

Public Health Medicine

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Public Health Medicine. You will also need to read the [Public Health Medicine CCT curriculum](#).

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Introduction

This document is designed to provide helpful information and guidance to enable you to make an application in Public Health Medicine via the Portfolio pathway.

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. The Faculty of Public Health Medicine (FPH) has a [resources page](#) for the Portfolio pathway and can be contacted at educ@fph.org.uk.

Standard of assessment

The standard of assessment that Portfolio applications are assessed against is the **Knowledge, Skills, and Experience (KSE) for specialist or GP practice in the UK**.

The framework for assessing KSE reflects the Key Areas in Public Health Medicine. Acquiring specialist registration in Public Health Medicine via the Portfolio pathway depends upon you demonstrating your knowledge, skills and experience through ongoing professional work and maintenance of skill across the depth and breadth of the Key Areas, and that you can perform safely and independently for each Key Area.

Curriculum framework

The Public Health Medicine CCT curriculum is structured into 10 high-level learning outcomes, known as Key Areas (KAs). The 10 KAs relate to the three domains of Public Health Practice (health protection, health improvement, and health and care of public health) and are derived from a description of what a consultant in Public Health can do, in what setting, and how they deliver their service.

Eight of the KAs focus on the specific elements of Public Health practice. The remaining two address professional, personal and ethical development, and the ability to integrate and apply the competences gained for consultant level practice.

Public Health Medicine Key Areas

- | | |
|---|--|
| 1 | Use of public health intelligence to survey and assess a population's health and wellbeing |
|---|--|

2	Assessing the evidence of effectiveness of interventions, programmes and services intended to improve health or wellbeing of individuals or populations
3	Policy and strategy and evidence development, translation and implementation
4	Strategic leadership and collaborative working for health
5	Health promotion, determinants of health and health communication
6	Health protection
7	Health and care public health
8	Academic public health
9	Professional personal and ethical development
10	Integration and application of competences for consultant practice

Currency of evidence

Evidence of your recent practise (i.e. within the last 10 calendar years) will be given more weight as it reflects your current capabilities.

If evidence of your knowledge, skills, and experience is from more than 10 years ago, you will need to demonstrate how you are continuing to maintain them – for example, evidence of recent CPD or projects. Applicants should explain any gaps, such as career breaks or parental leave.

You should note that:

- 50% of your evidence must be from within the last 5 years of your Public Health practise
- The evidence for health protection reactive work,KA9 and KA10 must be from within the last 5 years of your public health practise before submitting your application
- One multisource feedback (MSF) or anonymised feedback must be completed within the last year of your Public Health practise before submitting your application

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

You must ensure you follow our [guidance](#) on how to present and group your evidence in the online application

Please keep the following in mind when gathering your evidence:

- Focus on providing good **quality** evidence, rather than quantity. The total number of documents presented is less important than the quality of the documents and breadth of experience. This allows the evaluators to form reliable judgements of performance and capabilities.
- Evidence of your recent practise (i.e. within the last 10 calendar years) will be given more weight. Please read FPHs' currency of evidence position on [page 4](#).
- This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed. However, some pieces of evidence are mandatory, and they are outlined under each KA.
- Your evidence must provide sufficient evidence to demonstrate knowledge, skills and experience for all KAs. If evidence is missing from any KA, then the application may fail. Applicants often submit inadequate evidence for KA6 and KA10, therefore you must ensure you understand the evidence requirements. You will not be able to compensate for shortfalls in one KA, by providing extra evidence in others.

- Your evidence must cover the range of experience and settings, and show you are able to assess and offer a first opinion in relevant settings.
- You must provide evidence of ongoing Continuing Professional Development (CPD) across all KAs and linked to a personal development plan.
- Applicants who have been released or resigned from a Public Health Medicine specialty training programme in the UK, having been unsuccessful in either the Diplomate or Final Membership examination, must provide detailed, robust and objective evidence that the knowledge and/or competences assessed in these examinations have been met. The details about exams are provided in [The Diplomate \(DFPH\) and Final Membership Examination \(MFPH\) - FPH](#)
- A public health project/work can have several relevant activities. Applicants are strongly encouraged to use the activity summary sheets to provide details of the work (as detailed on [page 7](#)).

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should gather your evidence by KA and upload it under the correct section of your online application.

You should provide sufficient evidence in respect of each KA, or the application may fail. **If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence.** Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

FPH has provided a [Mapping Matrix](#) which should be used to map your evidence against each of the KAs. You will notice that some of the suggested evidence is listed under more than one KA. This is because the evidence is relevant to more than one KA. For example a Health Needs Assessment can cover several KAs – therefore, you can use the same Health Needs Assessment across these KAs.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#). You will also be asked to nominate referees to provide structured reports.

Evidence that can be used to demonstrate competence in different Key Areas

Below is a list of evidence that is relevant to most KAs. It is not exhaustive, and you are encouraged to submit a variety of evidence. This lists the minimum number of expected evidence over 10 years. You should note that 50% of your evidence must be from within the last five years of your practise in Public Health Medicine.

Evidence type	Guidance	Indicative number
Mapping matrix	This must be provided to map your evidence against each KA. A template of the matrix is available to download on the FPH website .	N/A
Activity summary sheets	<p>These can be used to summarise work which covers several activities (e.g. written reports, DOPS etc) related to public health work or project. A template of the activity summary sheet is available to download on the FPH website.</p> <p>The template can be used to summarise the work, evidence, personal contribution, competencies achieved, reflections, and supervisor/line manager comments.</p> <p>Most of your evidence will be demonstrated through a range of examples of public health work or projects in a variety of settings where you have demonstrated and applied your skills that are expected at consultant level. There is a range of examples of public health work, some of which are provided in this SSG. Further examples can be found in the Public Health Medicine curriculum.</p>	Between 10-20
Written report	<p>Examples of written reports include:</p> <p>health needs assessment, outbreak reports, presentations, literature review, board papers, presentations, evidence review, briefings, commissioning / service specification/ policy, clinical guidance, report on development and implementation of local policies/ strategies, options appraisal, health improvement plans, action plans to address PH issues, report on development or review of a business case, responding to media queries, engagement with members of public, responding to health protection queries, responding to immunisation queries, assessment of a screening programme or changes to an existing one, evaluation of a</p>	Between 10-20

	<p>policy or a service, audit, contribution to the decision regarding an Individual Funding request, contribution to a prioritisation process, report on implementation of a change of policy or service.</p> <p>When presenting written materials as evidence towards completing KA's, applicants should clearly explain what their contribution to the work was. It may be helpful to include evidence of the work undertaken during the project as well as the final product, and to reflect on the practical aspects (challenges and learning) of undertaking and completing the work.</p>	
Direct observation of practical skills (DOPS)	<p>This workplace based assessment (WPBA) allows observation of Public Health skills. Examples of common observations could include participating in a multi-agency meeting, chairing a meeting, interacting whilst on-call, making a presentation, teaching or supervision, advocating to improve health and wellbeing outcomes.</p> <p>Outcomes from the assessment and any identified development requirements should be documented, in addition to feedback.</p>	Maximum of 10
Case based discussion (CBD)	<p>From time to time there will be situations where understanding of the components of a project or a specific issue or incident can be explored / assessed through a structured case-based discussion. This may involve the use of several resources for reference.</p> <p>Outcomes from the assessment and any identified development requirements should be documented and feedback. These should have been undertaken with senior Public Health professionals, including consultants and specialists.</p> <p>Examples of case-based discussions include specific cases or incidents during health protection attachment, on-calls, reflection on a challenging aspect of a project, findings of an analysis, leadership, stakeholder engagement, awareness of national and local policies, strengths and limitations of using public health intelligence and effectiveness of interventions, programmes and services, and influencing and negotiation.</p>	Maximum of 10
Multisource feedback (MSF) or anonymised feedback	<p>This is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>The MSF should include feedback from a range of multi-disciplinary colleagues (more than 10) and provide feedback on KA10, leadership, partnership working, professionalism and communication. Examples of MSF tools</p>	1 MSF in the last 12 months of Public

	<p>are given below. Applicants do not need to use these tools; however they provide good examples on the level of information required:</p> <ul style="list-style-type: none"> ● NHS Healthcare Leadership Model – 360° Feedback Tool ● Talent Innovations 360° Feedback tool ● Faculty of Medical Leadership and Management – 360° Feedback tool <p>Any MSFs available from the last five years should also be submitted.</p>	Health practise
Quality improvement exercises	This evidence can be used to demonstrate active involvement in audit or service development projects.	1-2 examples
Continuing Professional Development (CPD)	Evidence of compliance with CPD programme must be provided. CPDs should be across all KAs, and evidence should include 3-6 reflective notes per year which are linked to your PDP.	15 examples
Reflective diaries	<p>This is good evidence of self-reflection. Guidance on reflection can be found on the FPH website.</p> <p>It is important that the doctors provide reflections on their public health practice (through activity summary sheets) and CPD activities (templates available on the FPH website).</p>	N/A

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

Evidence of training and qualifications	
Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your PMQ.</p> <p>If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s) (SMQ)	<p>Please provide a copy of all specialist medical qualifications you hold.</p> <p>If these qualifications are from outside the UK, they must be authenticated. You must also provide the syllabus, copy of the exam results, primary evidence of the work undertaken, and any formal assessments completed during training.</p> <p>The test of knowledge in the Public Health CCT curriculum is the Diplomate Examination (DFPH). Details of this can be found here.</p> <p>Passing the FPH exams are not required for the Portfolio pathway, however applicants able to take these exams should they wish to. If you have passed UK FPH exams, please provide a copy of the results.</p> <p>If you have passed the DFPH examination within 10 calendar years, you must submit your results confirming this. This will exempt you from submitting any further evidence for the knowledge competencies.</p> <p>If you do not hold the DFPH, or you passed the DFPH more than 10 calendar years ago, you must review the knowledge requirements under each KA and provide evidence to demonstrate how your knowledge for each KA has been covered.</p> <p>The evidence must include details of the relevant syllabus you followed, what knowledge you have gained, how it is mapped to the knowledge requirements for each KA, and proof of your participation/attendance in relevant courses.</p>

	<p>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. Applicants must be aware that as no other qualifications are considered directly comparable, it will be assessed on a case by case basis and will involve the applicant to undertake an extensive level of work to be successful. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications, but different training and/or experience may not receive the same decision.</p>
Recent specialist training	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past 10 years, please provide a copy of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT in Public Health Medicine in the UK in the past ten years, you should provide a copy of your ARCPs.</p>
Other relevant qualifications / certificates	<p>You may include postgraduate qualifications if they are relevant (e.g. Masters in Public Health) or linked to the KAs (e.g. teaching, management, research methodology). You should provide copies of the certificates and course details. If these qualifications are from outside the UK, they must be authenticated.</p>

Evidence of employment in posts and duties (including training posts)

CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website .
Employment letters / contracts	<p>The information in these letters must match your CV. They should confirm the following:</p> <ul style="list-style-type: none">● dates you were in post● post title, grade, training● type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	<p>These must match the information in your CV. They will usually confirm the following:</p> <ul style="list-style-type: none">● your position within the structure of your department● your post title● your clinical and non-clinical commitment● your involvement in teaching or training.
Rotas	You should provide samples of your rotas from the last three years of your clinical or Public Health practise (or longer if you are working LTFT). These must show your weekly clinical and non-clinical commitments.
Appraisal	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals from the last three years of public health practise. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For those working in independent practice it is recommended that appraisals from the last three years of clinical practise are submitted.</p> <p>Where an applicant is not based in the UK, alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.</p>

Evidence of key supporting documents

You can see below key pieces of evidence you must submit that are relevant to most of the KAs. You should submit this evidence here and cross reference this throughout the relevant KAs.

Key supporting documents	
Mapping matrix	This must be provided to map your evidence against each KA. A template of the matrix is available to download on the FPH website
Health protection log	<p>You must provide a log of health protection reactive work. This must outline a minimum of 20 cases/queries and include examples of responding to a range of health protection incidents and communicable diseases, in addition to examples of unsupervised work. You must submit this evidence in KA 6.</p> <p>A template of the health protection log is available to download on the FPH website.</p>
MSF	<p>This is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>The MSF should include feedback from a range of multi-disciplinary colleagues (more than 10) and provide feedback on KA10, leadership, partnership working, professionalism and communication. Examples of MSF tools are given below. Applicants do not need to use these tools; however they provide good examples on the level of information required:</p> <ul style="list-style-type: none">● NHS Healthcare Leadership Model – 360° Feedback Tool● Talent Innovations 360° Feedback tool● Faculty of Medical Leadership and Management – 360° Feedback tool <p>Any MSFs available from the last five years should also be submitted.</p>

Public Health Medicine Key Areas (KAs)

The following pages list examples of how you might evidence your achievement of the knowledge, skills and experience (KSE) required for each KA. A single piece of evidence can contribute to more than one KA. The suggested evidence is not an exhaustive list, and you are encouraged to submit a variety of evidence. It is unlikely on piece of evidence will demonstrate the KSE required for a single KA completely. Further detail regarding the descriptors for the KAs can be found in the [Public Health Medicine curriculum](#).

KA 1 – Use of public health intelligence to survey and assess a population’s health and wellbeing

Aim: *To be able to synthesis data into information about the surveillance or assessment of a population’s health and wellbeing from multiple sources that can be communicated clearly and inform action planning to improve population health outcomes*

Suggested evidence

Knowledge

- Faculty of Public Health Diplomate (DFPH) – provide the result letter in the [SMQ section](#) of the application
- If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the [SMQ section](#). The evidence should cover the following elements of knowledge:
 - Populations: collection of routine and ad hoc data; demography; life-tables; population projections; population structure and fertility, mortality and migration; the significance of demographic changes for the health of the population and its need for health and related services.
 - Sources of routine mortality and morbidity data, including primary care data, collection and publication at international, national, regional and district levels; biases and artefacts in population data; methods of classifying health and disease, appreciation of the importance of consistency in definitions and (public health) language. Methods used to measure health status; notification and registration systems; data linkage within and across

datasets.

- Use of information for health service forward planning and evaluation; specification and uses of information systems; common measures of health service provision and usage; the uses of mathematical and simulation modelling techniques in health service planning; indices of needs for and outcome of services; the strengths, uses, interpretation and limitations of routine health information; use of information technology in the processing and analysis of health services information and in support of the provision of health care.
- Advanced techniques in surveillance and dissemination. Methods of trending and simulation modelling health status. Linkage of data sets; Design of knowledge management systems for both data and research literature (libraries); The role of ICT in intelligence based and evidence based decision support; Integration of clinical data systems and population based systems to reduce inequalities and improve health; Technical, legal and ethical issues relating to data security, disclosure and trust. Pseudonymisation.
- The role of information and intelligence in policy formulation and implementation, and in local clinical and public health practice.

Skills and Experience

- Up to 4 appropriate pieces of Public Health work/projects (e.g. Health Needs Assessment), demonstrating:
 - Addressing a public health question using data and intelligence by refining the problem to an answerable question or set of questions, determining the appropriate approach and applying that approach by accessing data and information from a variety of organisations and sources (local, national and / or global).
 - Applying principles of information governance for a range of organisations, and in health protection work.
 - Critically appraising the metadata, validity, relevance and complexity of data and data systems to assess their quality and fitness for purpose for answering the public health question.
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- Displaying data using appropriate methods and technologies to maximise impact in presentations and written reports for a variety of audiences.
- Using and interpreting quantitative and qualitative data, synthesising the information to inform action.
- leading a health needs assessment for a defined population for a specific purpose, use systems thinking approach (where appropriate) and presenting the recommendations at a high level in the organisation and/or senior multi-agency groups, and leading work to attempt to progress implementation of a health needs assessment.
- Using public health intelligence to understand and addressing a health inequality in a subpopulation.



To note:

- One piece of work **must** be a Health Needs Assessment on a significant topic which is led by the applicant and presented (including recommendations) at a high level in the organisation and/or senior multi-agency groups. The Health Needs Assessment and report(s) must be provided.
- You are not required to submit separate pieces of work for each descriptor. One piece of work can cover more than one or all descriptors as appropriate.

KA 2 – Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations

Aim: To be able to understand and use a range of resources to formulate and communicate evidence-based recommendations to improve population health through operational and strategic change

Suggested evidence

Knowledge

- Faculty of Public Health Diplomate (DFPH) – provide the result letter in the [SMQ section](#) of the application
- If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the [SMQ section](#). The evidence should cover the following elements of knowledge:
 - Design and interpretation of studies: skills in the design of research studies; critical appraisal of published papers including the validity of the use of statistical techniques and the inferences drawn from them; ability to draw appropriate conclusions from quantitative and qualitative research
 - Screening: principles, methods, applications and organisation of screening for early detection, prevention, treatment and control of disease.

Skills and Experience

- Up to 4 appropriate pieces of Public Health work/projects (e.g. Health Needs Assessment), demonstrating:
 - Conducting structured reviews of scientific literature relevant to questions about health and health care policy and practice, systematically locating and critically appraising the research evidence to identify strengths and limitations
 - Formulating balanced evidence-informed recommendations both verbally and in writing using appropriate reasoning, judgement and analytical skills
 - Drawing on available evidence, build consensus around a public health position, perhaps because of uncertainty, opinion imbalance or gap in knowledge and understanding. (The process of building consensus should take account

of stakeholder needs and views to facilitate system-wide leadership and change)

- Identifying the need for reviews of scientific literature to inform operational or strategic decisions about health and health care, and advocate this approach
- Defining the approach to a structured review of research to inform policy and practice
- Assessing the evidence for proposed or existing screening programmes, using established criteria
- Implementing or apply evidence-based practice, appropriately demonstrating taking account of stakeholder needs and views to facilitate system-wide leadership and change



To note:

- One piece of work **must** include assessment of the evidence for proposed or existing screening programmes, using established criteria
- One piece of work **should** demonstrate how you proactively identified evidence gaps and sought to build consensus with multiple stakeholders on issues of high complexity
- One piece of work **should** demonstrate your leadership role in the implementation of evidence to inform, service, programme and/or policy change for population health benefit
- You are not required to submit separate pieces of work for each descriptor. One piece of work can cover more than one or all descriptors as appropriate.

KA 3 – Policy and strategy development and implementation

Aim: To be able to influence and contribute to the development of policy and lead the development and implementation of a strategy

Suggested evidence	
Knowledge	<ul style="list-style-type: none">● Faculty of Public Health Diplomate (DFPH) – provide the result letter in the SMQ section of the application● If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the SMQ section. The evidence should cover the following elements of knowledge:<ul style="list-style-type: none">● Knowledge of major national and international policies and legislation relevant to public health including awareness of the roles of key domestic, bilateral and multilateral organisations.● Principal approaches to policy formation, implementation and evaluation including the relevance of concepts of power, interests and ideology.● Methods of assessing the impact of policies on health.● Theories of strategic planning
Skills and Experience	<ul style="list-style-type: none">● Up to 4 appropriate pieces of Public Health work/projects (e.g. Health Needs Assessment), demonstrating:<ul style="list-style-type: none">● Understanding of current national and international policies and strategies that affect health and wellbeing● Evaluating a situation to define a public health problem and identify objectives; outline the steps required to achieve change and prepare strategic options for action

- Carrying out an 'Options Appraisal' of alternative strategic options including consideration of political, social and technical feasibility. Write an action plan describing the key steps of your recommended approach
- Demonstrating engagement and co-production with stakeholders, including the public and representatives of the political system, throughout the development of policy, strategy, programmes of work or action plans
- Writing a strategy [action plan] to address a need for change to improve a public health or health care issue
- Leading the implementation of a strategy including demonstrating the ability to solve problems that arise during this process
- Evaluating the impact of a policy or strategy using an appropriate method, critically analysing whether desired changes have been achieved



To note:

- One piece of work **must** include leading the development and implementation of a strategy including engagement and co-production with stakeholders, and evaluation of the policy and strategy
- You are not required to submit separate pieces of work for each descriptor. One piece of work can cover more than one or all descriptors as appropriate.

KA 4 – Strategic leadership and collaborative working for health

Aim: To be able to use a range of effective strategic leadership, organisational and management skills, in a variety of complex public health situations and contexts, dealing effectively with uncertainty and the unexpected to achieve public health goals

Suggested evidence

Knowledge

- Faculty of Public Health Diplomate (DFPH) – provide the result letter in the [SMQ section](#) of the application
- If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the [SMQ section](#). The evidence should cover the following elements of knowledge:
 - Understanding individuals, teams/groups and their development
 - Motivation, creativity and innovation in individuals, and its relationship to group and team dynamics; personal management skills
 - Theories and models of management, leadership and delegation; principles of negotiation and influencing; principles
 - Theories and methods of effective communication (written and oral) including mass communication
 - The theoretical and practical aspects of power and authority, role and conflict
 - Understanding organisations, their function and structure: the internal and external organisational environments - evaluating internal resources and organisational capabilities

- Identifying and managing internal and external stakeholder interests; structuring and managing inter-organisational (network) relationships, including inter-sectoral work, showing political awareness
- Collaborative working practices and partnerships; social networks and communities of interest; assessing the impact of political, economic, socio-cultural, environmental and other external influences
- Management and change: critical evaluation principles and frameworks for managing change; issues underpinning design and implementation of performance management against goals and objectives
- Understanding of the evidence underpinning the importance of mental wellbeing and how it impacts on effectiveness of organisations

Skills and Experience

- Minimum of 4 presentations **and** written communication that have met the needs of the planned audience or individual and have increased the understanding of a Public Health issue at senior level in others. The total of 4 must include both types of communication.
- MSF / anonymised feedback
- Up to 4 appropriate pieces of Public Health work/projects (e.g. Health Needs Assessment), demonstrating:
 - Using a range of leadership styles effectively as appropriate for different settings and organisational cultures
 - Demonstrating appropriate presentation, communication and listening skills, as appropriate for the audience or individual. Communicate in a clear written format and in presentations to a number of different organisations and audiences

- Assessing, communicating and understanding the management of different kinds of risks, including health, financial, reputational and political risks
- Designing, leading and managing complex areas of work in multi -agency settings to a successful conclusion or suitable endpoint within available resources and timescale
- Demonstrating effective team working in a variety of settings, balancing the needs of the individual, the team and the task
- Demonstrating an understanding of methods of financial management and show experience of how they are used
- Handling uncertainty, the unexpected, challenge and potential or actual conflict in a sensitive and successful manner
- Using influencing and negotiating skills in a setting where you do not have direct authority to advocate for public health issue of local, national or international importance
- Working collaboratively with the media to communicate effectively with the public
- Guiding, supporting and developing staff and junior colleagues, receiving and giving constructive feedback and showing an understanding of the potential role of coaching and mentoring
- Demonstrating and applying an understanding of how mental health and wellbeing can be managed and promoted in others in a range of situations



To note:

- Evidence **must** include leadership in at least two different settings, including a multi-agency setting
 - One piece of work **must** include proactive working with the media
 - You are not required to submit separate pieces of work for each descriptor. One piece of work can cover more than one or all descriptors as appropriate.
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KA 5 – Health improvement, determinants of health, and health communication

Aim: *To be able to influence and act on the broad determinants and behaviours influencing health and wellbeing at a system, community and individual level*

Suggested evidence

Knowledge

- Faculty of Public Health Diplomate (DFPH) – provide the result letter in the [SMQ section](#) of the application
- If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the [SMQ section](#). The evidence should cover the following elements of knowledge:
 - Definitions of health (physical, mental and social)
 - Determinants of health – including impact of ethnicity culture, and discrimination on health outcomes, and the prevention paradox
 - Prevention paradox
 - Impact of culture on behaviour
 - Role of regulation, legislation and fiscal measure in promotion of health
 - Principles and practice of health promotion and education including models of behavioural change
 - Risk reduction versus harm minimisation

- Social marketing theory (diffusion of knowledge)
- Evaluation of health promotion activities including outcomes, appropriateness of different methods, limitations and strengths of RCT, alternative evaluation methods and qualitative approaches
- Ethical and political issues, and the rapid changes in these, that underly responsibility for health
- Theory and practice of community development. Strengths and weakness of community development approaches
- Practical problems of community development. Place of professional in community development
- Principles of sustainable development including the health co-benefits of climate change mitigation and adaptation
- Understanding the evidence on bio-psycho-social pathways to disease and importance of mental wellbeing as a determinant of physical health
- Behavioural or social science contributions to health improvement (psychology, sociology, policy analysis, leadership)
- Complex systems approaches

Skills and Experience

- Up to 4 appropriate pieces of Public Health work/projects (e.g. Health Needs Assessment), demonstrating:
 - Influencing or building healthy public policies across agencies, demonstrating an awareness of different social, cultural and political and religious perspectives that may influence health
 - Being an advocate for public health principles and action to improve the health of the population or subgroup

- Influencing community actions and services, by working with and empowering communities using participatory, engagement or asset-based approaches
- Influencing local services to be health promoting.
- Influencing the planning, commissioning and evaluation of specific health improvement programmes and preventative services
- Demonstrating leadership in environmental sustainability with a focus on the links to health or emergency planning and climate change



To note:

- One piece of work **must** include leading on evaluation and commissioning
- DOPS, CBDS and MSF can be used to support KA 5 – however they will not be sufficient without evidence of written reports
- You are not required to submit separate pieces of work for each descriptor. One piece of work can cover more than one or all descriptors as appropriate.

KA 6 – Health protection

Aim: To be able to identify, assess and communicate risks associated with hazards relevant to health protection, and to lead and co-ordinate the appropriate public health response.

Suggested evidence

Knowledge

- Faculty of Public Health Diplomate (DFPH) – provide the result letter in the [SMQ section](#) of the application
- If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the [SMQ section](#). The evidence should cover the following elements of knowledge:
 - Epidemiology (including microbial epidemiology), and biology (including microbiology) of communicable diseases, causes, distribution, natural history, clinical presentation, methods of diagnosis and control of infections of local and International public health importance.
 - Health and social behaviour: in relation to risk of infectious and environmental diseases.
 - Environment: environmental determinants of disease and their control; risk and hazard; legislation in environmental control; environmental monitoring; health impact assessment for potential environmental hazards, international aspects of hazard control.
 - Occupation and health, factors affecting health and safety at work.
 - Chemical incident management.
 - Communicable disease: definitions, surveillance; methods of control.

- The design, evaluation, and management of immunisation programmes.
- Outbreak investigation including the use of relevant epidemiological methods.
- Organisation of infection control.
- National and international public health legislation and its application.
- Development, commissioning and evaluation of the services required for protecting health, including sexual health, TB, immunisations, infection control, antibiotic resistance, occupational health, travel health and screening and the need for services in particular settings and in high risk groups (e.g. prisons, with asylum seekers, in dental health).

Skills and Experience

- A log of health protection reactive work. Refer to [page 13](#) for guidance.

AND

- Up to 6 appropriate pieces of Public Health work/projects (e.g. Health Needs Assessment), demonstrating:
 - Demonstrating knowledge and awareness of hazards relevant to health protection.
 - Gathering and analysing information, within an appropriate timescale, to identify and assess the risks of health protection hazards.
 - Identifying a health protection hazard; develop a management plan and advise on its implementation, with reference to local, national and international policies and guidance to prevent, control and manage identified health protection hazards
 - Understanding and demonstrating the responsibility to act within one's own level of competence and understanding and know when and how to seek expert advice and support.

- Documenting information and actions with accuracy and clarity in an appropriate timeframe.
- Demonstrating knowledge and understanding of the main stakeholders and agencies at a local, national and international level involved in health protection and their roles and responsibilities.
- Demonstrating an understanding of the steps involved in outbreak / incident investigation and management, including debrief and using lessons to improve future working, and be able to make a significant contribution to the health protection response.
- Applying the principles of prevention in health protection work and take opportunities to promote health protection actions in specific settings
- Demonstrating competence to participate, as a consultant / specialist, in an out of hours (OOH) on call rota.



To note:

- One piece of work **must** include a health protection response to an outbreak
- You must provide evidence demonstrating your understanding of the UK health protection system (via evidence of health protection work in the UK and/or CPD)
- DOPS, CBDS and MSF can be used to support KA 6 – however they will not be sufficient without evidence of written reports
- You are not required to submit separate pieces of work for each descriptor. One piece of work can cover more than one or all descriptors as appropriate.

KA 7 – Health and care public health

Aim: To be able to improve the efficiency, effectiveness, safety, reliability, responsiveness and equity of health and care services through applying insights from multiple sources including formal research, health surveillance, needs analysis, service monitoring and evaluation

Suggested evidence

Knowledge

- Faculty of Public Health Diplomate (DFPH) – provide the result letter in the [SMQ section](#) of the application
- If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the [SMQ section](#). The evidence should cover the following elements of knowledge:
 - Research methods appropriate to public health practice, including epidemiology, statistical methods, and other methods of enquiry including qualitative research methods.
 - Disease causation and the diagnostic process in relation to public health; prevention and health promotion.
 - Health information and audit methodology.
 - Medical sociology, social policy, and health economics.
 - Organisation and management of health care and health care programmes from a public health perspective.
 - Structure of health systems
 - Pathways for service integration.

- Principles, assessment, organisation and management of screening programmes.
- Ethical and legal frameworks.
- Safeguarding of children and adults
- Patient safety.
- Clinical governance.
- Quality improvement methodologies

Skills and Experience

- Up to 4 appropriate pieces of Public Health work/projects (e.g. Health Needs Assessment), demonstrating:
 - Monitoring and assessing the impact of preventive and treatment services, appraising or applying routine information and bespoke data sources.
 - Describing and applying the ethical and legal principles of resource allocation in health and care services as it applies to both individuals and groups.
 - Proposing plans and developing supporting products (such as service specifications and commissioning policies) for service configuration to address population health needs. This should include consideration and, if appropriate, an appraisal of examples of different models of healthcare.
 - Advocating proposals for improving service health or care outcomes working with diverse audiences

- Describe the stages for evaluation of new drugs and technologies and to select and apply these frameworks to inform policy questions.
- Critically appraising service developments for their costs and impacts on health and health inequalities, using health economic tools to support decision making.
- Leading or contributing to the implementation of change across health and care systems with reference to a model of change.
- Appraising, selecting and applying tools and techniques including benchmarking, for improving safety, safeguarding, reliability and patient orientation of health and care services.



To note:

- Work **must** include at least two of the following: an acute health service setting (including clinical networks); a primary care setting; a mental health setting; a health protection context
- You are not required to submit separate pieces of work for each descriptor. One piece of work can cover more than one or all descriptors as appropriate.

KA 8 – Academic public health

Aim: *To be able to critically appraise evidence to inform policy and practice, identify evidence gaps with strategies to address these gaps, undertake research activities and write to a standard that is publishable in peer-reviewed journals, and demonstrate competence in teaching and learning across all areas of public health practice*

Suggested evidence

Knowledge

- Faculty of Public Health Diplomate (DFPH) – provide the result letter in the [SMQ section](#) of the application
- If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the [SMQ section](#). The evidence should cover the following elements of knowledge:
 - Epidemiology
 - Statistics, economic evaluation and qualitative research methods
 - Social and health psychological sciences
 - Biological, social, commercial, environmental and therapeutic determinants of health and disease
 - Mechanism of therapeutic interventions, including complex interventions
 - Educational theory, principles of setting learning objectives, curriculum development, course evaluation and student assessment
 - Research governance, research ethics, confidentiality and privacy of personal data

- Implementation science/ knowledge mobilisation strategies and approaches

Skills and Experience

- A list of teaching activities; details of teaching plans; feedback from teaching for academic or service audiences must be provided. Teaching must include virtual and in-person formats, and teaching for large and small groups
- Minimum of 1 publication in a peer reviewed journal
- Up to 4 appropriate pieces of Public Health work/projects (e.g. Health Needs Assessment), demonstrating:
 - Apply, interpret and present appropriate statistical methods, and use standard software packages.
 - Apply principles of epidemiology in public health practice.
 - Advise on the relative strengths and limitations of different research methods to address specific public health research questions for both qualitative and quantitative research.
 - Apply principles of good research governance.
 - Identify research needs based on patient/population needs and in collaboration with relevant partners.
 - Make a significant contribution to the design and implementation of a qualitative or quantitative study in collaboration with appropriate team and relevant partner (e.g. academic partner).
 - Write and submit an article of sufficient quality for publication in a peer review journal.
 - Deliver and evaluate education and training activities for academic or service audiences in a wide range of virtual and in person formats, for large and small groups



To note:

- DOPS, CBDS and MSF can be used to support KA 8 – however they will not be sufficient without evidence of written reports
 - You are not required to submit separate pieces of work for each descriptor. One piece of work can cover more than one or all descriptors as appropriate.
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KA 9 – Professional personal and ethical development

Aim: To be able to shape and evaluate own personal and professional development, using insight into own behaviours and attitudes and their impact. Able to modify behaviour and to practise within the framework of the relevant professional codes of conduct including GMC's Good Medical Practice and FPH's Good Public Health Practice.

Suggested evidence

Knowledge

- Faculty of Public Health Diplomate (DFPH) – provide the result letter in the [SMQ section](#) of the application
- If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the [SMQ section](#). The evidence should cover the following elements of knowledge:
 - Evidence underpinning the importance of mental wellbeing and how it can be nurtured.
 - Professional codes of conduct: GMC Good Medical Practice (GMP) as applied to public health, FPH Good Public Health Practice, and UKPHR Code of Conduct.
 - Ethics of public health practice.
 - Cultural intelligence and cultural competence.
 - Key concepts and stages in developing cultural competence.
 - Patient and public safety and safeguarding.
 - Principles and practice of confidentiality and the duty of candour.

- How to plan and undertake personal and professional development successfully, with reflective practice.

Skills and Experience

You must provide all the documents listed below:

- Annual appraisals and personal development plans (PDPs) for the last three years of Public Health practise must be provided and submitted in the relevant section of the application. Refer to [page 12](#) for guidance
- Quality improvement exercise or audit. Your audit evidence must include a re-audit to demonstrate how you have changed practice as a result
- Evidence of compliance with a CPD programme, including a record of CPD activities and reflection. CPD should cover all the KAs and must include 3-6 reflective notes per year, from the last 5 years. Your reflection must be linked to your PDP
- MSF/anonymised feedback, including personal reflection on the outcomes. Refer to [page 13](#) for guidance
- You should provide additional evidence to demonstrate the following descriptors if these are not already covered by the evidence listed above:
 - Keeps professional knowledge and skills up to date, and participate in audit, regular appraisal and reflective learning.
 - Recognises and works within the limits of professional competence.
 - uses insight into personality and preferred ways of working and behaviours, appreciates the impact these have on others, and shows capability for self-appraisal, growth and development.
 - takes responsibility for nurturing own wellbeing and seeking help as appropriate.
 - Practises safely, protecting and promoting the health of patients and the public and takes prompt and appropriate action if patient or public safety or dignity is compromised.

- Seeks and follows medical advice where health concerns may affect practice
- Respects skills and contributions of colleagues, communicates effectively with them, treats them fairly and maintains professional relationships.
- works effectively in cross cultural situations both internally and externally to the organisation.
- Respects the rights of the public to have their views heard, to have information in easily comprehensible forms and to be involved in choices.
- Demonstrates confidentiality by treating information about patients and other individuals as confidential.
- Demonstrates honesty and integrity in professional and personal practice.



To note:

- DOPS, CBDS and MSF can be used to support KA 9 – however they will not be sufficient without evidence of written reports

KA 10 – Integration and application of competences for consultant practice

Aim: To be able to demonstrate the consistent use of sound judgment to select from a range of advanced public health expertise and skills, and to use them effectively, working at senior organisational levels, to deliver improved population health in complex and unpredictable environments.

Suggested evidence	
Knowledge	<ul style="list-style-type: none">● Faculty of Public Health Diplomate (DFPH) – provide the result letter in the SMQ section of the application● If you do not hold the DFPH, you should provide evidence to demonstrate how you have gained the required knowledge, as set out in the SMQ section. The evidence should cover the following elements of knowledge:<ul style="list-style-type: none">● The knowledge base for key area 10 builds on the combined knowledge base for all the other key areas, since the emphasis is on the ability to select appropriately from the learning gained in other key areas, integrate that knowledge and skills to practise public health at a senior organisational level, making an effective personal impact.
Skills and Experience	<ul style="list-style-type: none">● 2-3 substantive pieces of work of medium or high levels of complexity providing evidence of public health expertise, personal effectiveness and impact, and initiative and commitment to public health principles must be provided. <p>At least one should have been conducted in uncertain, political or sensitive environments with the aim of achieving change and should include reflection on the learning that you have taken from such work to demonstrate capabilities in independent practice.</p> <p>The evidence should be provided from more than one setting, or in more than one domain of public health. The pieces of work should be able to demonstrate that the applicant:</p> <ul style="list-style-type: none">● can operate at an independent competent consultant level● are a public health technical expert who is confident in addressing problems● uses appropriate tools and approaches, are a skilled and persuasive communicator and an effective public health and care systems leader

- are skilled at influencing and negotiating with demonstrable impact being a public health champion and demonstrating values based reflective practice.

- MSF/anonymised feedback, including personal reflection on the outcomes. Refer to [page 13](#) for guidance



To note:

- DOPS, CBDS and MSF can be used to support KA 10 – however they will not be sufficient without evidence of written reports
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