

# End-point assessment plan for the Public Health Practitioner (Integrated Degree) apprenticeship standard at level 6

Apprenticeship standard number	Level of this end-point assessment (EPA)	Integrated
ST0631	6	Integrated degree apprenticeship

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# Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Public Health Practitioner apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how the EPA for this apprenticeship must operate. It will also be of interest to Public Health Practitioner apprentices, their employers and training providers.

Full time apprentices will typically spend 36 months on-programme (before the Gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite Gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the assessor as necessary.

As a Gateway requirement and prior to taking the EPA, apprentices must complete all approved qualifications mandated in the Public Health Practitioner (Integrated Degree) standard.

These are:

- Achievement of 330 credits of the integrated BSc (Hons) degree in BSc (Hons) Public Health, or BSc (Hons) Public Health and Health Promotion, or BSc (Hons) Health and Wellbeing from the on-programme apprenticeship formally confirmed prior to the Gateway progression. (The final 30 credits of the degree will be attributed to end-point assessment)

For level 3 apprenticeships and above apprentices without English and Mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has passed the EPA Gateway.

The EPA consists of 2 discrete assessment methods.

The individual assessment methods will have the following grades:

Assessment method 1: **Presentation of practice with question and answer session**

Graded: fail/pass/distinction

Assessment method 2: **Scenario-based situational judgement test**

Graded: fail/pass

Performance in the EPA will determine the overall apprenticeship grades of fail/pass/distinction

## EPA summary table

<b>On-programme</b> (typically 36 months)	<p>Training to develop the occupation standard's knowledge, skills and behaviours.</p> <p>The apprentice must complete training towards English and maths qualifications in line with the apprenticeship funding rules.</p>
<b>End-point Assessment Gateway</b>	<ul style="list-style-type: none"> <li>• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard.</li> <li>• The apprentice must have achieved English and mathematics qualifications in line with the apprenticeship funding rules.</li> <li>• Apprentices must complete the following approved qualifications mandated in the standard:</li> <li>• Achievement of 330 credits of the integrated BSc (Hons) degree in BSc (Hons) Public Health, or BSc (Hons) Public Health and Health Promotion, or BSc (Hons) Health and Wellbeing from the on-programme apprenticeship formally confirmed prior to the Gateway progression. (The final 30 credits of the degree will be attributed to end-point assessment)</li> <li>• Apprentice to submit a portfolio of evidence to the EPAO</li> </ul>
<b>End-point assessment</b> (which would typically take 3 months)	<p>Assessment Method 1: presentation of practice with question and answer session</p> <p>With the following grades: Fail Pass Distinction</p> <p>Assessment Method 2: scenario-based situational judgement test</p> <p>With the following grades: Fail Pass</p> <p>Candidate must pass both assessment methods</p>

**Professional recognition**

Aligns with recognition by:

UK Public Health Register (public health practitioner registration)

## Length of end-point assessment period:

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has passed the EPA Gateway.

The portfolio required for the EPA should be submitted at the gateway.

If an EPA assessment method is failed, it should be resat or retaken within the EPA period and in-line with the requirements set out in this assessment plan.

## Order of assessment methods

The assessment methods can be delivered in any order.

# Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following Gateway requirements prior to beginning EPA:

- Achieved English and mathematics qualifications in line with the apprenticeship funding rules
- A portfolio of evidence that underpins the Presentation of Practice with Question and Answer method, mapped to all of the KSBs allocated to this method

(NB: the portfolio will not be directly assessed, but reviewed by the independent assessor so that they can develop a presentation brief for the apprentice, and to provide a source of questions following the presentation)

Apprentices must complete the following approved qualifications as mandated in the standard:

- Achievement of 330 credits of the integrated BSc (Hons) degree in BSc (Hons) Public Health, or BSc (Hons) Public Health and Health Promotion, or BSc (Hons) Health and Wellbeing from the on-programme apprenticeship formally confirmed prior to the Gateway progression. (The final 30 credits of the degree will be attributed to end-point assessment)

For those with an education, health and care plan or a legacy statement the apprenticeships English and Mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

## Portfolio of Evidence

Apprentices must complete and submit to the EPAO at Gateway.

A portfolio of work-based evidence covering:

- all of the KSBs assigned to the Presentation of Practice with question and answer method.
- typically between 15-20 pieces of evidence, attributable to the apprentice, for example:
  - a project report
  - presentations and other communication methods for a range of stake-holders
  - business cases, project initiation documents, committee papers
  - outputs generated from community engagement activity or events

The portfolio of evidence should reflect the following aspects of public health practice and the apprentices contribution to that activity:

1. rationale for the work including the evidence base
2. use of epidemiological, statistical and other forms of data and intelligence

3. public health methods adopted
4. key collaborations and partnerships
5. ethical considerations
6. ways in which the work reflects public policy and where the work fits into the strategic goals and governance arrangements within their organisation
7. impact: how the health of the population or community has been protected or improved
8. lessons learned: ways in which the work went well and how the work could be improved further

# Assessment methods

## Assessment Method 1: Presentation of Practice with Question and Answer Session

### Overview

The rationale for this assessment method is:

The presentation of practice will enable the apprentice to showcase their competence and how they have worked or contributed to public health activities, including the lifespan of a particular project, programme, or intervention through the different phases (beginning, middle and end), showing how the project, programme or intervention was managed.

Work experience presented through this method should consider health inequalities and examples of topic areas could include:

- the planning and preparation of a service specification for a stop smoking service
- the design and delivery of an intervention or programme to address increases in the incidence of a sexually transmitted disease
- a project addressing policies around the wider determinants of health e.g. air quality, road safety and physical activity initiatives around schools
- developing and delivering the roll out of an immunisation or screening programme

By drawing on their own practice the apprentice will be able to show how they built collaborative partnerships, sourced and applied the available evidence, used data and intelligence, evaluated and adapted their practice, in the context of the overarching goals of public health, to enable them to deliver safe, equitable and effective interventions, programmes or services.

This method has been chosen because the occupation involves the development and delivery of plans, programmes and services which take place and evolve over time, and which are often designed to deliver on long-term and sustainable outcomes.

This assessment method is underpinned by the portfolio of evidence which is shared with the EPAO at Gateway. The EPAO has **two weeks**, post-Gateway, in which to review the portfolio and set a presentation title and brief for the apprentice. The presentation brief, set by the EPAO, must cover at least some aspects of public health practice used to structure the portfolio. These aspects are:

1. rationale for the work including the evidence base
2. use of epidemiological, statistical and other forms of data and intelligence
3. public health methods adopted
4. key collaborations and partnerships
5. ethical considerations
6. ways in which the work reflects public policy and where the work fits into the strategic goals and governance arrangements within their organisation
7. impact: how the health of the population or community has been protected or improved
8. lessons learned: ways in which the work went well and how the work could be improved further

The Question and Answer session following the presentation of practice will include questions on all of the aspects of public health practice, including those not covered in the presentation. This is to ensure all of the mapped KSBs are assessed.

The apprentice will have **5 days** to complete and submit their written presentation to the EPAO. The presentation will need to be delivered **no more than 3 weeks** following submission. The presentation will be delivered to, and assessed by, an independent assessor, either face-to-face or via online video conferencing. If using an online platform, EPAOs must ensure appropriate measures are in place to prevent misrepresentation.

This assessment method will last a total of 80 minutes. The delivery of the presentation will take 40 minutes, followed by a 40-minute question and answer session. The independent assessor has the discretion to increase the time of the assessment by 10% to allow an apprentice to finish the answer they are giving.

## Delivery

The presentation will be conducted as follows:

- The apprentice will deliver the presentation on the selected aspects (40 minutes) • The apprentice will have a Question and Answer session (total 40 minutes) :
  - 10 minutes on the presentation ( minimum of 2 questions); and
  - 30 minutes on aspects not covered in the presentation ensuring full coverage of the mapped knowledge, skills and behaviours (minimum of 6 questions) • The independent assessor will make all grading decisions

The presentation of practice will allow the apprentice to demonstrate the depth and breadth of their public health knowledge, skills and behaviours required to practice both safely and effectively. It will provide an effective holistic assessment of complex understanding and knowledge. This is valuable in determining not only what and how an apprentice is performing, but also their understanding of the key elements of public health practice demonstrated in the portfolio of evidence submitted at Gateway.

To deliver the presentation, the apprentice will be expected to use a combination of no fewer than 3 audio-visual methods, as appropriate to the material being presented, which could include (list not exhaustive if other methods are available):

- slide deck
- flip chart
- work products
- videos or film
- interactive demonstrations
- notes
- computer or digital devices

Following the presentation, the independent assessor will ask a minimum of 8 questions. Further questions will be allowed where necessary. The EPAO will need to provide independent assessors with training and guidance on how to utilise the EPAO question bank, how to generate their own questions



and how to appropriately use the underpinning portfolio evidence when implementing this method. The questions will confirm the independent assessor's understanding of the presentation and how it demonstrates the relevant knowledge, skills and behaviours. The independent assessor must use the assessment tools and procedures that are set by the EPAO.

## Venue

EPAOs must ensure that the presentation and questioning elements are conducted in a suitable controlled environment in any of the following:

- employer's premises
- other suitable venue selected by the EPAO (e.g. a training provider)

The venue should be a quiet room, free from distraction and external influence.

## Other relevant information

N/A

## Support material

EPAOs will produce the following material to support this assessment method:

- Computer, projector, video conferencing, flip charts, sound and vision equipment, and pens as required
- A 'bank' of open questions must be developed by EPAOs. The bank must be of sufficient size to prevent predictability and be reviewed regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant KSBs. The independent assessor may combine questions from the EPAO's question bank and those generated by themselves
- Recording documentation
- Grading criteria for this assessment method.
- Document for the employer and apprentice on how the assessment will be delivered

# Assessment Method 2: Scenario-based situational judgement test

## Overview

Apprentices must be observed by an independent assessor completing 5 scenario-based situational judgement test stations in which they will demonstrate the KSBs assigned to this assessment method. The EPAO will arrange for the scenario-based situational judgement test to take place, in consultation with the employer. The scenario-based situational judgement test must be carried out over a maximum total assessment time of 150 minutes, with additional breaks between the conclusion of each station and the start of the next. The scenario-based situational judgement test may not be split, other than to allow comfort breaks as necessary. They do not need to be completed in any particular order. Only the senior independent assessor has the discretion to increase the time of the assessment activity by up to 10% to allow the apprentice to complete the assessment.

The EPAO will need to provide an independent assessor for each station and a senior independent assessor to oversee the assessment. The independent assessor (i.e. the independent station assessor) may conduct and observe only one apprentice at a time during this assessment method.

The rationale for this assessment method is:

This assessment method has been chosen so that the apprentice can demonstrate a range of KSBs relating to the occupation, in the context of a range of scenarios with which they may not be fully familiar. This will test their grasp and application of the principles behind public health practice and methodology in the context of potentially new problems and challenges. The table below illustrates how the assessment could be conducted:

Name	30 mins		30 mins		30 mins		30 mins		30 mins	TOTAL assessment time 150 minutes
Apprentice 1	station 1	change stations	station 2	change stations	station 3	change stations	station 4	change stations	station 5	END
Apprentice 2	station 2		station 3		station 4		station 5		station 1	
Apprentice 3	station 3		station 4		station 5		station 1		station 2	
Apprentice 4	station 4		station 5		station 1		station 2		station 3	
Apprentice 5	station 5		station 1		station 2		station 3		station 4	

**Delivery**

Apprentices must be provided with both written and verbal instructions for each station they must complete, including the timescales they are working to. Apprentices must return any written instructions to the independent assessor before leaving the station.

The assessment should be conducted in the following way to take account of the occupational context in which the apprentice operates:

This assessment will be delivered in a single setting and overseen by a senior independent assessor. Apprentices will enter the assessment stations on a rolling basis, moving from one station to another as

directed by the senior independent assessor until all five stations are completed. The assessment will be conducted under examination conditions so that apprentices cannot discuss the stations and activities with each other.

Apprentices will be taken through five consecutive stations, each taking no more than 30 minutes, with a break between stations of sufficient length for apprentices to move from one station to another and for the assessors to complete their assessment records. Throughout the assessment the apprentice will demonstrate their knowledge, skills and behaviours in relation to common public health challenges. No part of this assessment method will include any previously seen scenarios or case studies. The outputs of these stations will take different forms e.g. a written submission; a discussion or dialogue; a simulated interview; a verbal presentation.

The apprentice will be asked to complete the following stations:

<b>Station</b>	<b>Area of focus</b>	<b>Task (20 minutes)</b>	<b>Output (5 minutes) followed by a minimum of 2 questions from the assessor</b>
Station 1	evaluation and performance management	to review a 950-1100-word specification or description of an intervention and craft 3 measurable outcomes or key performance indicators (KPIs) that could be used to evaluate or monitor performance	to explain to the independent assessor how the impact of the service or intervention will be measured/monitored through the 3 outcome measures identified, explaining the rationale and how the outcome measures demonstrate the impact of the service or intervention
Station 2	a public health incident	to read and review a 500-600-word scenario of an emerging public health incident (relating to a communicable disease or contaminant) and determine how the incident would be managed	to explain to the independent assessor how events would be managed, including which lead agencies and partners would collaborate to manage the risk, and how the risk might be communicated, and to whom
Station 3	policy and strategy	to review the 900 – 1100word summary document of a recently published policy or strategy (this does not have to be limited to health/healthcare policies), and draw out the policy headlines and implications for action	to communicate how the policy or strategy could impact on the public's health and service delivery, to someone in a senior role with decision making authority but who is much less informed about the subject/issue (posed by the independent assessor)

Station 4	Community centred approaches	to review a 400 – 500-word outline of community identified needs, that presents five health and wellbeing priorities	to explain to the independent assessor how a community-centred approach would address the issues raised, and what methodology would be adopted
Station 5	health and care and the appraisal of evidence	to critically appraise two 350 – 450-word commentaries, articles, or peer-reviewed papers presenting research and other evidence on a single public health issue (provided by the EPAO) of varying credibility, where the evidence base may be emerging, un-developed, or contested	a written briefing between 200-300 words (bullet points within acceptable) based on a task presented on the assessment day relating to the materials provided. The apprentice presents this to the independent assessor and then the independent assessor has the opportunity to ask questions

EPAOs will create and set open questions to assess related underpinning knowledge, skills and behaviours. The questions can be asked after the apprentice's response to each station is complete. The independent assessor must ask a minimum of 2 questions at each station. Questioning must be completed within the total time allowed for each activity or test (i.e., 30 minutes).

There may be breaks during the assessment to allow the apprentice to move from one location to another. If more than one apprentice is being assessed during an assessment session, enough accommodation and supervision must be available to prevent apprentices from conferring between test stations.

KSBs observed and answers to questions must be documented by the independent station assessor. The independent station assessor will grade the apprentice for the station.

The senior independent assessor will collate all the information and evidence to make the final grading decision for this method.

## Questions and resources development

EPAOs will create and set open questions to assess related underpinning knowledge, skills and behaviours.

EPAOs will produce specifications to outline in detail how the assessment will operate, what it will cover and what should be looked for. It is recommended that this be done in consultation with employers. EPAOs should put measures and procedures in place to maintain the security and confidentiality of their specifications if employers are consulted. Specifications must be standardised by the EPAO.

EPAOs must develop 'practical scenario, article and question specification banks' which ensure that the mapped KSBs are covered within each Situational Judgment test, are of sufficient size to prevent predictability and that they review them regularly (and at least once a year) to ensure they, and the specifications they contain, are fit for purpose. The specifications, including questions relating to

underpinning knowledge, skills and behaviours must be varied, yet allow assessment of the relevant KSBs.

## Venue

Assessment must be conducted in a suitable venue selected by the EPAO (e.g. a training provider's premises or another employer's premises). The venue should be a quiet, free from distraction and external influence, with sufficient space for the circulation of apprentices, assessors and invigilators.

The Scenario-based situational judgement test may be sat remotely if appropriate however in addition to the above requirements set out in the delivery section the test must be completed electronically.

The test must be taken in the presence of an invigilator who is the responsibility of the EPAO. The EPAO must have an invigilation policy setting out how the test must be conducted. The EPAO must verify the apprentice's identity and ensure invigilation of the apprentice for example, with 360-degree cameras and screen sharing facilities. The EPAO is responsible for the security of the test including the arrangements for on-line testing. The EPAO must ensure that their security arrangements maintain the validity and reliability of the test.

## Support material

EPAOs will produce the following material to support this assessment method:

- Provide scenarios, case studies, articles or research papers for each station, of between 350-600 words, and not to exceed 1100 words in total for any one station
- Provide a 'bank of scenarios' and 'bank of open questions' for the independent station assessor
- Provide assessment specification and tools to the independent station assessors and senior independent assessor who will oversee the assessment of the apprentice
- Provide recording documentation for the station and senior independent assessor
- Provide grading criteria guidance for the station and senior independent assessor to use.
- Ensure each activity is equipped correctly for the apprentice to demonstrate requirements
- Provide a controlled environment for the assessment to take place
- Each station must be conducted in separate room or designated area
- Each room\designated area will have an independent station assessor
- Each independent station assessor will assess one apprentice at a time only
- Assessment templates will be provided to the station and senior independent assessors
- Provide guidance and training to both Independent station assessors and Senior Independent assessors on how to assess this method, how to determine a grade and what to record.

## Weighting of assessment methods

All assessment methods are weighted equally in their contribution to the overall EPA grade.

# Grading

## Assessment method 1: Presentation of Practice with Question and Answer Session

KSBs	Fail	Pass	Distinction
K1 K2 K3 K4 K7 K8 K9 K12 K14 K17 K18 K22 K25 K26 K27 K28 K33 K34 K35 K36 K37 K38 K39 K43 K44 K45 K46 K47 K48 K49 K51 K52 K53 K54 S1 S3 S4 S5 S6 S14	does not meet the pass criteria	<p>To achieve a pass, the apprentice will be able to:</p> <ul style="list-style-type: none"> <li>Present a reasoned, evidence based case for the design or development of services, programmes or interventions that promote or protect the public's health, framed within the context of the wider determinants of health and health inequalities (K9, K53, S5, S14, S36)</li> <li>Provide a rationale for developing public health activity in the context of the health and care economy, the competing demands on the public purse, while recognising the roles of different agencies that plan, commission or deliver services, and the scope to build capacity across organisations to address issues at a community or population scale (K33, K47, K49, S33, S45)</li> <li>Identify and source the different types of data and intelligence required to inform the planning, design and evaluation of public health services and interventions, and uses that data and</li> </ul>	<p>To achieve a distinction, the apprentice will achieve the pass criteria, and in addition 4 of the 6 descriptors below:</p> <ul style="list-style-type: none"> <li>Demonstrate their leadership in developing or delivering programmes, services and interventions informed by prevailing public policy and national and local strategies, including those relating to the wider determinants of health and health inequalities (K22, S19)</li> <li>Evaluate their leadership in a multi-agency field of activity (within the scope of the practitioner role), in line with strategic objectives (K36, K54, S35)</li> <li>Develop quality assurance, governance, monitoring and reporting mechanisms in the employing organisation and across partnerships (K18, K45, K48, S28, S42)</li> <li>Assess appropriate methods to audit, monitor and evaluate public health programmes, services and interventions (K46, S16)</li> <li>Justify the impact of a public health action and the methods</li> </ul>

<p>S15 S16 S17 S18 S19 S20 S21 S22 S23 S24 S27 S28 S32 S33 S34 S35 S36 S41 S42 S43 S44 S45 S46 S47 S48 S49 S50</p>		<ul style="list-style-type: none"> <li>• intelligence appropriately (K1, K2, S1) Manage data securely and effectively to monitor and report on the public’s health, understanding the approaches used for surveillance, disease management, and the monitoring of health</li> <li>• inequalities (K3, K4, S3, B2, B12) Apply the principles and theories relating to behavioural science, and use behavioural insights to inform the design, delivery and development of public health</li> <li>• programmes, services and interventions (K8, K44, S6) Identify different approaches to promoting or protecting the public’s health, recognising both their relative strengths and challenges, and their appropriate application in line with national guidance (K12, K14, K39, S18) Work with, and within communities, ensuring their involvement in public health action, maximising the potential to tap and build resources to increase impact, in a sustainable way (K43, S4, S21, S44, S46, B5)</li> <li>• Work with different types of organisations, across sectors, engaging them in public health activity (e.g.: in planning services and interventions, pooling resources), applying the principles of partnership working, and recognising when partnerships are being effective (K25, K27, S17, S24, S34)</li> <li>• Recognise the centres of power and influence across the local organisational landscape, understanding the role of political</li> </ul>	<ul style="list-style-type: none"> <li>• used to communicate outcomes to a range of audiences (K17, S15, S20) Critically analyse evidence of effectiveness, to inform actions to continue to improve programmes, services and interventions; while recognising the impact of their own performance, and ongoing constraints on resources (K7, K28, S22, S48, S50)</li> </ul>
<p>B2 B3 B5 B7 B8 B12</p>			

		<p>or democratic organisations and systems in the use and prioritisation of resources, and the empowerment or representation of local people (K26, K34, K35, K37, S23)</p> <ul style="list-style-type: none"> <li>• Manage different types of relationships (e.g.: contractual; with or without authority), with partners and stakeholders to supports the planning, commissioning or delivery of services, providing leadership when needed (K38, S27, S41, S43, B3)</li> <li>• Identify and manage the ethical tensions that arise through public health action (e.g.: the curtailing of individual liberties), while demonstrating professional behaviours set out in codes of practice (K51, K52, S32, S47, S49, B7, B8)</li> <li>• Develop or deliver programmes, services and interventions informed by prevailing public policy and national and local strategies, including those relating to the wider determinants of health and health inequalities (K22, S19)</li> <li>• Provide leadership in a multiagency field of activity (within the scope of the practitioner role), in line with strategic objectives (K36, K54, S35)</li> <li>• Adhere to quality assurance, governance, monitoring and reporting mechanisms in the employing organisation and across partnerships (K18, K45, K48, S28, S42)</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Use appropriate methods to audit, monitor and evaluate public health programmes, services and interventions (S16, K46);</li> </ul>	
		<ul style="list-style-type: none"> <li>• Assess the impact of public health action using appropriate methods to communicate outcomes to a range of audiences (K17, S15, S20)</li> <li>• Collate and interpret evidence of effectiveness to inform actions to continue to improve programmes, services and interventions; while recognising the impact of their own performance, and ongoing constraints on resources (K7, K28, S22, S48, S50)</li> </ul>	

## Assessment method 2: Scenario-based situational judgement test

KSBs	Fail	Pass
K5 K6 K10 K11 K13 K15 K16 K19 K20 K21 K23 K24 K29 K30 K31 K32 K40 K41 K42 K50  S2 S7 S8 S9 S10 S11 S12 S13 S25 S26 S29 S30 S31 S37 S38 S39 S40  B1 B4 B6 B9 B10 B11	does not meet the pass criteria	<p>To achieve a pass, the apprentice will be able to:</p> <ul style="list-style-type: none"> <li>Identify appropriate data sets, and other sources of intelligence, that can be used to demonstrate changes in the health and wellbeing of groups and communities (K5, K19, S25)</li> <li>Interpret strategic goals into measurable and achievable public health outcomes that can be identified in operational plans, contracts or agreements for performance management purposes (K29, K30, K31, S26, B10)</li> <li>Explain the key roles of different agencies involved in health protection with regard to the control and management of infectious disease, chemical or environmental threats and hazards, and emergency response; and the nature of these threats to the public's health, and how they might be perceived (K10, K11, K32, S7, S9, B4)</li> <li>Explain the importance of meeting legislative requirements relating to health protection, and how they use national and local protocols and practices to assess risk to mitigate and manage threats to the public's health (K13, S8, S10)</li> <li>Interpret strategic vision and developments in public policy into recommendations for action in the context of local decision-making processes and service planning that impact on the public's health (K21, K24, S31)</li> <li>Communicate the implications of strategic vision and developments in public policy to those who might be in a position to make decisions and deploy resources to address local health and wellbeing needs, and the public (K23, K40, S2, S39, B1)</li> <li>Apply appropriate, and evidence-based approaches, to the engagement and involvement of communities in the design and development of programmes, services and interventions that will impact on the public's health and wellbeing (K6, K41, S30, B11)</li> <li>Recognise the importance of empowerment, enablement and strengths-based approaches that support the development of sustainable health promoting communities (K42, K50, S37, S38, S40, B6)</li> <li>Recognise the relationship between the prevailing evidence base and the formulation of key health messages for the population to promote the public's health and wellbeing, understanding how that evidence is generated and captured (K16, K20, S11)</li> </ul>

		<ul style="list-style-type: none"> <li>Assess the available evidence to draw appropriate conclusions on its implications for public health practice, and effectively communicate these implications to different audiences (K15, S12, S13, S29, B9)</li> </ul>
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## Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Assessment method 1: Presentation of practice	Assessment method 2: Scenario-based situational judgement test	Overall grading
Fail	Fail	Fail
Pass	Fail	Fail
Distinction	Fail	Fail
Fail	Pass	Fail
Pass	Pass	Pass
Distinction	Pass	Distinction

## Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> <li>complete the on-programme element of the apprenticeship</li> <li>prepare for and complete the EPA</li> </ul>
Employer	<ul style="list-style-type: none"> <li>select the training provider</li> <li>work with the training provider to select the EPAO</li> <li>identify when the apprentice is ready to pass the Gateway and undertake their EPA</li> <li>notify the EPAO that the apprentice has passed the Gateway</li> </ul>

EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> <li>• conform to the requirements of the apprenticeship provider and assessment register</li> <li>• appoint administrators and markers to administer and mark the EPA</li> <li>• appoint station and senior independent assessors who are independent of the apprentice and their employer(s). Where the training provider is the EPAO, (i.e. HEI) there must be procedures in place to mitigate any conflict of interest which will be monitored by EQA activity</li> <li>• provide training and CPD to the independent assessors they employ to undertake the EPA</li> <li>• have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest; Where the training provider is the EPAO (i.e. HEI) there must be procedures in place to mitigate any conflict of interest which will be monitored by EQA activity</li> <li>• have processes in place to conduct internal quality assurance and do this on a regular basis</li> <li>• organise standardisation events and activities in accordance with this plan's IQA section</li> <li>• organise and conduct moderation of independent assessors' marking in accordance with this plan</li> <li>• have, and operate, an appeals process</li> </ul>
Independent assessor (presentation method) and Senior Independent Assessor (Situational Judgement Test)	<p>As a minimum the independent assessor should:</p> <ul style="list-style-type: none"> <li>• be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest</li> <li>• have the competence to assess the EPA and meet the requirements of the IQA section of this EPA plan.</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)</li> </ul> <p>For the Scenario-Based Situational Judgement Test; the Senior Independent Assessor should:</p> <ul style="list-style-type: none"> <li>• be in charge of a team of station independent assessors</li> <li>• coordinate the assessment</li> </ul>

	<ul style="list-style-type: none"> <li>• check the controlled environment is suitable and has the required equipment for the apprentice to demonstrate the KSBs mapped to the demonstration of practice</li> <li>• check all the sections are set up properly</li> <li>• brief the station independent assessors prior to the assessment commencing, using the brief provided by the EPAO, checking they have understood the brief provided</li> <li>• use the structured template provided by the EPAO to conduct the assessment</li> <li>• use the grading criteria guidance provided by the EPAO to collate the grades provided by the support independent assessors</li> <li>• make the final grade</li> </ul>
<p>Independent Station Assessor (situational judgement test method only)</p>	<p>As a minimum the independent station assessor should:</p> <ul style="list-style-type: none"> <li>• manage a station and grade each of the apprentices using the grading criteria guidance developed by the EPAO</li> <li>• provide their grades and recording documentation to the senior independent assessor who is responsible for the final grading decisions</li> <li>• be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest</li> <li>• have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)</li> </ul>
<p>Training provider</p>	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> <li>• work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period</li> <li>• conform to the requirements of the apprenticeship provider and assessment register</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the Gateway</li> <li>• play no part in the EPA itself</li> </ul>

## Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent and senior independent assessors who have knowledge of the following occupational areas:  
to have been professionally active over the previous two years, post recognition of occupational competence, in any of the following areas of public health practice - health protection, health improvement, healthcare quality, health intelligence, and be currently practising within a public health workplace for at least part of their time
- appoint independent and senior independent assessors who are competent to deliver the end-point assessment
- appoint and train independent station assessors so that they are competent to deliver on the situational judgement test.
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time
- ensure all assessors attend regular standardisation events and that as a minimum this attendance is at least once a year.

## Re-sits and re-takes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will only be required to re-sit or re-take those assessment methods that they failed.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

# Affordability

Affordability of the EPA will be aided by using at least some of the following practice:

- assessing multiple apprentices simultaneously
- using an employer's premises

# Professional body recognition

Any apprentice who successfully completes the end-point assessment will be 'registration-ready' for professional registration as a Public Health Practitioner with the UK Public Health Register.

# Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment.

# Mapping of knowledge, skills and behaviours (KSBs)

## Assessment method 1: Presentation of practice with questions and answers

Knowledge
<b>K1</b> different sources of data and intelligence and their strengths and limitations
<b>K2</b> methods used to determine existing and future population health needs and how they are monitored (e.g.: within a local authority population) and for specific communities (e.g.: children and young people; people with life-long conditions such as diabetes; people living in prison)
<b>K3</b> the complexities of health inequalities, how they occur, how they are measured, monitored and reported, and the impact on different societies and populations
<b>K4</b> how to analyse and interpret the data generated when tracing patterns of disease, and ill-health, and how this data is reported for communities and populations (e.g.: incidence and prevalence)
<b>K7</b> how public health and wellbeing interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn't), and how to evaluate these interventions to track effectiveness and ensure continuing improvement

<b>K8</b> the theories underpinning behavioural science and its relevance to a range of health and wellbeing outcomes, for individuals, communities, and populations, and the appropriate use of behaviour change techniques and tools for different groups, in different settings with different opportunities (e.g.: helping people to make healthy dietary choices; supporting people living with addiction; informing and minimising risk-taking behaviours; heeding health promoting messages and advice)
<b>K9</b> The determinants of health, including the wider and social determinants; how these impact on the health and wellbeing of individuals, communities and populations; and the evidence-based approaches to consider when taking action to achieve better health and wellbeing outcomes for all while ensuring that the needs of the most vulnerable are met
<b>K12</b> the challenges and successes of disease prevention and management programmes such as immunisation and screening, for whole populations, or specific groups, and the pre-requisites for these programmes to be most effective
<b>K14</b> how to mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures
<b>K17</b> how to evaluate public health interventions to track effectiveness; ensure continuing improvement; and contribute to the evidence base
<b>K18</b> the ways in which health and care organisations and professionals are held to account for the quality and effectiveness of services and interventions, and how they keep themselves informed of new developments in technologies, treatments and therapies to improve efficacy
<b>K22</b> how policies and strategies are used to implement change, improve services, and secure wide engagement in public health issues and outcomes, the social determinants of health, and the different government and local government departments that influence these
<b>K25</b> the principles of partnership working and collaboration, and the skills and approaches necessary to do this successfully
<b>K26</b> ways to determine the organisational relationships and inter-dependencies in the local field of operation; the boundaries of jurisdiction, accountability, and purpose; and where the opportunities for collaboration might lie
<b>K27</b> the different approaches to evaluating the effectiveness of existing partnerships
<b>K28</b> how health and care services are funded, the organisations responsible for the delivery of different services, and the tensions that arise from the availability of finite resources
<b>K33</b> ways to determine and overcome the challenges of making the business case for prevention against competing, and more immediate priorities, for key agencies positioned to promote and protect the public's health
<b>K34</b> the legislative framework and decision making, administrative and reporting processes that support political and democratic systems (e.g.: unitary and tiered local government structures and service accountabilities)
<b>K35</b> a critical awareness of the political and other tensions that impact on public service provision, and public protection, and ways to encourage a focus on the interests of the public's health (including helping individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice
<b>K36</b> the theories and approaches that underpin the leadership and management culture within decision making organisations, including systems leadership approaches



<b>K37</b> healthcare management systems and their applicability to public health systems (locally, regionally)
<b>K38</b> leadership and management approaches that support the influencing role of public health practitioners in situations where they have some statutory authority, (e.g. through the statutory requirement for local authority public health teams to provide public healthcare advice to NHS commissioners), but also in situations when they do not have this authority
<b>K39</b> approaches to transformational change management within health and care systems
<b>K43</b> the relevance and application of behavioural science, and the use of social marketing techniques, to deliver accessible messages to different segments of populations and communities, to support behaviours and choices that are made at an individual or community level that impact on health, wellbeing, and healthy life expectancy
<b>K44</b> the principles of programme and project management, and an understanding of the models of project and programme management being used to deliver public health activity
<b>K45</b> the principles of corporate governance and accountability, and a recognition and understanding of the governance frameworks in place within your own organisation and through which public health action is delivered
<b>K46</b> the importance of evaluation, audit and quality assurance
<b>K47</b> how to identify opportunities to build capacity through the specialised and wider public health workforce to strengthen approaches to prevention, understanding the impact of local system capacity on the delivery of public health services and interventions
<b>K48</b> the principles of corporate governance and accountability, and the importance of engaging with the organisational governance frameworks through which public health action is delivered
<b>K49</b> economic analysis of services and interventions using tools and techniques to determine cost effectiveness, return on investment and value for money to inform decision making
<b>K51</b> theories informing the development of public health ethics and law, how these compare to medical ethics, and the different ethical theories that support different public health challenges
<b>K52</b> making the best use of a range of ethical frameworks to support decision making when faced with different ethical dilemmas in practice
<b>K53</b> a developed area of expertise in a particular area of public health (e.g.: the management of risk behaviours such as smoking, inactivity, poor nutrition; infectious disease prevention and control such as sexually transmitted infections, Tuberculosis (TB), or anti-microbial resistance (AMR); the implementation of immunisation and vaccination programmes; mental health and wellbeing; public health intelligence etc.)
<b>K54</b> a critical insight into the accessibility and availability of healthcare and other public services for different groups in the population and the barriers that may exist to prevent the public from successfully receiving the care and support that they need

<b>Skills</b>
<b>S1</b> analyse a range of data sets to draw informed conclusions about local public health needs and use of services, contributing to strategic needs assessments and operational service planning
<b>S3</b> manage data and information in compliance with policy and protocol and assess and manage risks associated with using and sharing data and information, data security and intellectual property

<b>S4</b> work with communities to facilitate their engagement and participation in needs assessments, service design and delivery, including action to improve access to, and navigation of, local services
<b>S5</b> recognise where health inequalities prevail; determine how they will influence the planning of public health interventions and services; and to apply the evidence appropriately to make the most impact in alleviating these inequalities
<b>S6</b> apply behavioural insights and information about community needs to support healthy choices that individuals might wish to make, and provide individuals, groups and communities with the capabilities to make changes to their behaviours (e.g.: increasing levels of physical activity), in the context of a wider set of interventions and actions
<b>S14</b> present an evidence-based narrative that is suitably adjusted to inform different types of audiences with different levels of health literacy
<b>S15</b> use and adapt appropriate research techniques and principles to evaluate local services and interventions to contribute to the local evidence-base for effectiveness
<b>S16</b> monitor, evaluate and disseminate (report) the impact of health and care projects, services and interventions, including quality impact
<b>S17</b> engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services
<b>S18</b> implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems
<b>S19</b> appraise and implement government-led policies and strategies locally (e.g.: ensuring the equitable and effective implementation of winter fuel schemes to prevent deaths from cold; the implementation of the NHS Health Check programme)
<b>S20</b> assess the impact and benefits of health and other policies and strategies on the public's health and health inequalities (e.g.: using health impact assessment approaches or tools)
<b>S21</b> develop or implement actions plans, with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies
<b>S22</b> evaluate one's own interpersonal skills and adapt to different situations through a developed proficiency in negotiation, influencing, diplomacy, mediation, facilitation
<b>S23</b> use appropriate methods to establish and sustain effective working relationships with local partners in order to bring about positive outcomes in the health and wellbeing of the local population
<b>S24</b> work collaboratively with colleagues across a broad range of partnership organisations to identify local needs, agree priorities, and deliver on action plans for joint health improvement programmes or services across the area
<b>S27</b> facilitate positive contractual relationships understanding how disagreements and changes can be managed within legislative and operational frameworks
<b>S28</b> Operate appropriately within the decision making, administrative and reporting processes that support political and democratic systems
<b>S32</b> to engender trust by acting reliably with integrity, consistency and purpose
<b>S33</b> work effectively within a team that is collectively responsible for leading and managing areas of public health business including the management or supervision of staff, resources or finance

<b>S34</b> use appropriate leadership skills to engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives
<b>S35</b> adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environment
<b>S36</b> communicate complex information and concepts, including health outcomes, inequalities and life expectancy, to a range of different audiences using different methods (e.g.: exploiting the evolving opportunities of digital capability and dependency, and the associated need for some audiences to be assisted with digital communications)
<b>S41</b> engage stakeholders and work collaboratively with colleagues across a broad range of partnership organisations to identify local needs, agree priorities and develop action plans for joint public health programmes across boundaries
<b>S42</b> support the development, monitoring and review of public health programmes; identifying risks to delivery and the appropriate risk and issue reporting mechanisms; and re-assessing delivery schedules and methods to respond constructively to change
<b>S43</b> develop projects and plans with key stakeholders and partner agencies to address local public health needs and bring about improvements in identified areas. Lead or contribute to delivery of these projects as appropriate within the scope of your role
<b>S44</b> identify the resources needed to develop and deliver new public health activity, or to sustain public health services and interventions, and how these resources might be sourced
<b>S45</b> help to determine shared priorities and action plans for public health programmes working with colleagues both from within the same organisation and across a range of other agencies
<b>S46</b> build capacity and capability across the field of operation to increase impact and effectiveness of public health programmes and interventions, engaging with professional colleagues, and other groups of workers or volunteers who make up the wider public health workforce
<b>S47</b> use appropriate tools and methods to appraise ethical tensions and to make decisions that promote ethical practice
<b>S48</b> think and write reflectively about one's own practice, lessons learned, and things that can be done differently for better outcomes e.g.: to keep a reflective log as part of one's continuing professional development
<b>S49</b> demonstrate professional characteristics throughout the course of one's work e.g.: engendering trust; assuring confidentiality where appropriate; understanding one's own limitations in terms of capability, accountability and expertise; the addressing of risks and issues in a timely and appropriate manner
<b>S50</b> demonstrate awareness of personal impact on others, both fellow professionals, external partners and members of the public

<b>Behaviours</b>
<b>B2</b> acknowledges the importance of data confidentiality and disclosure and use of data sharing protocols
<b>B3</b> acts in ways that are consistent with legislation, policies, governance frameworks and systems
<b>B5</b> promotes equality and diversity
<b>B7</b> recognises ethical dilemmas or issues and addresses them appropriately e.g.: through the use of ethical frameworks

<b>B8</b> recognises and acts within the limits of own competence seeking advice when needed
<b>B12</b> continually develops own practice by reflecting on own behaviour and role, identifying where improvements can be made.

## Assessment method 2: Scenario-based situational judgement test

Knowledge
<b>K5</b> the challenges of measuring health and wellbeing and health improvement, setting performance indicators for health-related programmes and services, and the importance of evaluation, audit and quality assurance
<b>K6</b> methods used to engage with the public and local communities in line with prevailing evidence of effectiveness (e.g.: asset-based approaches to community development), recognising the role of agency, autonomy, power and control
<b>K10</b> infectious disease (incubation, transmission, hygiene, infection control, personal behaviours); how infectious disease can spread in a range of settings; and the prevention and management strategies and protocols used to manage the spread of infectious disease, including the identification, reporting and tracking of notifiable diseases, and current legislation
<b>K11</b> the range of environmental hazards that can pose a risk to the public's health, including chemical contamination and radiation, and the systems in place to prevent, report, monitor and manage these risks
<b>K13</b> systems supporting emergency planning and response, the organisations responsible, and the role of public health
<b>K15</b> how to critically appraise the evidence base, interpret its relevance and application to practice, and how it informs the basis of key public health messages and advice, and national guidance
<b>K16</b> how public health interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn't), and when the evidence base is evolving
<b>K19</b> the complexities of measuring health improvement, setting performance indicators for programmes and services, and the importance of evaluation, audit and quality assurance
<b>K20</b> how health and care services are designed, planned and developed, informed by the best available evidence, and how they are monitored to track effectiveness and ensure continuing improvement
<b>K21</b> how policy and strategy is formed and developed, nationally and locally
<b>K23</b> the extent to which national and local policies, strategies and service planning impact on health and wellbeing
<b>K24</b> the theories underpinning behavioural science and its relevance to a range of health and wellbeing outcomes, and how it informs the development of policy, strategy, and the planning and implementation of public health interventions and services
<b>K29</b> the complexities of measuring health improvement when setting performance indicators for programmes and services in specifications and agreements
<b>K30</b> the legislation and regulations relating to procurement, commissioning models and theories of commissioning for outcomes
<b>K31</b> how progress and deliverables against outcomes and processes agreed through a contract, service level agreement, or memorandum of understanding are managed and monitored

<b>K32</b> the different organisations and agencies, both nationally and locally, that play a key role in the public's health, their statutory duties and remits, and the leadership and other roles where key accountabilities lie
<b>K40</b> techniques and methods for communicating sometimes complex messages to different segments of the population to support choices and decisions made at an individual level that impact on health and wellbeing
<b>K41</b> the techniques and methods used to engage with the public and local communities, and to consult with the public in a meaningful way, with an understanding of best practice in the use and application of these methods
<b>K42</b> theories underpinning health education in addressing the wider determinants of health, and the promotion of health for individuals, groups and communities
<b>K50</b> the factors that affect the ability of individuals to learn and develop within a community or work environment; and how to provide accessible learning opportunities that enable people to develop both their own learning and the learning of others

Skills
<b>S2</b> provide and present public health information, analysis, interpretation and insight to support decision making, business planning, policy and strategy development, performance monitoring, and quality assurance
<b>S7</b> participate effectively in the assessment and management of outbreaks, incidents, and single cases of contamination and communicable disease, locally and across boundaries
<b>S8</b> apply protocol and standard operating procedures related to the management of infectious disease, and in response to civil emergencies and unscheduled events, within the scope of the role
<b>S9</b> help to identify, analyse and manage the local impact of longer-term hazards and risks to health that may play out at a global, national or local level
<b>S10</b> communicate the risks and benefits of immunisation and screening programmes to a range of audiences e.g.: health professionals, parents, people from a range of cultures
<b>S11</b> use appropriate methods to access and appraise evidence gained through systematic methods and through engagement with the wider research community
<b>S12</b> critique published and unpublished research, synthesise the evidence and draw appropriate conclusions
<b>S13</b> report and advise on the implications of the evidence base for the most effective practice; to define problems and shape solutions; and to help in the delivery of value for money
<b>S25</b> interact with other specialists and colleagues to improve health and reduce health inequalities through the development, monitoring and review of public health programmes, including the commissioning and delivery of these programmes
<b>S26</b> ensure, where relevant, that tendering and procurement processes are managed appropriately and within policy and legislative requirements when commissioning, planning or providing a range of services to bring about improvements in the public's health (including the drawing up and negotiation of service specifications and performance indicators)
<b>S29</b> present a compelling case for action to improve health and wellbeing and reduce inequalities, using appropriate methods to capture and interpret the evidence
<b>S30</b> use appropriate community engagement techniques to support individuals and communities to have more control over decisions that affect them while promoting health equity, equality and justice
<b>S31</b> respond constructively to political and other tensions while encouraging a focus on the interests of the public's health

<b>S37</b> work with communities to facilitate their engagement and participation in action to improve access to, and navigation of, local services and interventions, and to improve health literacy where it is a barrier to access
<b>S38</b> apply a range of tools and technologies to improve health literacy where it is creating a barrier to accessing services and information
<b>S39</b> manage public perception of health risks or solutions, and convey key messages using a range of media processes
<b>S40</b> consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change

<b>Behaviours</b>
<b>B1</b> promotes the ability of others to make informed decisions
<b>B4</b> recognises peoples expressed beliefs and preferences
<b>B6</b> recognises the need for, and makes use of, opportunities for personal and others' development while recognising different approaches and preferences for learning
<b>B9</b> contributes to the development and improvement of own and others' practice in public health by the application of evidence in improving own area of work
<b>B10</b> objectively and constructively contributes to reviewing the effectiveness of own area of work
<b>B11</b> values people as individuals