

The Centre for
Advancing Practice

Public health advanced practice area specific capability and curriculum framework

Endorsed 2023



Endorsement by NHS England’s Centre for Advancing Practice

This framework has met the Centre for Advancing Practice’s criteria for endorsement as a multi-professional area specific capability and curriculum framework and is ready for delivery.

It will be kept under regular periodic review to ensure that it remains current and responsive to changing population, patient, service delivery and workforce needs.

Further information on the Centre’s approach to area specific capabilities is available here: <https://advanced-practice.hee.nhs.uk/>

Note:

Minor edits to this document have been made to reflect changes in links.

This document has been rebranded in line with NHS England branding guidelines.

Minor amendment in language from Credential to area specific capability.

No other changes to this document have been made.



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Foreword

Over the last ten years, there has been a call to action for health and care professionals to embed public health and prevention into practice. In response, we have seen a growing movement of health and care professionals championing public health and wanting to develop their skills and expertise in this field.

At the same time, the Covid-19 pandemic has shone a light on the value of the specialist public health workforce and their role in providing expert, strategic public health leadership. It is also increasingly evident that improving the health and wellbeing of the population needs to be supported by a much broader workforce from across health and social care and beyond.

The advanced practice route provides one mechanism for registered healthcare professionals to develop their skills, capabilities and careers within public health whilst retaining their professional scope of practice: and thereby providing additional public health capacity within systems.

Insights from health care professionals, employers and public health experts during the scoping of this work reinforced the importance of developing advanced practice roles in public health as part of the modernisation of health care professions.

We are grateful for the contribution of the many colleagues from public health, education, the health and care system and professional bodies in the development of this framework which is an important step in strengthening public health capabilities within the health care professional workforce.

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Purpose, scope and context

This document defines the capabilities required to work at advanced practice level with expertise in public health. It relates to regulated healthcare professionals that include (but are not limited to) nurses, midwives, allied health professionals and pharmacists. It is not intended for the core public health workforce.

It also provides a curriculum framework for developing and assessing the defined advanced practice capabilities.

Advanced-level practice

Advanced level practice is defined by NHS England in its [Multi-professional framework for advanced clinical practice in England \(2017\)](#). as follows:

“Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

... It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes.”

The capabilities are defined using level 7 taxonomy across the four pillars of advanced practice.

Developing and retaining the advanced practice workforce is a strategic priority for the NHS. The 2019 [NHS Long Term Plan](#) recognises the potential of advanced practitioners to meet short- and long-term workforce demands, while the 2020 [NHS People Plan](#) supports scaling up and delivering new roles and models of advanced practice. NHS England has since led on this agenda by working collaboratively across the health and care system to develop safe and effective advanced practice capability and capacity that the system can recognise and utilise within new models of care.

Advanced practice area specific capabilities

Capability and curriculum frameworks that define advanced practice requirements within specific areas of practice are designed to support transferable, recognisable, and sustainable multi-professional advanced practice education and training. They are described and endorsed by the Centre for Advancing Practice as area specific capability framework. The area-specific capabilities defined by each credential specification directly align with the generic capabilities articulated in the [Multi-professional framework for advanced clinical practice in England \(2017\)](#). Credentials are designed for delivery by higher education institutions, working in partnership with service providers, as an integral part of advanced practice education.

Area specific capability frameworks are intended to increase advanced practice capability and capacity in response to workforce demand and accelerate workforce transformation. This includes by defining standardised and nationally transferable training routes that support workforce deployment and mobility. They articulate the capabilities required by the current and future workforce in areas of high-priority need. This includes to deliver services within new models of care.

The Centre for Advancing Practice accredits higher education institutions' advanced practice MSc programmes. Centre-endorsed area specific capability frameworks are primarily designed to be integrated by universities within their accredited advanced practice MSc programmes. They can also be delivered by universities on a 'standalone' basis specifically for take-up by practitioners who have already successfully completed either an advanced practice MSc or the [Centre's ePortfolio \(supported\) route](#).

Practitioners' fulfilment of the capabilities articulated in area specific capability framework must be evidenced in ways that demonstrate the integration of their academic and workplace-based learning and their engagement with the demands of level 7 learning and advanced practice.

Further information on the Centre for Advancing Practice and its approach to area specific capabilities can be found at the following: [Advanced Practice \(hee.nhs.uk\)](#).

Policy context

The [NHS Long Term Plan](#) sets out an ambitious new model for 21st-century healthcare in England, with a focus on prevention and reducing health inequalities. This includes increasing care in the community; redesigning and reducing pressure on emergency hospital services; and providing more personalised, digitally enabled primary and outpatient care. Transformation of this scale requires a change in the workforce, supported by strong clinical leadership and embedding public health into the scope of practice of all health and social care staff. Developing workforce capability and capacity at advanced practice level with expertise in public health work complements a range of other initiatives that are designed to embed population health within healthcare and that recognise that transformation requires a whole-system approach.

The exercise of clinical leadership is essential to achieve population health- and prevention focused health and care services and system-wide change. It is required to recognise and prioritise needs and identify opportunities for embedding public health in specific settings and pathways. It is also required for embedding public health within pre- and post-registration education.

This area specific capability framework forms part of a wider drive to respond to the need to invest in the development of new roles and advanced skills across the health and care system. The [NHS People Plan](#) aims to further the development of advanced practice roles, across professional groups in all healthcare settings. Alongside the [NHS Long Term Plan](#), it highlights the need to transform care with a population health and prevention focus. Enabling practitioners to lead and embed a population health and prevention approach within their

practice is crucial to achieving that transformation across services, specialties and practice environments. This framework articulates the capabilities required to do so.

The framework is designed to be flexible and applicable to the multi-professional healthcare workforce across a diverse range of health and care settings. It has relevance to different professions and different spheres of practice and supports practitioners to embed public health within their individual scope of practice. It provides clarity to practitioners, system leads, managers/employers, higher education institutions and workplace-based supervisors on the capabilities required to work in this way. It should also inform learning and teaching strategies to maximise opportunities for advanced practice learning and development and support the deployment of advanced practice workforce capability and capacity in different clinical areas and practice environments.

Summary information on this area specific capability framework

Academic level of learning	7	Indicative volume of learning	600 hours
Aim	To develop practitioners who actively develop and demonstrate advanced practice capabilities with expertise in public health that are appropriate to their scope and context of practice.		
Pre-requisites	Practitioners must meet the following requirements: <ul style="list-style-type: none"> • Hold current registration with the relevant UK regulatory body (i.e. in line with the practice of their profession). • Have an agreed scope of practice within which their expertise in public health can be developed, demonstrated and embedded. • Be working at, or working towards, advanced practice level, as defined by the Multi-professional framework for advanced clinical practice in England (2017). • Have the support of their employer to engage with the full requirements of this area specific capability framework, including those relating to workplace-based supervision, learning and assessment. 		

Co-requisites	<p>Practitioners must engage with this area specific capability framework either as an integral part of undertaking a full advanced practice MSc programme, or</p> <ul style="list-style-type: none"> • Following their successful completion of such a programme or • Following their demonstration of the equivalence of this via the Centre for Advancing Practice's ePortfolio (supported) route. <p>This integrated or sequential approach ensures that practitioners fully meet the capabilities set out in the Multi-professional framework for advanced clinical practice in England (2017) across the four pillars of practice: clinical, education, leadership and management, and research.</p>
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Contribution of healthcare professionals working at advanced practice level with expertise in public health

Regulated healthcare professionals operating at advanced practice level work across a range of health and care settings and can manage clinical care in partnership with individuals, families and carers and across organisational boundaries. Working within their area of professional practice, they are ideally positioned to influence, lead and contribute to population health and promote the public health agenda to ensure its incorporation into local policy and guidance, regardless of role, speciality or location. Advanced practice is the accepted pathway of clinical progression within many healthcare professions and practitioners may develop advanced practice capabilities in one or more specialty areas.

Healthcare professionals working at advanced practice level with expertise in public health will provide a bridge between the core public health workforce and the wider workforce, enabling public health to be embedded within clinical pathways and services. They will have the capability to operationalise the strategic direction from a Trust board, Integrated Care System or Health and Wellbeing Board's strategic direction to embed a population health and prevention focus.

They may work in a variety of different roles and settings, as well as across organisational boundaries in the wider health and care system. This includes primary, community, acute and mental healthcare, local authorities, the private sector, education and in the voluntary and community sectors.

Practitioners working at advanced practice level with expertise in public health will bring a population health and prevention focus to their clinical area. Their unique perspective as a clinician with expertise in public health will enable them to identify opportunities to embed prevention within clinical pathways and services and to draw upon the clinical skills of their colleagues to support public health priorities. They will influence and lead clinical colleagues to deliver change at a service, organisational, or pathway level. While their activity will vary between services, settings and organisations, a key element will be to identify opportunities to implement change. Outline descriptors of advanced practice roles in which expertise in public health is deployed are provided below.

Example descriptors: advanced practice roles involving the deployment of expertise in public health

Advanced practitioner with strategic lead responsibility for ensuring physical health is addressed for people with serious mental illness. Likely employer - Mental Health Trust.

This role would champion the importance of physical health checks for people with mental illness, they would oversee the development of pathways, support the development of a culture addressing holistic care, support staff training, develop partnerships with other organisations, oversee 'make every contact count' (MECC) implementation, ensure quality improvement initiatives are evaluated and share best practice.

Paramedic advanced practitioner - public health.

Likely employer - Ambulance service or a Primary Care Networks.

This role would lead research into ambulance population epidemiology and identification of ambulance-based public health issues and develop and implement public health interventions in frontline ambulance practice. The role would navigate the hospital/ ambulance and primary care/ambulance interfaces to involve and represent ambulance services in existing public health structures. The post holder would lead a team of specialist paramedics in public health/community specialist paramedics where applicable and support the director of public health in ambulance services to advise the Trust boards on public health issues.

Advanced practitioner increasing physical activity for people with long-term conditions. Likely employer - Integrated Care System.

This role would provide clinical leadership to support increased engagement in physical activity by people with long term conditions such as diabetes, musculoskeletal conditions (MSK), respiratory disease and chronic pain. This role would work closely with the local public health team to complement their wider physical activity strategy. The role would have a specific focus on supporting those with chronic conditions who feel general advice is not tailored to their needs. The role would provide a focal point to support health care professionals and leisure services colleagues to provide proactive support to the people they work with so that everyone feels able to participate in safe and enjoyable physical activity. This role would support dissemination of relevant messaging for different health conditions and build physical activity into clinical pathways. The post holder would also support public messaging in collaboration with partner organisations and integrated communications plans.

Relationship of this area specific capability framework to public health career pathways

Public health career pathways are multi-professional and multi-disciplinary in nature, with multiple routes to professional registration. Public Health England’s (2016) [Fit for the Future report](#) recognises both a core public health workforce and wider public health workforce. It recommends the development of flexible and agile portfolio careers in public health across the multi-disciplinary workforce.

Healthcare professionals working at advanced practice level with expertise in public health sit between the core and wider workforce, enabling regulated healthcare professionals to maintain their primary professional registration, skills and practice, while formally increasing their public health capabilities and integrating their population health leadership skills within their clinical practice.

The capabilities required of healthcare professionals working at advanced practice level with expertise in public health have been developed with reference to the Public Health England (2016) [Public Health Skills and Knowledge Framework](#) and the UK Public Health Register (2018) [Registration Standards. Public Health Practitioner, 2nd Edition](#). This is to demonstrate how advanced practice sits within the existing public health career pathway, offering practitioners agility and flexibility in their future career development.

Healthcare professionals working at advanced practice level with expertise in public health are expected to be able to demonstrate all the standards required for UK Public Health Register practitioner registration. They are not expected either to practise at the level of specialist public health registrants or to have the breadth of practice across all areas of public health. This is illustrated in Figure 1.

Developing Public Health Expertise Across the Public Health System in England

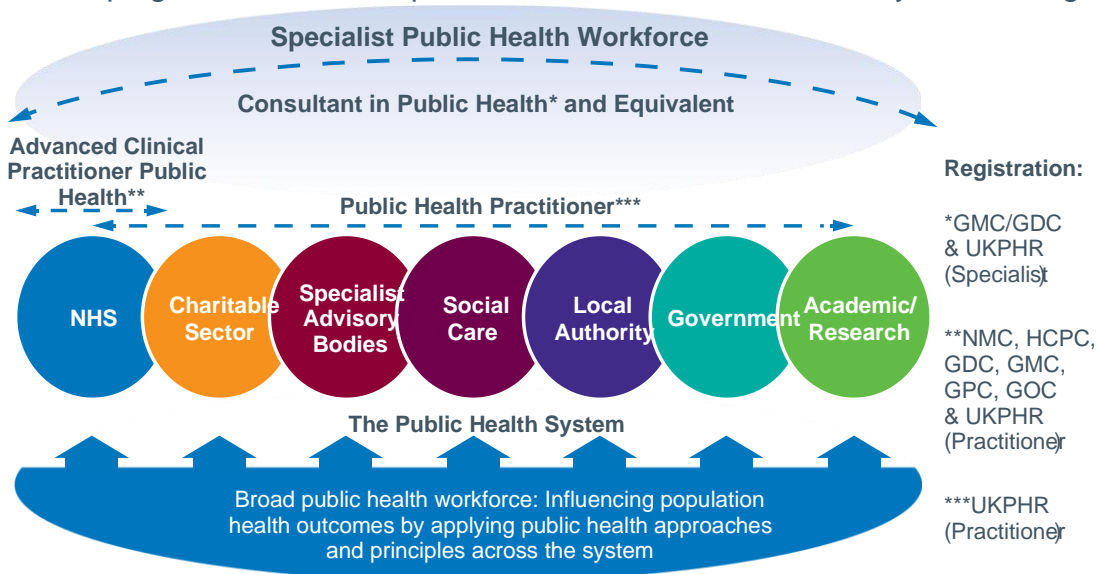


Figure 1: Relationship of a registered healthcare professional working at advanced level practice with expertise in public health to core registered public health workforce.

Structure and approach

This framework defines the capabilities required for multi-professional advanced practice with expertise in public health. The capabilities are categorised in the following four domains:

- Domain A. Population-focused collaborative working
- Domain B. Population-level health assessment
- Domain C. Identifying and appraising public health programmes, services and interventions
- Domain D. Implementing, monitoring and evaluating public health programmes, services and interventions.

Practitioners also need to develop and demonstrate capabilities across the following pillars of advanced practice:

- Leadership and Management in Clinical Practice (Pillar 2)
- Education in Clinical Practice (Pillar 3)
- Research in Clinical Practice (Pillar 4).

To achieve this, practitioners must engage with this framework either as an integral part of completing an MSc programme in advanced practice or following their successful completion either of an advanced practice MSc degree or the Centre for Advancing Practice's ePortfolio (supported) route.

The area-specific capabilities map to the capabilities set out in the [Multi-professional framework for advanced clinical practice in England \(2017\)](#). The mapping is summarised in the table below.

Pillars of advanced practice	Public health advanced practice domains	Specific capabilities within the Multi-professional framework
Clinical	Domain A. Population-focused collaborative working	1.1, 1.2, 1.3, 1.4, 1.5, 1.9, 1.10, 1.11
	Domain B. Population level health assessment	1.1, 1.2, 1.3, 1.6, 1.10, 1.11
	Domain C. Identifying and appraising public health programmes, services and interventions	1.1, 1.2, 1.3, 1.5, 1.6, 1.8, 1.11

	Domain D. Implementing, monitoring and evaluating public health programmes, services and interventions	1.1, 1.2, 1.3, 1.4, 1.7, 1.10, 1.11
Leadership and Management	Practitioners also need to complete their advanced practice education across the other pillars of practice (leadership and management, education and research) through completing an advanced practice MSc programme that covers all four pillars of practice. The public health area specific capability framework can be undertaken either as an integral part of an advanced practice MSc programme or following the successful completion either of an advanced practice MSc or the Centre's ePortfolio (supported) route.	2.1-2.11
Education		3.1-3.8
Research		4.1-4.8

The presentation of each domain comprises learning outcomes, capabilities and indicative learning content. The learning outcomes are numbered for ease of reference. However, this should not be read as indicating a prescribed pathway, process or hierarchy.

This document uses the following definition of capability: the attributes (skills, knowledge and behaviours) that practitioners bring to the workplace. This includes the ability to be competent and, beyond this, to manage change, be flexible, deal with situations that may be unpredictable, and continue to improve performance.

The capabilities' development has been informed by the following:

- UK Public Health Register (2018) [Registration Standards. Public Health Practitioner, 2nd Edition.](#)
- Public Health England (2016) [Public Health Skills and Knowledge Framework.](#)
- Faculty of Public Health (2015) [Public Health Speciality Training Curriculum.](#)
- Other advanced practice capabilities, public health standards, and uni-professional standards, adapted for level and depth, as required.

The domains in this framework include elements of the three domains of public health, as specified in the Faculty of Public Health (2015) [Public Health Speciality Training Curriculum](#). These are health improvement, health protection and healthcare public health. However, they reflect differences in the level, depth and breadth of practice between healthcare professionals working at advanced level with expertise in public health and consultants in public health practice.

All healthcare professionals working at advanced practice with expertise in public health level should develop their skills and knowledge to the standard outlined in this area specific capability framework, thereby demonstrating their ability to meet the demands of level 7 learning and advanced level practice. In this way, they need to demonstrate that they can deal with high levels of complexity, risk and ambiguity in their professional practice relating to public health, underpinned by critical reflection, creative thinking and a critical engagement with the evidence base. It is acknowledged that individual practitioners will demonstrate the capabilities in different ways, depending on the nature, scope and context of their practice, role and profession.

Pre-requisites to engaging with this area specific capability framework

Practitioners must meet the following eligibility criteria to engage with this area specific capability framework:

- Hold current registration with the relevant regulatory body to practise their profession.
- Be working in a role that enables them to practise to their full potential to optimise the benefits that their professional skills and capabilities bring to improving health and wellbeing.
- Have the support of their employer, including access to workplace-based supervision arrangements, to engage with the full demands and requirements set out in this document (including to meet the full requirements to practise at advanced practice level).

Individual and organisational governance arrangements need to be robust and comply with all legal, regulatory and professional frameworks to ensure public safety. The key principles in planning for and the governance of an advanced practice workforce are set out in the [Multi-professional framework for advanced clinical practice in England \(2017\)](#). Further information is provided in NHS England's (2022) advanced practice Governance Maturity Matrix; [Governance of advanced practice in health and care provider organisations - Advanced Practice \(hee.nhs.uk\)](#).

Elements of public health are a requirement of registration for all regulated healthcare professionals, although the scope and depth of content varies across professions. The primary focus of most professions' standards is at an individual level and relates to promoting wellbeing, preventing ill health and practising person-centred care. This includes through effective self-management, self-care and expert patient support. Some professional regulatory standards include requirements relating to community development; reduction of health inequalities; family and community-based interventions; and global and multi-cultural

aspects of delivering evidence-based, sustainable healthcare. However, there is a wide variation in the regulatory requirements that apply to different professions.

Healthcare professionals working towards advanced practice level with expertise in public health must have a scope of practice that fits with developing their capability in this way and the support of their employer to engage with the requirements of this framework. This must either be as an integral part of practitioners undertaking an advanced practice MSc programme or following their successful completion of such a programme or following successful completion of the Centre's ePortfolio (supported) route. Practitioners must also have the support of their employer to engage fully with the framework's requirements for workplace-based supervision, learning and assessment.

Professional ethics, standards and codes of practice

All practitioners are accountable to the professional regulator with which they must hold current registration to practise their profession.

Each regulator sets the expected standards of practice and codes of conduct for registrants.

Equality, diversity and inclusion

Delivery of this area specific capability framework must comply with the requirements of equality and diversity legislation, as set out in the Equality Act, 2010. This includes from recruitment through to completion. Equality, diversity and inclusion should be actively monitored. This includes in terms of learner progression and differential attainment in assessment, with attention paid to potential differences arising from professional background, practice environment and work pattern.

Quality management

This framework will be kept under review to ensure that it remains current, responsive to changing needs and fit for purpose. This will be done in line with the arrangements set and enacted by Centre for Advancing Practice arrangements for all endorsed area specific capability frameworks. NHS England and the Office of Health Improvement and Disparities will liaise to ensure that a timely, informed periodic review of the area specific capability framework takes place.



Area-specific capabilities for advanced practice with expertise in public health

Domain A. Population-focused collaborative working

([Multi-professional framework for advanced clinical practice in England \(2017\)](#)):

1.1,1.2,1.3,1.4,1.5,1.9,1.10,1.11)

Learning Outcomes

1. Operate in complex and specialised contexts, with a range of multi-agency and inter-professional partners across boundaries and settings to improve population health (including preventing ill-health) and reduce health inequalities.
2. Collaborate effectively with multiple teams across a range of multi-agency and interprofessional partners to improve population health and reduce health inequalities.
3. Identify, evaluate and maintain capabilities and qualities to support effective communication in a range of complex and specialised contexts and audiences.

Capabilities

Healthcare professionals working at advanced practice level with expertise in public health practice should be able to:

- Effectively engage, facilitate and collaborate with a range of diverse partners, across organisational, setting and system boundaries, to improve public health outcomes, reduce health inequalities and build capacity for public health action.
- Agree collaborative goals, outcomes and objectives and actions to improve population health and reduce health inequalities with a range of stakeholders.
- Negotiate and influence to mobilise resources for public health action, improve population health and reduce health inequalities.
- Utilise a range of collaborative, participatory and asset-based approaches to improve population health and reduce health inequalities.
- Communicate effectively across a range of settings, including with professional, lay, political and media audiences, adapting their approach to communication accordingly.
- Communicate with the public through appropriate media (including social media), recognising the complexity of public health messages, including risk communication, and understanding the strengths and limitations of different media and their application for specific target groups.
- Advocate for the principles of person-centre practice and apply these at a population level; see [Person Centred Practice | Health Education England \(hee.nhs.uk\)](#).

Indicative learning content

- Critical reflection
- Collaborative working across the health and care system
- Person-centred communication and community-focused health and care
- Stakeholder management
- Establishing and maintaining partnerships
- Advocacy for public health
- Negotiation and influencing
- Asset-based principles and approaches
- Self-appraisal



Domain C. Identifying and appraising public health programmes, services and interventions.

[\(Multi-professional framework for advanced clinical practice in England \(2017\):](#)

1.1,1.2,1.3,1.5,1.6,1.8,1.11)

Learning Outcomes

1. Flexibly and creatively apply knowledge to identify public health programmes, services and interventions to improve population health and reduce health inequalities.
2. Develop critical responses to existing theoretical discourses, methodologies or practices and suggest new concepts or approaches to recommend public health programmes, services and interventions to improve population health and reduce health inequalities.
3. Undertake analysis and synthesis of complex information, evidence and data to manage risk appropriately, balancing the needs of individuals and populations and support teams.

Capabilities

Healthcare professionals working at advanced practice level with expertise in public health should be able to:

- Identify and appraise desired health and wellbeing outcomes to improve population health and reduce health inequalities.
- Identify and critically appraise evidence of effectiveness for public health programmes, services and interventions, including digital technologies and other innovations as they emerge, through a robust and systematic process.
- Recognise and critically appraise a range of public health programmes, services and interventions against identified needs.
- Evaluate the impact of public health programmes, services and interventions at individual and population levels and on health inequalities.
- Identify and appraise relevant policies and strategies.
- Consider a range of risks and benefits, including health, organisational, financial and reputational and make recommendations for action.
- Consider wider determinants of health and make recommendations for action.
- Effectively communicate with partners and disseminate information to them to influence action to improve population health and reduce health inequalities.

- Identify and appraise gaps in evidence relevant to their area of practice to inform areas for research and evaluation to improve population health and reduce health inequalities.

Indicative learning content

- Critical appraisal
- Sources of evidence
- Hierarchy of evidence
- Wider determinants of health
- Health inequalities
- Risks to individual and population level health
- Basic principles of health economics
- Principles of prevention, including primary, secondary and tertiary prevention
- Principles of behaviour change
- Population level interventions
- Health policy and strategy

Domain D. Implementing, monitoring and evaluating public health programmes, services and interventions

[\(Multi-professional framework for advanced clinical practice in England \(2017\):](#)

1.1,1.2,1.3,1.4,1.7,1.10,1.11)

Learning Outcomes

1. Operate in complex and unpredictable and/or specialised contexts to advocate for developing and delivering population-level and preventative care that is informed by an understanding of local population health needs and inequalities, agencies and networks.
2. Act with initiative in decision-making, accepting full accountability for outcomes associated with the implementation of a programme that seeks to improve population-level health and/or reduce health inequalities.
3. Undertake analysis of complex information, evidence/data and judge the appropriateness of the enquiry methodologies used to monitor and evaluate programmes, services and interventions that aim to improve population health and reduce health inequalities.

Capabilities

Health and care professionals working at advanced practice level with expertise in public health should be able to:

- Critically apply principles of primary, secondary and tertiary prevention.
- Evaluate an issue prioritised for public health action and identify steps for change.
- Demonstrate how planned actions will result in expected outputs that improve public health outcomes.
- Develop and implement an evidence-based programme, service or intervention to improve population health and reduce health inequalities.
- Define measurable public health goals, objectives and key performance indicators.
- Select and apply change management and organisational development approaches to achieve improvements in public health outcomes.
- Develop strategies for monitoring and evaluating programme outputs and outcomes, and for sharing evidence of effectiveness.
- Be accountable for outputs and outcomes ensuring actions are in line with business priorities and objectives and within time and resources available. Make and support complex decisions, based on the best available evidence. Monitor outcomes and other programme metrics.

Indicative learning content

- Evaluation
- Programme monitoring
- Project management
- Targets, inputs, outputs, outcomes
- Organisational change
- Change management
- Performance management
- Resource allocation
- Critical appraisal
- Decision-making.

Approach to learning

This framework is designed to enable flexibility in how it is delivered and taken up. However, the focus of its delivery must be on ensuring the integration of practitioners' academic and workplace-based learning and their fulfilment of the demands of level 7 learning and advanced-level practice. Practitioners' engagement with the framework should meet both their individual advanced practice learning needs and the advanced practice workforce development needs of the service through which they deliver care.

Higher education institutions and workplace-based supervisors should use the framework to plan their learning and teaching strategies. These need to maximise the learning and development opportunities in both academic and workplace settings and to support the integration of the two.

Practitioners engaging with the framework need to develop and demonstrate their fulfilment of all the capabilities that it defines through engaging with a variety of learning methods. Support for developing the capabilities requires collaboration between higher education institutions, local service providers and practitioners as learners. Practitioners' employers retain full responsibility for all aspects of clinical governance in the workplace.

Workplace-based supervision and learning

Workplace-based supervision and learning underpins the philosophy of this framework, supported by the learning and teaching strategies outlined below.

Workplace-based learning should provide the majority of practitioners' experiential learning opportunities, supported by their working with workplace-based supervisors and other experienced professionals. Workplace supervision should be provided in line with the NHS England's resources on advanced practice workplace-based supervision; see [Workplace Supervision for Advanced Clinical Practice - Advanced Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice).

Continuous systematic feedback and critical reflection are integral to learning from practice. Practitioners engaging with the framework are required to keep evidence of their workplace-based learning activity and development in a reflective portfolio.

Formal teaching and learning opportunities

Practitioners should maximise the value of the teaching and learning opportunities provided by the higher education institution delivering this framework as an integral part of advanced practice education and their workplace environment. Teaching and learning opportunities include, but are not limited to, the following:

- Learning from practice, including public health project work, research and quality improvement projects, workplace shadowing and engagement in management, interagency, stakeholder or other meetings.
- Engagement in formal learning opportunities, including online learning opportunities, conferences and study days.

- Informal learning opportunities such as journal clubs, peer learning, small-group learning, case-/scenario-based discussions, reflective practice sessions and other informal sessions.
- Self-directed learning, such as reading, research and reflective practice.



Approach to assessment

The assessment strategy should allow practitioners to demonstrate their fulfilment of the learning outcomes and capabilities set out in this framework. This needs to be in the context of delivering high-quality care to meet population/patient needs within the specific service delivery model in which practitioners have a role and within their individual scope of practice.

The grading criteria are offered as a guide. It is not essential that they are used explicitly. However, higher education institutions must be able to demonstrate how their criteria align with those set out in this document.

Practitioners must be supported and required to evidence the integration of their academic and workplace-based learning to fulfil the learning outcomes and demonstrate capabilities set out in this framework and to engage in learning and development activities that reflect the demands of advanced practice/level 7 learning. This includes in terms of engaging with complexity, ambiguity and risk and engaging critically with the evidence base.

Practitioners must maintain a portfolio of evidence of their learning, development and progress and use their portfolio as a medium for critical reflection on their learning and practice (again, in line with the demands of advanced-level practice/level 7 learning).

Workplace-based assessment

A key element of the preparation for individuals to practise at advanced practice level with expertise in public health is the formal assessment of their achievement of the capabilities set out in this framework, within the context of their scope of practice and role. It is critical to the implementation, acceptance and sustainability of advanced practice that healthcare professionals working at this level are widely recognised as having a consistent level of capability. Practitioners must also be equally capable of fulfilling the area-specific requirements of functioning at this level.

To ensure assessment in the workplace is valid and reliable:

- Assessors must be occupationally competent, including in assessment, and be familiar with the chosen assessment tools.
- A range of assessors, trained in the relevant assessments, should be used, including educators with appropriate academic and practice experience and competent professionals at the required level; this must include at least one public health specialist (registered with the UK Public Health Register, the General Medical Council or the General Dental Council).
- Employers must invest in and support staff to undertake assessment(s) in practice.

Workplace-based assessment must happen within the work setting and be undertaken by experienced practitioners who understand the nature and level of capability required within advanced practice. This shared understanding is especially important in a multi-professional context.

There is a strong need for collaboration and working across professional and organisational boundaries to ensure that learning and assessment in practice delivers practitioners who consistently meet the required outcomes and capabilities across different settings.

Workplace-based assessment should include a portfolio of evidence and a panel-led case-based discussion.

Assessment methods

The required assessment methods attached to this framework are detailed below. Assessments may be taken in any order according to local arrangements. The same assessor should ideally carry out both assessments. Assessors should only assess one practitioner at a time. Practitioners are required to pass both elements of the assessment (i.e. the portfolio of evidence and the panel-led discussion) in order to demonstrate their fulfilment of all the capabilities in the framework.

Overview and Methods

Method	Areas to be assessed by this assessment method	Indicative contribution to final grade	Recommended duration/word count	Assessed by	Indicative grading criteria
Portfolio of evidence	The capability statements across all domains	50%	Word count equivalent: 5000 words	Assessor (to include a public health Specialist)	Needs further development Capable Excellent
Panel-led question and answer session using a case-based discussion from the portfolio of evidence (CBD)	The capability statements across all domains	50%	60-minute question and answer session	Assessment panel including (but not limited to): Assessor (to include public health specialist) Employer Learning provider	Needs further development Capable Excellent

Portfolio of evidence

Practitioners' portfolio should evidence their workplace experience, learning and development and demonstrate their fulfilment of the learning outcomes and capabilities set out in domains A, B, C and D of this framework within their scope of practice.

As a minimum, practitioners' portfolio of evidence should include two in-depth critical narrative pieces, in addition to a range of evidence pieces that demonstrate their fulfilment of the capabilities. The critical narrative pieces must demonstrate practitioners' critical thinking, reflective practice and engagement in evidence-based practice, in line with the demands of level 7 learning and advanced practice.

The evidence that practitioners include in their portfolio should demonstrate their workplace experience over a minimum period of six months.

The assessors for practitioners' portfolio of evidence must include an individual who is on the General Medical Council or General Dental Council specialist register or UK Public Health (specialist) register.

Additional portfolio requirements must be determined and standardised by the higher education institution delivering this framework as an area specific capability framework. These requirements must relate to determining whether and how practitioners demonstrate and evidence their fulfilment of all the framework's learning outcomes and capabilities.

Panel-led question and answer session using a case-based discussion (CBD)

The purpose of the panel-led question and answer session is to enable practitioners to demonstrate their fulfilment of the learning outcomes and capabilities set out in this framework, focused on their underpinning knowledge and understanding of the breadth and depth of advanced practice with expertise in public health.

The panel should comprise an assessor (to include an individual who is on the General Medical Council or General Dental Council specialist register, or the UK Public Health specialist register) and ideally the practitioner's employer and a third-party member. This can include (but is not limited to) a representative from the higher education institution delivering the framework as an area specific capability framework or another recognised workplace-based supervisor.

A structured case-based discussion template must be used for managing and grading the session to ensure consistency.

The assessment panel should prepare a number of discussion points to ensure practitioners are enabled to demonstrate their fulfilment of the capabilities identified and to evidence the required skills, knowledge and behaviours using a range of examples from their own practice. Examples can be drawn from practitioners' portfolio of evidence.

The assessment should take around 60 minutes to allow time for a sufficient range of questions to be asked and for practitioners to have time to provide answers of sufficient depth and level of detail (in line with the demands of level 7 learning and advanced practice).

The panel must not use prompts or leading questions. Practitioners should have no prior knowledge of the discussion points on which they will be asked and should not be briefed prior to taking part in the session by the assessment panel.

It must be ensured that there are standard templates for recording questions and responses and that assessors are trained in how to complete the case-based discussion template. This is to ensure there is consistency and reliability in the recording process and to enable moderation/evaluation activities by internal and external stakeholders.

There must be a range of 'discussion points/question banks' of sufficient size to prevent predictability. These must be kept under regular review (at least once a year) to ensure that they remain current, fit for purpose and cover the capabilities required to be assessed, as set out in this framework.



Assessment grading

Practitioners should be graded on completion of the assessments using the indicative grading criteria below. They are required to pass both individual assessment methods in order to demonstrate their fulfilment of all the learning outcomes and capabilities set out in this framework.

Grade	Criteria	Overall outcome
Excellent	<p>Practitioners demonstrate evidence of the following:</p> <p>An excellent level of knowledge and understanding of complex issues, underlying concepts and is at the forefront of practice, including ability to evidence this in their practice setting.</p> <p>Evidence of original, independent, and critical thought and demonstrates this through approach to practice.</p> <p>Explores the boundaries of existing knowledge and has robust and empirical insight into advanced practice.</p>	Pass – successful completion
Capable	<p>Practitioners demonstrate evidence of the following:</p> <p>Understanding and application of advanced practice relevant to their role.</p> <p>Able to apply a range of the major concepts, theory and methodology of practice.</p> <p>Able to connect aspects of core subject knowledge with the application of skills.</p> <p>Logical style and presentation of analysis that is generally coherent and well-structured.</p> <p>Demonstrates consistently safe, effective practice at advanced practice level.</p>	Pass – successful completion
Needs further development	<p>Practitioners demonstrate evidence of the following:</p> <p>Insufficient understanding of advanced practice and unable to demonstrate this consistently.</p> <p>Inadequate attention to structure and organisation of their practice.</p> <p>Advanced practice is evident, but not consistently and robustly applied.</p>	Fail – unsuccessful completion

Appendix 1: How this framework was developed

Development of this framework was commissioned by Health Education England (now NHS England) following a scoping exercise in 2019/2020. The exercise examined the need for a specific advanced practice capability framework for public health. The exercise concluded that the development of an advanced practice capability framework in public health would be advantageous and that there were risks attached to not developing such a framework.

The document's development was overseen by a project steering group. This ensured that the process was informed by appropriate multi-professional expertise, cross-sector representation from across England, and that the needs of a diverse range of communities and populations were represented (see Appendix 2).

A professional reference group was also established. Membership was invited from professional bodies representing the healthcare professionals who may work at advanced practice level with expertise in public health. The reference group included members of professions regulated by the Nursing and Midwifery Council, the Health and Care Professions Council, the General Dental Council, the General Pharmaceutical Council and the General Osteopathic Council.

Initial desk-based research identified the evidence base in relation to competent public health practice. In consultation with members of the project steering group and professional reference group members, key themes were also identified from existing public health competency frameworks.

The content of the UK Public Health Register (2018) [Registration Standards, Public Health Practitioner](#), the Public Health England (2016) [Public Health Knowledge and Skills framework](#) and the Faculty of Public Health (2015) [Specialty Training Curriculum](#) were mapped to identify the elements required for advanced practice and those considered not necessary. Consideration was also given to other uni-professional frameworks. This included the draft Specialist Community Public Health Nursing (SCPHN) which was out for consultation at the time.

The identified required elements were then framed as capabilities, reflecting the level of practice consistent with the [Multi-professional framework for advanced clinical practice in England \(2017\)](#).

Several iterations of the framework were developed and refined, based on the findings of the desk research and in consultation with both the project steering group and the professional reference group. Through engagement with these groups, any differences of view were moderated and addressed through a consensus-building approach to develop a draft for wider consultation.

The draft framework and a link to an online survey were disseminated widely by the project steering group and professional reference group to their networks and contacts. Based on analysis of responses to the survey, further amendments and refinements to the framework were made. A final draft was then agreed by both the professional reference group and project steering group.

An indicative assessment strategy, including assessment methods and grading descriptor, was developed for inclusion in the framework. Again, this involved close working with the project steering group to ensure that the strategy would be deliverable within higher education institutions' advanced practice programmes. The strategy was agreed by the project steering group.

The full document was submitted for independent review within the Centre's area specific capability framework endorsement process. Changes and additions were made in response to Centre feedback.

Patient and public involvement

A condition of Centre endorsement was clarity on arrangements for public and patient involvement in the document's delivery and onward development and for keeping its ongoing currency under review.

The capabilities required for advanced-level practice with expertise in public health were informed by and based on mapping of the key public health standards, framework and curriculum documents listed above. The development of each of was shaped by public involvement in the following ways:

- UK Public Health Register (2018) Standards were developed through an extensive consultation process, with over 50 electronic responses gained from individuals, groups, and organisations, and over 200 individuals attending consultation events. The standards are overseen by the Register's education and training standards committee, which reports to the Register's board. Both the committee and board include lay representation.
- The Faculty of Public Health (2015) Speciality Curriculum is overseen by the faculty education committee, which reports to the Faculty board. Both the committee and board include lay representation.

This document has been developed with due regard for the capabilities for public health practice. These include population-focused collaborative working and embedding the six principles of person-centred care at a population level.

Most of the organisations represented on the steering group and professional reference group have lay members within their structures. Their networks are all different, bringing some degree of diversity.

Future public involvement to inform this document's delivery, ongoing development and currency will be strengthened through the following:

- Securing lay representation on the steering group.
- Explicitly asking steering group member to consult with their lay representatives within their respective organisations.

- Requiring higher education institutions delivering the framework to involve lay representatives in designing learning and assessments and evaluating its delivery.

Timeline for development

A summary of development activity to produce the framework as a Centre-endorsed area specific capability framework is outlined in the table below.

Development activity	Timeline
Phase 1 – Scoping	
Project steering group established	2019
Exploration of need for advanced practice in public health	2019
Activities to identify and scope existing multi-professional public health standards, curricula and competencies, as well as those in development, and to map the content and level of practice between the advanced practice and public health frameworks	2019-May 2020
Phase 2 – Development of framework	
Interviews with steering group and professional group members to shape framework	August-November 2020
Initial draft of framework	November 2020
Steering group meetings	December 2020, January and May 2021
Professional reference group established and engaged	December 2020, February 2021, May 2021
Framework refined, with input from steering group and professional reference group	Dec 2020-March 2021
Consultation, including via an online survey	March-April 2021
Analysis of consultation findings	April 2021
Final draft of framework developed	May 2021

Framework agreed by professional reference group and steering group	May 2021
Phase 3 – Development and submission of framework	
Mapping of framework against the Centre for Advancing Practice endorsement criteria	August-September 2021
Final revisions made to framework prior to submission for independent review within the Centre’s endorsement process	October 2021
Amendments made to framework in response to feedback from Centre education assurance group.	February 2022

Appendix 2: Steering group and professional reference group members

Steering group

- Janet Flint/Margit Ververis – Health Education England Population Health and Prevention Team • Richard Collier – Health Education England Centre for Advanced Clinical Practice
- Alison Farrar – Health Education England Regional Workforce Transformation representative
- Libby Potter – Health Education England, Head of Portfolio for national teams
- Linda Hindle (Chair), Diane Ashiru-Oredope and Sarah Addiman – Public Health England
- David Chappel - Faculty of Public Health
- Marcial Boo and David Kidney – UK Public Health Register
- Jackie Chin - NHS England/Improvement
- Angela Bartley and Judith Stonebridge - Representatives of NHS Providers
- Fiona McCullough – University of Nottingham
- Helen Donovan, Jignasa Mehta and Sammer Tang – Representatives from the Professional Reference Group
- Laura Charlesworth, Kate Lees and Mirembe Woodrow – Project Team

Professional reference group

- Jane Bourne - British Association of Drama Therapists
- Simon Dickinson - British Association of Prosthetists & Orthotists
- Thomas Welbank - British Dietetic Association
- Jignasa Mehta - British and Irish Orthoptic Society
- Gill Rawlinson/Alexandra Nambyiah - Chartered Society of Physiotherapy
- Sammer Tang - College of Paramedics
- Zonya Jeffrey - Institute of Biomedical Science
- Jo Hopkins/ Teresa Stanley - Royal College of Occupational Therapists
- Susan Williams - Society of Radiographers
- Keri Hutchinson - The College of Podiatry
- Rachael Middle - The Royal College of Speech and Language Therapists
- Helen Donovan - Royal College of Nursing
- Claire Livingstone - Royal College Midwives
- Robert Nettleton - Institute of Health Visiting
- Steve Nimmo - Faculty of Occupational Health Medicine
- Emma Pearce - British Medical Association

- Maggie Rae/James Gore - Academy of Medical Royal Colleges
- Robert Witton - British Dental Association
- Stephen Doherty - Royal Pharmaceutical Society
- Anne Harriss - Society of Occupational Medicine
- Laura Charlesworth, Kate Lees and Mirembe Woodrow – Project Team

Appendix 3: Bibliography and sources of further information

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UK Public Health Register (undated)

[Infographic showing competency frameworks and professional standards in public health](#)