CompHP
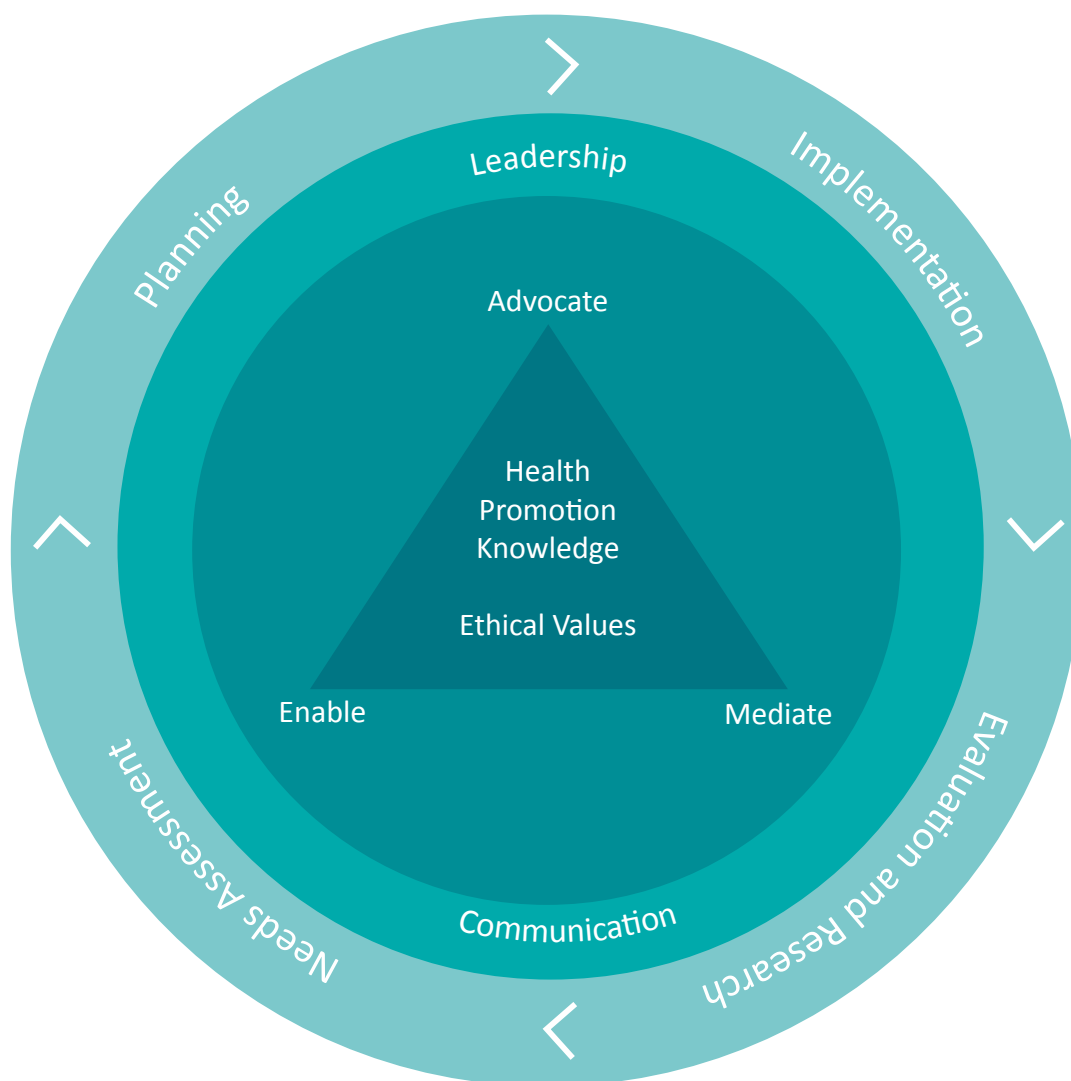
Developing competencies and professional standards for Health Promotion Capacity Building in Europe

The CompHP Project Handbooks

Planning · Leadership · Implementation · Advocate · Health Promotion Knowledge · Ethical Values · Enable · Mediate · Needs Assessment · Communication · Evaluation and Research

The CompHP Project Handbooks

comprising

**The CompHP Core Competencies Framework
for Health Promotion Handbook**

**The CompHP Professional Standards
for Health Promotion Handbook**

**The CompHP Pan-European Accreditation
Framework for Health Promotion Handbook**

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on behalf of the CompHP Project Partners

ACKNOWLEDGEMENTS

FOREWORD

The practice of contemporary health promotion is informed by decades, if not centuries, of methods of working with communities, policymakers and other professionals to empower people to have more control over the factors that influence and impact upon their health. The field of health promotion has evolved over time, though an articulation and delineation of what we now think of as the profession or practice of health promotion is relatively recent.

Awareness of the principles, best practices, and the values that underpin health promotion are critical to an efficient and effective delivery of health promotion activity. As clever and good-intentioned as we may be, there is still a need for structure to ensure that health promotion training is well-grounded in evidence; and is consistent, professional, and comprehensive. If we are to build capacity to promote health, we must have frameworks from which to work and standards by which we measure our efforts.

The CompHP Project presented in this publication is an excellent example of the development of competencies and professional standards in a large and complex region. As a region in which to attempt to develop consistent frameworks and standards, there are challenges presented by the range of countries, styles of government, levels of investment in health promotion, and prioritisation of health promotion workforce development. Yet, impressively, the CompHP Project has succeeded in achieving what it set out to do. Within this document you will find a set of competencies for Europe, a set of professional standards and a proposal for an accreditation system that will work to ensure greater quality, consistency and effectiveness of the health promotion workforce on this continent.

The CompHP Project has built upon a number of other initiatives, some regional and some global in developing these frameworks and standards. The Project has engaged in activities to seek consensus in the region and has built upon previous work done by the IUHPE and others. While previous documents have called for the development of health promotion competencies and have undertaken scoping studies to attempt to gauge the depth and breadth of issues to be covered in a competency framework, no previous project has endeavoured to articulate competencies, standards and propose an accreditation framework for a region.

A key step in the evolution of thinking around what should be included in this Project was the Galway Conference in 2008 and the Galway Consensus Statement that was developed in 2009. The Galway Conference built upon discussions of health promotion workforce development at the IUHPE World conferences in

2004 in Melbourne and 2007 in Vancouver. It brought together a global mix of health promotion capacity and workforce development experts to identify domains of core competency for health promotion and work toward a consensus statement.

Following the Galway Conference, a global consultation on the proposed consensus statement was undertaken. Following this and other global consultations, the Consensus Statement was refined and it was released in 2009. The Consensus Statement outlined core values and principles, as well as providing a common definition and eight domains of core competency that are required to engage in effective health promotion practice. A symposium on the Consensus Statement was held for a global health promotion professional audience at the IUHPE's world conference in Geneva in 2010.

The CompHP Project was funded by the Health Programme of the European Union from 2009 to 2012. The IUHPE has supported the development of this Project as part of our Capacity Building, Education and Training portfolio and has enthusiastically discussed the Project at Board meetings as well as approving a sub-committee to advise on the implementation of an accreditation framework. The relationship between the IUHPE and this Project has been a rewarding one for all parties involved. The CompHP Project has built upon, refined and expanded many of the ideas around competencies and capacity building that the IUHPE has been discussing for many years. The CompHP Project has used a consultative and consensus-building approach to break through many of the barriers that were previously thought to be holding back the development of competencies, standards and an accreditation system.

It is important to congratulate the Project on doing a difficult job well – bringing together diverse interests, consulting widely, reaching consensus, and then methodically developing competencies, standards and an accreditation framework. While it is not possible to transpose the exact methodology on any other region or group of countries, CompHP has set out a useful process for the exploration of workforce development issues and the development of responses to those issues. The CompHP model can, therefore, be used as a template that health promotion practitioners can adjust to the specific context within which they are working.

We know that some countries embrace competencies and standards but draw the line at accreditation. We can use the experience of the CompHP Project to try to better understand those responses and seek to ensure that, whatever the result, health promotion capacity is being developed as well as it can be within the country or within a region.

There may be contextual difficulties in some areas that call for creative thinking and adaptation of the framework, but the application of the framework in those different contexts will be a rich research area and will help us understand how well the model works across different parts of the world.

If Europe can lead the world in demonstrating a regional framework for competencies, standards and accreditation, then there is hope for the expansion of the concept to other regions of the world. I can envisage a world where there are contextually appropriate sets of competencies and standards developed and even a globally organised accreditation body that monitors, evaluates and implements accreditation processes relevant to each of the various regions.

The framework established by the CompHP Project is useful, not only for regions, but for individual nations who may choose to progress the development of competencies, standards and accreditation. Some countries already have agreed competencies and forms of accreditation. It will be interesting to observe what they make of a regional approach and to gauge interest in the development of a global system of accreditation.

I thank all of those who have been involved in this impressive Project. I believe it holds great promise as a model for global expansion in the development of health promotion workforce competencies and standards. The CompHP Project came about to meet a regional need. In developing that regional response, the project took a global consultative perspective. The appropriate regional result has been delivered – but the Project has also given a present to the world in the form of a format and a process for developing competencies, standards and accreditation processes that can be adapted to any context. If we can get these right in more areas of the world, we provide support for the workforce, for the work itself, and for the mission of health promotion.

Michael Sparks
President
International Union for Health Promotion and Education

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SCOPE AND LAYOUT

This document comprises three Handbooks which were developed as part of project entitled 'Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe' (CompHP).

The CompHP Core Competencies Framework for Health Promotion Handbook presents the domains of core competency necessary for competent and ethical health promotion practice.

The CompHP Professional Standards for Health Promotion Handbook outlines professional standards which are derived from the CompHP Core Competencies Framework and describes the knowledge and skills and measures of competence using performance criteria.

The CompHP Pan-European Accreditation Framework for Health Promotion Handbook builds on the CompHP Core Competencies and Professional Standards to outline the systems and processes for the accreditation of health promotion practitioners and health promotion education and training at national and European levels.

Each of the Handbooks is also available as a separate document, together with short versions in English, French and Spanish. These documents and reports on their development are available on the Project website[1].

In this document each Handbook is presented in a separate section, which contains the references and appendices specific to its contents. When citing the CompHP Handbooks reference may be made either to the individual documents or to this combined version. However, attention should be paid to differences in citation details and in the sequencing of some content and references between the two versions.

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[1]http://www.iuhpe.org/?page=614&lang=en

INTRODUCTION

THE CompHP PROJECT

The CompHP Project, which was funded by the Health Programme of the European Union, for the period September 2009 - October 2012, aimed to develop competency-based standards and an accreditation system for health promotion practice, education and training in Europe.

The CompHP Project brought together 24 European partners from the policy, practice and academic sectors in health promotion. An international advisory group of experts with experience of the development of health promotion competencies at a global level also supported the work of the Project.

The Project employed a consensus-building approach based on consultation with key stakeholders in health promotion across Europe using a variety of participatory methods including:

- Delphi surveys
- Online surveys and discussion fora
- Focus groups and workshops
- Scoping studies and country perspective studies
- Social media such as Twitter and Facebook

The Project built on existing European and global competency frameworks for health promotion (1-3) and was informed by work undertaken by the International Union for Health Promotion and Education (IUHPE), including a scoping study (4) and feasibility study (5).

Rationale for the CompHP Project

The rationale for developing the CompHP Project was based on the recognition that health promotion is an evolving field in Europe with a diverse and growing workforce drawn from a broad range of disciplines. However, despite this diversity, it is agreed that there is a specific body of skills, knowledge and expertise that represents, and is distinctive to, health promotion practice (6). The development of the health promotion workforce internationally brought renewed interest in competency-based approaches and accreditation systems for effective health promotion practice and education. Within the context of capacity building and workforce development,

the identification of competencies, standards and accreditation processes offers a means of developing a shared vision of what constitutes the specific knowledge and skills required for effective health promotion practice.

In the context of capacity development, it is recognized that a competent workforce with the necessary knowledge, skills and abilities in translating policy, theory and research into effective action is critical to the future growth and development of global health promotion (1-3, 6-8). Identifying and agreeing the core competencies, professional standards and an accreditation system for effective health promotion practice, education and training is acknowledged as being an essential component of developing and strengthening workforce capacity to improve global health in the 21st century (1, 2, 6, 7, 9). However, within the pan-European context, while health promotion goals are clearly identified in European Union (EU) strategies, no Europe-wide competencies, standards or accreditation systems had been agreed to assure quality standards in reaching those goals. The development of the CompHP Project was driven by the need for a coherent competency-based framework that would build on related national and international developments. Other key drivers for the Project included: freedom of employment policies highlighting the need for agreed standards to facilitate employment across the EU; quality assurance issues for practice, education and training identified within all health fields in Europe; and clarity on the workforce capacity required for promoting health and addressing inequities as identified in EU strategies.

The work of the CompHP Project has created a new dimension in European health promotion by establishing the means and methods by which agreed core competencies and quality standards can be implemented to stimulate innovation and best practice.

The CompHP Project Structure

The CompHP Project was structured into eight units of work called 'workpackages'. Three core workpackages focused on the coordination and management (Workpackage 1), dissemination (Workpackage 2), and evaluation (Workpackage 3) of the Project. The other workpackages focused on specific aspects of developing and testing the core competencies, professional standards and accreditation framework.
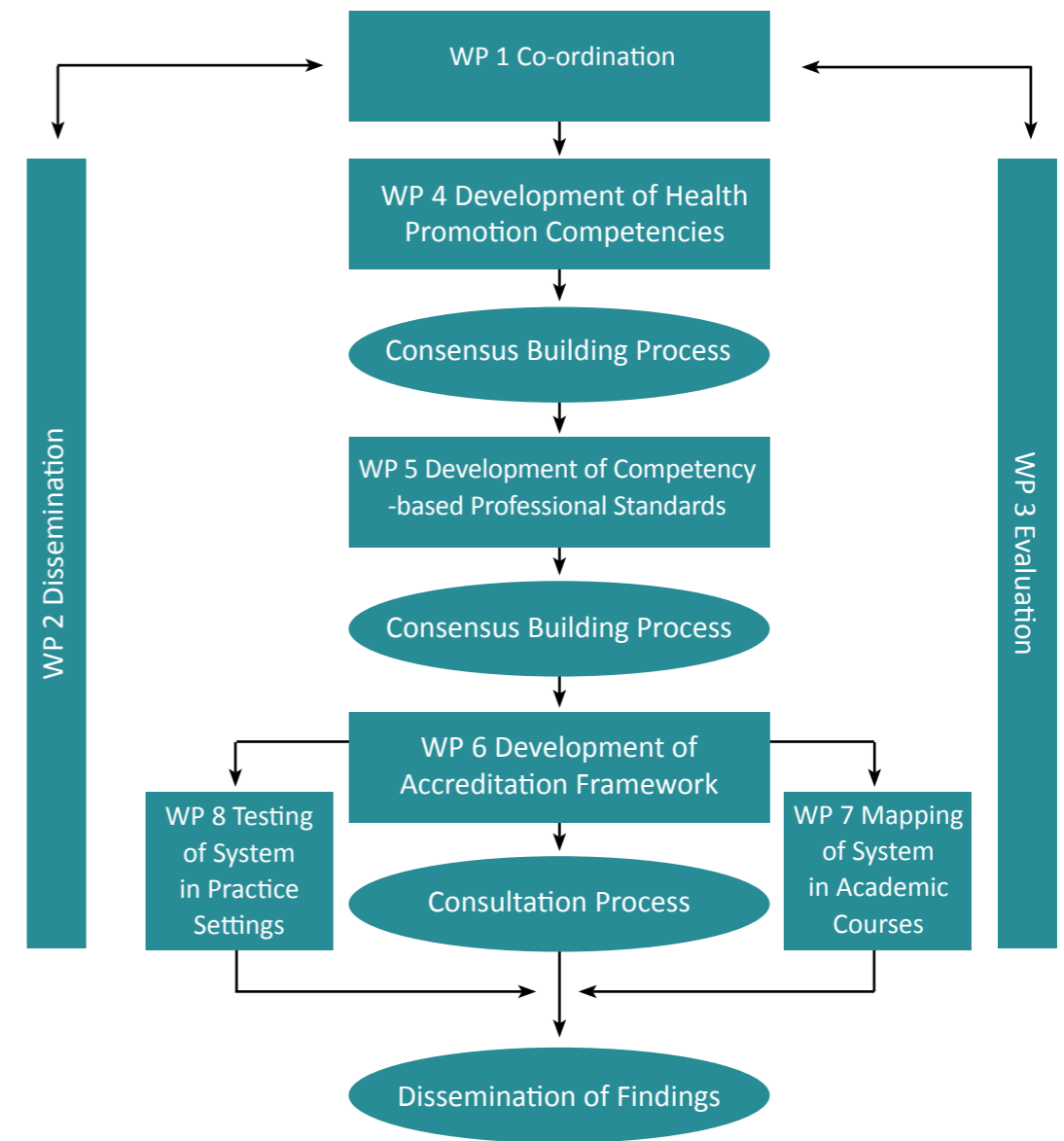

Figure 1 Structure of the CompHP Project

Workpackage Leaders and Researchers

Workpackage 1 Coordination	Health Promotion Research Centre, National University of Ireland Galway, Ireland	**Project Leader** Professor Margaret M. Barry **Project Coordinator** Ms. Barbara Battel-Kirk **Project Administrator** Dr. Vivienne Batt
Workpackage 2 Dissemination	International Union for Health Promotion and Education (France)	**Workpackage Leaders** Dr. Claire Blanchard Ms. Sara Bensaude De Castro Freire **Researcher** Ms. Sara Debenedetti
Workpackage 3 Evaluation	Experimental Centre for Health Education Università degli Studi di Perugia, Italy	**Workpackage Leader** Dr Giancarlo Pocetta **Researchers** Ms. Erika Marie Pace Ms. Patrizia Garista
Workpackage 4 Developing Core Competencies	Health Promotion Research Centre, National University of Ireland Galway, Ireland	**Workpackage Leader** Professor Margaret M. Barry **Researcher** Ms. Colette Dempsey
Workpackage 5 Developing Professional Standards	Royal Society for Public Health, UK	**Workpackage Leader** Professor Richard Parish **Researchers** Dr. Viv Speller Dr. Heather Davison Dr. Anna Zilnyk
Workpackage 6 Developing an Accreditation Framework	The Netherlands Institute for Health Promotion (NIGZ), the Netherlands	**Workpackage Leader** Mr. Gerard van der Zanden **Researcher** Mrs. Mariëlle Schipperen
Workpackage 7 Mapping of system in academic settings	Università degli Studi di Cagliari, Italy	**Workpackage Leader** Professor Paolo Contu **Researcher** Dr. Alessandra Sotgiu
Workpackage 8 Testing of system in practice settings	Universidad Rey Juan Carlos, Madrid, Spain	**Workpackage Leader** Professor Carmen Gallardo **Researchers** Dr. Ana Martinez Ms. Miriam Zaagsma Ms. Silvia Garcia de Sola Riera

The CompHP Handbooks

The CompHP Handbooks are primarily designed for use by health promotion practitioners, providers of health promotion education and training, employers and professional associations and trade unions with a remit for health promotion. The CompHP Core Competencies Framework and Professional Standards Handbooks will also be useful to those working in other professional areas whose role includes health promotion and those in other sectors who are involved in partnerships to promote health.

The CompHP Pan-European Accreditation Framework is designed for use by a European and National Accreditation Organizations in developing and maintaining a Pan-European Accreditation System for Health Promotion for individual practitioners and education and training. It is also designed for use by practitioners and providers of education and training in health promotion in applying for, attaining and maintaining European registration/accreditation in health promotion.

A health promotion practitioner, for the purposes of the CompHP Project, is defined as a person who holds a graduate or postgraduate qualification in health promotion or a related discipline[2] , whose main role and function is health promotion as described by the Ottawa Charter (10), and who works to promote health and reduce health inequities by:

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

While job titles and academic course titles in countries across Europe may not always include the term 'health promotion', the Handbooks are designed to be relevant to all practitioners whose main role reflects the definition and principles of health promotion as defined in the Ottawa Charter (10).

[2]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 appropriate.

Health Promotion Concepts and Principles Underpinning the CompHP Handbooks

The CompHP Handbooks are based on the core concepts and principles of health promotion outlined in the Ottawa Charter (10) and successive WHO charters and declarations on health promotion (8, 11-16). Health promotion is, therefore, understood to be 'the process of enabling people to increase control over, and to improve, their health' (10).

Health promotion is viewed as a comprehensive social and political process which not only embraces action directed at strengthening the skills and capabilities of individuals, but also actions directed toward changing social, environmental and economic conditions which impact on health (17).

Health is defined as 'a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity' (18) and is further conceptualized as a resource for everyday life, emphasizing social and personal resources, as well as physical capacities (10).

The CompHP Handbooks are underpinned by an understanding that health promotion has been shown to be an ethical, principled, effective and evidence-based discipline (19,20) and that there are well-developed theories, strategies, evidence and values that underpin good practice in health promotion (21).

The term 'health promotion action' is used in the CompHP Handbooks to describe programmes, policies and other organized health promotion interventions that are empowering, participatory, holistic, intersectoral, equitable, sustainable and multi-strategy in nature (13) which aim to improve health and reduce health inequities.

The ethical values and principles underpinning the CompHP Handbooks include a belief in equity and social justice, respect for the autonomy and choice of both individuals and groups, and collaborative and consultative ways of working.

INTRODUCTION

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THE CompHP CORE COMPETENCIES FRAMEWORK FOR HEALTH PROMOTION HANDBOOK

Authors

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on behalf of the CompHP Project Partners

What are Core Competencies?

The definition of competencies used in the CompHP Project is: 'a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion' (1). Core competencies are defined as the minimum set of competencies that constitute a common baseline for all health promotion roles, i.e., 'they are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field' (2).

How were the CompHP Core Competencies developed?

The CompHP Core competencies were developed using a phased, multiple-method approach to facilitate a consensus-building process with key stakeholders in European health promotion. The stages in this development process, which are detailed in a report (3), may be summarized as follows:

- A review of the international and European literature on health promotion competencies (4)
- An initial draft framework of core competencies based on findings from the literature review and consultation with Project Partners
- A Delphi survey on the draft core competencies undertaken with health promotion experts from across Europe to reach consensus
- Focus groups with health promotion experts and other key stakeholders from across Europe
- Consultations with health promotion stakeholders across Europe using an online questionnaire and discussion forum.

The CompHP Project Partners and the International Expert Advisory Group advised on each stage of the development process. The CompHP Core Competencies are, therefore, the result of a wide-ranging consultation process and draw on the international and European literature, in particular:

- The domains of core competencies outlined in the Galway Consensus Statement (5), together with the modifications to the statement suggested in a global consultation process (6)
- Core competencies for health promotion developed in Australia (2), Canada (7), New Zealand (8) and the UK (9)
- Core competencies developed in related fields including public health (10, 11) and health education (12).

Who are the CompHP Core Competencies for?

The CompHP Core Competencies are designed primarily for use by health promotion practitioners whose main role and function is health promotion and who hold a graduate or postgraduate qualification in health promotion or a related discipline.[3]

Following much discussion, it was agreed that the CompHP Core Competencies are at 'entry level', i.e. the level at which a practitioner enters practice. However, this does not imply that all health promotion practitioners are limited to that level. The CompHP Core Competencies can be used, for example, as the basis for developing advanced competencies for practitioners working at senior management level in health promotion or to inform the development of specialized competencies for those working in specific settings.

While the competencies outlined in this Handbook are aimed at entry level practitioners, acquiring a competency is not considered to be a one-time event, but rather an ongoing process. Formal training is one of the means of acquiring entry level competencies, however, ongoing learning through experience, coaching, feedback and individual learning activities is required to develop advanced competencies and maintain the knowledge and skills required by changing practice and policy.

It is also recognized that those using the CompHP Core Competencies may wish to identify different levels of expertise for some, or all, or to emphasize some competencies to a greater degree than others. However, as these are core competencies, all must be addressed if they are to be used as the basis for consistent, quality health promotion practice which can be recognized internationally and be accredited though a pan-European accreditation system.

The CompHP Core Competencies can also be useful to those working in other professional areas whose role includes health promotion (e.g., community health, health education) or those in the other sectors who are involved in partnerships to promote health or create healthy environments (e.g., teachers, community development workers).

The CompHP Core Competencies, while developed within a pan-European context, could also provide the basis for the development of health promotion competencies internationally.

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[3]Including, for example, public health, health education, social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, political science. This is not an exclusive list and other academic qualifications may also be deemed appropriate. It is recognized that there are practitioners in the field without a formal qualification and for these the Framework can be used for assessing, and helping achieve formal recognition of, relevant experience.

How can the CompHP Core Competencies be used?

The purpose of health promotion competencies is to provide a description of the essential knowledge, abilities, skills and values that are required for effective practice.

An effective competency framework can provide a solid base for workforce development and has a wide range of potential useful applications across many areas.

The CompHP Core Competencies have a key role to play in developing health promotion by:
- Underpinning future developments in health promotion training and course development
- Continuing professional development
- Providing a basis for systems of accreditation and the development of professional standards
- Consolidation of health promotion as a specialized field of practice
- Accountability to the public for the standards of health promotion practice.

The CompHP Core Competencies can also contribute to the following areas (10):

Promote the health of the public by:
- Contributing to a more effective workforce
- Encouraging service delivery that is evidence-based, population-focused, ethical, equitable, standardized and client-centred
- Forming the basis for accountable practice and quality assurance.

Benefit health promotion practitioners by:
- Ensuring that there are clear guidelines for the knowledge, skills and values needed to practice effectively and ethically
- Informing education, training and qualification frameworks to ensure that they are relevant to practice and workplace needs
- Assisting in career planning and identifying professional development and training needs
- Facilitating movement across roles, Organizations, regions and countries through the use of shared understandings, qualifications and, where appropriate, accreditation systems based on the competencies

- Promoting better communication and teamwork in multidisciplinary and multisectoral settings by providing a common language and a shared understanding of the key concepts and practices used in health promotion
- Helping to create a more unified workforce by providing a shared understanding of key concepts and practices
- Contributing to greater recognition and validation of health promotion and the work done by health promotion practitioners.

Benefit health promotion Organizations by:
- Identifying staff development and training needs
- Providing a basis for job descriptions, recruitment and selection procedures and frameworks for evaluation and quality assurance
- Identifying the appropriate numbers and mix of health promotion workers required in a given setting
- Assisting employers and managers to gain a better understanding of health promotion roles in individual workplaces.

It is recognized that for some countries and regions core competencies may be all that are currently appropriate for their specific practice or policy context and for these the CompHP Core Competencies Framework for Health Promotion Handbook can be used as a 'stand-alone' document. However, within the context of the overall Project, the core competencies are designed to form the basis for the development of the CompHP Professional Standards and pan-European Accreditation Framework for Health Promotion.

THE CompHP CORE COMPETENCIES FRAMEWORK FOR HEALTH PROMOTION

The CompHP Core Competencies Framework for Health Promotion comprises 11 domains of core competency (Figure 1).

Ethical Values are integral to the practice of health promotion and inform the context within which all the other competencies are practiced. The Health Promotion Knowledge domain describes the core concepts and principles that make health promotion practice distinctive. Ethical Values and the Health Promotion Knowledge base underpin all health promotion action detailed in the other domains.

The remaining nine domains: Enable Change, Advocate for Health, Mediate through Partnership, Communication, Leadership, Assessment, Planning, Implementation, and Evaluation and Research, each deal with a specific area of health promotion practice with their associated competency statements detailing the skills needed for competent practice. It is the combined application of these domains together with the Knowledge Base and Ethical Values, which constitute the CompHP Core Competencies Framework for Health Promotion.
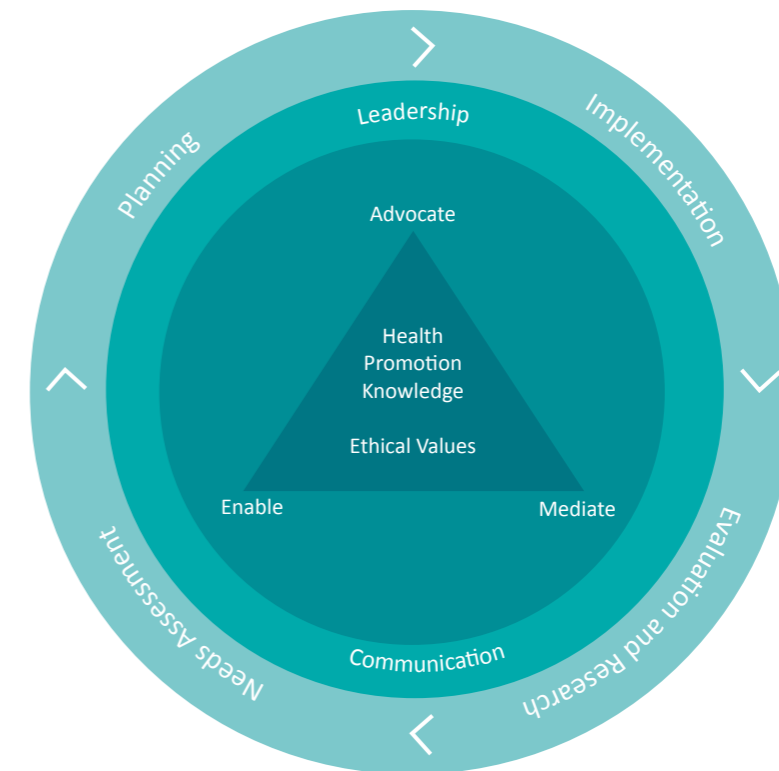

Figure 1 The CompHP Core Competencies Framework for Health Promotion

Ethical Values Underpinning the CompHP Core Competencies

The ethical values and principles for health promotion include a belief in equity and social justice, respect for the autonomy and choice of both individuals and groups, and collaborative and consultative ways of working.

Ethical health promotion practice is based on a commitment to:

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

The Knowledge Base Underpinning the CompHP Core Competencies

The CompHP Core Competencies require that a health promotion practitioner draws on a multidisciplinary knowledge base of the core concepts, principles, theory and research of health promotion and its application in practice.

A health promotion practitioner is able to demonstrate knowledge of:

- The concepts, principles and ethical values of health promotion as defined by the Ottawa Charter for Health Promotion (13) 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.

1. Enable Change

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

A health promotion practitioner is able to:

1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities

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

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

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

1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities.

2. Advocate for Health

Advocate with, and on behalf of, individuals, communities and Organizations to improve health and well-being and build capacity for health promotion action.

A health promotion practitioner is able to:

2.1 Use advocacy strategies and techniques which reflect health promotion principles

2.2 Engage with and influence key stakeholders to develop and sustain health promotion action

2.3 Raise awareness of and influence public opinion on health issues

2.4 Advocate across sectors for the development of policies, guidelines and procedures which impact positively on health and reduce health inequities

2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action.

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:

3.1 Engage partners from different sectors to contribute actively to health promotion action

3.2 Facilitate effective partnership working which reflects health promotion values and principles

3.3 Build successful partnerships through collaborative working, mediating between different sectoral interests

3.4 Facilitate the development and sustainability of coalitions and networks for health promotion action.

4. Communication

Communicate health promotion action effectively, using appropriate techniques and technologies for diverse audiences.

A health promotion practitioner is able to:

4.1 Use effective communication skills including written, verbal, non-verbal, and listening skills

4.2 Use information technology 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 Organizations to improve health and reduce health inequities.

5. Leadership

Contribute to the development of a shared vision and strategic direction for health promotion action.

A health promotion practitioner is able to:

5.1 Work with stakeholders to agree a shared vision and strategic direction for health promotion action

5.2 Use leadership skills which facilitate empowerment and participation including team-work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem solving

5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities

5.4 Incorporate new knowledge to improve practice and respond to emerging challenges in health promotion

5.5 Contribute to mobilizing and managing resources for health promotion action

5.6 Contribute to team and Organizational learning to advance health promotion action.

6. Assessment

Conduct assessment of needs and assets in partnership with stakeholders, in the context of the political, economic, social, cultural, environmental, behavioural and biological determinants that promote or compromise health.

A health promotion practitioner is able to:

6.1 Use participatory methods to engage stakeholders in the assessment process

6.2 Use a variety of assessment methods including quantitative and qualitative research

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.

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:

7.1 Mobilize, support and engage the participation of stakeholders in planning health promotion action

7.2 Use current models and systematic approaches for planning health promotion action

7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets

7.4 Develop and communicate appropriate, realistic and measurable goals and objectives for health promotion action

7.5 Identify appropriate health promotion strategies to achieve agreed goals and objectives.

8. Implementation

Implement effective and efficient, culturally sensitive and ethical health promotion action in partnership with stakeholders.

A health promotion practitioner is able to:

8.1 Use ethical, empowering, culturally appropriate and participatory processes to implement health promotion action

8.2 Develop, pilot and use appropriate resources and materials

8.3 Manage the resources needed for effective implementation of planned action

8.4 Facilitate programme sustainability and stakeholder ownership of health promotion action 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.

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:

9.1 Identify and use appropriate health promotion evaluation tools and research methods

9.2 Integrate evaluation into the planning and implementation of all health promotion action

9.3 Use evaluation findings to refine and improve health promotion action

9.4 Use research and evidence-based strategies to inform practice

9.5 Contribute to the development and dissemination of health promotion evaluation and research processes.

THE COMPHP CORE COMPETENCIES FRAMEWORK HANDBOOK

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THE CompHP PROFESSIONAL STANDARDS FOR HEALTH PROMOTION HANDBOOK

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INTRODUCTION

The CompHP Professional Standards build on the CompHP Core Competencies Framework for Health Promotion (1). The CompHP Professional Standards were developed using a consensus-building process with key stakeholders in European health promotion. The development process, which is described in full in a report (2), may be summarised as follows:

- A review of the international and European literature on how professional standards for health promotion and other occupations and disciplines are developed and used
- 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 Europe
- Advice from CompHP Project Partners and an International Expert Advisory Group
- Online consultation with health promotion practitioners, academics, policy makers and employers.

The CompHP Professional Standards for Health Promotion were revised following each stage of consultation and are therefore the result of an extensive and wide-ranging stakeholder engagement process.

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

The health promotion professional standards can be used for a range of purposes and in a variety of settings by individual health promotion practitioners, employing organizations, education and training providers and the general public, for example:

Individual practitioners:

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

Employing organizations:

- Providing the basis for recruitment, selection and ongoing assessment of health promotion practitioners
- Ensuring that there are clear guidelines for employers and Organizations 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 to develop appropriate job descriptions
- Promoting better communication and teamwork in multidisciplinary and multisectoral settings by providing a common language and shared understanding of the key concepts and practices used in health promotion.

Education and training providers:

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

The general public:

- Providing assurance that services delivered by health promotion practitioners are safe and effective.

DEVELOPING THE CompHP PROFESSIONAL STANDARDS FOR HEALTH PROMOTION

The CompHP Professional Standards for Health Promotion were derived from the CompHP Core Competencies Framework (1) and are designed to form the basis for the CompHP Pan-European Accreditation Framework for Health Promotion (3).

The challenge for this part of the Project was to develop and present professional standards in such a way that they could 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 capable of being used consistently across varying settings and geographical regions while retaining the terms used in the CompHP Core Competencies (1) in describing the knowledge, abilities, skills and values for health promotion practice.

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).

Educational standards define what a learner needs to learn to be effective in employment, while assessment standards demonstrate what the learner has learnt and is competent to carry out in employment. In order to draw these different perspectives together, outcome-oriented learning 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 from very detailed standards to be used as performance criteria to more general statements which describe the learning outcomes from a qualification (10, 11). In order to unify the diverse qualifications systems and frameworks across Europe, the European Qualifications Framework (EQF)[4] 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 (12).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 CompHP Project, as with some other professions, allows for entry level to be set at either graduate or postgraduate levels. The EQF descriptors for the types of knowledge, skills and competency at these levels have informed the CompHP Professional Standards and in particular the performance criteria for assessment. Standards frameworks also vary in respect of the 'target level' of the standards, which is the proportion of the standards the learner/practitioner is aiming to achieve that is sufficient for assessment (13). 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 must be met to be awarded the qualification or accreditation. For the CompHP Professional Standards for Health Promotion it was decided that all the standards must be met for the health promotion practitioner or the training course to be accredited.

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 CompHP 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
- 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

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 (14) 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 listed in summary form in Appendix 2. Some descriptive examples of the types of evidence that can be used to demonstrate the performance criteria and achievement of the standard are also provided in Appendix 3.

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 prioritizes the needs of those experiencing poverty and social marginalisation. It acts on the political, economic, social, cultural, environmental, behavioural and biological determinants of health and well-being. A health promotion practitioner ensures that health promotion action is beneficial and causes no harm, and is honest about what health promotion is, and what it can and cannot achieve. In all areas of health promotion practice he/she acts professionally and ethically by:

Knowledge, skills and performance criteria

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

Recognize 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 • Ability to be proactive in addressing ethical issues in an appropriate way (e.g. challenging others' unethical practice)
Act in ways that:	• Acknowledge and recognize 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 • Recognizing 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 organizations to build capacity for health promoting action to improve health and reduce health inequities.

A health promotion practitioner is able to:

Competency Statement:	Core Knowledge and Skills required:	Performance Criteria — evidence provided either from documentation, or assessment during work or study, of practitioner's ability to:
1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities

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

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

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

1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities | **Knowledge**
• Determinants of health and health inequities
• Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork
• Theory and practice of community development including: equity, empowerment, participation and capacity building
• Knowledge of strategy and policy development and how legislation impacts on health
• Health promotion models
• Health promotion settings approach
• Behavioural change techniques for brief advice / interventions
• Organizational theory
• Theory and practice of Organizational development and change management
• Understanding of social and cultural diversity

Skills
• Partnership building and collaborative working
• Behavioural change techniques
• Organizational development
• Change management
• Community development including empowerment, participation and capacity building
• Ability to work with: individuals and groups defined by geography, culture, age, setting, or interest, and those in own/other Organizations/sectors | **1a.** Contribute to collaborative work with stakeholders across specified sectors that aims to influence policies or services to improve health and reduce health inequities.

1b. Demonstrate an ability to select appropriate change management and Organizational 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.

1c. Select and use appropriate community development approaches for a specified community, and show how the methods used can lead to strengthened participation ownership and health promotion capacity.

1d. Use appropriate behavioural change techniques for 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. |

Standard 2. Advocate for health

Advocate with, and on behalf of individuals, communities and Organizations to improve health and well-being and build capacity for health promotion action.

A health promotion practitioner is able to:

Competency Statement:	Core Knowledge and Skills required:	Performance Criteria — evidence provided either from documentation, or assessment during work or study, of the practitioner's ability to:
2.1 Use advocacy strategies and techniques which reflect health promotion principles

2.2 Engage with and influence key stakeholders to develop and sustain health promotion action

2.3 Raise awareness of and influence public opinion on health issues

2.4 Advocate for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities

2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action | **Knowledge**
• Determinants of health
• Advocacy strategies and techniques
• Methods of stakeholder engagement
• Health and well-being issues relating to a specified population or group
• Theory and practice of community development including: empowerment, participation and capacity building
• Knowledge of strategy and policy development

Skills
• Use of advocacy techniques
• Working with a range of stakeholders
• Facilitation
• Community development including empowerment, participation, capacity building and equality impact assessment
• Ability to work with: individuals and groups defined by gender, social and economic status, geography, culture, age, setting, or interest; and those in own/other Organizations/sectors | **2a.** Show how advocacy strategies can be used in a specified area for health promotion action, and demonstrate how they reflect health promotion principles.

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

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 well-being issues.

2d. Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and well-being needs. |

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:

Competency Statement:	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner's ability to:
3.1 Engage partners from different sectors to actively contribute to health promotion action **3.2** Facilitate effective partnership working which reflects health promotion values and principles **3.3** Build successful partnership through collaborative working, mediating between different sectoral interests **3.4** Facilitate the development and sustainability of coalitions and networks for 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, Organizations and agencies • Principles of effective intersectoral partnership working **Skills** • Stakeholder engagement • Collaborative working • Facilitation and mediation • Communication skills • Ability to work with: stakeholders from community groups and Organizations; and partnerships, coalitions or networks for health improvement; public and private sector and civil society • Networking	**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. **3b**. Identify the range of relevant stakeholders/partners in a specified area or setting, and show how they are engaged actively in health promotion action. **3c**. Show how different sectoral interests in a specified partnership, coalition or network are identified and acted upon, and demonstrate own role in mediating between sectors.

Standard 4. Communication

Communicate health promotion actions effectively using appropriate techniques and technologies for diverse audiences.

A health promotion practitioner is able to:

Competency Statement:	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner's ability to:
4.1 Use effective communication skills including written, verbal, non-verbal, listening skills and information technology **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 Organizations to improve health and reduce health inequities	**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 Organizations 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.

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:

Competency Statement:	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner's ability to:
5.1 Work with stakeholders to agree a shared vision and strategic direction for health promotion action **5.2** Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision making, facilitation and problem solving) **5.3** Network with and motivate stakeholders in leading change to improve health and reduce inequities **5.4** Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in health promotion **5.5** Contribute to mobilizing and managing resources for health promotion action **5.6** Contribute to team and Organizational learning to advance health promotion action	**Knowledge** • Theory and practice of effective leadership • Including teamwork, negotiation, motivation, conflict resolution, decision making, facilitation and problem solving • Management and Organizational development theory • Strategy development • Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, decision making, teamwork, stakeholder engagement, networking • Principles of effective intersectoral partnership working • Emerging challenges in health and health promotion • Principles of effective human and financial resource management and mobilization **Skills** • Stakeholder engagement/networking • Collaborative working skills • Facilitation • Ability to motivate groups and individuals towards a common goal • Resource management	**5a.** Identify and mobilize leaders within the community, showing how they are engaged and motivated to agree a shared vision and strategic direction. **5b.** Demonstrate use of own leadership skills in e.g. teamwork and decision-making describing own role in a specified area of health promotion action. **5c.** Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of health promotion action. **5d.** Demonstrate how resources were mobilized for a specified health promotion action, and show an understanding of the principles of effective management of staff and/or budgets for health promotion.5e. Reflect on own practice, and show how this contributes to team and/or Organizational learning to advance health promotion action.

Standard 6. Assessment

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

Competency Statement:	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner's ability to:
6.1 Use participatory methods to engage stakeholders in the assessment process **6.2** Use a variety of assessment methods including quantitative and qualitative research methods **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	**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 **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/Organizations; partnerships, coalitions or networks for health improvement; information/data analysts and/or researchers	**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. **6b.** Select appropriate qualitative and quantitative methods for use in a specified assessment process. **6c.** Identify, collect, critically appraise and analyze 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.

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:*		
Competency Statement:	**Core Knowledge and Skills required:**	**Performance Criteria** — evidence provided either from documentation, or assessment during work or study, of the practitioner's ability to:
7.1 Mobilize, support and engage the participation of stakeholders in planning health promotion action **7.2** Use current models and systematic approaches for planning health promotion action **7.3** Develop a feasible action plan within resource constraints and with reference to existing needs and assets **7.4** Develop and communicate appropriate, realistic and measurable goals and objectives for health promotion action **7.5** Identify appropriate health promotion strategies to achieve agreed goals and objectives	**Knowledge** • Use and effectiveness of current health promotion planning models and theories • Principles of project/ programme management • Principles of resource management and risk management **Skills** • Use of health promotion planning models • Analysis and application of information about needs and assets • Use of project/programme planning and management tools • Ability to work with: groups and communities targeted by the health promotion action; stakeholders and partners	**7a.** Identify the range of relevant stakeholders/partners in a specified area, and devise ways through which their support and participation is engaged in planning health promotion action. **7b.** Present a rationale for the selection and use of appropriate health promotion planning model(s). **7c.** Develop 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; measurable goals.

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:*		
Competency Statement:	**Core Knowledge and Skills required:**	**Performance Criteria** — evidence provided either from documentation, or assessment during work or study, of the practitioner's ability to:
8.1 Use ethical, empowering, culturally appropriate and participatory processes to implement health promotion action **8.2** Develop, pilot and use appropriate resources and materials **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	**Knowledge** • Principles of project/ programme management • Principles of effective human and financial resource management including performance management and risk management • Theory and practice of programme implementation • Understanding social and cultural diversity • Quality assurance, monitoring and process evaluation • Theory and practice of community development including: empowerment, participation and capacity building **Skills** • Use of participatory implementation processes • Use of project/programme management tools • Resource management • Collaborative working • Ability to work with: groups and communities participating in the health promotion action; stakeholders and partners; team members • Monitoring and process evaluation	**8a.** Develop and pilot resources and materials for a specified health promotion action identifying the participatory processes used and demonstrating how they are culturally appropriate and empowering. **8b.** Identify the human and financial resources required for the implementation of a specified health promotion action, and demonstrate responsibility for efficient use of resources either as part of own role or collaboratively with others. **8c.** Identify the range of relevant stakeholders/partners for a specified health promotion action, and show how collaboration is developed and sustained. **8d.** Identify the information required to monitor the quality of the implementation process, and show how it is collected, analyzed and used to maintain quality.

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:

Competency Statement:	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner's ability to:
9.1 Identify and use appropriate health promotion evaluation tools and research methods **9.2** Integrate evaluation into the planning and implementation of all health promotion action **9.3** Use evaluation findings to refine and improve health promotion action **9.4** Use research and evidence-based strategies to inform practice **9.5** Contribute to the development and dissemination of health promotion evaluation and research processes	**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 **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	**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.** Analyze 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.

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APPENDICES

APPENDIX 1
The European Qualification Framework (EQF)

The EQF is divided into 8 levels, where level 6 is equivalent to graduate (Bachelor) and level 7 to postgraduate (Masters) qualifications.

Table 1. Descriptors for the knowledge, skills and competencies for learning outcomes at levels 6 & 7 of the European Qualifications Framework (EQF)

Learning outcomes	Knowledge	Skills	Competence
Level 6 EQF	Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles	Advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialized field of work or study	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
Level 7 EQF	Highly specialized 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	Specialized problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields	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

APPENDIX 2

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 summarized below. Course planners will need to adapt these to the level of the qualification and the learning needs of the group, and ensure they are presented in the context of the standards.

Health and well-being

- The determinants of health and health inequities
- Health and well-being 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, Organizations 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 Organizational 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 how the performance criteria can be evidenced
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 which would demonstrate flexibility in the application of the standards whilst ensuring that they are robust.

Performance criterion 1a

Contribute to collaborative work, with stakeholders across specified sectors, that aims to influence policies or services to improve health and reduce health inequities.

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' as purely theoretical understanding would not be sufficient.

Performance criterion 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

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 analyze 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, analyze 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. Recognizing 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.

THE CompHP PAN-EUROPEAN ACCREDITATION FRAMEWORK FOR HEALTH PROMOTION HANDBOOK

Authors

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INTRODUCTION

The goal of the CompHP Pan-European Accreditation Framework is to promote quality assurance and competence in health promotion through a Europe-wide accreditation system, which is designed to be flexible and sensitive to different contexts while maintaining robust and validated criteria. The Framework is designed to provide a validated mechanism for assuring quality in practice, education and training and a foundation for capacity development in Europe based on shared concepts and a formalized system of professional recognition.

The Framework outlines the systems and processes for the accreditation of health promotion practitioners and health promotion education and training, together with the structures and roles of the accrediting Organizations at national and European levels.

The Framework is based on the CompHP Core Competencies Framework for Health Promotion (1) and the CompHP Professional Standards (2) and was informed by testing undertaken in academic (3) and practice (4) settings.

Rationale for Developing the CompHP Pan-European Accreditation Framework for Health Promotion

The CompHP Accreditation Framework was developed in response to the need for a quality assurance system to unify and strengthen the health promotion workforce in Europe. The health promotion workforce is at different stages of development with varying levels of professional identity, education and career development within and across European countries. The development of the Framework was also driven by recognition that, while quality assurance issues for practice, education and training have been identified within health fields across Europe, few were evident in health promotion. There was, for example, no agreed Europe-wide accreditation system to assure quality standards in reaching the health promotion goals identified in European Union health strategies (5) or to support the trans-national recognition of professional qualifications as the basis for free movement and employment across the European Member States (6).

An impetus for the accreditation of academic courses within the CompHP Framework was also provided by the Bologna Declaration (7), which encourages European cooperation in quality assurance of higher education with a view to developing comparable criteria. The Framework has developed and tested criteria for accreditation of full courses in health promotion in a wide range of academic settings across Member States (3).

Definitions and Context

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

Through registration within the accreditation system, individual health promotion practitioners make a commitment to quality practice based on agreed competency-based professional standards. Education and training providers promote quality in health promotion through provision of courses and programmes that meet the agreed quality standards.

In the Framework, the term 'accreditation' applies to the whole quality system and to the process of recognizing education and training courses. The terms 'registration/registered' apply to the process by which individual practitioners are recognized as meeting agreed criteria.

The definitions of accreditation used in this Handbook are:

- **Accreditation of education and training courses** is the process of evaluating courses to determine whether they meet agreed criteria based on the CompHP Core Competencies, Professional Standards and as outlined in this Handbook. A qualification arising from a course which is accredited is recognized as meeting the agreed criteria and is the basis for initial and ongoing registration of practitioners.

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

- **Accreditation Organizations** are those with the power to make decisions about the status, legitimacy or appropriateness of:
      - an individual practitioner to practice to agreed quality standards
      - education and training courses in meeting agreed quality standards.

A health promotion practitioner, for the purpose of the CompHP Project, is defined as a person who holds a graduate or postgraduate qualification in health promotion or a related discipline[5], and whose main role and function is health promotion as described by the Ottawa Charter (8).

While job titles and academic course titles in different countries across Europe may not always include the term 'health promotion', the Framework is designed to be relevant to all practitioners whose main role reflects the health promotion as defined in the Ottawa Charter (8) and successive WHO charters and declarations (9-14) to promote health and reduce health inequities by:

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

Providers of education and training in health promotion are defined as those academic (and in some countries vocational) Organizations which offer courses with health promotion as defined by the Ottawa Charter (8) and successive charters and declarations (9-14) as the core content.

Health promotion practice is defined as work which reflects health promotion as defined in the Ottawa Charter (8) and successive charters and declarations (9-14) to promote health and reduce health inequities by:

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

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

As the CompHP Accreditation Framework is a voluntary system, it focuses on professional competence only. Practitioners and providers of education and training are therefore expected to meet all the requirements detailed in the Framework together with other legal and professional requirements as specified within their country and/or as required by specific working environments (e.g. clearance for working with children or vulnerable people, etc.).

The Framework also operates within the overall context of academic accreditation in Europe (3). The accreditation of courses within the Framework, therefore, requires that education and training providers must demonstrate that they are fully compliant with all national accreditation requirements and are formally recognized as accredited providers.

The practitioner registered within the Framework will be eligible to use the title 'European Health Promotion Practitioner' (EuHP) and approved courses can be formally described as 'CompHP accredited' on course literature etc.

It is important to note that the CompHP Accreditation Framework concerns professional accreditation on a voluntary basis but it could form the basis for the development of a regulated profession in the future.

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[5]Including, for example, public health, health education, 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 appropriate. The Framework offers a time-limited registration route for those not meeting these educational criteria.

Developing the CompHP Pan-European Accreditation Framework

The CompHP Accreditation Framework draws on several sources, including a Europe-wide scoping study on health promotion capacity (15) and a feasibility study on the implementation of accreditation for health promotion in Europe (16). It was also informed by reviews of existing accreditation systems for health promotion in Europe, in particular a comparison of those in place in Estonia, the Netherlands and the UK (17).

The Framework also built upon global developments in competency-based approaches to health promotion, for example, the Galway Consensus Conference Statement (18), which referred to the need to develop competency-based quality assurance systems. Based on these sources and on the agreed CompHP Core Competencies (1) and Professional Standards (2) the development process for the Framework took a multiple-method approach to facilitate a consensus-building process with key stakeholders in European health promotion. A full report on the development process is available (19) and the main stages may be summarized as:

- A Literature Review on accreditation in health promotion and related fields and a comparison of systems (17)
- An initial draft Accreditation Framework based on findings from the literature review and consultation with Project Partners
- An online survey on the initial draft Accreditation Framework undertaken with health promotion experts from across Europe
- Focus groups with health promotion experts and other key stakeholders from across Europe
- Testing in academic and practice settings (3,4)
- Consultation with health promotion stakeholders across Europe using a web-based consultation process.

The CompHP Project Partners and the International Expert Advisory Group advised on each stage of the development process. The Framework is, therefore, the result of wide-ranging consultation and testing processes and draws on the international and European literature.

Using the CompHP Pan-European Accreditation Framework

The Framework is designed for use by:

- European and National Accreditation Organizations in developing and maintaining a Pan-European Accreditation System for Health Promotion for individual practitioners and education and training courses.
- Health promotion practitioners and providers of education and training in health promotion in applying for, attaining and maintaining European registration and accreditation in health promotion.

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

While the purpose of accreditation for health promotion is to provide a validated, agreed and recognized framework for quality assurance in health promotion practice in Europe, it is recognized that health promotion is at different stages of development across Europe. Some countries may currently not have the resources or infrastructure required to develop and maintain accreditation processes. For these countries, the CompHP Core Competencies Framework (1) may be used as stand-alone document, or in conjunction with the CompHP Professional Standards (2), as the basis for quality assurance for practice and the provision of education and training.

For those countries that are ready to participate in a pan-European accreditation system the Framework can be used to:

- Form the basis for all aspects of quality assurance in health promotion practice and in education and training
- Ensure accountability to the public through the accreditation of practitioners
- Ensure that courses offered by providers of education and training are validated and awards are based on agreed criteria
- Facilitate movement of employment across roles, Organizations, regions and countries through the use of recognized qualifications and accreditation
- Add to greater recognition and visibility of health promotion and the work done by health promotion practitioners
- Provide a reference point for employers in recruitment and selection
- Ensure that there are clear and agreed guidelines and quality standards for the knowledge, skills and values needed to practice effectively and ethically.

Quality Concepts and Principles Underpinning the CompHP Pan-European Accreditation Framework

The CompHP Accreditation Framework is based on key principles which reflect its emphasis on quality and a commitment to the public and to the health promotion community:

Voluntary: The Framework comprises a voluntary system, based on the agreed CompHP Core Competencies and Professional Standards.

Owned by the Profession: The Framework is premised on the ownership of the system and its processes by the professional health promotion community in Europe, which is expressed by practitioners and education providers when they obtain and maintain accreditation. Ownership by the health promotion community is also embodied in the National and European Accreditation Organizations as its representatives.

Relevant: The Framework is designed to be relevant to the European context and is based on wide-ranging consultation and testing and on agreed core competencies and professional standards for health promotion practice.

Flexible and sensitive to differing contexts: The Framework is designed to be flexible and sensitive to diverse health promotion, quality assurance systems and educational infrastructures across Europe while being robust and practical.

Practical and feasible: The Framework aims to be practical and feasible by making efficient and effective use of limited resources, for example by using a web-based registration system.

Robust: The Framework is robust as it underwent intensive consultation and is based on the CompHP Core Competencies and Professional Standards which were developed through consensus building with key health promotion stakeholders across Europe and have been endorsed at national and European levels.

Transparent and objective: The Framework has been developed, and will be implemented, using processes that are transparent and objective so that the requirements for accreditation and registration and how decisions and assessments are made are clear and understandable.
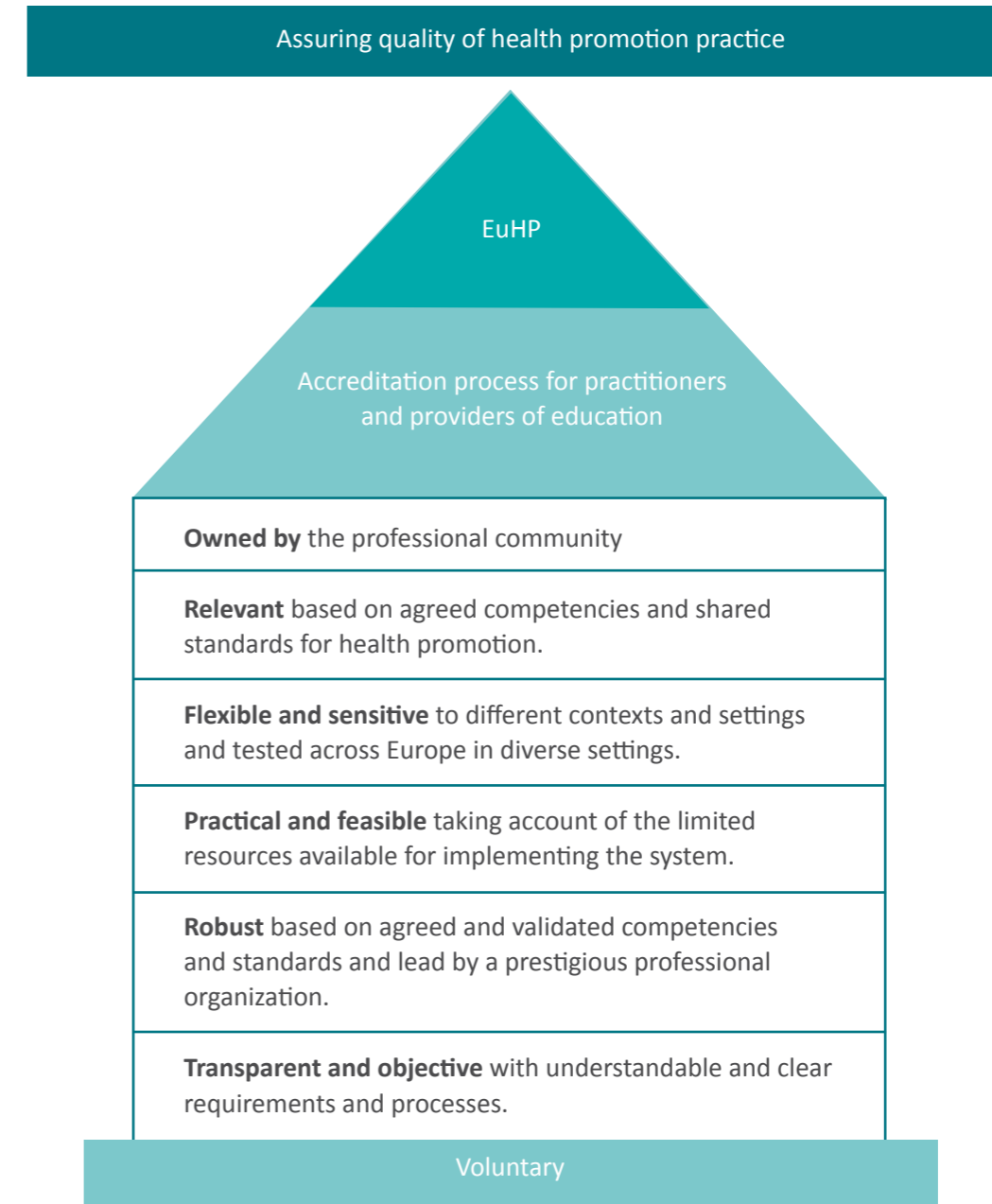

Figure 1 Quality principles underpinning the CompHP Accreditation Framework

ACCREDITATION ORGANIZATIONS

European and National level accreditation Organizations

The Framework describes a system of devolved accreditation by an accreditation Organization at national level which has been approved by a European Accreditation Organization. The processes and relationships of the accreditation system for practitioners at national and European levels are illustrated in Figure 2.

Within the Framework, accrediting Organizations make decisions about eligibility of courses or practitioners to become and remain accredited/registered, and they keep records of decisions and registers of those accredited.

The European Accreditation Organization (EAO) is central to the Framework and will approve National Accreditation Organizations (NAOs) provided that they meet the requirements specified in this Handbook.

Apart from administrative procedures and maintaining a register, the core task of the European Accreditation Organization is to assess whether National Organizations are following procedures and fulfilling criteria of the European Framework and are, therefore, approved to grant accreditation at the European level. The process for approving the NAOs will include:

- Evidence of ability to establish and maintain systems/committees, etc. as required to fulfil CompHP Accreditation Framework systems
- Evidence of ability to perform required tasks i.e. financial management, maintaining registers, etc.
- Formal acceptance of the CompHP Ethical Principles
- Formal acceptance of the criteria for accreditation/registration as indicated in the CompHP Accreditation Framework
- Formal application for recognition to the EAO.

A revocation/cancellation policy following the same principles as that for practitioners and courses will apply to NAOs.

The EAO will work with the NAOs to establish a national register based on the CompHP Core Competencies (1) and Professional Standards (2) and other criteria as outlined in this Handbook and will also maintain a Europe-wide register of registered individual practitioners and accredited full courses. The key role of the NAOs will be to manage and maintain the national registration of practitioners and the accreditation of CPD activities within their country.

While it is recognized that there may not be an accreditation Organization in all European countries, particularly in the early stages of implementation, the Framework is premised on all participating countries having an NAO. The NAO may be a professional association, an established national accreditation Organization, or other type of Organization depending on the national context. It will also be possible to form an accreditation Organization comprising a number of countries based on either geographic proximity or mutual interests, particularly for those countries with limited health promotion infrastructure. Where there is no NAO, health promotion practitioners and providers of education and training courses can apply directly to the EAO for registration/accreditation.

The EAO will work with national health promotion stakeholders to advocate for the development of NAOs.

The national and European registers will contain the details of all practitioners and education and training courses that have been assessed as meeting the requirements specified in the CompHP Framework and have paid the required fee.

Full courses of education as outlined in this Handbook will be accredited by the EAO while CPD activities will usually be accredited by the NAOs where possible.
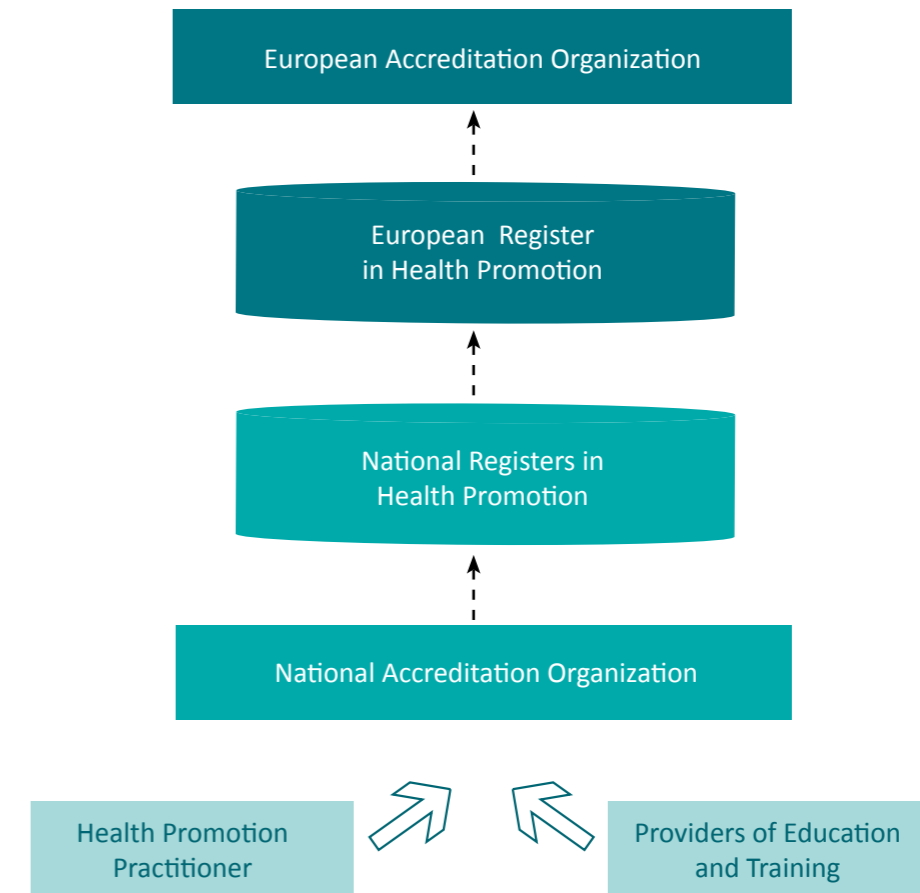

Figure 2 Basic elements of the CompHP Accreditation Framework

REGISTRATION AND ACCREDITATION

Registration of Health Promotion Practitioners

Initial Registration

A health promotion practitioner will normally register first at the national level and will then seek registration at the European level through the NAO. Registration at the European level will lead to the professional title EuHP (European Health Promotion Practitioner). If there is no NAO the practitioner may apply directly to the EAO for registration.

The main elements for registration of health promotion practitioners are:

- Initial registration requirements
- Re-registration based on agreed criteria for Continuing Professional Development (CPD).

Requirements for initial registration

There are two types of applicants eligible for initial registration within the CompHP Pan-European Accreditation Framework:

- Health promotion practitioners with a graduate (Bachelor) or postgraduate (Masters) qualification from a health promotion course, which is accredited within the CompHP Accreditation Framework, are eligible for registration upon presenting evidence of graduation.

- Health promotion practitioners with a graduate (Bachelor) or postgraduate (Masters) qualification from a health promotion course which is not accredited within the CompHP Framework or from a course in a relevant other discipline[6] are eligible for registration if they have a minimum of two years work experience in health promotion practice[7] in the preceding five years. These practitioners will have to show evidence that they meet the criteria defined in the CompHP Core Competencies and Professional Standards for Health Promotion by completing a self-evaluation form and providing appropriate references.

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[6]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 appropriate.

[7]For example, if a practitioner is currently unemployed or on parental or other leave, they can still apply provided they have 2 years work experience in health promotion practice in the past 5 years.

For a limited period (three years) from the establishment of the CompHP Pan-European Accreditation Framework, health promotion practitioners without a graduate (Bachelor) or postgraduate (Masters) qualification are eligible for registration without meeting the educational requirements if they have a minimum of three years of work experience in health promotion practice[8] in the preceding five years. Such practitioners will have to show evidence that they meet the criteria defined in the CompHP Core Competencies and Professional Standards for Health Promotion by completing a self-evaluation form and providing appropriate references.

Re-registration for Practitioners

Re-registration for practitioners is obligatory after five years and will be based on providing evidence that the required amount of CPD activities have been completed.

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

- An active practitioner with a minimum of two years of work experience in health promotion practice[9] in the preceding five years
- Able to demonstrate 120 hours of a diversity of CPD activities in the preceding five year period.[10]

For re-registration, the health promotion practitioner must be able to demonstrate relevant work experience and should keep all evidence of CPD activities (awards, certificate of attendance, etc.) as such evidence may be requested in the re-registration process. The applicant will be required to complete a self evaluation form and provide appropriate references.

Re-registration takes place on a national level but where there is no NAO, the EAO will provide re-registration.

While the same minimum requirements will be used for re-registration in all countries, it is recognized that the process of collecting evidence of their attainment may vary.

As a minimum quality control, the relevant Accreditation Organization (EAO or NAO) will require proof of participation in CPD activities from a minimum of 20% of the practitioners in their register in each calendar year. If there is already a health promotion specific accreditation system or a related system which recognizes health promotion practitioners, the CompHP Accreditation process will follow the national levels of proof required, provided this meets or is above the minimum quality control standard above.

Credit system for re-registration

A credit points system is used in the Framework to record CPD activities as it is a measurable and transparent procedure both for the accreditation Organization and the practitioner.

Credits for a variety of common CPD activities are detailed in Table 1. The minimum level for re-registration is 120 credits in the preceding five year period where one credit equals the investment of one hour of participation in the activity. The CPD hours must be across a diversity of activities and not concentrated on one type only. The maximum number of hours allowed for each year for each CPD activity is listed in Table1[11].

Where available, the health promotion practitioner will record his or her CPD activities in an online system which will make it possible to easily monitor, check and assess whether the required levels of credit have been met.

Table 1 Sample of CPD activities with maximum credits per year

Activity	Description	Max hours per year
Course	Participating in education to increase knowledge/skills in health promotion.	20
Training	Participating in activities leading to skilled behaviour.	15
Conference	Participating in a conference focusing on health promotion.	10
Meeting	Participating in formally arranged meetings with the purpose of sharing experiences/learning on health promotion.	5
Workshop	Participating in group learning on health promotion.	5
Lecture	Giving a formal presentation on a health promotion topic.	10
Presentation / Poster	Making a formal presentation on health promotion at a conference or other formal event.	10
Peer Group	Participating in a group comprising health promotion professionals to share experiences and provide peer support.	15
Mentored practice	Gaining knowledge and/or skills through working with a health promotion mentor.	20
Publishing	Publishing an article, book chapter, or book focusing on a health promotion topic.	15
Professional Activities	Being active in a national or international health promotion professional association/Organization.	10

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[8]See above
[9]See above
[10]To make the number of hours assigned to an activity uniform across the system, the EOA will compile a list of various CPD activities and the number of hours that is the maximum for each activity each year which should be referred to by the practitioner and the NAO. (See Table 1 for an example).

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[11]Practitioners can apply for exemption from this rule in exceptional circumstances, for example if undertaking an academic qualification which means they will be focusing on educational activities to a greater extent. However, some diversity of activities will always be required.

If the practitioner wishes to use a type of CPD activity which is not listed in the Accreditation Framework, detailed information on the activity and its relevance to the CompHP Core Competencies (1) and Professional Standards (2) must be provided. The Accreditation Committee of the NAO (or EAO if relevant) will have the final decision on the relevance and acceptability of the activity.

While CPD activities will normally be accredited at national level, European or international activities can be included and may be accredited by the EAO if appropriate.

Application Process for health promotion practitioners

All applicants for initial and re-registration must submit the required application form, together with any documents required to support their application, and pay the required fee. Details of these requirements and their submission online will be available on the Accreditation Framework website.

Following successful initial application, the health promotion practitioner will be added to the national (where relevant) and European professional registers which will be updated on a regular basis. Following the formal notification of registration, the practitioner can then use the title EuHP.

Fees

Fees for registration/re-registration must accompany the application. Details of the fees payment system and relevant conditions will be available on the Accreditation website.

The assessment process for accreditation registration/re-registration may result in the practitioner being:

• Registered
• Not registered but encouraged to reapply in cases where most of the information indicates eligibility but not all criteria have been fully met (recommendations for changes required to meet the criteria will be provided)
• Denied registration based on failure to meet criteria.

An independent appeals procedure will be available to those practitioners denied entry to the register.

The steps involved in gaining and maintaining registration at a European level are presented in Figure 3.
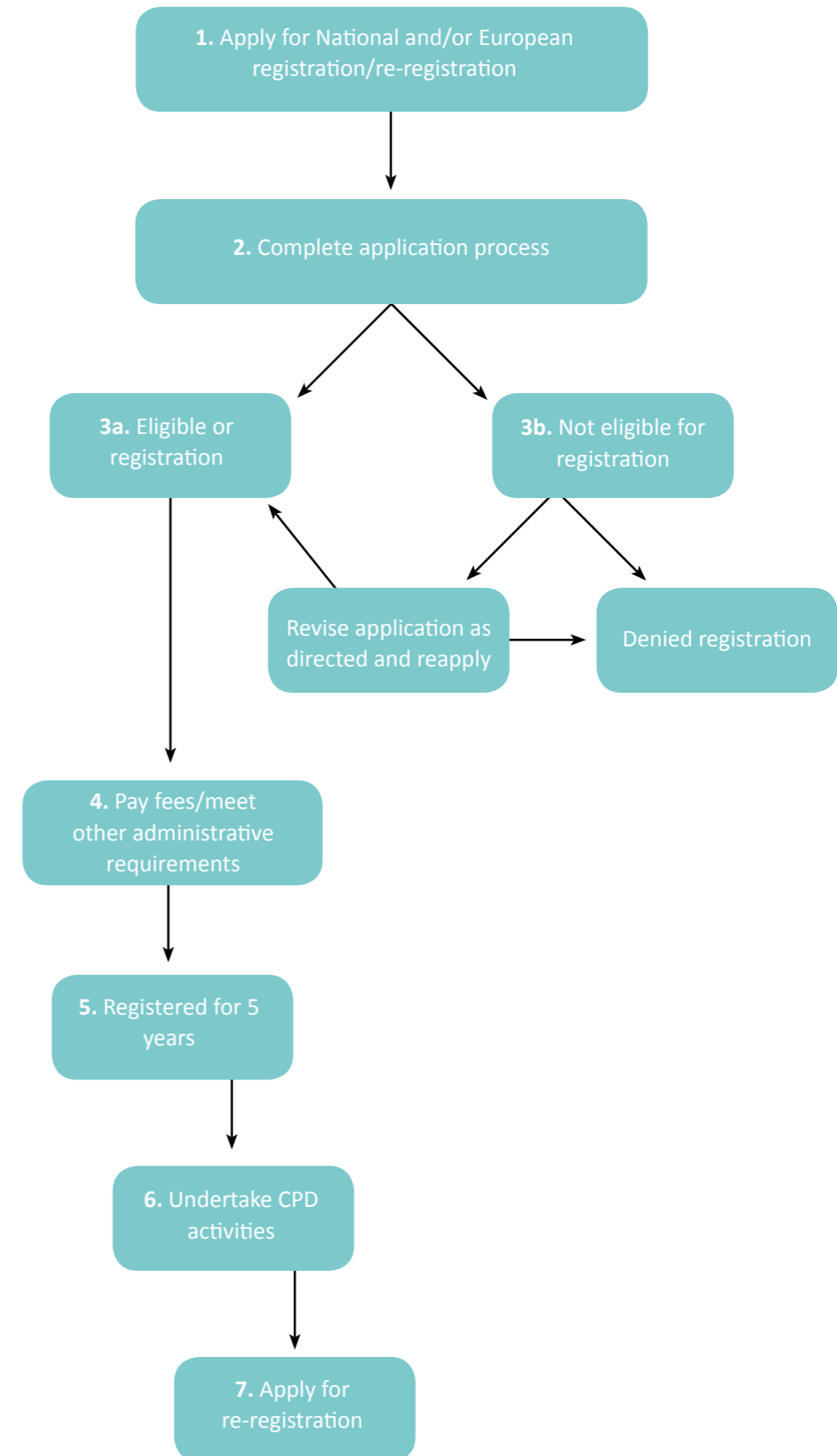

Figure 3 Registration/re-registration process for health promotion practitioners within the CompHP Pan-European Accreditation Framework

Accreditation process for education and training courses

Full academic courses

Education providers will apply to the European Accreditation Organization for accreditation of full courses[12]. It should be noted that it is the course which is accredited, not the provider. Thus, should a provider offer more than one relevant course application must be made for each separately.

The processes and relationships of the Framework at national and European level for full academic courses and CPD activities are illustrated in Figure 4.
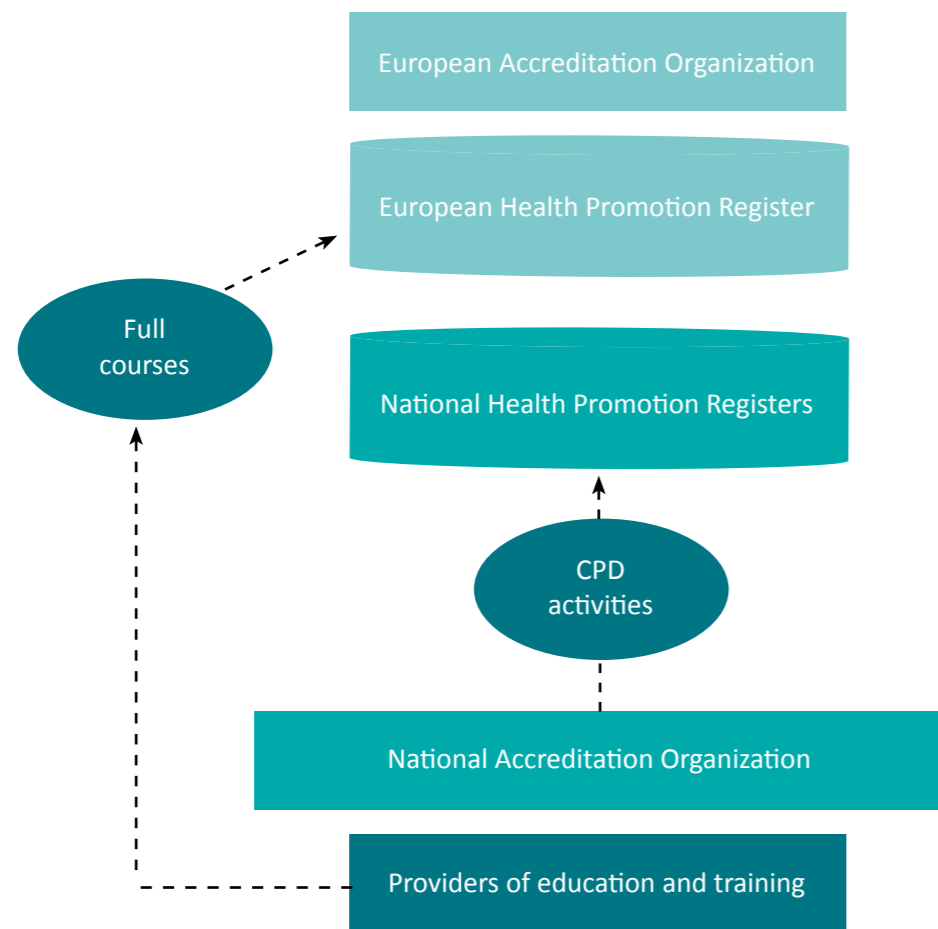

Figure 4. Basic elements of the CompHP Accreditation Framework for education and training (Full courses and CPD)

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[12]Full courses are defined as complete Bachelor (3 years) or Masters (1 or 2 years) level educational programmes that consist of different modules and which are usually offered within an academic setting.

Criteria for accreditation of full courses

To be accredited within the CompHP Framework, full courses must cover all domains of the CompHP Core Competencies Framework (1) and demonstrate how the course content will enable students to meet the performance criteria (i.e. learning outcomes) defined in the CompHP Professional Standards (2).

The provider must also provide proof of recognition/accreditation within the education quality assurance/accreditation system applicable in their country.

Application Process for full courses

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

Course providers will be required to undertake a detailed self-assessment process in which they will map the course content to the CompHP Core Competencies Framework (1) and demonstrate how the course meets the performance criteria defined in the CompHP Professional Standards (2). The provider will be asked to submit supporting documents as evidence of meeting the specified criteria and in some cases a site visit by the European Accreditation Committee may be deemed appropriate.

Details of these requirements and their submission, and of fees and conditions, will be available on Accreditation Framework website.

Following successful application, the health promotion course will be added to the national (where relevant) and European registers which will be updated on a regular basis.

The steps required to gain and maintain registration at a European level are presented in Figure 5.
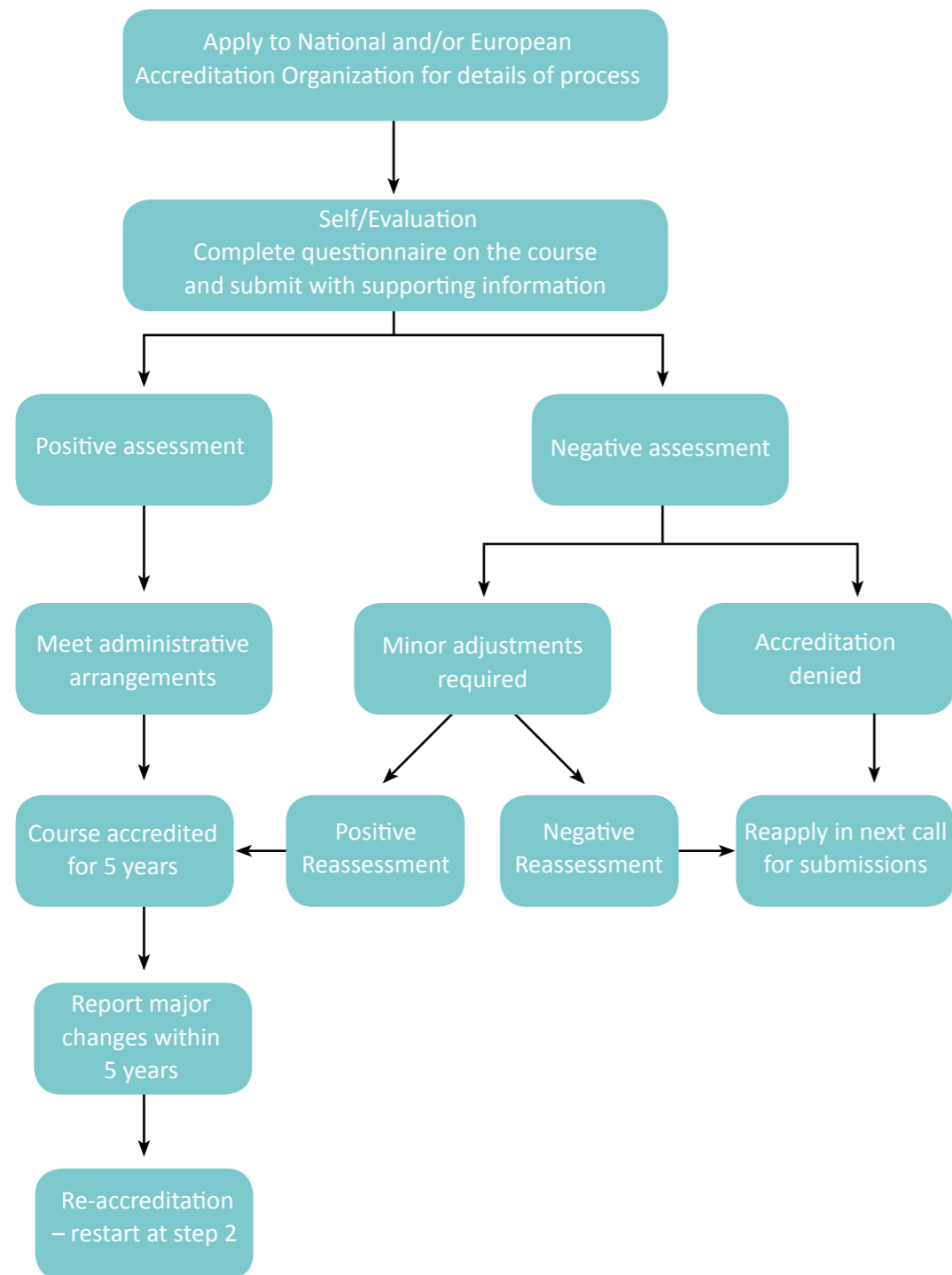
Figure 5 Flowchart of Accreditation Process for Full Courses

The assessment process for accreditation may result in the course being:

- Accredited
- Not accredited but advised to reapply within a defined period. This option will apply where it is considered that only minor adjustments to either the application or the course are required. The provider will be supplied with recommendations for the changes required to meet the criteria.
- Denied accreditation. If denied accreditation the course cannot be resubmitted for accreditation until the next call for submissions (usually a 12 month period).

As with individual practitioners, an independent appeals procedure will be available to those providers who have been denied accreditation for their course(s).

Accreditation for a course is usually for a five year period. However, if in this period there are substantial changes to the course content it will be necessary to notify the EAO and a decision will be made on whether a full re-accreditation process is required.

Accreditation of CPD activities

As noted, the accreditation of CPD activities will be mainly at national level and will, therefore, depend on the development of NAOs. Plans will be developed for the accreditation of CPD activities, as outlined below, as part of the implementation and future development of the Framework.

Further development of this process will require more detailed plans, depending on the opportunities and requirements in each country.

As it is likely to prove difficult and time-consuming to accredit all CPD activities on an individual basis, it is possible that, under certain conditions, the provider of relevant education and training may be accredited, unlike accreditation of full courses where the course and not the provider is accredited. It may, therefore, be possible that a CPD provider would be 'licensed' for specific activities based on the agreed criteria for a given period.

A checklist of the required information for accreditation of CPD activities will be made available including details of:

• Aims and learning outcomes for the course
• Details of how the course will be presented, and by whom
• Mapping of course content to the CompHP standards
• Learning outcomes related to criteria in the CompHP Standards.

Revocation/Cancellation of Registration/Accreditation
Registration of individual practitioners and course accreditation can be revoked or cancelled. Decisions on revocation and cancellation of registration/accreditation will be made jointly by the European Accreditation Organization (EAO) and the relevant National Accreditation Organization (NA0) where relevant.

Reasons for revoking or cancelling accreditation will include:

• Breach of the ethical principles and values as defined in the CompHP Core Competencies for Health Promotion Framework (1)
• Evidence of dishonesty in the application process
• Failure to pay any required fees/other costs
• Other situations as may be identified by the European and National Accreditation Organizations and which will be detailed on the Accreditation website to ensure that transparency and objectivity are maintained.

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

THE COMPHP PAN EUROPEAN ACCREDITATION FRAMEWORK

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GLOSSARY OF TERMS USED IN THE HANDBOOKS

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 (1).

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

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

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

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

Assessment Standards: Assessment standards for qualifications answer the question 'how will we know what the student has learned and is able to do in employment? They specify the object of assessment, performance criteria, and assessment methods (4).

Capacity Building: The development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion which involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in Organizations, and the development of cohesiveness and partnerships for health in communities (5).

Collaboration: A recognized relationship among different sectors or groups, which has been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by one sector or group acting alone (6).

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

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

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

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

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

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

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

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

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

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

Determinants of Health: The range of political, economic, social, cultural, environmental, behavioural and biological factors which determine the health status of individuals or populations (2).

Educational / Qualification Standards: Define the expected outcomes of a learning process leading to the award of a qualification, the study programme in terms of content, learning objectives and timetable, as well as teaching methods and learning settings and answer the question 'what does the student need to learn to be effective in employment'? (8).

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

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

Enable: Taking action in partnership with individuals or groups to empower them, through the mobilization 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 Organizations to improve their health through actions such as providing access to information on health, facilitating skills development, and supporting access to the political processes which shape public policies affecting health (2).

Equity/Inequity in Health: Equity means fairness and equity in health means that people's needs should guide the distribution of opportunities for 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, etc. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life (2). See also: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

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

European Qualifications Framework (EQF): An overarching qualifications framework that links the qualifications of different countries together and acts as a translation device to make qualifications easier to understand across different countries and systems in Europe. The EQF aims to help develop a Europe-wide workforce that is mobile and flexible, and to aid lifelong learning (9).

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

Graduate: Someone who has successfully completed a higher education programme to at least Bachelor degree level, i.e. equivalent to level 6 of the European Qualifications Framework (EQF) (9).

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

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

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

- advocacy for health to create the essential conditions for health
- enabling all people to achieve their full health potential
- mediating between the different interests in society in the pursuit of health.

These strategies are supported by five priority action areas for health promotion:

- build healthy public policy
- create supportive environments for health
- strengthen community action for health
- develop personal skills, and
- reorient health services.

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

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

Inequity: See Equity

Knowledge: The outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. In the context of EQF knowledge is described as theoretical and/or factual (9).

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

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

National Qualifications 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 (9).

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

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

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

Practitioner: see health promotion practitioner

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

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

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

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

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

Regulated Profession: A professional activity or group of professional activities, access to which, and pursuit of which, is limited by legislative, regulatory or administrative provisions to holders of a given professional qualification (17).

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

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

Skills: The ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking), or practical (involving manual dexterity and the use of methods, materials, tools and instruments) (9).

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

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

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

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

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

Target Level of Standards: Refers to minimal standards where all the standards have to be met to be awarded the qualification, average expectations where weaknesses in one area can be compensated by particular strengths in other areas and maximal standards which express best practices and represent goals to be striven for (21).

Teamwork: The process whereby a group of people, with a common goal, work together to increase the efficiency of the task in hand, see themselves as a team and meet regularly to achieve and evaluate those goals. Regular communication, coordination, distinctive roles, interdependent tasks and shared norms are important features of teamwork (22).

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

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

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

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