in national, municipality, private or third sector institutions: district government, local municipality, hospital, school, kindergarten, orphanage, cultural house, nursing home, counselling and rehabilitation centre etc. A health promotion specialist is presumed to be tolerant and dedicated, able to work under pressure, empathic, creative, with willingness for self-improvement, independent in decisions and with a sense of responsibility, ability to motivate cooperate and empower individuals and groups.

The work of a health promotion specialist is targeted at a specific area and/or a specific target group.

Application for Health promotion specialist III professional qualification requires:

1) master’ degree in health promotion or 
2) higher education, further training in the field of health promotion in an extent of 25 ECTS (during the last 5 years) and at least 5 years of working experience in the field of health promotion.

Etc for Health promotion specialist IV and V

5. Professional requirements

5.1 General knowledge and skills

5.1.1 – 5.1.15 etc
5.2 Basic knowledge and skills

5.2.1 Philosophy and development of health and health promotion
   1) Concepts of health
   2) Values and ethics in health promotion
   3) Development of health and life quality, salutogenesis
   4) Concepts of health promotion, disease prevention, health protection, support, treatment and rehabilitation
   5) Determinants of health
   6) Different approaches to health promotion
   7) Development of health promotion

5.2.2 Theories and models in health promotion - Items 1-8 etc

5.2.3 Applied health promotion - Items 1 – 15 etc

5.2.4 Basics of research - Items 1 – 15 etc

5.2.5 Health promotion organisation and structures - Items 1 – 5 etc

6 Characteristics and abilities

   1. tolerance
   2. dedication
   3. empathy
   4. judgement
   5. sense of responsibility
   6. ability to motivate and cooperate
   7. ability to communicate
   8. creativity
   9. ability of constant self-improvement
Example 3. Extracts from UKPHR Public Health Practitioner Standards for Registration

Development of a regulatory framework for public health practitioners (currently unregistered) aims to protect the public via the development of agreed professional standards which will:

- provide quality assurance of the workforce to a common and agreed standard
- provide quality control of the workforce by placement onto a professional register.

This framework of standards for public health practitioners should become an integral part of the career development pathway and skills escalator, developing the public health workforce and supporting the most effective delivery of the disease prevention and health improvement agenda.

Principles in developing the registration framework

- Robustness
- Simplicity
- Capable of cost-effective implementation
- Clear focus on public health practice linked to the assessment of risk
- Feedback from practitioners and employers as to what is needed to ensure safe practice.

The standards have been developed using the Public Health Skills and Career framework as the source document. They have also drawn from both the Knowledge and Skills framework used in the NHS, and the National Occupational Standards for Public Health. The standards have been subject to two rounds of extensive consultation and we are grateful to all who have contributed to this process.

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4 [http://www.publichealthregister.org.uk/sites/default/files/Practitioner_Standards.pdf](http://www.publichealthregister.org.uk/sites/default/files/Practitioner_Standards.pdf)
Areas of Public Health Practice for registration as a public health practitioner

Required skills and knowledge have been framed around four areas of practice on which a practitioner needs to provide evidence to be registered as a public health practitioner.

1. Professional and ethical practice – this should be at the heart of everything a public health practitioner does.
2. Technical competencies in public health – covers the essential knowledge and skills that anyone working in public health needs to have.
3. Application of public health competencies to public health work – this relates to the specific functions that public health practitioners undertake
4. Underpinning skills and knowledge – needed by all public health practitioners to act effectively and achieve improvements in population health and wellbeing.

Area 1: Professional and ethical practice

1. Recognise and address ethical dilemmas and issues - demonstrating:
   a) Knowledge of existing and emerging legal and ethical issues in own area of practice
   b) The proactive addressing of issues in an appropriate way (e.g. challenging others’ unethical practice).
2. Recognise and act within the limits of own competence seeking advice when needed
3. Act in ways that:
   a) acknowledge and recognise people’s expressed beliefs and preferences
   b) promote the ability of others to make informed decisions
   c) promote equality and value diversity
   d) value people as individuals
   e) acknowledge the importance of data confidentiality and disclosure, and the use of data sharing protocols
   f) are consistent with legislation, policies, governance frameworks and systems.
4. Continually develop and improve own and others’ practice in public health by:
   a) reflecting on own behaviour and practice and identifying where improvements should be made
   b) recognising the need for, and making use of, opportunities for personal and others’ development
   c) awareness of different approaches and preferences to learning
   d) the application of evidence in improving own area of work
   e) objectively and constructively contributing to reviewing the effectiveness of own area of work.

**Area 2: Technical competencies in public health practice**

5. Promote the value of health and wellbeing and the reduction of health inequalities - demonstrating:
   a) how individual and population health and wellbeing differ and the possible conflicts between them
   b) knowledge of the determinants of health and their affect on populations, communities, groups and individuals
   c) knowledge of the main terms and concepts used in promoting health and wellbeing,
   d) knowledge of the nature of health inequalities and how they might be monitored
   e) awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing.

6. Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group - demonstrating: a-c etc

7. Assess the evidence of effective interventions and services to improve health and wellbeing – demonstrating: a-b etc

8. Identify risks to health, wellbeing and safety, providing advice on how to prevent, ameliorate or control them - demonstrating: a-b etc
Area 3: Application of technical competencies to public health work

9. Work collaboratively to plan and/or deliver programmes to improve health and wellbeing outcomes for populations/communities/groups/families/individuals – demonstrating:
   a) how the programme has been influenced by: i-v etc
   b) how evidence has been applied in the programme and influenced own work
   c) the priorities within, and the target population for, the programme
   d) how the public/populations/communities/groups/families/individuals have been supported to make informed decisions about improving their health and wellbeing. e-h etc

Area 4: Underpinning skills

10. Support the implementation of policies and strategies to improve health and wellbeing outcomes – demonstrating: a-d etc

11. Work collaboratively with people from teams and agencies other than one’s own to improve health and wellbeing outcomes – demonstrating:
   a) awareness of personal impact on others
   b) constructive relationships with a range of people who contribute to population health and wellbeing
   c) awareness of: principles of effective Partnership working; the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes; the different forms that teams might take

12. Communicate effectively with a range of different people using different methods.
Key principles for the development of professional standards for health promotion

From the review of literature and examples of existing standards, and in discussion with Project Partners, the following principles were agreed for the development of draft professional standards for consultation with stakeholders.

- They can be used at entry to the health promotion profession, either from initial training or continuous professional development during career progression
- They are directly aligned to each core competency domain
- They are formulated as standards describing the knowledge and skills necessary for the whole of each core competency domain
- They can be used to assess the practitioner’s competence following qualification, and/or experience from practice
- They can be used at either graduate or postgraduate level. The detail of the descriptors for knowledge and skills has not been specified further to enable the learning outcomes to be adapted for either graduate or postgraduate level courses
- The practitioner’s ability is assessed by providing evidence of achievement of the performance criteria, either from documentary evidence or by direct observation, during work or study
- The performance criteria have been worded in such a way that the evidence provided can vary according to the level set for the qualification, or for use within different national accreditation schemes
- That a health promotion practitioner must demonstrate that they meet the requirements of all the standards.
METHODOLOGY FOR DEVELOPMENT OF PROFESSIONAL STANDARDS FOR HEALTH PROMOTION

Introduction

The first draft of the professional standards for health promotion was drawn up on the basis of the key principles outlined in the previous section, from examination of similar standards and the context in which they needed to be able to be used in Europe (Appendix 1).

A format was developed for the presentation of the nine standards which was intended to demonstrate the interrelationship between the key components that make up a standard, whilst detailing the specific elements. This included the core competencies for health promotion and the knowledge and skills required in order to acquire that competence. A set of performance criteria was then derived for each standard, to illustrate the way in which a practitioner could demonstrate their ability, which could be evidenced through documentation or from assessment during work or study. Each standard therefore, related directly to the core competency, and specified the specific knowledge and skills required, and the performance criteria by which they would be able to be measured (Figure 2). The performance criteria were not matched to individual competency statements, but the set of criteria applied across all the competency statements for that domain.

<table>
<thead>
<tr>
<th>Standard title and 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>Competency statement</td>
<td>Knowledge</td>
<td>(as listed and numbered for each core competency domain)</td>
</tr>
<tr>
<td></td>
<td>Skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge</td>
<td>(as listed and numbered for each core competency domain)</td>
</tr>
<tr>
<td></td>
<td>Skills</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2 Presentation format for development of standards
The wording for the statement for professional and ethical practice was drawn directly from the UK Public Health Practitioner Standards, as these had been thoroughly tested and were considered to apply equally to professional health promotion practice.

The draft standards were consulted on in three main phases of consultation, and also by comments received from Project Partners during the course of the work and at formal meetings, and from the International Advisory Group. The intention was to reach as wide an audience as possible across Europe in order to engage stakeholders from many different countries and from different sectors, including policy-makers, employers, educators and practice. The three phases were: an electronic consultation survey; focus groups and workshop discussions; and an online consultation. The standards handbook was revised following the electronic consultation survey and focus groups and discussions (which ran concurrently considering the first draft of the standards handbook); and the following online consultation (using the second draft of the handbook). (Drafts 1 & 2, and the final version are presented in full in Appendices 1, 4 & 6).

The methods used for each phase of consultation are presented below, and the results from each phase are discussed in the next section.

i) Electronic consultation survey

The survey was produced and distributed electronically using Survey Monkey. In preparing the questionnaire it was clear that respondents would need to read two documents prior to responding to the survey questions as not all the content could be embedded in the survey itself. Therefore respondents received electronic copies of the following documents:-

- “Handbook of professional standards for Health Promotion (Draft 1)”
- “Summary of the CompHP Pan European Accreditation Framework for Health Promotion”
Workpackage 5 and Workpackage 6 first produced separate sets of questions then these were combined into one survey. The two Workpackages worked together to ensure that the survey questions were unambiguous, phrased consistently and covered topics without repetition. The first four questions provided background on the respondent and sought responses on the country in which the respondent worked their professional area, job role and the sector in which they worked. Inclusion of these questions meant that responses could be filtered during analysis as necessary. It was decided to embed the tables of professional health promotion standards into the survey itself as an aid to the respondents. Workpackage 3 also contributed a two part question on the experience of the respondent in participating in the survey, the clarity of the consultation and adequacy of supporting information.

The survey was piloted with the CompHP Partners and the international advisory group on 1st April 2011. Comments were favourable and only minor modifications were made following the pilot stage.

The Project objective was to invite participation from at least 3 health promotion experts from policy, practice and academia in each member state (target of 200 participants). The main source for the sample frame was the CompHP Stakeholders List. This is based on an exhaustive search of health promotion contacts and networks across Europe, as identified and co-ordinated by CompHP workpackage 2 Project Partners.

Potential respondents to the survey were contacted by e-mail, explaining the reasons for the survey, providing the electronic copies of the background papers and providing the web link to access the survey. The survey was e-mailed to over 300 people on the CompHP stakeholder listing on 13th April 2011 as well as the membership of the IUHPE not already included on the list. The stakeholder listing included those in policy, practice and academia setting across EU and more widely. Two reminders were sent to complete the survey on 4th May 2011 and 20th May 2011. Following an initial review of responses, personal e-mails were sent to those
on the stakeholder listing in countries which were under-represented in the survey responses. The survey questions are provided in Appendix 2.

**ii) Focus groups and workshop discussions**

In collaboration with associated Partners, a Project objective was to invite at least 50 health promotion experts from at least 10 member states to a range of focus groups to provide feedback on the draft standards and their application. This objective was exceeded, 140 representatives participated from 19 countries, of which 15 were from EU member states (see Table 10 for participant details in the results section). In the majority of cases the focus groups were physical meetings; other methods such as conference calling, Skype and video links were considered, but in fact they were not necessary. The work in the UK also included additional telephone interviews with 4 participants who were unable to attend the focus group itself due to the travel distances from Wales and Scotland.

Workshops were held in: UK, 23rd May 2011; Estonia, 22nd June 2011; Spain, 12th July 2011; at the 20th ETC-PHHP Summer Course in cooperation with EUMAHP in Zagreb, 25-27th July 2011; Finland 26th August 2011; and France, 13th September 2011.

Appendix 3 shows the generic question guide distributed to colleagues who agreed to run workshops and focus groups across Europe, and the guide used for the UK workshop. Obviously discussion leaders would have translated and amended these questions to suit their audience and local context.

**iii) Online consultation**

Workpackage 5 contributed to the production of survey questions and methodology for a web based consultation which took place between 21st November 2011 and 12th January 2012. The CompHP Project section of the IUHPE website was used as the host site for the consultation and responses were reviewed periodically until the end of the consultation period.
The consultation participants were able to comment on both a summary of the draft CompHP professional standards and accreditation framework, as well as the detailed Draft 2 of the standards handbook (Appendix 4). It was hoped that this approach would mean that people could still engage with the process even if they did not have time to read the full document. The email, summary statement and questions used are as in Appendix 5.

Invitations to contribute to the web-based consultation were distributed widely by Project Partners through direct e-mails, newsletters and websites. Invitations were also sent to all the Project stakeholders and members of IUHPE EURO by workpackage 2. Invitations were also posted using social media such as Twitter, Facebook and LinkedIn.
RESULTS

Results of the Electronic Consultation Survey

Introduction

This chapter presents the responses to the first phase of consultation on the CompHP Professional Health Promotion Standards from Workpackage 5. The objective of the electronic survey was to seek views from across the EU from those working in policy, practice and academia settings on:

- The draft CompHP Professional Health Promotion Standards and their applicability (work of Workpackage 5).
- The draft pan-European Accreditation Framework (work of Workpackage 6).

This survey also complements the other planned methods of consultation via focus groups and web-based consultation. Responses from questions relating to the standards and their potential application are reported here i.e. Q’s 1-22 and 34 (see Appendix 2.

Results

1. 72 representatives from health promotion policy, practice and academia across Europe responded to the request to review the CompHP Health Promotion Standards documentation. It is not possible to calculate a meaningful response rate as the sample was allowed to snowball to reach more participants, and in some countries the potential numbers of respondents are relatively low. The overriding objective was to ensure sufficient response from as many countries as possible across Europe, and a reasonable balance across sectors. The 29 countries responding were as in Table 5, of these 26 were from the European region, and three from North America. Seven respondents did not state country. 77.8% of the total response was from EU Member States, of which 85% responded; non-responding EU Member States included Bulgaria, Cyprus, Hungary, Latvia, Poland, and Romania. Other non-responders included Macedonia, Montenegro and Turkey.
Table 5. Country of respondents

<table>
<thead>
<tr>
<th>Country</th>
<th>EU Member State</th>
<th>Number</th>
<th>Percentage of total response (n=72)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Netherlands</td>
<td>EU</td>
<td>7</td>
<td>9.7</td>
</tr>
<tr>
<td>Spain</td>
<td>EU</td>
<td>6</td>
<td>8.3</td>
</tr>
<tr>
<td>Germany</td>
<td>EU</td>
<td>5</td>
<td>6.9</td>
</tr>
<tr>
<td>Ireland</td>
<td>EU</td>
<td>5</td>
<td>6.9</td>
</tr>
<tr>
<td>UK England</td>
<td>EU</td>
<td>4</td>
<td>5.6</td>
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<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>Malta</td>
<td>EU</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>Finland</td>
<td>EU</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>Denmark</td>
<td>EU</td>
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<td>2.8</td>
</tr>
<tr>
<td>France</td>
<td>EU</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Lithuania</td>
<td>EU</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Slovakia</td>
<td>EU</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Other</td>
<td>2</td>
<td>2.8</td>
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<td>Austria</td>
<td>EU</td>
<td>1</td>
<td>1.4</td>
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<tr>
<td>Belgium</td>
<td>EU</td>
<td>1</td>
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<td>EU</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Croatia</td>
<td>Candidate</td>
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<td>1.4</td>
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<td>Greece</td>
<td>EU</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Iceland</td>
<td>Candidate</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>EU</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Norway</td>
<td>Other</td>
<td>1</td>
<td>1.4</td>
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<td>Portugal</td>
<td>EU</td>
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<td>Other</td>
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<tr>
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<td>9.7</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>72</td>
<td>100.3</td>
</tr>
</tbody>
</table>

2. Respondents were from academia (37.5%), policy (32.8%), practice (21.9%), and other organisations as in Table 6. ‘Others’ were recategorised from role descriptions where possible, those remaining either indicated they covered all areas in their role, or were not specified further.
3. Respondents were primarily from the public sector (82.5%). ‘Others’ were recategorised were possible, as shown in Table 7.

Table 7. Sector in which respondents work

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
<th>Percentage of responses (n=63)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>52</td>
<td>82.5</td>
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<tr>
<td>Private</td>
<td>4</td>
<td>6.3</td>
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<tr>
<td>NGO</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>Voluntary</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Other - mixed</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>63</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td><strong>Not stated</strong></td>
<td><strong>9</strong></td>
<td></td>
</tr>
</tbody>
</table>

4. Of those answering the question “the CompHP Professional Standards Handbook adequately illustrates the evidence required to demonstrate that the health promotion practitioners is acting professionally and ethically” (n=58), 53.4% (31) Agreed and 41.4% (24) Strongly Agreed with the statement, given an average rating of 4.29/5 overall. General comments included: ‘This is one of the best and most comprehensive framework for the really needed professional requirements for health promotion practitioners that they have to be equipped with, not in a technical sense but in their professional mindset’. There was some confusion about why this question asked about the Handbook rather than the ‘exemplary evidence for professional and ethical practice’. Specific comments were made about items included or omitted in this section, which will be checked to ensure are incorporated elsewhere in the standards, and it was also suggested that it would be helpful to explain at this point
what is meant by ‘evidence’ i.e. whether from research, practice or professional experience.

The next set of questions asked about the level of agreement with the Knowledge and Skills and Performance Criteria for each of the nine standards. The results are summarised in Table 8 and Figs 3 and 4. The numbers responding to each part of each question varied from 50 – 55 (mean 52.3). Across all the standards there was considerable agreement, with generally over 90% either agreeing or strongly agreeing with the statements. There was no discernable difference between rankings for Knowledge and Skills (4.2-4.4) and Performance Criteria (4.1-4.4). However many helpful comments were received.

92.7% of respondents either agreed/strongly agreed with the knowledge and skills for Standard 1 – Enable change, and comments included that they ‘are quite complete’. Among other specific comments regarding phrasing it was noted that the skills section could be more specific and detailed i.e. ‘what are the specific skills required for change management, collaborative working, community development etc.?’. 87% agreed/strongly agreed with the performance criteria stating they ‘seem
appropriate’, but that they would be demanding for students in initial education, and concerns were raised about students’ access to practice experience ‘I can see how these standards could be applied to assessing practitioners in practice for some years but they are very difficult to meet within an educational programme’. Further another respondent said they were ‘A very high demand! In my opinion it is not realistic to expect one single person to be skilful in all these issues’. It was also noted here (and in other sections) that the performance criteria are very similar to the statements.

94.4% agreed/strongly agreed with the knowledge and skills for Standard 2 – Advocate for Health, and 96.2% agreed/strongly agreed with the performance criteria. Comments noted a need for more detail to explain what is meant by e.g. advocacy strategies and techniques, methods of stakeholder engagement etc., and other suggestions regarding minor changes to wording. For students it was felt that the level of access and responsibility would be too high in a workplace to enable demonstration of the criteria.

90.6% agreed/strongly agreed with knowledge and skills for Standard 3 – Mediate through Partnership, and 92.2% agreed/strongly agreed with the performance criteria. Standard 3 was considered as ‘probably one of the most relevant skills and requirements health promotion practitioners should have at command.’ Some overlaps with earlier standards were also noted, and one respondent clearly expressed the need to ensure that performance criteria are assessed on the basis of ‘concrete, tangible evidence showing that the individual is able to put his knowledge and understanding as well as skills into practice – and therefore not use language like ‘show an understanding”. However again concerns were expressed that students may not get sufficient exposure to gain an understanding...

94.3% agreed/strongly agreed with the knowledge and skills for Standard 4 – Communication, and 88.5% agreed/strongly agreed with the performance criteria. The standard was considered to be a high expectation, ‘most people have good skills only in one communication medium’. Suggestions about specificity and inclusion of
e.g. the understanding and use of social media, new theories including ‘nudging’, health literacy, and diffusion of innovations were also noted.

92.5% agreed/strongly agreed with the knowledge and skills for Standard 5 - Leadership, and 90.4% agreed/strongly agreed with the performance criteria. There was some concern that there is too much overlap with the other standards, and also differing perspectives on what leadership is e.g. ‘Leadership requires skills in demonstrating an ability to motivate groups and individuals towards a common goal, demonstrating an ability to plan, implement and evaluate effectively’, and ‘in many cases the professional is not the leader but needs to identify and mobilise leadership within the community in order to make an intervention of change sustainable.’ It was also queried whether Leadership should be seen as a separate skills set at all.

90.4% agreed/strongly agreed with the knowledge and skills for Standard 6 – Assessment, and 88.2% with the performance criteria. Comments were made regarding repetition and need for inclusion of items such as Health Impact Assessment, action research skills, understanding of social and cultural diversity. Again it was commented that ‘showing an understanding’ is not an ideal
performance criterion, however others also thought that criteria were ‘far too ambitious for students on a workplacement’.

94.2% agreed/strongly agreed with the knowledge and skills for Standard 7 – Planning, and 96% agreed/strongly agreed with the performance criteria. More specific detail about health promotion planning models was suggested, but a caution was given that they are ‘not templates or blueprints for effective practice’. Also noted as important was an understanding of how the health promotion plan fits into the wider organisational context and the need to base planning on scientific evidence.

96.1% agreed/strongly agreed with the knowledge and skills for Standard 8 – Implementation, and 94.1% agreed/strongly agreed with the performance criteria. These were considered to be ‘vital prerequisites!', but the ethical aspects of the statement could be emphasised more in the knowledge and skills and criteria.

90.5% agreed/strongly agreed with the knowledge and skills for Standard 9 – Evaluation and Research, and 92.3% agreed/strongly agreed with the performance criteria. There were comments about overlap with needs assessment and concerns that every practitioner should meet all the knowledge and skills requirements. A number of other suggestions for inclusion or emphasis were also made.
<table>
<thead>
<tr>
<th>Question</th>
<th>No.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree or Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Average rating</th>
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<td>2 3.4</td>
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<td>31 53.4</td>
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<td>28 50.9</td>
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<td>6b. Performance Criteria for Standard 1 – Enable Change</td>
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<td>4 7.4</td>
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<td>3 5.7</td>
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<td>4.3</td>
</tr>
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<td>3 5.7</td>
<td>31 58.5</td>
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<td>13b. Performance Criteria for Standard 8 –</td>
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</table>
5. Responses to Question 15 ‘The CompHP Professional Standards are suitable as minimum standards for Health Promotion Practitioners in my country (i.e. Health Promotion Practitioners must demonstrate they meet all performance criteria’ were more varied and with slightly less agreement. Of the 53 respondents, 1 (1.9%) Strongly Disagreed; 6 (11.3%) Disagreed; 14 (26.4%) Neither Disagreed or Agreed; 25 (47.2%) Agreed; and 7 (13.2%) Strongly Agreed, giving an average rating of 3.58. Of those respondents that stated their country, those that strongly disagreed/disagreed were from a range of countries in northern and eastern Europe. In countries where health promotion is not yet established the question was considered hypothetical. However in general respondents commented that the standards were set too high and that demonstrating competence in all would be too challenging at the moment. However there was consistent support for the direction of travel and the need to raise the standards of existing professionals. ‘I think, there is lot of very good and valuable criteria and skills, but too many for “minimum standards” and they are often very similar each other. Lot of them are “uncountable”. I’m afraid HP Practitioner, who would want to pass accreditation level, would have to be perfect speaker or writer more than perfect expert. I would prefer simpler system.’

Concerns were expressed about the variations in practice, not only of individuals but of employing agencies that might restrict practitioners’ ability to develop competencies, or of lack of jobs encompassing all the criteria. ‘In an ideal world, these would be minimal standards. However given the variation in practice across agencies many practitioners may not get the opportunity to meet the standards’.

6. Considering the statement ‘The CompHP Professional Standards are suitable as “entry level” standards for Health Promotion Practitioners in my country also produced a more varied response. Of 52 respondents 1 (1.9%) Strongly Disagreed; 7 (13.5%) Disagreed; 11 (21.2%) Neither Disagreed or Agreed; 28 (53.8%) Agreed and 5 (9.6%) Strongly Agreed, giving an average rating of 3.56. Of those respondents that stated their country, those that strongly disagreed/disagreed were from a range of countries in northern and southern Europe. Despite the majority of respondents agreeing with the statement (63.4%) some respondents expressed concern that the level is too high for ‘entry level’, ‘I would think the
expectations are too high for an entry level, all the theoretical knowledge can be present at entry level but experience is essential to build on this knowledge.’

While the level may be high for individual practitioners they could be used at organisational levels to improve health promotion, ‘the standards could be helpful for (those few) organisations which employ health promotion professionals - the standards are a guideline on how to upgrade the competences of people working already in the field and also to apply new (higher) standards, when recruiting new people.’ It was also felt that ‘Some of the standards maybe barriers to entry as they require competencies that are based on experience and practice and therefore mitigate against the concept of entry level as it will require a trainee element prior to entry.’ However it was also noted that the standards might help to establish health promotion, and that ‘this is the way of the future’.

7. Respondents were asked to indicate who would be the main users of the CompHP Professional Standards. They were given a choice of practitioners, policy makers, academics, employers and others and asked to select as many options as they wished. From the ‘others’ it appears that there may have been some difficulty with terminology e.g. not including educators and other university roles under ‘Academics’, and not interpreting a wide use of the term employers to include local government or public health authorities. The remaining ‘other’ categories were students and professional and regulatory bodies. Recalculating the responses from the 51 who answered the question gave the following proportions of users as in Table 9. Academics, including the educational sector, course leaders and curriculum developers etc were considered by 82.4% to be mostly likely to use the standards, with Practitioners being the next highest potential users (64.7%). The case for employers and policy makers to use the standards is less well seen.

<table>
<thead>
<tr>
<th>Main user</th>
<th>Number of responses</th>
<th>Proportion (%) of respondents indicating user</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>42</td>
<td>82.4</td>
</tr>
<tr>
<td>Practitioners</td>
<td>33</td>
<td>64.7</td>
</tr>
<tr>
<td>Employers</td>
<td>21</td>
<td>41.2</td>
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<tr>
<td>Policy makers</td>
<td>19</td>
<td>37.3</td>
</tr>
<tr>
<td>Professional and regulatory bodies</td>
<td>2</td>
<td>3.9</td>
</tr>
<tr>
<td>Students</td>
<td>2</td>
<td>3.9</td>
</tr>
</tbody>
</table>

EAHC Project number 20081209
8. Considering the statement “The CompHP Professional Standards will form a suitable basis for the development of graduate (Bachelors) academic programmes in my country”, 3 (5.7%) Strongly Disagreed; 7 (13.2%) Disagreed; 7 (13.2%) Neither Disagreed or Agreed; 27 (50.9%) Agreed and 9 (17.0%) Strongly Agreed, the average rating was 3.6. (n=53). Of those respondents that stated their country, those that strongly disagreed/disagreed were from a range of countries in northern and southern Europe. 67.9% agreed/strongly agreed that the standards would be suitable for Bachelors level educational programmes but there were a number of concerns. Some respondents indicated that Bachelors programmes in health promotion were new or not yet available in their country. It was suggested that either the contents and performance level might have to be reduced at this level, or that not all standards would be covered. As aspects such as leadership and resource management could not be provided during an undergraduate learning programme a traineeship period would be required post graduation to meet them. Others indicated here that they would be more suitable at Masters level.

9. Considering the statement “The CompHP Professional Standards will form a suitable basis for the development of postgraduate (Masters) academic programmes in my country”, 4 (7.5%) Disagreed; 9 (17.0%) Neither Disagreed or Agreed; 25 (47.2%) Agreed and 15 (28.3%) Strongly Agreed, the average rating was 3.96. (n=53)

Overall 75.5% agreed/strongly agreed. It was suggested that they would be suitable but a two year full-time and three year part-time programme should be specific to allow time to gain the necessary practical experience. Some respondents commented on the overlap with existing Public Health Masters programmes, and the possibility of taking the standards into account in specialisations within these.

10. When asked if “The CompHP Professional Standards will form a suitable basis for the professional assessment of health promotion practitioners in my country”, of 52 respondents, 6 (11.5%) Disagreed; 6 (11.5%) Neither Disagreed or Agreed; 26 (50.0%) Agreed and 14 (26.9%) Strongly Agreed, giving an average score of 3.92, and overall 76.9% rating agree/strongly agree. Concerns raised were to do with competing with an established system, the length of time before it could be implemented, no knowledge of who would apply such assessments, and whether it would be acceptable.
11. 46% of respondents (23/50) said that their ‘overall impression’ of the draft standards was Very Good; 48% (24) said Good; 4.0% (2) Neither Poor or Good; and only 2% (1) thought they were Very Poor. Overall average rating given was 4.36, with 94% stating good/very good. Positive comments included:

‘The handbook of professional standards for Health Promotion allow[s for] a breakdown of the various competencies and helps to establish learning objectives, also [identifies] the various possible areas of specialization and practice giving visibility and value to this area of public health.’

‘I think it’s a good tool for people interested in health promotion, as it is useful to professionalize and standardize criteria.’

‘Great work - more academic than for practise now - to be used as it is supposed will need to make a view and concept of HP at all levels.’

‘Indeed, the CompHP Professional Standards are very elaborated and ambitious. I think, they are useful and really needed in order to improve the performance and effectiveness of health promotion outcomes and evidence as well. In this respect they are very welcome. A practice-based debate would be helpful to implement these professional quality standards in the field.’

‘It is an excellent vision! Helpful to show the profile HP and helpful to gear additional processes we need to advocate for HP.’

‘In my opinion, Comp HP is the most complete setting of criteria for teaching, capacititating and evaluate competencies in HP. Their premises are clear and well established and I think it will be a success in any place where it will be in use. I think that, by its implementation, we have a lot to expect in terms of the capacity to act, the results of action and the outcomes in health.’

‘It is good that there is such a close link to the competencies. Having been developed on such a wide consensus they provide a strong basis for the standards expected from HP Professionals.’
‘Hard to get something that is acceptable across all countries but this is a good start.’

‘Well developed, good flow, makes one think about their practical application and very worthwhile doing.’

‘A very good overview! A wonderful checklist for practitioners to integrate all aspects of the action for health promotion’

However some concerns were expressed about their complexity: ‘They are good, maybe too detailed for practitioners to read through, not to talk about remembering...’, ‘good but too complicated’; and the duplication within the standards: ‘a lot of overlap, the level over detail varies’; ‘The work done is very good and comprehensive. Several aspects are overlapping, this could be highlighted in the introduction; ‘Many performance criteria cover same knowledge and skills. It might be possible to compress them and focus more on the statement of the standard’.

Comments were also made about their application referring to limitations in the local context: ‘Too ambitious for practitioners - who would have to be in practice for several years with good access to processes and procedures, and assumes agencies are in fact bastions of good practice which may not be the case. Far too unrealistic for students who cannot hope to have the level of access required to conduct assessment and plan and deliver intervention.’; ‘we need a lot of preliminary work to switch from prevention to HP’; ‘Unfortunately, in the UK they are redundant as existing standards are already in place, however where this is not the case in Europe, these do provide an excellent framework’.

Other comments were made about aspects of detail and the need to outline the skills required more clearly, ‘Standards seem really comprehensive but more detail is required in outlining the Skills required to implement the standards. The standards provide a great framework for the development of academic courses but not specific enough for practitioners to identify key areas for their competency development’; and the suggestion was also made to provide more examples illustrating how the performance criteria could be met following testing.
The final question in the survey (34) related to the survey process. Respondents were asked to rate their opinion of their experience in participating in the consultation. In response to the statement that the objectives of the consultation were clear and understandable: 4% (2/50) Neither Disagreed or Agreed, 66% (33) Agreed, and 30% (15) Strongly Agreed, giving a rating average of 4.26. 2% (1) Neither Disagree or Agreed, 62% (31) Agreed, and 36% (18) Strongly Agreed, (average rating 4.34) with the statement that ‘the documents and information made available with the consultation were sufficient for me to be able to make informed judgements’.

Discussion

The CompHP survey on health promotion professional standards and accreditation successfully reached a wide representation of countries across Europe, with responses from over three-quarters of EU Member States, and others in Europe and globally. Although the sample was smaller than had been hoped for, the representation across sectors and professional areas was good, with slightly more academics and educators responding than employers and those in policy areas. Nearly all respondents agreed that the objectives of the consultation were clear and understandable, and the information provided was adequate to make informed judgements (96%; 98%). A number of very detailed and helpful comments were also made. Of those disagreeing, there was no discernable trend of particular countries or areas of Europe making critical comments. On this basis the responses to the survey were considered to be representative and professionally informed across the European region.

Overall the responses to the questions on the wording and content of the knowledge and skills and performance criteria statements were very supportive. They ranged from 88% - 96% agreement (agreed/strongly agreed) with no consistent pattern of preference for either knowledge and skills or performance criteria. Some general trends in the comments were noted:

- Some knowledge and skills items were considered to need more detailed specification and explanation
Some of the performance criteria were thought to be insufficiently concrete, it was felt that phrases like ‘show an understanding’ would not adequately enable practitioners to demonstrate that they had successfully used the skills in practice. The duplication of certain items across standards was noted. Whether ‘leadership’ is a separate skills set was queried, and more emphasis was suggested on motivating others to lead. The overall level of the standards was considered to be high and difficult for a student to demonstrate. Suggestions were made for a trainee period post-qualification. However while considered challenging there was general support that this was the direction to take for the future of health promotion.

This was reflected in the answers to questions on the level of the standards. 60% agreed/strongly agreed that the standards could be used as minimum standards, some felt that it would be too challenging to demonstrate competence across all the standards, and also that the variation in current practice may make it difficult to level up in this way. Whilst some felt that the level of the standards was too high for entry to the profession, nearly two-thirds agreed/strongly agreed that they would be acceptable at entry level. Again there were suggestions about trainee periods, and the value of building on the theoretical knowledge gained in education through practice in employment.

It was felt that academics and educators would be the most likely users of the standards, followed by practitioners. However despite over two-thirds agreeing with their suitability for use in graduate/Bachelors education there was more disagreement here. Some commented on the lack of available courses at this level to apply them to, and that the academic level set would be too high. It was suggested that acquisition of competences could be staged, and traineeships were proposed. There was more agreement, three-quarters of the sample, with their potential use in Masters courses, although the need for demonstrating skills in practice was still emphasised. It was suggested that links with existing MPH courses should be explored to examine synergy with regard to health promotion specialisation, rather than duplication. Again over three-quarters agreed that the standards would form a suitable basis for professional assessment in their country.
Overall 94% of respondents stated that their overall impression of the standards was good or very good, with many positive and insightful comments being made.

The results of this survey were considered alongside other feedback received during the consultation process, particularly from the focus groups that took place across Europe throughout the summer/autumn 2011. However there were some clear implications from these results.

Firstly there was a perhaps surprisingly high level of support for the direction of development of the standards and for the content of the material, which is very reassuring for the Project as a whole. There were concerns about the challenge of achieving the level, but also support for maintaining the vision and breadth of the standards. The suggestions for strengthening the performance criteria statements to be more tangible and measurable increases the requirement to develop skills in the work setting and for assessment on the basis of competence demonstrated rather than theoretical knowledge. This would imply that they would be more appropriate after obtaining a Masters degree and having gained some experience, either as a formal trainee or after some time in employment. However this does not preclude their use in undergraduate programmes, as was noted, the acquisition of the knowledge elements could be staged, either by reducing the content of aspects as appropriate, or by acquiring the knowledge and skills in specific areas, building up to a level of competence overall that would meet the professional standard required.

Useful suggestions were made to the wording and inclusion/exclusion of some items, which were minimal. However the requests for more detail about the knowledge and skills items (e.g. what are the specific skills for change management or collaborative working, etc) would entail a further more detailed phase of work to essentially derive the underpinning curriculum outside the scope of the current Project. In addition it was suggested that more information should be added about the nature of the ‘evidence’ that applicants would need to supply to demonstrate their competence. In particular, that the hypothetical examples given in the handbook to illustrate the performance criteria, could usefully be expanded following an additional period of testing the standards and assessment processes. This
would imply the need for a further funded period of practical application and testing. It is suggested therefore that the next and final round, at this stage, of the standards consultation should include some minor, but important changes to the wording of the statements as has been suggested. A key question for this consultation would be to secure views on the level i.e. that the standards are suitable for Masters level education, and that the performance criteria should be demonstrating actual competence in practice implying the need for a period of actual practical application before assessment and registration as a health promotion professional.

Amendments to the draft standards needed to be considered further in the light of the analysis of the focus groups and online consultation as previously indicated. However on the basis of these results it is clear that there was overwhelming support for the direction of travel of the development of CompHP professional standards for health promotion.
Results of the Focus Groups and Workshop Discussions

Introduction

This chapter describes the findings of the consultation on the Handbook for Professional Standards for Health Promotion from focus groups and discussions in workshops held around Europe. Focus Groups and workshops were held in a number of countries between May and September 2011 on both the standards and accreditation framework together, as in the electronic survey. Data presented here includes comments extracted from the discussion group notes relating specifically to standards or to overall implementation issues only. During discussions some remarks were framed around the competencies rather than specifically the standards, issues have been included only where there is clear reference to the standards.

From notes received from colleagues hosting the meetings, it is clear that a good mix of practitioners, academics, and employers (n=140) from a range of countries (19) were involved. Guidance was provided to focus group leaders (see Appendix 3) but as might be expected, question routes were modified to suit the local context and time available. Questions encompassed issues to do with both the standards and accreditation framework.
Table 10. The range of countries in which focus group participants work

<table>
<thead>
<tr>
<th>Country in which participants work</th>
<th>Country in which focus group held (Data provided for each focus group which was held).</th>
<th>Totals</th>
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<td></td>
<td>Zagreb</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>70</strong></td>
<td><strong>16</strong></td>
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(*12 at meeting, 4 by telephone interview)

Overall impression of the CompHP Professional Standards

The overall impression of the standards was good. They were seen to be ‘useful guidelines for health promotion work’ and a ‘good starting point for health promotion in Europe’, and were ‘very clear and necessary’. They provide an ‘overall vision what it means to work in health promotion’, a ‘field or a map of expertise’ and ‘will act as the foundations for health promotion.’ It was felt that professional standards are important and there was agreement with the need for competencies to ensure/develop minimum standards in practice and improve quality in order to ‘develop the professional field’, ‘define the profession’ and to ‘provide legitimacy to health promotion practice’. There was some concern that the standards ‘are very generic and difficult to measure’, and that it might be ‘asking too much
of one person to have a huge set of skills' that might relate more easily to a team. However in general it was felt that they were impressive, appropriate and clearly explained.

**Competencies and standards – use and measurement**

There was still some confusion about the difference between competencies and standards, and concerns about how they could be used and measured. It was commented that competencies included more personal values and was a broader concept. The issues of measuring or demonstrating competence are a problem not confined to the health promotion profession. It was noted that it is more difficult to measure the standards applying to ‘life skills’ rather than technical skills, for example whether someone is able to communicate. Questions were asked about who would be collecting and assessing evidence to judge competence, and how to ensure that the assessment is equitable and rigorous. There was some uncertainty about how the standards could be applied in practice.

There were questions of whether CompHP aims to ‘harmonise’ or ‘unify’ practice across Europe, and while it was felt that the standards were ‘absolutely necessary’ there was some scepticism surrounding European standardisation. Difficulties in use in a pan European context were noted because of the differences between countries, it was considered that it would be hard to benchmark these kinds of standards, as there would need to be some form of national body to undertake this role. However it was felt that the standards and accreditation framework could bring together disparate standards of practice and thereby be of use across Europe. In addition there will be potential to create a ‘huge network of health promotion practitioners across Europe’, and for some practitioners this could be a possible and desirable pathway to work abroad.

**Professionalization and relationship with Public Health**

There was a lot of discussion about the relationship between health promotion and public health, and particular national contexts are important here. It is clear that implementation of the CompHP standards will have to take account of local circumstances and relationships. However for some there was also consideration of the issue of definition of the health promotion ‘profession’. Despite the very general support for the professional standards and the direction that this takes the discipline towards ‘professionalization’, questions were
raised about whether skills were specific to health promoters or could they be applied to other professions, ‘is any of this skill specific to health promotion?’ Whilst it is to an extent true that ‘all professionals tend to do health promotion’, there is a need to avoid the claim that ‘everyone does it’. There was some confusion over the terminology ‘health promoter’ and a ‘health promotion practitioner’ and whether there was any difference between them. Indeed some were still questioning what a health promotion practitioner is. Given the disparate uses of the term, the varied occupational roles and employment contexts in different countries, it may be necessary to restate some of these key definitions. Still, but perhaps to a lesser extent than formerly was that a ‘perceived risk of professionalization and accreditation was the risk of specialization within the field of health promotion and introducing ‘experts’ contrary to the underpinning principles of health promotion’.

The ‘overlap/lack of clarity’ in definitions of public health and health promotion, and the relationship between them was the subject of much discussion. Is health promotion a subset of public health or vice versa? For some public health is seen as ‘an umbrella: public health medicine and health promotion are the pillars under the umbrella’, for others ‘health promotion is more than public health’, while another stated that ‘health promotion is a small part of public health’. It was felt that competencies, standards and accreditation would be useful in the development of the health promotion profession at a pan-European level but that the implementation should reflect the reality of current situations across Europe in relation to the current labour market and political buy-in that exists, in the context of the interrelationship of public health and health promotion. In areas where health promotion is better understood it was noted that it should be explicitly added to public health. However it was queried whether health promotion was recognised as distinct by the medical profession and the public. There are ‘major challenges faced by both public health and health promotion at present surrounding definitions, public awareness of what each constitutes and clarity of roles’.

In countries where there is already some recognition of a wider non-medical public health role there were concerns that the CompHP standards should relate to existing occupational standards frameworks for public health, and that the relationship between existing systems
for regulation of the public health profession and CompHP should be understood to avoid duplication. The detail of the CompHP standards could aid the further development and career progression of those with this specialisation within public health. For example it was thought that Standards 1 & 2 provide a very good summary of the essence of the health promotion contribution to public health, and should be commended to all stakeholders in the public health workforce involved in accreditation and education and training. These two standards in particular were considered to demonstrate the important contribution health promotion makes to effective public health practice. Key points to support better alignment between national systems and to reduce confusion would include commonality of language, and better understanding of the relationship between the standards and other national and European public health competencies and standards.

**Capacity building to support implementation of CompHP in Europe**

A small but important number of comments were made about the capacity at the educational level within Europe to support the professional development of health promotion practitioners. A lack of lecturers or trainers in health promotion was mentioned as a key barrier to implementation, as well as the absence or paucity of existing training programmes in some countries. Where educational programmes for public health / health promotion had more recently been introduced, in at least one instance as a result of previous initiatives such as the EUMAHP programme, it was noted ‘that to achieve changes in the master program of public health was (a) long process and the health promotion core competencies are included in this program just during last two years’. In particular it was noted that financial support will be needed to facilitate capacity building in an equitable way across Europe.

**Employment and occupations**

The positive implication of the standards for practitioners and employers were noted as they ‘clarify the functions of health promotion practitioners’. The requirements of the labour market were seen as one of the main drivers for implementing CompHP. Additional levers were the ‘increasing needs for health promotion practitioners’ and the need for regulation of the profession, ‘as new public health law will be developed in the nearest future, where
the municipalities’ responsibilities in health promotion will grow and higher workforce will be required. Without professional standards the qualification of the new employees would be chaotic’. With the changes in public health systems where workers will be moving to different organisations, the standards could be advantageous in helping employers understand the health promotion role better, and prepare practitioners for future autonomous roles. In addition it would help practitioners to accredit their expertise without being a member of a trade union.

However it was commented that health promotion is ‘frequently viewed as a very easy job that you do not require additional education or special skills/knowledge to perform’, so CompHP could ‘help employers to recognise skills of an employee’ and put employers at ‘a competitive advantage’. Concerns were raised that health promotion is seen as a process, ‘something you do as part of your job rather than something that you are’, and that ‘there isn’t a linear connection between the standards and the jobs you might enter. The youth worker needs more of communication skills than a senior manager. How do you set the benchmark for different kind of health promoters? Are they useful if they are so broad?’

Overall the standards were seen as providing guidelines for employment and for developing job specifications and performance criteria; they would give assurance around the competency of the workforce and could be valuable for public protection by setting out the explicit standards that express safe health promotion / public health practice. However the importance of political buy-in ‘to recognise accreditation and provide resources for the creation of relevant job posts’ was noted.

**Education, training, and professional development**

The CompHP professional standards document was seen as providing an opportunity for curriculum development as ‘it clarifies the themes and issues’. However educational providers would need to be convinced that the CompHP standards would have traction in recruiting, training and retaining learners, as the cost of accreditation could be prohibitive, previous experience had indicated a lack of willingness on the part of academic providers to be accredited against public health competencies. Other bodies such as APHA in the US, and
ASPHER already offer accreditation of Masters PH courses, so is there a need to duplicate this? While there are few incentives for educational providers to seek accreditation, using the standards to inform the content of health promotion components of training was considered to be helpful in adjusting and unifying course content in health promotion, particularly for CPD, and for health promotion career development in the wider workforce and in other professions’ regulatory processes.

There was still some confusion regarding the ‘levels’ of training, whether Bachelors or Masters level would be more appropriate. In general it was felt that the standards would be most useful in improving short courses and Masters level modules, particularly for CPD, given the necessity of having practical experience to build upon in learning in order to meet the standards. The standards require a level of basic knowledge across a number of disciplines and therefore it would be difficult to achieve this at undergraduate level. There was support for including the competencies in different curricula, ‘not only to complete bachelor and masters courses but to existing modules and short courses which allow professions to up skill in the area of health promotion.’ Overall it was felt that the ‘standards and accreditation fits in well in an education quality control’.

There were concerns that health promotion should remain a multidisciplinary field and that the standards and accreditation system should not ‘exclude practitioners with different educational histories.’ It was questioned whether the intention was that all practitioners in the future would have the same educational background and what effect this would have on health promotion. ‘Health promotion is after all a very wide and multidimensional field that needs new ideas and thinking outside the box...the field needs new ideas, interdisciplinary theories and expertise.’ That said it was considered that ‘The routes to achieve health promotion competencies were advised to be inclusive and far reaching. All individuals should have the opportunities to achieve the knowledge and skills of health promotion’.

There was some misunderstanding about a hierarchy within the standards, one group queried whether ‘people are supposed to climb somehow from one standard level to another’, suggesting that Enabling Change was in some way at a lower level of knowledge and skills than Evaluation and Research. This notion needs to be addressed in final
documentation making it clear that all the standards need to be met, and while knowledge and skills could be developed in a staged way, that there is no hierarchy implied within the standards. The importance of continuous professional development, lifelong learning and potential of a developmental route to help shape career pathways was emphasised. However there were some concerns about what incentives there would be for people to engage in additional education, barriers to implementation could include resistance to change and ‘laziness’ especially for practitioners towards the end of their careers. Some concerns were still expressed that in some contexts it would be difficult for an individual practitioner to have all the competencies and standards.

Discussion

The focus group discussions supported the findings from the electronic survey and demonstrated general agreement with and support for the CompHP professional standards for health promotion. Very few specific comments were made on the content of the standards, and where possible these were taken account of in subsequent revision to the standards. The next draft version of the CompHP Professional Standards for Health Promotion Handbook responding to these comments and to those from Project Partners and advisers, can be seen at Appendix 4.

Some key points, arising from different country perspectives, and also perhaps from misunderstanding of aspects of the documentation, were seen which need to be taken account of to ensure that the standards and proposed accreditation and implementation systems are fully understandable across Europe, are summarised below:

- The difference between competencies and standards need to be clearly explained. Put simply a standard describes the level to which a competence is measured.
- How standards will be measured in a robust, equitable, yet flexible way needs to be clearly addressed in the accreditation framework to provide reassurance.
- Whilst outwith the boundaries of the CompHP Project, the debate about the interrelationship between public health and health promotion is still live in Europe, and perspectives vary considerably. Notwithstanding this, it will be essential to
ensure that the CompHP standards are carefully positioned in relation to other public health competencies and curricula.

- The issue of capacity of skilled health promotion educators across Europe needs careful consideration for the equitable implementation of CompHP.
- While there was clear recognition of the potential value of the standards and accreditation to employers, attention needs to be paid to the political level to ensure that employment opportunities exist for health promotion practitioners.
- The standards were considered most relevant at Masters Level, whether for degrees or short courses for professional development, and the need to build upon practical experience is essential.
- The diverse educational background of health promotion practitioners should continue to be valued. Whilst harmonisation of practice is important the essential multidisciplinary nature of health promotion practice should not be lost.
Results of the Online Consultation

Results from the twenty respondents to the short online standards questionnaire (Appendix 5) are discussed in this section.

Q1. Respondents were from Italy (5), Ireland (3), France and UK (2), Austria, Netherlands, Norway, Finland and Kyrgyzstan (1), and not stated (3).

Q2. They represented the following professional areas of health promotion: Education & Training (11, 46%); Practice (6, 25%); Research (3, 12.5%), Policy (2, 8%); Employer (2, 8%).

Q3. 85% (17) considered the CompHP Professional Standards appropriate for health promotion practice in their country. Some concerns were expressed that the standards expected too much: ‘While these Standards are excellently written, user-friendly and mostly appropriate, I have some concerns that too much is expected and some of the standards constitute courses in themselves.’ The use of the term ‘minimum’ to mean that all the standards needed to be met, appeared to still be causing some concern, ‘the current proposal of standards is a good selection of competencies, but the minimum level required for all competencies is at too high of an overall level - this would be too exclusive and could only apply to a very small group’. There were conflicting comments about too much emphasis on writing research reports, versus a need for more emphasis on research methods. More emphasis on advocacy training was also noted.

Q4. 75% (15) did not consider there could be any improvements to the language of the standards to make them more understandable and useful in their country. Suggestions included ensuring that the terms used were in the glossary and that the definitions translated well. Another commented that: ‘It’s not a question of improvement because the standards are very good. It’s more a cultural question: we have to share the idea that there is an interest in having such standards. It’s not really French. There is a need for collaboration, collective work at the national level’.
It was also noted that the examples given to illustrate the performance criteria needed to be contextualised: ‘Some of the competencies need to be placed more in a context. I don’t know if that should be done on a European level or that every country should do that themselves. Perhaps some examples would help.’

Q5. 50% (10) thought that there were no improvements which could be made to the content of the standards to make them more understandable and useful for their country. 40% (8) thought there could be some improvement. Some respondents repeated earlier responses regarding the importance of the cultural context and local adaptation, concern over minimum standards etc. There were also some comments about the need for more detail about the specific knowledge and skills items e.g. ‘what are advocacy techniques specifically?’

Q6. Respondents suggested that the standards could be used for the following purposes in their country in the future:

- Recognising and supporting professionals and making the profession attractive
- To guide the development of teaching and training, and short courses
- For use in job descriptions, interviews and professional development plans
- To evaluate health promotion Projects receiving Project funding
- To regulate and restrict workers (unfortunately)
- To keep courses up to date and to quality standards
- To facilitate international student exchanges between courses
- To support the re-estabishment of the health promotion as an essential part of public health

Q7. To assist the implementation of the CompHP Professional Standards in respondents’ professional area or country the following were suggested:

- The involvement of key actors of health promotion in France, the INPES (state agency) and the UNIRES network (network of universities) (France)
- To encourage the formalisation of the professional role of Health Promoter within the Italian National Health Service (Italy)
• To assist the implementation of standards, a mechanism for their use needs to be set up, and a body needs to be formed for such a purpose, including representatives from Department of Health & Children, Health Service executive, Discipline of health Promotion, NUI Galway, Institute of Public health. (Ireland)

• Examples of good practice using them, like the University of Bergen's International Master's Course.

• Raise awareness for the standards among practitioners and managers (deans) of HP curricula (Austria)

• The most important aspect is the success of the national professional standards and a clear link between these national standards and the CompHP standards. A second aspect is to communicate effectively among potentially concerned professions and organisations to make the standards and procedures well known to potential candidates (France)

• Political lobby for the need for HP integrating HP also in other professions so that more people are able to look at their specific tasks through HP glasses. (Netherlands)

• Political support for the idea, concept and practice of health promotion, which unfortunately has been swamped (without reason or justification, in my view) by a nebulous and medically-oriented notion of 'public health'. (Britain)

• Public Health Department MoH (www.sam.lt) Center for Health Education and Disease Prevention Public Health Institute, medical faculty, Vilnius University (www.mf.vu.lt ) Institute Hygiene (www.hi.lt)

• Formation of academic teachers of health promotion courses (Kyrgyzstan)

Q8. Other comments included: ‘The format in which these standards are written, including competency statement, knowledge and skills required, and performance criteria is exceptionally clear, useful, comprehensive and very practical. Examples given are very useful and illustrative.’ Comments were also made about the consultation process which was considered to have been very inclusive.

The general questionnaire asked about both the standards and accreditation framework, with most responses referring to the accreditation processes and future implementation
issues. However some helpful remarks were also made about the standards. The countries represented by respondents also included some that had not responded to earlier consultations and a wider response from outside Europe. These included (n=29): Ireland (5), Norway (3), Austria, Croatia, Estonia, Finland, France, Netherlands, Wales, Scotland, (2), Germany, Italy, Israel, Kuwait, Lithuania, Mexico, Poland, USA (1).

- The standards are useful for developing the content of training in universities and in polytechnics - the qualifications of the health promoters will be developed by the standards - using the standards it is possible to know the qualification of health promoters - using the standards the international comparison is valid.
- I think if there is widespread “buy-in”, the standards could be very useful, in terms of identifying our strengths and weaknesses, and attempting to professionalise health promotion.
- To the extent that there is overlap with existing American standards and a framework for accreditation, I would say that the CompHP standards provide an appropriate complement to the efforts that have yielded similar standards and a framework for accreditation in the United States and Canada.
- Professional Standards must have all professions in the field of helping professions. So, this is very OK.
- Would complement the UK National Occupational Standards for Public Health and UK’s Public Health register (UKPHA) – currently practitioners/specialists can become members through submitting a portfolio of evidence matched to standards of practice.

Discussion

Following consideration of these comments and final discussions at the Project Partners meeting in Madrid in February 2012, further changes were made to the handbook. These included:

- Amending the wording of some standards to ensure that the levels expected were not overly ambitious for an entry level practitioner
- Rephrasing of parts of the introductory section to aid understanding
• removal of the term minimal or minimum standards which had seemed to cause confusion, replacing it with the clear statement that all standards needed to be met
• to address concerns about duplication of items a section summarising the knowledge requirements across the standards was included, as an aid to aid course planners, whilst leaving the necessary knowledge requirements also listed under each standard
• inclusion of the underpinning knowledge requirements as described in the core competencies handbook in the introduction, and where necessary in the summary knowledge section
• the heading ‘knowledge and skills required include’ was changed to ‘core knowledge and skills required’ to emphasise the need to demonstrate acquisition of all these items in the standards

The final handbook was agreed and published in February 2012 at: http://www.iuhpe.org/uploaded/CompHP/CompHP_standards_handbook_final.pdf and is shown at Appendix 6.
CONCLUSIONS

The development of the CompHP Professional Standards for Health Promotion proved to be a complicated, but ultimately successful process. Building on the detailed work to develop the Core Competencies for Health Promotion revealed a considerable number of different understandings in uses of terminology and application of standards in different countries. While the competencies describe the essence of what a health promotion practitioner does, the standards needed to be able to operationalise those concepts so they could be applied within an accreditation framework. They needed to dig into the competency statements to explore the underlying associated knowledge and skills associated with each competency, and to specify clearly the criteria by which they could be measured. They needed to be able to be used in a variety of contexts, by employers and practitioners in the work setting, and by education providers and students in the academic setting. Crucially they needed to be able to fit within the European structures and systems for the recognition of qualifications, professions and occupations in order to be able to be implemented as widely as possible.

Despite the initial lengthy debate and discussion about these issues the first draft of the standards was extremely well received with over 90% of respondents agreeing with the knowledge and skills items, and performance criteria statements. The rationale for the format of presentation, and the content was clearly accepted favourably across many different country contexts, which gave considerable confidence in proceeding with the development of the standards in the direction proposed. Many respondents gave extremely detailed and constructive comments which all led to the consideration of further issues in more depth, and improved the wording of the standards.

The consultation phases were all achieved successfully, yielding a total of 232 responses across all the methods and stages. Of course some of these responses would have been from the same respondents who engaged throughout the process, but also at each stage individuals from new countries, both in the wider European region and globally, were represented.
Despite the considerable challenges ahead to implement these standards across Europe it is clear from the feedback received that they have already begun to influence education and training programmes, and have instigated discussion in some countries leading to the beginning of individual countries not only translating them, but also interpreting them within their particular contexts of employment and education opportunities. The overall response has demonstrated that across Europe there is an evident appetite for the CompHP professional health promotion standards, and for rising to the challenge of implementing them within the CompHP accreditation framework.
REFERENCES


http://www.iuhpe.org/uploaded/Activities/Cap_building/CompHP/CompHPLiteratureReviewPartIIAppendices.pdf


10. Shilton, T., Howat, P., James, R., Hutchins, C. & Burke, L. (2005) *Revision of Health Promotion Competencies for Australia*. Western Australian Centre for Health Promotion Research, Curtin University, Australia


APPENDIX 1 - CompHP Professional Standards for Health Promotion Handbook, Draft 1, April 2011
Handbook of Professional Standards for Health Promotion

(DRAFT 1)

ComPHP Workpackage 5

April 2011

CompHP

DEVELOPING COMPETENCIES AND PROFESSIONAL STANDARDS FOR HEALTH PROMOTION Capacity Building in Europe

EAHC Project number 20081209
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1. Introduction

This document presents a set of draft competency-based Professional Standards for Health Promotion practice in Europe. The standards were developed as part of the wider European Project ‘Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe’ (CompHP)\(^5\) which is funded by the Executive Agency for Health and Consumers. The CompHP Project aims to develop, test and refine a framework for competency-based standards and accreditation for health promotion in Europe. The Project employs a consensus building process based on consultation with health promotion practitioners, policymakers and education providers across Europe.

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

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

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

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

The CompHP Professional Standards are designed for use by practitioners whose main role and function is health promotion and who have at least a graduate qualification in health promotion or a related discipline\(^6\). The standards will also be

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\(^5\) See CompHP Website at http://www.iuhpe.org/?page=614&lang=en for details on the Project as a whole and the development process for these Professional Standards

\(^6\) Including, for example, public health, social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, political science. This is not an exclusive list as other academic qualifications may also be deemed as appropriate in given situations.
useful to those working in other professional areas whose role substantially includes health promotion (e.g. community health). The standards are also relevant for employers of those whose role is mainly in health promotion, as well as professional associations and trade unions with a remit for health promotion practitioners.

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

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

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

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

1.3 Uses of CompHP Professional Standards for Health Promotion

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

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

For employing organisations:

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

For education and training providers:

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

For the general public:

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

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

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

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

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

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

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

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

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

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

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

- useable at entry to the health promotion profession, either from initial training or during career progression
- directly aligned to each core competency domain
- formulated as standards that describe the knowledge and skills necessary for the whole of each core competency domain
- assessed by performance criteria which provide evidence of the applicant’s ability either by production of documentary evidence, or by direct observation, during work or study
- useable to assess competence following qualification, and/or experience from practice
- useable at either graduate or postgraduate level. The detail of the descriptors for knowledge and skills has not been specified further to enable the learning outcomes to be adapted for either graduate or postgraduate level courses. The performance criteria have also been worded in such a way that the evidence supplied could vary according to the level set for qualifications, or for use within different national accreditation schemes.
- minimal standards, i.e. they all have to be met
3. The CompHP Professional Standards for Health Promotion

The nine CompHP Professional Standards for Health Promotion are underpinned by a base of professional and ethical values integral to the practice of health promotion. Each standard specifies the knowledge, skills and performance criteria required to demonstrate acquisition of the core competencies. They are intended to be sufficiently flexible for the widest application and interpretation in different national contexts, and for different health promotion practitioners, while establishing a clear minimum standard for entry to the health promotion profession.

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

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

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

<table>
<thead>
<tr>
<th>Knowledge, skills and performance criteria - evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
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<tbody>
<tr>
<td>Recognise and address ethical dilemmas and issues, demonstrating:</td>
</tr>
<tr>
<td>• Knowledge of concepts, principles and ethical values of health promotion</td>
</tr>
<tr>
<td>• Knowledge of concepts of health equity, social justice and health as a human right</td>
</tr>
<tr>
<td>• Knowledge of existing and emerging legal and ethical issues in own area of practice</td>
</tr>
<tr>
<td>• Proactive addressing of issues in an appropriate way (e.g. challenging others’ unethical practice)</td>
</tr>
<tr>
<td>Act in ways that:</td>
</tr>
<tr>
<td>• Acknowledge and recognise people’s expressed beliefs and preferences</td>
</tr>
<tr>
<td>• Promote the ability of others to make informed decisions</td>
</tr>
<tr>
<td>• Promote equality and valuing diversity</td>
</tr>
<tr>
<td>• Value people as individuals</td>
</tr>
<tr>
<td>• Acknowledge the importance of data confidentiality and disclosure</td>
</tr>
<tr>
<td>• Are consistent with legislation, policies, governance frameworks and systems</td>
</tr>
<tr>
<td>Continually develop and improve own and others’ practice by:</td>
</tr>
<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>

EAHC Project number 20081209
### Standard 1. Enable Change - Enable individuals, groups, communities and organisations to build capacity for health promoting action to improve health and reduce health inequities. A health promotion practitioner is able to demonstrate:

<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>1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities</td>
<td><strong>Knowledge</strong>&lt;br&gt;• Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork&lt;br&gt;• Knowledge of strategy and policy development and how legislation impacts on health&lt;br&gt;• Health promotion models&lt;br&gt;• Health promotion settings approach&lt;br&gt;• Behavioural change techniques for brief advice / interventions&lt;br&gt;• Theory and practice of organisational development and change management&lt;br&gt;• Theory and practice of community development including: empowerment, participation and capacity building&lt;br&gt;• Understanding of social and cultural diversity</td>
<td>1a. Contribute to collaborative work with stakeholders across specified sectors that aim to develop or change policies, and/or change health or other services, to promote health and reduce health inequities in a specified area.</td>
</tr>
<tr>
<td>1.2 Use health promotion approaches which support empowerment, participation, Partnership and equity to create environments and settings which promote health</td>
<td><strong>Skills</strong>&lt;br&gt;• Collaborative working&lt;br&gt;• Behavioural change techniques&lt;br&gt;• Organisational development&lt;br&gt;• Change management&lt;br&gt;• Community development including empowerment, participation and capacity building&lt;br&gt;• Ability to work with: Individuals and community groups defined by geography, culture, age, setting, or interest; individuals and teams in own/other organisations/sectors</td>
<td>1b. Identify and select appropriate health promotion approaches to support the creation of health promoting environments and/or settings in a specified area, and show an understanding of how the approaches can support empowerment, participation, Partnership and equity.</td>
</tr>
<tr>
<td>1.3 Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action</td>
<td></td>
<td>1c. Select and use appropriate community development approaches for a specified community, and show an understanding of how the approaches can lead to strengthened participation, ownership and health promotion capacity.</td>
</tr>
<tr>
<td>1.4 Facilitate the development of personal skills that will maintain and improve health</td>
<td></td>
<td>1d. Select and use appropriate behavioural change techniques for specified individuals or groups, to facilitate the development of personal skills to maintain or improve health.</td>
</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></td>
<td></td>
</tr>
</tbody>
</table>
**Standard 2. Advocate for health** - *Advocate with, and on behalf of individuals, communities and organisations to improve health and well-being and build capacity for health promotion action. A health promotion practitioner is able to demonstrate:*

<table>
<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>
| **2.1** Use advocacy strategies and techniques which reflect health promotion principles | **Knowledge**  
- Advocacy strategies and techniques  
- Methods of stakeholder engagement  
- Health and wellbeing issues relating to a specified population or group  
- Theory and practice of community development including: empowerment, participation and capacity building | 2a. Show an understanding of how advocacy strategies reflect health promotion principles, and how they can be used in a specified area for health promotion action. |
| 2.2 Engage with and influence key stakeholders to develop and sustain health promotion action | 2b. Identify the range of relevant stakeholders/Partners in a specified area, and show an understanding of how their support can be engaged to develop and sustain health promotion action. |
| 2.3 Raise awareness of and influence public opinion on health issues | 2c. Select and use appropriate communication methods for a specified target group in order to raise awareness and enable action on health and wellbeing issues. |
| 2.4 Advocate for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities | 2d. Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and wellbeing needs. |
| 2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action | **Skills**  
- Use of advocacy techniques  
- Working with a range of stakeholders  
- Health impact assessment  
- Facilitation  
- Community development including empowerment, participation and capacity building  
- Ability to work with: Individuals and community groups defined by geography, culture, age, setting, or interest; Individuals and teams in own/other organisations/sectors |
## Standard 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 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>
<tbody>
<tr>
<td>3.1 Engage Partners from different sectors to actively contribute to health promotion action</td>
<td>Knowledge: • Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, stakeholder engagement • Systems, structures and functions of different sectors • Principles of effective intersectoral Partnership working</td>
<td>3a. Identify the range of relevant stakeholders/Partners in a specified area, and show an understanding of how different sectoral interests in a specified Partnership/coalition/network are identified and acted upon.</td>
</tr>
<tr>
<td>3.2 Facilitate effective Partnership working which reflects health promotion values and principles</td>
<td></td>
<td>3b. Show an understanding of own role in a specified Partnership, coalition or network; and of the skills or actions necessary to facilitate effective Partnership working.</td>
</tr>
<tr>
<td>3.3 Build successful Partnership through collaborative working, mediating between different sectoral interests</td>
<td></td>
<td>3c. Show an understanding of own role in a specified Partnership, coalition or network; and of the skills or actions necessary for its development and sustainability.</td>
</tr>
<tr>
<td>3.4 Facilitate the development and sustainability of coalitions and networks for health promotion action</td>
<td>Skills: • Stakeholder engagement • Collaborative working • Facilitation • Ability to work with: stakeholders from community groups and organisations; and Partnerships, coalitions or networks for health improvement</td>
<td></td>
</tr>
</tbody>
</table>

EAHC Project number 20081209
**Standard 4. Communication** - *Communicate health promotion actions effectively using appropriate techniques and technologies for diverse audiences. 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>
| 4.1 Use effective communication skills including written, verbal, non-verbal, listening skills and information technology | Knowledge  
- Understanding of social and cultural diversity  
- Interpersonal communication  
- Theory and practice of effective group work  
- Current applications of information technology for social networking, and mass media | 4a. Use a range of communication skills for health promotion, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills. |
| 4.2 Use electronic and other media to receive and disseminate health promotion information | | 4b. Have a working knowledge of the use of information technology and electronic media for health promotion. |
| 4.3 Use culturally appropriate communication methods and techniques for specific groups and settings | | 4c. Show an understanding of the use of culturally sensitive and appropriate communication techniques for a specified group. |
| 4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities | Skills  
- Communication skills: including written, verbal, non-verbal, listening skills and information technology  
- Working with individuals and groups  
- Use of electronic media and information technology  
- Use of print, radio, TV and other media  
- Ability to work with: individuals, groups, communities and organisations | |
### Standard 5. Leadership - Contribute to the development of a shared vision and strategic direction for health promotion action.

* A health promotion practitioner is able to demonstrate:

<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>
| 5.1 Work with stakeholders to agree a shared vision and strategic direction for health promotion action | Knowledge  
- Theory and practice of effective leadership  
- Management and organisational development  
- Strategy development  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, decision-making, teamwork, stakeholder engagement  
- Principles of effective intersectoral Partnership working  
- Emerging challenges in health and health promotion  
- Principles of effective human and financial resource management | 5a. Identify the range of relevant stakeholders/Partners in a specified area, and show an understanding of how they are engaged and motivated to agree a shared vision and strategic direction. |
| 5.2 Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving) |  | 5b. Identify own role in a specified area of health promotion action, and demonstrate use of own leadership skills in e.g. teamwork and decision-making. |
| 5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities |  | 5c. Identify own role in a specified area of health promotion action, and demonstrate ways in which you contribute to improving practice by incorporating new ideas and knowledge. |
| 5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in health promotion |  | 5d. Identify how resources were mobilised for a specified health promotion action, and show an understanding of the principles of effective management of staff and/or budgets for health promotion. |
| 5.5 Contribute to mobilising and managing resources for health promotion action |  | 5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance health promotion action. |
| 5.6 Contribute to team and organisational learning to advance health promotion action |  |  |

**Knowledge**

- Theory and practice of effective leadership
- Management and organisational development
- Strategy development
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, decision-making, teamwork, stakeholder engagement
- Principles of effective intersectoral Partnership working
- Emerging challenges in health and health promotion
- Principles of effective human and financial resource management

**Skills**

- Stakeholder engagement
- Collaborative working skills
- Facilitation
- Ability to work with: stakeholders from community groups and organisations; Partnerships, coalitions or networks for health improvement
- Resource management
### Standard 6. Assessment

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

<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 | 6a. Identify the range of relevant stakeholders/Partners in a specified area, and show an understanding of how their support is engaged in the needs assessment process, and in identifying priorities for action. |
| 6.2 Use a variety of assessment methods including quantitative and qualitative research methods | **Skills**  
  - Stakeholder engagement  
  - Participatory research  
  - How to obtain, review and interpret data or information  
  - Qualitative research methods  
  - Quantitative research methods  
  - Critical appraisal skills  
  - Statistical analysis  
  - Ability to work with: stakeholders from community groups and organisations; Partnerships/coalitions/networks for health improvement; information and data analysts and/or researchers | 6b. Identify the range of qualitative and quantitative methods used in a specified assessment process, and show an understanding of why they are selected. |
| 6.3 Collect, review and appraise relevant data, information and literature to inform health promotion action | 6c. Identify, collect and critically appraise and analyse a range of data and information relevant to a specified assessment process, and show an understanding of how conclusions lead to recommendations for health promotion action. |
| 6.4 Identify the determinants of health which impact on health promotion action | 6d. Show an understanding of how the approaches used in a specified assessment process are culturally and ethically appropriate. |
| 6.5 Identify the health needs, existing assets and resources relevant to health promotion action | | |
## Standard 7. Planning - Develop measurable health promotion goals and objectives based on assessment of needs and assets in Partnership with stakeholders. A health promotion practitioner is able to demonstrate:

<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**  
- Health promotion planning models and theories  
- Principles of Project/programme management  
- Principles of resource management | 7a. Identify the range of relevant stakeholders/Partners in a specified area, and show an understanding of how their support and participation is engaged in planning health promotion action. |
| 7.2 Use current models and systematic approaches for planning health promotion action | **Skills**  
- Stakeholder engagement  
- Use of health promotion planning models  
- Analyse and apply 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. Show an understanding of the 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 and objectives. |
| 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 | | |
**Standard 8. Implementation** - *Implement effective and efficient, culturally sensitive, and ethical health promotion action in Partnership with stakeholders. A health promotion practitioner is able to demonstrate:*

<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 either demonstrate staff and budgetary responsibility, or show an understanding of principles of effective resource management. |
| 8.3 Manage the resources needed for effective implementation of planned action |  |
| 8.4 Facilitate programme sustainability and stakeholder ownership through ongoing consultation and collaboration |  |
| 8.5 Monitor the quality of the implementation process in relation to agreed goals and objectives for health promotion action |  |

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Standard 9. Evaluation and Research - *Use appropriate evaluation and research methods, in Partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action. A health promotion practitioner is able to demonstrate:*

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

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Illustrative examples of evidence against the performance criteria

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

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

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

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

This performance criterion (3b) could build on the evidence supplied for 1a, by the applicant being able to show that they critically understand the role they played, whether at a basic or advanced level, and that they can describe, from theory and their own experience, how to facilitate Partnership working effectively.

6a. Identify the range of relevant stakeholders/Partners in a specified area, and show an understanding of how their support is engaged in the needs assessment process, and in identifying priorities for action.

Again drawing on a practical example of a particular Partnership or health issue, (6a) requires that the applicant understands the range of relevant stakeholders, and can describe how their support was, or could be, engaged. At graduate level this could be simply through observation and discussion with stakeholders during a practical placement for example.
6c. Identify, collect and critically appraise and analyse a range of data and information relevant to a specified assessment process, and show an understanding of how conclusions lead to recommendations for health promotion action.

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

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

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

9a. Identify the research methods appropriate for the evaluation of a specified health promotion action.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


   http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html


   http://www.cedefop.europa.eu/en/Files/4079_EN.PDF

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## Appendix 1

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

<table>
<thead>
<tr>
<th>Learning outcomes relevant to</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 6 EQF</strong></td>
<td>Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles</td>
<td>Advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialised field of work or study.</td>
<td>Manage complex technical or professional activities or Projects, taking responsibility for decision making in unpredictable work or study contexts Take responsibility for managing professional development of individuals or groups</td>
</tr>
<tr>
<td><strong>Level 7 EQF</strong></td>
<td>Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research Critical awareness of knowledge issues in a field and at the interface between different fields</td>
<td>Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields</td>
<td>Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches Take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams</td>
</tr>
</tbody>
</table>
APPENDIX 2- Electronic Survey Questions

CompHP Consultation on Professional Standards and Accreditation
Introduction

Please read the two documents already e-mailed to you (Drafts of the “CompHP Handbook of Professional Standards for Health Promotion” and the Summary of the CompHP Pan European Accreditation Framework for Health Promotion). You will need to have copies of these documents available as you complete the survey.

Questions 1–4: provide us with some background on you and your role

Questions 5–21: relate to the draft “CompHP Handbook of Professional Standards for Health Promotion”, developed by Workpackage 5 of the CompHP Project.

Questions 22–33: relate to the “Summary of the CompHP Pan European Accreditation Framework for Health Promotion” developed by Workpackage 6 of the CompHP Project

Question 34: relates to the consultation processes

Your opinion is very important to us. Thank you for taking the time to complete this survey.

You can move through the pages of the survey using the "Next" and "Prev" keys. Please remember to press “done” when you have completed the questionnaire to save the answers before you exit.

1. In which country do you work?
2. Please indicate the professional area in which you work
   (policy, practice, academia, other - please state)
3. What is your job title? (Please also provide a brief description of your job role)
4. In which sector do you work?
   (private sector, public sector, voluntary sector, other - please state)

Questions 5 to 14 refer to the tables in the “CompHP Handbook of Professional Standards for Health Promotion”. Each page in this section of the survey has a question at the top with a table reproduced from the handbook to help you to answer the question. When you have completed each question in this section, scroll down the page to press <Next> below the table.

Please note for the questions relating to the standards - The competency statements (in left text box) are drawn from the CompHP Core Competencies for Health Promotion Framework which was developed and agreed following intensive Europe wide consultation. We are asking you to comment ONLY on the Knowledge and Skills and Performance Criteria statements presented within the outlined boxes and in bold text.
5. Consider the following statement with reference to the table below (page 10 CompHP Professional Standards Handbook): “The CompHP Professional Standards Handbook adequately the evidence required to demonstrate that the health promotion practitioner is acting professionally and ethically”.

Do you agree with this statement?
Strongly Disagree, Disagree, Neither Disagree or Agree, Agree, Strongly Agree – Comment
[Note these categories were used for all parts of each question unless stated otherwise below]

6. Standard 1 Enable change
Enable individuals, groups, communities and organisations to build capacity for health promoting action to improve health and reduce health inequities.

Do you agree with the Knowledge and Skills statements for Standard 1 (Enable change)?
Do you agree with the Performance Criteria for Standard 1 (Enable change)?

7. Standard 2 Advocate for Health
Advocate with, and on behalf of individuals, communities and organisations to improve health and well-being and build capacity for health promotion action.

Do you agree with the Knowledge and Skills statements for Standard 2 (Advocate for Health)?
Do you agree with the Performance Criteria for Standard 2 (Advocate for Health)?

8. Standard 3 Mediate Through Partnership
Work collaboratively across disciplines, sectors and Partners to enhance the impact and sustainability of health promotion action.

Do you agree with the Knowledge and Skills statements for Standard 3 (Mediate Through Partnership)?
Do you agree with the Performance Criteria for Standard 3 (Mediate Through Partnership)?

9. Standard 4 Communication
Communicate health promotion actions effectively using appropriate techniques and technologies for diverse audiences

Do you agree with the Knowledge and Skills statements for Standard 4 (Communication)?
Do you agree with the Performance Criteria for Standard 4(Communication)?
10. Standard 5 Leadership
   *Contribute to the development of a shared vision and strategic direction for health promotion action.*

Do you agree with the Knowledge and Skills statements for Standard 5 (Leadership)?
Do you agree with the Performance Criteria for Standard 5 (Leadership)?

11. Standard 6 Assessment
   *Conduct assessment of needs and assets, in Partnership with stakeholders, in the context of the political, economic, social, cultural, environmental, behavioural and biological determinants that promote or comprise health.*

Do you agree with the Knowledge and Skills statements for Standard 6 (Assessment)?
Do you agree with the Performance Criteria for Standard 6 (Assessment)?

12. Standard 7 Planning
   *Develop measurable health promotion goals and objectives in Partnership with stakeholders based on assessment of needs and asset.*

Do you agree with the Knowledge and Skills statements for Standard 7 (Planning)?
Do you agree with the Performance Criteria for Standard 7 (Planning)?

13. Standard 8 Implementation
   *Implement effective and efficient, culturally sensitive, and ethical health promotion action in Partnership with stakeholders.*

Do you agree with the Knowledge and Skills statements for Standard 8 (Implementation)?
Do you agree with the Performance Criteria for Standard 8 (Implementation)?

14. Standard 9 Evaluation and Research
   *Use appropriate evaluation and research methods, in Partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action.*

Do you agree with the Knowledge and Skills statements for Standard 9 (Evaluation and Research)?
Do you agree with the Performance Criteria for Standard 9 (Evaluation and Research)?

15. Consider the following statement: "The CompHP Professional Standards are suitable as minimum standards for Health Promotion Practitioners in my country (ie Health Promotion Practitioners must demonstrate they meet all performance criteria)."
Do you agree with this statement?

16. Consider the following statement: “The CompHP Professional Standards are suitable as “entry level” standards for Health Promotion Practitioners in my country.
Do you agree with this statement?

17. Who do you think will be the main users of the CompHP Professional Standards in your country? You may select as many options as you wish.

- Practitioners
- Policy makers
- Academics
- Employers
- Others (please state)

18. Consider the following statement; “The CompHP Professional Standards will form a suitable basis for the development of graduate (Bachelors) academic programmes in my country”.
Do you agree with this statement?

19. Consider the following statement; “The CompHP Professional Standards will form a suitable basis for the development of postgraduate (Masters) academic programmes in my country”.
Do you agree with this statement?

20. Consider the following statement; “The CompHP Professional Standards will form a suitable basis for the professional assessment of health promotion practitioners in my country”.
Do you agree with this statement?

21. What is your overall impression of the draft CompHP Professional Standards?
Please provide us with any additional comments you have.
In my opinion the draft standards are:-

- Very Poor, Poor, Neither Poor or Good, Good, Very good - please add any additional Comments

Questions 22 – 33 relate to the Draft “Summary of the CompHP Pan European Accreditation Framework for Health Promotion”, produced by workpackage 6 of the CompHP Project.

22. Is there currently any form of accreditation for Health Promotion in your country?
Yes, No
If yes, please provide details
23. What, in your opinion, are the main drivers for and barriers to accreditation for health promotion in your country?

Drivers

Barriers

24. A pan-European Accreditation Framework for Health Promotion would have a positive impact on the development of health promotion in my country. Do you agree with this statement?

25. The following are the criteria for registration of health promotion practitioners within the CompHP Pan European Accreditation Framework. (Please note that there will be agreed exceptions – for example, in relation to work hours for those on parental leave and recognition of experience for existing practitioners who do not meet the educational requirements). Please indicate if you agree with each of the following criteria:-

The Health Promotion practitioner must be educated to at least bachelor (degree) level.

The Health Promotion practitioner must work a minimum of 20 hours a week with at least half (50%) of their tasks focused on health promotion.

26. In your opinion, are there health promotion practitioners in your country who would meet these criteria?

Yes, No

If no, please give details

27. In your opinion, are health promotion practitioners in your country likely to apply for registration in the CompHP Pan-European Accreditation Framework?

Yes, No

If No, please give details

28. In the proposed CompHP Pan-European Accreditation Framework, after initial registration a practitioner must complete 120 hours of continuous professional development (for example by training activities, attending conferences etc 1 hour = 1 credit) within a five year period to be eligible for re-registration. Please indicate if you agree with the following statements.

Proof on continuous professional development should be the basis for the accreditation system

120 credits is sufficient for registration

Registration should be every 5 years.
29. In the proposed CompHP pan-European Accreditation Framework, education providers can seek accreditation for education and training courses in health promotion based on agreed criteria. In your opinion, are there education and training providers in your country who offer health promotion courses which could be accredited?

Yes, No
If Yes, please give details

30. In your opinion would education and training providers for health promotion in your country be interested in having their courses accredited within the CompHP pan-European Accreditation Framework?

Yes, No
If no, please give details

31. Within the CompHP Accreditation Framework practitioners registered at a national level will be entitled to be enrolled on the European register. Please give your opinion on the following statements:-

A European register could be a driver for setting up a national accreditation scheme for my country.

The award of a European professional title (for example EuHP) to those registered within the accreditation system could be a driver for national registration.

32. Who do you consider to be the key stakeholders in developing and maintaining accreditation for health promotion in your country? Please list contact names / type of agency / organisation.

[comments box]

33. Any further comments on any aspect of accreditation for health promotion?

[comments box]

34. We would like your opinion on your experience of participating in this consultation. Please consider the following statements and indicate your opinion by clicking in the appropriate box.

35. The objectives of the consultation were clear and understandable
   The documents and information made available with the consultation were sufficient for me to be able to make informed judgements.
Appendix 3 - Questions / Discussion Guides for CompHP Focus Groups and Workshops

NOTE
The questions and plan below are based on the assumption that participants have had access to the Draft CompHP Professional Standards and Accreditation Framework before they meet. If this is not the case more time will obviously be needed to introduce the content of the drafts.

Depending on the time available and the type of group it may be necessary to focus on either standards or accreditation only or focus more on one. However, we do need feedback on both the CompHP Professional Standards and Accreditation Framework and from as many types of participants as possible i.e. practitioners, academics, policy makers, professional associations, employers, trade unions, etc. If possible, you may want to consider facilitating a series of group meetings if this is feasible. These questions are an outline only for planning purposes and are based on a 60 minute meeting. If you have less time please concentrate on the main aspects of the questions – WHAT, HOW, WHO.

If you have time for a longer meeting you can widen the discussion and also follow up in more depth on the issues identified by participants.

If you are electronically recording the meeting we suggest that you get permission from participants using the permission form we have provided.

Your reports from the groups should include
Date and duration of meeting / Name of facilitator and note taker / Number of participants and their roles/sector etc / Issues discussed conclusions / recommendations / Any other relevant information.

Introduction of CompHP Project
10 mins

Introductions/Ice breaker/rules
10-15 mins

Ice breaker: (suggestion only - facilitator to decide if this is required)
Ask for name, organisation and one thing about themselves – favourite colour, animal, where they live etc
Rules: Quick statement of ‘rules’, to include showing respect, listening to others, participating.

Questions
35-40 mins

1. WHAT is your overall impression of the CompHP Professional Standards / Accreditation Framework?
   1.1 Is the scope and content of each appropriate for core HP practice in your country/ in Europe?
   1.2 What, if anything, needs improvement?
1.3 If you were presenting the CompHP Professional Standards / Accreditation Framework to your colleagues what would you tell them – positive and negative aspects?

2. WHO are the CompHP Standards/Accreditation Framework for? These are defined as being primarily for use by health promotion practitioners whose role and function is mainly in health promotion and who have relevant graduate/post graduate education – what is your opinion on this?

3. Are there practitioners that fit this description in your country/context?

4. Is this definition too restrictive in a pan-European context?

5. HOW will the CompHP Standards / Accreditation Framework be used? How do you think the Standards / Accreditation Framework will be implemented?
   5.1 How do you think the CompHP Standards / Accreditation framework will be used in your country? For example, impact on practice, employment and workforce capacity, career planning/movement of practitioners across Europe/quality of work, etc.
   5.2 What do you see as the main levers or drivers for implementing CompHP Professional Standards / Accreditation Framework?
   5.3 What do you see as the main barriers to implementing CompHP Professional Standards / Accreditation Framework?
   5.4 What would help in ensuring that the CompHP Standards / Accreditation Framework are implemented and used in a European context?

6. WHO do you think will be the main users of the CompHP Standards / Accreditation Framework - policy, practice, academia, context, settings, etc?
   6.1 Would educational providers/practitioners in your country be interested in having their courses accredited? (After discussion please get contact details)
   6.2 Are there organisations in your country that could potentially be a national accrediting body for the CompHP Accreditation Framework (After discussion please get contact details)

7. Do you know any professional(s) in your country who could be useful for us to contact with questions like those asked today? Ask specifically for contacts in Trade Unions, Employer Organisations and Professional Organisations, as people maybe won’t think of these

8. Any other comments/ideas on the CompHP Professional Standards or Accreditation Framework?

Summarise key points and check these are correct
Questions for UK Focus Group and Telephone Interviews

1. How the CompHP Standards and Accreditation Framework could be used for accreditation of health promotion practitioners in the UK

   a) In the UK, would there be any advantages / disadvantages of having specific standards and an accreditation system for health promotion practitioners?

   b) What effect could the CompHP proposals for health promotion standards and accreditation have on the current and developing public health standards and registration for PH Specialists and Practitioners? Could they enhance these, or potentially cause confusion?

   c) Are health promotion practitioners an identifiable group in the UK today? Are there workers who might consider themselves to fit this category?

   d) Are there any organisations in the UK that could potentially be a national accrediting body?

   e) Would the existence of a pan-European Accreditation Framework for Health Promotion have any impact on health promotion in the UK?

2. How the CompHP Standards and Accreditation Framework could be used in educational settings

   f) Will the CompHP standards influence learning programmes and professional development for health promotion or public health in the UK, (whether or not there is a national and/or European accreditation system in place for health promotion?)

   g) At which educational level could they be most useful e.g. Foundation degree, Bachelors, Masters, or for continuous professional development?

   h) How could they be improved to make them more useful for education and training?

   i) Would educational providers be interested in having their courses accredited as meeting the CompHP standards?

3. Content of the CompHP Standards and Accreditation Framework for health promotion

   j) Looking in more detail at the content of the standards (i.e. the Knowledge and Skills statements and the Performance Criteria), do have any other comments?

   k) Looking in more detail at the recommendations for the Accreditation Framework, do you have any more comments?

   l) If you were explaining the CompHP Standards and Accreditation Framework to a colleague how would you describe them?
Handbook of Professional Standards for Health Promotion

(DRAFT 2)

ComHP Workpackage 5

September 2011

ComHP

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

EAHC Project number 20081209
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1. Introduction

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

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

6. A review of the international and European literature on professional standards for health promotion and other occupations and disciplines.
7. Initial draft framework of professional standards based on findings from the review and consultation with Project Partners
8. A survey on the draft professional standards undertaken with health promotion experts from across Europe to reach consensus
9. Focus groups with health promotion experts and other key stakeholders from across Europe
10. Consultation with health promotion practitioners, academics, policy makers and employers using an online consultation process.

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

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

The CompHP Professional Standards are designed for use by practitioners whose main role and function is health promotion and who have at least a graduate qualification in health promotion or a related discipline. The standards will also be

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

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

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

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

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

1.3 Uses of CompHP Professional Standards for Health Promotion

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- useable at entry to the health promotion profession, either from initial training or during career progression
- directly aligned to each core competency domain
- formulated as standards that describe the knowledge and skills necessary for the whole of each core competency domain
- assessed by performance criteria which provide evidence of the applicant’s ability either by production of documentary evidence, or by direct observation, during work or study
- useable to assess competence following qualification, and/or experience from practice
- useable at either graduate or postgraduate level. The detail of the descriptors for knowledge and skills has not been specified further to enable the learning outcomes to be adapted for either graduate or postgraduate level courses. The performance criteria have also been worded in such a way that the evidence supplied could vary according to the level set for qualifications, or for use within different national accreditation schemes.
- minimal standards, i.e. they all have to be met
3. The CompHP Professional Standards for Health Promotion

The nine CompHP Professional Standards for Health Promotion are underpinned by a base of professional and ethical values integral to the practice of health promotion. Each standard specifies the knowledge, skills and performance criteria required to demonstrate acquisition of the core competencies. The knowledge, skills and performance criteria describe the requirements for all of the competency statements in each domain, and are not therefore aligned to individual statements. The standards are intended to be sufficiently flexible for the widest application and interpretation in different national contexts, and for different health promotion practitioners, while establishing a clear minimum standard for entry to the health promotion profession. A health promotion practitioner must be able to meet ALL the standards, and at all times act professionally and ethically.

Following the standards some descriptive examples are provided of the types of evidence that could be used to demonstrate the performance criteria, and achievement of the standard. Please note that these are for illustrative purposes only. Some knowledge and skills items are repeated across the standards to ensure a full description of the underlying requirements for each standard. Applicants may be able to illustrate that they meet the knowledge, skills and performance criteria for more than one standard from individual examples of work, and thereby reduce duplication in the evidence provided either from documentation or from assessment during work or study.

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9 Further examples will be provided in final documentation
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 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 |
| 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 personal and others’ development  
• Being aware of different approaches and preferences to learning  
• Applying evidence in improving own area of work  
• Objectively and constructively reviewing the effectiveness of own area of work |
**Standard 1. Enable Change**

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

<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>
| 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, conflict resolution, mediation, teamwork  
- 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  
- 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 aims 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. |
| 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 | 1b. Demonstrate an ability to select appropriate change management and organisational development approaches to support the creation of health promoting environments and/or settings in a specified area, and show how the approaches used support empowerment, participation, Partnership and equity. |
| 1.3 Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action | | 1c. Select and use appropriate community development approaches for a specified community, and show how the methods used can lead to strengthened participation, ownership and health promotion capacity. |
| 1.4 Facilitate the development of personal skills that will maintain and improve health | | 1d. Use appropriate behavioural change techniques for specified individuals or groups to facilitate the development of personal skills to maintain or improve health, and develop the capacity of others to support behavioural change. |
| 1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities | | |

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**Standard 2. Advocate for health**

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

<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><strong>2.1 Use advocacy strategies and techniques which reflect health promotion principles</strong></td>
<td><strong>Knowledge</strong>&lt;br&gt;• Determinants of health&lt;br&gt;• Advocacy strategies and techniques&lt;br&gt;• Methods of stakeholder engagement&lt;br&gt;• Health and wellbeing issues relating to a specified population or group&lt;br&gt;• Theory and practice of community development including: empowerment, participation and capacity building</td>
<td>2a. Show how advocacy strategies can be used in a specified area for health promotion action, and demonstrate how they reflect health promotion principles.</td>
</tr>
<tr>
<td><strong>2.2 Engage with and influence key stakeholders to develop and sustain health promotion action</strong></td>
<td><strong>Skills</strong>&lt;br&gt;• Use of advocacy techniques&lt;br&gt;• Working with a range of stakeholders&lt;br&gt;• Facilitation&lt;br&gt;• Community development including empowerment, participation, capacity building and equality impact assessment&lt;br&gt;• Ability to work with: Individuals and community groups defined by gender, social and economic status, geography, culture, age, setting, or interest; Individuals and teams in own/other organisations/sectors</td>
<td>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.</td>
</tr>
<tr>
<td><strong>2.3 Raise awareness of and influence public opinion on health issues</strong></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>2.4 Advocate for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities</strong></td>
<td></td>
<td>2d. Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and wellbeing needs.</td>
</tr>
<tr>
<td><strong>2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action</strong></td>
<td></td>
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</table>

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### Standard 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 provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1</strong> 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><strong>3.2</strong> Facilitate effective Partnership working which reflects health promotion values and principles</td>
<td></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><strong>3.3</strong> Build successful Partnership through collaborative working, mediating between different sectoral interests</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>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>
</tbody>
</table>
### Standard 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 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  

**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 | **4a. Use a range of communication skills for health promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.**  
**4b. Have a working knowledge of the use of information technology and electronic media for health promotion.**  
**4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.**  
**4d. Identify and use innovative and/or unconventional communication techniques according to local setting, customs and social and cultural environment.** |

| **4.2 Use electronic and other media to receive and disseminate health promotion information** | **Knowledge and Skills required include:  
- 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  

**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 | **4a. Use a range of communication skills for health promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.**  
**4b. Have a working knowledge of the use of information technology and electronic media for health promotion.**  
**4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.**  
**4d. Identify and use innovative and/or unconventional communication techniques according to local setting, customs and social and cultural environment.** |

| **4.3 Use culturally appropriate communication methods and techniques for specific groups and settings** | **Knowledge and Skills required include:  
- 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  

**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 | **4a. Use a range of communication skills for health promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.**  
**4b. Have a working knowledge of the use of information technology and electronic media for health promotion.**  
**4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.**  
**4d. Identify and use innovative and/or unconventional communication techniques according to local setting, customs and social and cultural environment.** |

| **4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities** | **Knowledge and Skills required include:  
- 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  

**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 | **4a. Use a range of communication skills for health promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.**  
**4b. Have a working knowledge of the use of information technology and electronic media for health promotion.**  
**4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.**  
**4d. Identify and use innovative and/or unconventional communication techniques according to local setting, customs and social and cultural environment.** |
## Standard 5. Leadership

**Contribute to the development of a shared vision and strategic direction for health promotion action. A health promotion practitioner is able to:**

<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>
| 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, 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 | 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) |  
| 5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities | 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. |
| 5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in health promotion | 5c. Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of health promotion action. |
| 5.5 Contribute to mobilising and managing resources for 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. |
| 5.6 Contribute to team and organisational learning to advance health promotion action | 5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance health promotion action. |

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
</table>
| • Stakeholder engagement  
• Collaborative working skills  
• Facilitation  
• Ability to motivate groups and individuals towards a common goal  
• Resource management |

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**Standard 6. Assessment**

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

<table>
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<tr>
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</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 methods | **Skills**  
  - Partnership building and negotiation  
  - Health Impact Assessment  
  - How to obtain, review and interpret data or information  
  - Qualitative research methods including participatory and action research  
  - Quantitative research methods including statistical analysis  
  - Critical appraisal skills  
  - Ability to work with: stakeholders from community groups/organisations; Partnerships, coalitions or networks for health improvement; information/data analysts and/or researchers | 6b. Select appropriate qualitative and quantitative methods for use in a specified assessment process. |
| 6.3 Collect, review and appraise relevant data, information and literature to inform 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. | 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 |                                                                                                                                 |                                                                                                                                  |
### Standard 7. Planning

*Develop measurable health promotion goals and objectives based on assessment of needs and assets in Partnership with stakeholders. A health promotion practitioner is able to:*

<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). |
<p>| 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. |</p>
<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 | | |
### Standard 9. Evaluation and Research

**Use appropriate evaluation and research methods, in Partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action. A health promotion practitioner is able to demonstrate:**

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 9.1 Identify and use appropriate health promotion evaluation tools and research methods | Knowledge  
- Knowledge of 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 | Skills  
- Use of a range of research methods and tools  
- Ability to formulate answerable research questions  
- Critical appraisal and review of literature  
- Write research reports and communicate research findings effectively and appropriately  
- Ability to work with: stakeholders, communities and researchers | 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. |
Illustrative examples of evidence against the performance criteria

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

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

A number of performance criteria relate to knowledge and skills in collaborative working. An applicant could select one or more examples of collaborative work they have been involved in to demonstrate their abilities. If selecting only one example of collaboration from work or study experience, the applicant would need to make sure that they could demonstrate and provide evidence for the specific aspects required for each performance criterion.

(1a) requires that the applicant has contributed in some way to collaborative work to improve health. The collaboration must aim to influence either policy or services that impact on health. The applicant would need to describe the objectives of the collaboration, the different stakeholders involved, and their own role. The applicant’s contribution could vary from a supportive role as a member of a team to leading such Partnership work at more senior levels. However the key word here is ‘contribute’, purely theoretical understanding would not be sufficient.

3b. Identify the range of relevant stakeholders/Partners in a specified area, and show how they are engaged actively in health promotion action.

This performance criterion (3b) could build on the evidence supplied for (1a). The applicant would need to show that they critically understand the role they played, and that they can describe, from theory and their own experience, how to facilitate Partnership working effectively. The applicant would need to describe the processes used to identify relevant stakeholders and motivate and support them to become engaged in the health promotion actions of the Partnership or network.
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.

Again drawing on a practical example of a particular Partnership, (6a) requires that the applicant understands the range of stakeholders relevant to the health issue and area, and can describe how their support was engaged in a needs assessment process, to access relevant data or particular communities for example. In addition to accessing information they should show how the stakeholders were involved in collectively identifying priorities for health promotion action. This could be through notes of meetings for example.

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.

For (6c) the applicant would need to show that they can identify, collect, analyse and draw conclusions from data relevant to a specified health issue. The applicant may have had varying degrees of involvement in the information collection process dependent on their role, but they would need to show that they understand the processes and how they have worked with others, information experts for example, to draw conclusions from the information for health promotion action. Although desirable it would not be necessary to show that the recommendations made have all been agreed and acted upon by the Partnership.

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.

(8b) requires that the applicant must specify a health promotion Project and show that they understand the practical aspects of implementing it in terms of the resources required. This could vary from a small scale health promotion Project, to a large programme dependant on their role and experience. Recognising that applicants may not have all had staff or budgetary management experience they need only to demonstrate responsibility for staff OR budgets. It may be that they are not a ‘budget holder’ but it is assumed that they will have had experienced of at least notional responsibility for providing a service within an allocated budget or staff resource. The key is that they can demonstrate awareness of the necessity of identifying, developing, and operating within the resources required for implementation.

9a. Identify the research methods appropriate for the evaluation of a specified health promotion action.

(9a) requires that the applicant can show an understanding of different research methods and how and why they are used, and can justify the selection of appropriate methods for the evaluation of a specified health promotion Project. This could be illustrated through either a small scale Project or as evaluation of a more substantive health promotion action, either individually or as part of a tea, in which case they would need to describe their own role in the evaluation.
### Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


   *http://www.iuhpe.org/uploaded/Activities/Cap_building/CompHP/CompHPLiteratureReviewPartIIAppendices.pdf*


### Appendix 1

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

<table>
<thead>
<tr>
<th>Learning outcomes relevant to</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 6</strong> EQF</td>
<td>Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles</td>
<td>Advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialised field of work or study.</td>
<td>Manage complex technical or professional activities or Projects, taking responsibility for decision making in unpredictable work or study contexts. Take responsibility for managing professional development of individuals or groups.</td>
</tr>
<tr>
<td><strong>Level 7</strong> EQF</td>
<td>Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research. Critical awareness of knowledge issues in a field and at the interface between different fields</td>
<td>Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields</td>
<td>Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches. Take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams.</td>
</tr>
</tbody>
</table>
APPENDIX 5 - Questions used in Online Consultation on the draft CompHP Professional Standards and Accreditation Framework.

Email covering message
Dear Colleague,

The CompHP Project Partners would like to invite you to participate in an online consultation on the current work of the Project. The feedback from this consultation will be used to inform the final drafts of the CompHP Professional Standards and Pan European Accreditation Framework, both of which will be published in 2012.

The CompHP Project aims to develop competency-based professional standards and a pan-European accreditation framework. Please visit the CompHP Project website: (http://www.iuhpe.org/index.html?page=614&lang=en) for more information.

You can participate in the consultation in three ways:

- A short questionnaire (12 questions) on a summary of the draft CompHP Professional Standards and Accreditation Framework available at https://www.surveymonkey.com/s/YMJYR33
- A short questionnaire ( 8 questions) specifically on the draft CompHP Professional Standards available at https://www.surveymonkey.com/s/YMVLYS8
- An online discussion forum available at: http://groups.google.com/group/comphp-Project/browse_thread/thread/a068d7a263714f60?hl=en

Please note -if you do not already have a Google account you will need to register to contribute to the discussion forum. If you want to give use feedback but do not wish to open a Google account, please email your comments to Barbara Battel-Kirk, CompHP Project Coordinator: bbkconsultancy@eircom.net

We hope you will complete the two questionnaires and participate in the online discussion but you are free to choose to participate in only part of the consultation (for example, by replying only to one questionnaire or by participating only in the online discussion). Please also consider forwarding the links to all your Health Promotion colleagues, associates and networks, so that they can participate also in this consultation. The questionnaires and the online consultation will be open until 21st December, 2011.

We thank you in anticipation of your participation. Your views and comments are very important to the work of the CompHP Project.
If you have any further questions or queries please contact: Barbara Battel-Kirk Project Coordinator email bbkconsultancy@eircom.net

P.S You can also visit us on Facebook: http://www.facebook.com/#!/pages/CompHP-Project/152435551461139, Twitter http://twitter.com/CompHPProject and on our blog http://comphpProject.blogspot.com/

Summaries and links to full documents
The CompHP Professional Standards build upon the agreed CompHP Core competencies. The nine CompHP Professional Standards for Health Promotion are underpinned by a base of professional and ethical values integral to the practice of health promotion. Each standard specifies the knowledge, skills and performance criteria required to demonstrate acquisition of the core competencies. Performance Criteria can be evidenced provided either from documentation or from assessment during work or study, of the practitioner’s ability in relation to the competency statements.

The Standards are intended to be sufficiently flexible for the widest application and interpretation in different national contexts and for different health promotion practitioners, while establishing a clear minimum standards for the health promotion profession.

The proposed health promotion professional standards can be used for a range of purposes and in a variety of settings by health promotion practitioners, employing organisations and education and training providers. Full draft please click here LINK.

The CompHP Pan European Accreditation Framework

Accreditation in the context of the CompHP Project is viewed as a way of ensuring quality practice across Europe and a benchmark that will enhance professional profiles and give recognition to best practice based on health promotion values and principles.

The term ‘accreditation’ applies to the whole quality system and to the process of recognising education and training providers. The terms ‘registration/registered’ apply to the process by which individual practitioners are recognised as meeting agreed criteria within the CompHP Accreditation Framework.

The framework proposes devolved accreditation at national level by Accreditation organisations which would be approved by a pan-European Organisation. Where there is no national accreditation organisation the individual practitioner or education provider will be able to apply directly to the European Accreditation Organisation.

Intrinsic to the proposed system is a Continuing Professional Development (CPD) programme building on education and training which meets agreed criteria. Link to summary

a) Questions on summary of draft CompHP Professional Standards and Accreditation Framework

1. In which country do you work?

2. Which area of health promotion do you work in?
   Policy, Practice, Academic, Other

3. In your opinion, are the CompHP Professional Standards and Pan European Accreditation Framework appropriate for Health Promotion practice in your country /area of work?

4. The CompHP Professional Standards and Pan European Accreditation Framework are designed for use by health promotion practitioners whose main role and function is health promotion and who have a graduate or post graduate qualification in health promotion or a related discipline. Are there practitioners that fit this description in your country? Yes, No

5. How do you see the CompHP Professional Standards and Pan European Accreditation Framework being used in your country/area of work? Please give as much detail as possible.
6. Are there health promotion education and training courses in your country that could apply the CompHP Professional Standards?
Yes, No, Comment

7. Would the providers of health promotion education and training in your country be interested in having their courses accredited within the CompHP Pan European Accreditation Framework?
Yes, No, Comment

8. What do you see as the main facilitators/drivers for implementing the CompHP Professional Standards and Pan European Accreditation Framework in your country/area of work? Please give as much detail as possible.

9. If funding was available to implement the CompHP Professional Standards and Accreditation Framework in your country, what, in your opinion, should be the priority action points?

10. If such funding was available, which organisations in your country (e.g. employers, professional associations, trade unions, etc.) should be included in the implementation process? Please list organisations and contact details where available.

11. Do you think the CompHP Professional Standards and Pan European Accreditation Framework are useful in the context of capacity building, forward planning and future scoping for health promotion for the next 10 years?
Yes, No, Comment

12. Any other comments on the CompHP Professional Standards or Pan European Accreditation Framework?

b) Questions specifically on draft CompHP Professional Standards

1. In which country do you work?

2. Please indicate the professional area of health promotion you work in.
Policy, Practice, Education & Training, Research, Employer, Other

3. In your opinion are the CompHP Professional Standards appropriate for health promotion practice in your country?
Yes, No, Comments

4. Are there any improvements which could be made to the language of the CompHP Professional Standards which would make them more understandable and useful for your country?
Yes, No, Comments
5. Are there improvements which could be made to the content of the CompHP Professional Standards which would make them more understandable and useful for your country? Yes, No, Comments

6. For what purpose(s) do you see the CompHP Professional Standards being used in your country in the future? Please give as much detail as possible.

7. What do you think is required to assist the implementation of the CompHP Professional Standards in your professional area/country? Please give as much detail as possible.

8. Please provide us with any other comments or suggestions you may have in relation to the CompHP Professional Standards in Health Promotion.
CompHP

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

CompHP Professional Standards for Health Promotion Handbook

January 2012

Dr. Viv Speller
Professor Richard Parish
Dr. Heather Davison
Dr. Anna Zilnyk

on behalf of

the CompHP Project Partners

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Acknowledgements

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Dr. Heather Davison
Dr. Anna Zilnyk

Royal Society for Public Health

January 2012

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### Development of the CompHP Professional Standards for Health Promotion

## THE COMPHP PROFESSIONAL STANDARDS FOR HEALTH PROMOTION

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## GLOSSARY

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INTRODUCTION

This handbook, the second in a series of three\(^1\), presents the set of Professional Standards for Health Promotion Practice in Europe that have been developed as part of the Project ‘Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe’ (CompHP)\(^2\), which is funded by the Executive Agency for Health and Consumers.

The CompHP Project has developed, tested and refined a framework for competency-based standards and accreditation for health promotion in Europe. The Project has employed a consensus building process based on consultation with health promotion practitioners, policymakers, employers and education providers across Europe.

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

1. A review of the international and European literature on how professional standards for health promotion and other occupations and disciplines are developed and used
2. An initial draft framework of professional standards based on findings from the review and consultation with Project Partners
3. A survey on the draft professional standards undertaken with health promotion experts from across Europe
4. Focus groups with health promotion experts and other key stakeholders from across Europe
5. Advice from CompHP Project Partners, and an International Expert Advisory Group
6. Online consultation with health promotion practitioners, academics, policy makers and employers.

\(^1\) The other Handbooks comprise the CompHP Core Competencies Framework for Health Promotion Handbook, published in March 2011 (http://www.iuhpe.org/uploaded/CompHP_Competencies_Handbook.pdf) and the CompHP Pan European Accreditation for Health Promotion Handbook to be published in autumn 2012.

\(^2\) See CompHP Project Website at http://www.iuhpe.org/?page=614&lang=en for details on the Project as a whole, the development process for these Professional Standards and updates on Handbooks and Project reports.
The CompHP Professional Standards for Health Promotion have been revised following every stage of consultation\(^3\), they are therefore the result of an extensive and wide ranging stakeholder engagement process.

The CompHP 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\(^4\). The standards will 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.

Within the CompHP Project 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 professional standards are designed to be relevant to all practitioners whose main role reflects the Ottawa Charter’s definition and principles of health promotion, and successive WHO charters and declarations on health promotion.

Health promotion is understood to be ‘the process of enabling people to increase control over, and to improve, their health’ (2). The Ottawa Charter embraces a positive definition of

\(^3\) Full details of the results of the consultation phases are reported on in the final report of Work Package 5 available on the Project website. [http://www.iuhpe.org/?page=614&lang=en](http://www.iuhpe.org/?page=614&lang=en)

\(^4\) Including, for example, public health, social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, political science. This is not an exclusive list as other academic qualifications may also be deemed as appropriate in given situations.
health 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 CompHP 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.

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

The proposed health promotion professional standards 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:

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

For employing organisations:
- 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.

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

For the general public:
Providing assurance that services delivered by health promotion practitioners are safe and effective.
The Development of the CompHP Professional Standards for Health Promotion

The CompHP Professional Standards for Health Promotion in this handbook have been derived from the CompHP Core Competencies Framework (1, 3) and are designed to form the basis for the CompHP Pan-European Accreditation Framework for Health Promotion⁵.

The challenge for this part of the Project was to develop and present the standards in such a way that they would be able to be used to describe and measure competence in health promotion for a variety of practitioners working in differing contexts and in different countries.

Competence is defined as ‘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’ (4). The competencies that describe this, in the context of this Project, are ‘a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion’ (5).

The CompHP 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’ (6). The standards need to be commonly understood, specify technical criteria and be sufficiently capable of being used consistently across varying settings and geographical regions while maintaining the terms used in the CompHP Core Competencies (1) in describing the knowledge, abilities, skills and values for the practice of health promotion.

Standards are used in a variety of ways in education and employment, and the terminology and systems for educating and regulating different professions and occupations vary between sectors and countries. Various initiatives have been implemented at the European level to ensure harmonisation and consistency of understanding and usage.

This section briefly explores some of these issues to provide a background to the way in which the CompHP Professional Standards have been developed and are presented.

Regulated professions are those with formal and usually legislative recognition of the standards of graduate or postgraduate qualifications by national and European professional associations (4). As health promotion is not a regulated profession the agreed definition of the term ‘professional’ used in development of the CompHP Professional Standards for Health Promotion is: ‘the attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning’ (7).

Other occupations that are not regulated professions may be described by occupational standards; however the usage of occupational standards and their format varies enormously between countries. They attempt to classify the labour market by detailing the different jobs that people do, describing typical tasks and competencies, and providing the means for assessing the individual worker’s ability to perform the job in employment. Individuals are usually prepared for the occupation through education and training programmes and continuous professional development (CPD). Occupational standards provide the detail of what the learner needs to be able to do in employment (8).

The relationship between the labour market and competence-based education is key to understanding the use of standards. Employers need to specify the competencies they require in their employees, occupational standards are a mechanism by which performance criteria for competencies are expressed. Developing individuals to meet these standards necessitates that the learning processes used also meet educational standards. Competences then need to be accredited in some way according to assessment standards (8).

Educational standards can be thought of as defining what a learner needs to learn to be effective in employment, while the assessment standards demonstrate what the learner has learnt and is competent to carry out in employment. In order to draw these different perspectives together, learning outcome-oriented standards are increasingly being used to accredit qualifications. Learning outcome standards are ‘statements of what a learner knows, understands and is able to do on completion of a learning process and are defined in terms of knowledge, skills and competences’ (8). Whether they are used for initial training or for continuous professional development (CPD), learning outcome standards should ‘enable
students to acquire the competences needed in their future profession and in society as a whole’ (9).

Across Europe the format of learning outcome-oriented standards varies according to different conceptualisations of competence or how the standards are used in learning and assessment. These vary from very detailed standards to be used as performance criteria, or more general statements to describe the learning outcomes from a qualification (10-12). In order to unify the diverse qualifications systems and frameworks across Europe, the European Qualifications Framework (EQF) proposes that qualification standards should be based on learning outcomes that are defined by knowledge, skills and competence, that describe what the learner should know and be able to do on award of the qualification (4, 13). The EQF describes:

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

The EQF is divided into 8 levels, where level 6 is equivalent to graduate (Bachelor) and level 7, postgraduate (Master) qualifications. The CompHP Project allows for entry level to be set at either graduate or postgraduate levels, as with some other professions. The EQF descriptors for the types of knowledge, skills and competency at these levels have informed how the standards and the type of performance criteria for assessment presented in this Handbook should be worded (Table 1).
Table 1. Descriptors for the Knowledge, Skills and Competencies for learning outcomes at levels 6 & 7 of the European Qualifications Framework (EQF)

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

Standards frameworks also vary in respect of the ‘target level’ of the standards, which is the proportion of the standards the learner is aiming to achieve that will be sufficient for assessment (14). Thus, standards may express best practices and represent goals to be striven for, or weaknesses in one area may be compensated by particular strengths in other areas, or all the standards have to be met to be awarded the qualification or accreditation. For the CompHP Professional Standards for Health Promotion it was decided that all the standards would have to be met for the health promotion practitioner or the training course to be accredited, although obviously some education and training programmes may only address aspects of the standards at a time.
Considering these somewhat complex issues, the agreed principles underpinning the CompHP Professional Standards for Health Promotion are that:

- They can be used at entry to the health promotion profession, either from initial training or continuous professional development during career progression
- They are directly aligned to each core competency domain
- They are formulated as standards describing the knowledge and skills necessary for the whole of each core competency domain
- They can be used to assess the practitioner’s competence following qualification, and/or experience from practice
- They can be used at either graduate or postgraduate level. The detail of the descriptors for knowledge and skills has not been specified further to enable the learning outcomes to be adapted for either graduate or postgraduate level courses
- The practitioner’s ability is assessed by providing evidence of achievement of the performance criteria, either from documentary evidence or by direct observation, during work or study
- The performance criteria have been worded in such a way that the evidence provided can vary according to the level set for the qualification, or for use within different national accreditation schemes
- That a health promotion practitioner must demonstrate that they meet the requirements of all the standards.
THE COMPHP PROFESSIONAL STANDARDS FOR HEALTH PROMOTION

This section provides a detailed description of the CompHP Professional Standards for Health Promotion setting out:

- the knowledge base underpinning all standards
- the professional and ethical basis of health promotion practice
- the nine CompHP Professional Standards for Health Promotion
- a summary of the knowledge required across all the standards
- some examples of the types of evidence that could be used to demonstrate achievement of the standard

The nine CompHP Professional Standards for Health Promotion are underpinned by a core base of professional and ethical values integral to the practice of health promotion. Each standard specifies the knowledge, skills and performance criteria required to demonstrate acquisition of the core competencies in that domain. For each standard the knowledge, skills and performance criteria describe the requirements for all of the competency statements in that area, and are not therefore aligned to individual statements. The standards are intended to be sufficiently flexible for the widest application and interpretation in different national contexts, and for different types of health promotion practitioners, while establishing a clear threshold for entry to the health promotion profession. A health promotion practitioner must be able to meet all the standards, and at all times act professionally and ethically.

The standards are underpinned by a multidisciplinary knowledge base of the core concepts, principles, theory and research of health promotion and its application in practice (1):

- The concepts, principles and ethical values of health promotion as defined by the Ottawa Charter for Health Promotion (2) 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

Each standard also states the specific knowledge, skills and performance criteria necessary to demonstrate competence in that domain. There is therefore some repetition of certain items across the standards. To facilitate the planning of education and training courses to enable health promotion practitioners to acquire the knowledge required across all the standards, the knowledge items are also listed in summary form on p26.

Some descriptive examples are also provided of the types of evidence that could be used to demonstrate the performance criteria, and achievement of the standard, which are for illustrative purposes only. As some of the knowledge and skills items are repeated across the standards, health promotion practitioners may be able to illustrate that they meet the knowledge, skills and performance criteria for more than one standard from the same example of work, experience or learning.
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:

<table>
<thead>
<tr>
<th>Knowledge, skills and performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence provided either from documentation, or assessment during work or study, of practitioner’s ability to:</td>
</tr>
</tbody>
</table>

### 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 (eg 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
### Standard 1. Enable Change

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

A health promotion practitioner is able to:

<table>
<thead>
<tr>
<th>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>Knowledge</strong></td>
<td></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>- Determinants of health and health inequities</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>
<td></td>
</tr>
<tr>
<td>- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork</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>
<td></td>
</tr>
<tr>
<td>- Theory and practice of community development including: equity, empowerment, participation and capacity building</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>
<td></td>
</tr>
<tr>
<td>- Knowledge of strategy and policy development and how legislation impacts on health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health promotion models</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health promotion settings approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Behavioural change techniques for brief advice / interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Organisational theory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Theory and practice of organisational development and change management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Understanding of social and cultural diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td></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>- Partnership building and collaborative working</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>
<td></td>
</tr>
<tr>
<td>- Behavioural change techniques</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>
<td></td>
</tr>
<tr>
<td>- Organisational development</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>
<td></td>
</tr>
<tr>
<td>- Change management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Community development including empowerment, participation and capacity building</td>
<td></td>
<td></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></td>
<td></td>
</tr>
</tbody>
</table>
### Standard 2. Advocate for health

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

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Core Knowledge and Skills required:</th>
<th>Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1 Use advocacy strategies and techniques which reflect health promotion principles</strong></td>
<td><strong>Knowledge</strong>&lt;br&gt;- Determinants of health&lt;br&gt;- Advocacy strategies and techniques&lt;br&gt;- Methods of stakeholder engagement&lt;br&gt;- Health and wellbeing issues relating to a specified population or group&lt;br&gt;- Theory and practice of community development including: empowerment, participation and capacity building&lt;br&gt;- Knowledge of strategy and policy development</td>
<td>2a. Show how advocacy strategies can be used in a specified area for health promotion action, and demonstrate how they reflect health promotion principles.</td>
</tr>
<tr>
<td><strong>2.2 Engage with and influence key stakeholders to develop and sustain health promotion action</strong></td>
<td></td>
<td>2b. Identify the range of relevant stakeholders/Partners in a specified area or setting, and show how their support can be engaged to develop and sustain advocacy and health promotion action.</td>
</tr>
<tr>
<td><strong>2.3 Raise awareness of and influence public opinion on health issues</strong></td>
<td></td>
<td>2c. Select and use appropriate communication methods for a specified audience in order to raise awareness, influence opinion, advocate for and enable action on health and wellbeing issues.</td>
</tr>
<tr>
<td><strong>2.4 Advocate for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities</strong></td>
<td><strong>Skills</strong>&lt;br&gt;- Use of advocacy techniques&lt;br&gt;- Working with a range of stakeholders&lt;br&gt;- Facilitation&lt;br&gt;- Community development including empowerment, participation, capacity building and equality impact assessment&lt;br&gt;- Ability to work with: Individuals and groups defined by gender, social and economic status, geography, culture, age, setting, or interest; and those in own/other organisations/sectors</td>
<td></td>
</tr>
<tr>
<td><strong>2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action</strong></td>
<td></td>
<td><strong>2d.</strong> Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and wellbeing needs.</td>
</tr>
</tbody>
</table>
### Standard 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>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 | | |
## Standard 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>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  
**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 | 4a. Use a range of communication skills for health promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.  
4b. Have a working knowledge of the use of information technology and electronic media for health promotion.  
4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.  
4d. Identify and use innovative communication techniques appropriate for the specific setting, customs, and social and cultural environment |
<p>| 4.2 Use electronic and other media to receive and disseminate health promotion information | | |
| 4.3 Use culturally appropriate communication methods and techniques for specific groups and settings | | |
| 4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities | | |</p>
<table>
<thead>
<tr>
<th>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>5.1 Work with stakeholders to agree a shared vision and strategic direction for health promotion action</td>
<td><strong>Knowledge</strong>&lt;br&gt;- Theory and practice of effective leadership&lt;br&gt;- Including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving&lt;br&gt;- Management and organisational development theory&lt;br&gt;- Strategy development&lt;br&gt;- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, decision-making, teamwork, stakeholder engagement, networking&lt;br&gt;- Principles of effective intersectoral Partnership working&lt;br&gt;- Emerging challenges in health and health promotion&lt;br&gt;- 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.</td>
</tr>
<tr>
<td>5.2 Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving)</td>
<td><strong>Skills</strong>&lt;br&gt;- Stakeholder engagement / networking&lt;br&gt;- Collaborative working skills&lt;br&gt;- Facilitation&lt;br&gt;- Ability to motivate groups and individuals towards a common goal&lt;br&gt;- Resource management</td>
<td>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.</td>
</tr>
<tr>
<td>5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities</td>
<td>5c. Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of health promotion action.</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>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.</td>
<td></td>
</tr>
<tr>
<td>5.5 Contribute to mobilising and managing resources for health promotion action</td>
<td>5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance health promotion action.</td>
<td></td>
</tr>
</tbody>
</table>
**Standard 6. Assessment**

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

<table>
<thead>
<tr>
<th>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>
| 6.1 Use participatory methods to engage stakeholders in the assessment process | Knowledge  
- Range of assessment methods/processes using both qualitative and quantitative methods  
- Available data and information sources  
- Social determinants of health  
- Health inequalities  
- Evidence base for health promotion action and priority setting  
- Understanding social and cultural diversity | 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. |
| 6.2 Use a variety of assessment methods including quantitative and qualitative research methods | Skills  
- Partnership building and negotiation  
- Health Impact Assessment  
- How to obtain, review and interpret data or information  
- Qualitative research methods including participatory and action research  
- Quantitative research methods including statistical analysis  
- Critical appraisal skills  
- Ability to work with: stakeholders from community groups/organisations; Partnerships, coalitions or networks for health improvement; information/data analysts and/or researchers | 6b. Select appropriate qualitative and quantitative methods for use in a specified assessment process. |
| 6.3 Collect, review and appraise relevant data, information and literature to inform health promotion action |  |
| 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 |  |
### Standard 7. Planning

*Develop measurable health promotion goals and objectives based on assessment of needs and assets in Partnership with stakeholders. A health promotion practitioner is able to:*

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Core Knowledge and Skills required:</th>
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</tr>
</thead>
</table>
| 7.1 Mobilise, support and engage the participation of stakeholders in planning health promotion action | **Knowledge**  
- Use and effectiveness of current health promotion planning models and theories  
- Principles of Project/programme management  
- Principles of resource management and risk management | 7a. Identify the range of relevant stakeholders/Partners in a specified area, and devise ways through which their support and participation is engaged in planning health promotion action. |
| 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. |
| 7.4 Develop and communicate appropriate, realistic and measurable goals and objectives for health promotion action | | |
## Standard 8. Implementation

**Implement effective and efficient, culturally sensitive, and ethical health promotion action in Partnership with stakeholders. A health promotion practitioner is able to:**

<table>
<thead>
<tr>
<th>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></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></td>
<td>- Principles of Project/programme management</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></td>
<td>- Principles of effective human and financial resource management including performance management and risk management</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></td>
<td>- Theory and practice of programme implementation</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></td>
<td>- Understanding social and cultural diversity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Quality assurance, monitoring and process evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Theory and practice of community development including: empowerment, participation and capacity building</td>
<td></td>
</tr>
<tr>
<td><strong>8.2 Develop, pilot and use appropriate resources and materials</strong></td>
<td><strong>Skills</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Use of participatory implementation processes</td>
<td></td>
</tr>
<tr>
<td><strong>8.3 Manage the resources needed for effective implementation of planned action</strong></td>
<td>- Use of Project/programme management tools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Resource management</td>
<td></td>
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<tr>
<td></td>
<td>- Collaborative working</td>
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<tr>
<td></td>
<td>- Ability to work with: groups and communities participating in the health promotion action; stakeholders and Partners; team members</td>
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<tr>
<td><strong>8.4 Facilitate programme sustainability and stakeholder ownership through ongoing consultation and collaboration</strong></td>
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<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>
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</tbody>
</table>
### Standard 9. Evaluation and Research

*Use appropriate evaluation and research methods, in Partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action. A health promotion practitioner is able to demonstrate:*

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>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>
| 9.1 Identify and use appropriate health promotion evaluation tools and research methods | **Knowledge**  
- Knowledge of different models of evaluation and research  
- Formative and summative evaluation approaches  
- Qualitative and quantitative research methods  
- Data interpretation and statistical analysis  
- Evidence base for health promotion | 9a. Identify appropriate methods for the evaluation of a specified health promotion action.  
9b. Critically appraise research literature and use evidence and/or guidance in the planning and implementation of health promotion action  
9c. Analyse and evaluate complex data including statistical information relating to a specified health promotion action  
9d. Show how findings from evaluation and monitoring processes are used to refine and improve health promotion action  
9e. Report on research findings and identify their implications for stakeholders and communities; and contribute to publications in professional, management or academic journals. |
| 9.2 Integrate evaluation into the planning and implementation of all health promotion action | **Skills**  
- Use of a range of research methods and tools  
- Ability to formulate answerable research questions  
- Critical appraisal and review of literature  
- Write research reports and communicate research findings effectively and appropriately  
- Ability to work with: stakeholders, communities and researchers |  |
Summary of knowledge requirements across all standards

As noted while each standard includes the knowledge, skills and performance criteria relevant to demonstrating competence in that area, there is some necessary repetition of certain elements. For ease of use for planning education and training courses to include the knowledge required across all the standards, the content is summarised below. Course planners will need to adapt these to the level of the qualification and the learning needs of the group, and ensure they were presented in the context of the standards.

Health and wellbeing
The determinants of health and health inequities
Health and wellbeing issues relating to a specified population or group
Emerging challenges in health and health promotion
Understanding of social and cultural diversity

Collaborative working
The theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, and stakeholder engagement
The systems, structures and functions of different sectors, organisations and agencies in particular countries
The principles of effective Partnership working across different sectors
Knowledge of how strategy and policy is developed and how legislation impacts on health

Health promotion theory
Current health promotion models and theories, including the health promoting settings approach, health promotion planning models and health literacy, and their use and effectiveness
The theory and practice of health promotion programme implementation

Communication
The theory and practice of effective group work and interpersonal communication
Diffusion of innovations theory
Advocacy strategies and techniques
Current applications of information technology for social networking and mass media

Community development
The theory and practice of community development including empowerment, participation and capacity building

Change management
The theory and practice of organisational development and change management
Behavioural change techniques for brief advice and brief interventions

Management
The principles of Project/programme planning and management
Principles of effective human and financial resource management including performance management and risk management
The theory and practice of effective leadership

Research and evaluation
Knowledge of the evidence base for effective health promotion
Knowledge of different models of evaluation, including formative and summative evaluation approaches
Qualitative and quantitative research methods
Knowledge of available data and information, data interpretation and statistical analysis
Quality assurance, monitoring and process evaluation
**Illustrative examples of evidence against the performance criteria**

These selected examples describe the sorts of evidence that could be used to demonstrate ability at different levels. They are intended as illustrations of how the performance criteria can be interpreted and evidenced appropriately in the learning context at either graduate or postgraduate levels, or by individual assessment during an accreditation process or as the basis for performance review. It would be useful to expand these examples at a national level to reflect local circumstances and practices; this would demonstrate flexibility in the application of the standards whilst ensuring that they are robust.

<table>
<thead>
<tr>
<th><strong>Performance criterion - 1a.</strong></th>
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<tr>
<td>Contribute to collaborative work with stakeholders across specified sectors that aims to influence policies or services to improve health and reduce health inequities.</td>
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A number of performance criteria relate to knowledge and skills in collaborative working. An applicant could select one or more examples of collaborative work they have been involved in to demonstrate their abilities. If selecting only one example of collaboration from work or study experience, the applicant would need to make sure that they could demonstrate and provide evidence for the specific aspects required for each performance criterion.

(1a) requires that the applicant has contributed in some way to collaborative work to improve health. The collaboration must aim to influence either policy or services that impact on health. The applicant would need to describe the objectives of the collaboration, the different stakeholders involved, and their own role. The applicant’s contribution could vary from a supportive role as a member of a team to leading such Partnership work at more senior levels. However the key word here is ‘contribute’, purely theoretical understanding would not be sufficient.

<table>
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<tr>
<th><strong>Performance criterion - 3b.</strong></th>
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<td>Identify the range of relevant stakeholders/Partners in a specified area or setting, and show how they are engaged actively in health promotion action.</td>
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This performance criterion (3b) could build on the evidence supplied for (1a). The applicant would need to show that they critically understand the role they played, and that they can describe, from theory and their own experience, how to facilitate Partnership working effectively. The applicant would need to describe the processes used to identify relevant stakeholders and motivate and support them to become engaged in the health promotion actions of the Partnership or network.
Performance criterion - 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.

Again drawing on a practical example of a particular Partnership, (6a) requires that the applicant understands the range of stakeholders relevant to the health issue(s) and area/setting, and can describe how they were engaged in a needs/asset assessment process, to access relevant data or particular communities for example. In addition to accessing information they should show how the stakeholders were involved in collectively identifying priorities for health promotion action, for example through notes of meetings.

Performance criterion - 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.

For (6c) the applicant would need to show that they can identify, collect, analyse and draw conclusions from data relevant to a specified health issue(s). The applicant may have had varying degrees of involvement in the information collection process dependent on their role, but they would need to show that they understand the processes and how they have worked with others, information experts for example, to draw conclusions from the information for health promotion action. Although desirable it would not be necessary to show that the recommendations made have all been agreed and acted upon by the Partnership.

Performance criterion - 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.

(8b) requires that the applicant must specify a health promotion action and show that they understand the practical aspects of implementing it in terms of the resources required. This could vary from a small scale health promotion action, to a large programme dependant on their role and experience. Recognising that applicants may not directly manage staff or budgets they need only to demonstrate responsibility for efficient use of resources within their control. The key is that they can demonstrate awareness of the necessity of adopting a systematic approach to delivering an intervention and of identifying, developing, and operating within the resources required for implementation.
Performance criterion - 9a
Identify appropriate methods for the evaluation of a specified health promotion action.

(9a) requires that the applicant can show an understanding of different research methods and how and why they are used, and can justify the selection of appropriate methods for the evaluation of a specified health promotion action. This could be illustrated through either a small scale Project or as evaluation of a more substantive health promotion action, either individually or as part of a team, in which case they would need to describe their own role in the evaluation.
GLOSSARY
The terms defined in this glossary are based on the references provided but are, in some cases, slightly reworded to make them more directly relevant to the CompHP Project. Where no reference is given the term has been agreed by the CompHP Project Partners.

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.

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

Accreditation – professional/ individual: A form of qualification or individual registration awarded by a professional or regulatory organisation that confirms an individual as fit to practice (15).

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 (16).

Assessment (see also needs assessment): The systematic collection and analysis of data in order to provide a basis for decision-making (17).

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 (8).

Capacity Building: The development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It 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 organizations, and; the development of cohesiveness and Partnerships for health in communities (18).

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 (19).

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 for the community and all its members (20).
Community Development: Helping communities take control over their health, social and economic issues by using and building on their existing strengths. It recognises that some communities have fewer resources than others, and supports these communities (21).

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 (4).

Competencies: A combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion (Adapted from 5).

Consensus: This term means overwhelming agreement. The key indicator of whether or not a consensus has been reached is that everyone agrees they can live with the final proposal after every effort has been made to meet any outstanding interests. Most consensus processes seek unanimity, but settle for overwhelming agreement that goes as far as possible toward meeting the interests of all stakeholders (22).

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

Core Competencies: These competencies constitute the minimum sets of competencies that constitute a common baseline for all health promotion roles. They are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field (5).

Culture: A socially inherited body of learning including knowledge, values, beliefs, customs, language, religion, art, etc. (23).

Delphi Method/Technique: A process used to collect and distil the judgments of experts using a series of questionnaires interspersed with feedback (24).

Determinants of health: The range of political, economic, social, cultural, environmental, behavioural and biological factors which determine the health status of individuals or populations (16).

Educational / qualification standards: Answer the question ‘what does the student need to learn to be effective in employment?’ They define the expected outcomes of a learning process leading to the award of a qualification, the study programme in terms of content, learning objectives and timetable, as well as teaching methods and learning settings (8).

Education and training providers: Formally recognised education and/or training organisations with authority to grant certificates, diplomas, degrees etc.
Empowerment for health: A 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 individuals’ ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community (16).

Enabling: This term means 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 (16).

Equity / Inequity in health: Equity means fairness. Equity in health means that people’s needs guide the distribution of opportunities for well-being. 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 and so on. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life (16). 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 harming (21).

European Qualifications Framework (EQF): The EQF is an overarching qualifications framework that links the qualifications of different countries together. It acts as a translation device to make qualifications easier to understand across different countries and systems in Europe. The EQF aims to help develop a European-wide workforce that is mobile and flexible, and to aid lifelong learning (4).

Graduate: Someone who has successfully completed a higher education programme to at least Bachelor degree level, i.e. equivalent to level 6 of the European Qualifications Framework (EQF) (4).
**Health**: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. 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 (2) 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. These links provide the key to a holistic understanding of health which is central to the definition of health promotion (16).

**Health Education**: Health education comprises 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 (16).

**Health Promotion**: This term refers to the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, which not only includes 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. The Ottawa Charter (2) 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
- Re-orient 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

**Healthy Public Policy**: The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives by making healthy choices possible or easier and social and physical environments health enhancing (16).

**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 (4).

Leadership: In the field of health promotion, leadership can be defined as the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organisation in which they work. It involves inspiring people to develop and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, thus allowing other leaders to emerge (19).

Learning outcomes: are statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence (4).

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. 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 (19).

National qualifications framework: An instrument for the classification of qualifications according to a set of criteria for specified levels of learning achieved, which aims to integrate and coordinate national qualifications subsystems and improve the transparency, access, progression and quality of qualifications in reaction to the labour market (4).

Needs Assessment: A systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs and the resources (assets) which are available to respond to these (16).

Occupational standards: Specify ‘the main jobs that people do’, describing the professional tasks and activities as well as the competencies typical of an occupation. Occupational standards provide the detail of what does the learner needs to be able to do in employment (8)

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 (16) and (19).

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

Postgraduate: Study at postgraduate level, i.e. Masters or Doctorate, equivalent to levels 7 & 8 of the European Qualifications Framework (4).
Professional: Is defined (as in the EQF) as relating to those attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning. It is not used with regard to those specific requirements relating to regulated professions (7).

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 (4).

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

Regulated profession: A professional activity or group of professional activities, access to which, and pursuit of which is limited by legislative, regulatory or administrative provisions to holders of a given professional qualification (7).

Right to Health: In relation 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. These include 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 principle of equality and freedom from discrimination is central, including discrimination on the basis of sex and gender roles. Integrating human rights into development also means empowering poor people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access (25).

Settings for Health Promotion: The places or social contexts in which people live, work and play and in which environmental, organisational and personal factors interact to affect health and wellbeing. Action to promote health in different settings can take different forms including organisational or community development or working on specific health related issues. Examples of settings for health promotion action occur include: schools, workplace, hospitals, prisons, universities, villages and cities (16).

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) (4).

Standard: an agreed, repeatable way of doing something. It is a published document that contains a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition (6).
**Social Justice**: Refers to 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 (19).

**Stakeholder**: Individuals, groups, communities and organisations that have an interest or share in an issue, activity or action (26).

**Strategies**: broad statements that set a direction and are pursued through specific actions, i.e., those carried out in programmes and Projects (20).

**Supportive Environments for Health**: offer people protection from threats to health, and enable people to expand their capabilities and develop self reliance in health (16).

**Target level of standards**: Distinguishes between: Minimal standards – where all the standards have to be met to be awarded the qualification; Average expectations – where weaknesses in one area can be compensated by particular strengths in other areas; and Maximal standards – these standards express best practices and represent goals to be striven for (14).

**Teamwork**: is the process whereby a group of people, with a common goal, work together to increase the efficiency of the task in hand. They 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 (27).

**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 such as beliefs about the sanctity of life, the role of families in society, a protection from harm of children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience and include, for example, beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances (19).

**Vision**: A vision expresses goals that are worth striving for and incorporates shared health promotion ideals and values (20).

**Workforce Planning**: The strategic alignment of an organisation’s human resources with the direction of its planned service and business (27).
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