Generic Competencies for Public Health in Aotearoa-New Zealand

From the

Public Health Association of New Zealand

In association with

Health Promotion Forum of New Zealand
Māori Community Health Workers
New Zealand Institute of Environmental Health
Public Health Nurses Section of New Zealand Nurses Organisation

E ngā hoa, e ngā tuakana, e ngā rangatira tēnā koutou katoa
He tonu tēnei ki a koutou ki te whakaaro,
ki te whiriwhiri hoki i ngā kōrero i roto i tēnei pukapuka
E ai ki ngā whakatauki “Ko tau rourou, ko tāku rourou,
ka ora te iwi”.

Ngā mihi nui ki a koutou katoa.

Acknowledgements

These competencies have been developed by a coalition of the following public health disciplines in collaboration with the Public Health Association of New Zealand:

- Health Promotion Forum of New Zealand
- Māori Community Health Workers
- New Zealand Institute of Environmental Health
- Public Health Nurses Section of New Zealand Nurses Organisation.

The Australasian Faculty of Public Health Medicine has assisted this process greatly.

The coalition acknowledges and thanks the many people who have shared workplace and disciplinary competency statements, attended consultation meetings, provided comment and had input into the development of the competencies.

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The Generic Competencies Project

This document presents a set of generic competencies for public health that provide a minimum baseline set of competencies that is common to all public health roles across all public health sectors and disciplines. The competencies provide a 'whole of sector' view of the workforce development required to meet the public health aims of improving the overall health status of the population and reducing health inequalities. They are intended for use by:

- practitioners
- managers
- policy makers and analysts
- educators and trainers
- funders and planners.

Te Tiriti o Waitangi

The New Zealand Health Strategy[3] has drawn on Te Tiriti o Waitangi to provide a set of three guiding principles for public health. These are:

- participation of Māori at all levels
- partnership in service delivery
- protection and improvement of Māori health status.

These principles provide an overarching framework for the generic competencies and the priority of addressing the disparities that continue to exist between Māori and non-Māori.

Definition of public health

Public health has been defined as "the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society".[4] It is concerned with keeping people healthy and improving the health of populations rather than with providing individualised care for people who are unwell. Public health action takes place at many levels within the health sector and in collaboration with other sectors.[5]

In Aotearoa New Zealand, definitions of public health include a Māori perspective that recognises:[6]

- health is dependent on a balance of factors including: Te Taha Wairua, Te Taha Hinengaro, Te Taha Tinana and Te Taha Whānau
- the importance of Te Ao Turoa, the environment
- the importance of Te Reo Rangatira
- the interconnectedness of public health and the development of whanau, hapu and iwi.

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[3] Ministry of Health (2003). *Achieving Health for All People. Whakatutuki Te Oranga Hauora mo Ngā Tangata Katoa. A Framework for Public Health Action for the New Zealand Health Strategy*. Wellington: Ministry of Health .

[4] Acheson D (1988). *Public Health in England. A Report of the Committee of Inquiry into the Future Developments of Health Functions*. London: HMSO.

[5] Ministry of Health (2002). *Te pai me te oranga o ngā iwi. Health for all people: An overview of public health.* Wellington: Ministry of Health .

[6] Ministry of Health (2002). *Te pai me te oranga o ngā iwi. Health for all people: An overview of public health.* Wellington: Ministry of Health.

Where do the generic competencies fit?

The competencies have been developed as part of the Public Health Workforce Development Plan (PH WDP).[7] The PH WDP takes a systems approach that considers a broad view of public health workforce development. It has two overarching goals:

- Goal 1: Develop an effective and sustainable public health workforce.
- Goal 2: Support public health environments to grow and develop the public health workforce.

Developing and implementing public health generic competencies is a priority action under the education and training objective of the first goal.

What are generic competencies?

Competency is defined as "the ability to apply particular knowledge, skills, attitudes, and values to the standard of performance required in specified contexts."[8]

Generic competencies are the **minimum baseline** set of competencies that are common to all public health roles across all public health sectors and disciplines and that are necessary for the delivery of essential public health services. They are a minimum in all areas of what **all public health practitioners** are expected to be capable of doing in order to **work effectively** in the field.

Discipline-specific competencies are the competencies specific to particular disciplinary areas in public health (see below).

Why have generic competencies?

The public health workforce consists of a range of organisations (for example, local government, central government, non-government organisations (NGOs), public health services, primary health organisations (PHOs) and practitioners from different disciplinary areas who carry the following public health functions:[9]

- health promotion, social participation and empowerment
- enforcement of regulations to protect public health
- health situation monitoring and analysis
- epidemiological surveillance/disease prevention and control
- research, development and implementation of public health solutions
- human resource development and planning in public health
- policy development and planning in public health
- strategic management of public health systems and services for population health gain
- quality assurance for personal and population-based health services.

[7] Ministry of Health (2006/7). *Te Uroa Kahikatea. The Public Health Workforce Development Plan. Building a Public Health Workforce for the 21st Century. Draft Document* as at 15 Feb. 2007. Wellington: Head Strategic Limited for the Ministry of Health.
[8] Bowen-Clewley L, Farley M, Clewley G (2005). Project to undertake research relating to core public health competencies. Project Report for the Ministry of Health, p. 59.
[9] World Health Organization (2003). *Essential public health functions: A three country study in the Western Pacific Region.* Nandi: WHO Regional Office for the Western Pacific.

There are currently a number of similar but different competency sets guiding the practice of these functions in the many disciplinary fields within public health. There are also some workforce groups with no identified competency sets.

In addition, there are multiple training programmes that do not lead to any recognised qualification or align to any recognised framework. The practice of public health requires an intersectoral and multidisciplinary approach; this is made more difficult for some practitioners as generic competencies across disciplines are not always included in training programmes.

Public health needs practitioners with a range of disciplinary backgrounds. However to achieve optimum outcomes, these varied practitioners must be able to communicate and work with a shared language and understanding of the essential work carried out across the public health system.

What is the relationship between the generic competencies and discipline-specific competencies?

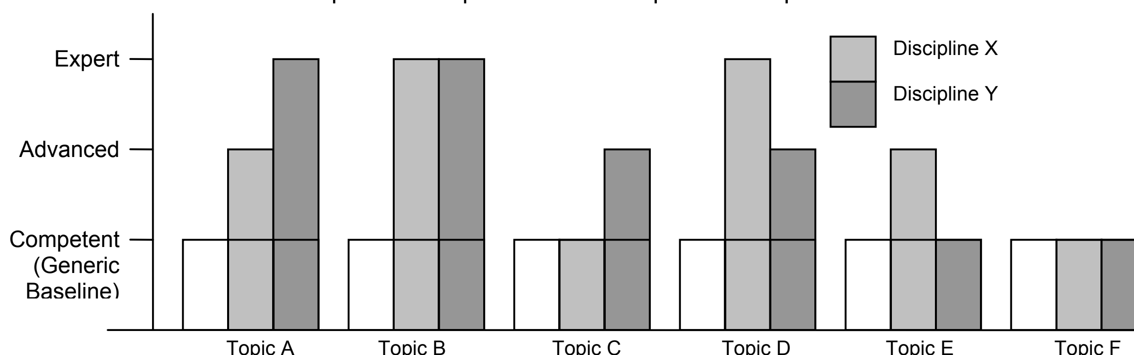
The generic competencies underpin the discipline-specific competencies that define the different disciplines that make up public health. Many disciplines have existing competency sets, for example, health promotion and public health medicine; other disciplines are in the process of developing their own discipline-specific competency sets, for example, Māori community workers and Pacific community workers. Specialised competence will continue to be benchmarked within these disciplines. However where there is overlap at the baseline level, the discipline-specific competencies will need to align with the generic competencies to ensure consistency.

Generic competencies prescribe the knowledge, skills and attitudes required for all public health practice at the baseline level (see Figure One). For example, basic knowledge of regulatory tools is not part of the health promotion competencies, nor is knowledge of health economics part of the public health nurse competencies. But the inclusion of these areas in a set of generic competencies across public health will mean all practitioners will share the essential baseline competencies common to all fields and disciplines of public health.

Discipline-specific competencies consist of higher-level knowledge, skills and attitudes that include and extend the baseline for those competencies that are part of the discipline's specialist field. These competencies can be described as being at Advanced and Expert Levels (see Figure One). There are also many discipline-specific competencies that are outside the scope of the generic competencies. These include some cultural competencies that are specific to particular contexts, for example, kaimahi Māori competencies.

The intention of the generic competencies is to provide a clearly articulated set of competencies that is accepted by the sector as the minimum level of ability needed in each area of public health. Advanced and expert practitioners will have extensive competence in their own fields, but may need only baseline competence in other fields and disciplines.

Figure One: Relationship between generic competencies, Discipline X competencies + Discipline Y competencies



What benefits will generic competencies have for the health of the public?

Generic competencies can lead to the improved quality of public health outcomes by:

- contributing to a better prepared and more effective workforce
- helping to create a more unified workforce across public health by providing a common language and shared understandings of key concepts and practices;
- promoting equity and the development of a workforce that better reflects the population groups with high health needs
- helping to more clearly define and articulate what is public health and what are public health goals
- enhancing the quality of service offered
- securing adequate funding and resources for the public health system.

What benefits will generic competencies have for people who work in public health?

Public health generic competencies can be used to:

- ensure there are clear guidelines for the knowledge, skills, attitudes, and values needed to do public health work effectively
- provide tools for use in professional development, identifying training needs and career planning
- assist managers/employers to develop relevant job descriptions and a better understanding of public health roles in individual workplaces
- provide a foundation for curriculum development so programmes and qualifications are more relevant
- contribute to the foundation of discipline-specific competencies
- integrate training with the daily activities carried out in the work setting
- make performance appraisal processes more relevant and transparent
- promote better communication, team work and collegiality across disciplines by providing a common language and shared understanding of key concepts and practices used in public health

- contribute to greater recognition and validation of the value of public health and the work done by public health practitioners.

What benefits will generic competencies have for public health organisations?

Generic competencies can help public health organisations with the following activities.

- Staff development and training e.g. identifying and meeting staff training needs; informing curriculum/programme development; performance appraisals; securing funds and resources to support workforce development and training.
- Staff recruitment and retention e.g. identifying competencies required for positions; developing job descriptions; constructing interview questions; conducting referee checks; orientation and induction of new staff.
- Programme development e.g. as a guide for programme planning; identifying programme barriers and developing solutions; providing a framework for programme review; facilitating multidisciplinary projects.
- Quality assurance e.g. providing frameworks for quality assurance programmes; guiding evaluation processes; providing a basis for benchmarking best practice.

What are the risks of introducing generic competencies?

As well as benefits, there are also risks involved in introducing generic competencies. Competencies provide a useful tool for workforce development, but like all tools, they have the potential to be used for purposes other than those intended.

There are a number of possible risks associated with introducing the competencies.

- Disparities within the workforce could be increased if training is not widely available to practitioners in all disciplines in all parts of the country.
- Disparities within the workforce could be amplified if training and education programmes are not at an appropriate level or are not delivered in a way that meets the learning requirements of those who are most in need of training opportunities.
- There are people working in public health who do not have the generic competencies. The intention of introducing the generic competencies is to ensure a competent workforce by providing training and education. An unintended consequence could be that some employers may hire new staff rather than train existing staff, resulting in existing staff losing their jobs.
- Funding and resources may not be at an adequate level to support training, especially for smaller public health organisations.
- Māori, Pacific and small rural organisations that currently have lower rates of qualified/trained staff may be disadvantaged.

All users of these competencies (practitioners, trainers, employers, funders, the Ministry of Health) must manage these risks. These competencies must be used ethically to achieve the intended benefits of:

- a competent public health workforce
- reduced inequalities within the public health workforce
- improved health and reduced disparities.

Generic Competencies for Public Health in Aotearoa-New Zealand

This section of the document outlines the generic competencies that all public health practitioners will require in order to work within the field of public health.

The competencies are organised into twelve topic areas. Each topic comprises a set of competency statements. The topics are further divided into the two broad sub-sets of Public Health Knowledge and Public Health Practice. Public Health Knowledge consists of five topics that contain the knowledge-based competencies that are essential and specific to the practice of public health. Public Health Practice includes seven topics that focus on the competencies required for effective public health practice, but that are not exclusive to the practice of public health. The topics are not arranged in hierarchical order. All are of equal importance.

Topic (e.g. Public Health Science)

Competency statement	Performance requirements
2.3 Demonstrates knowledge of the basic concepts of health economics.	a. Describes the importance of economic thinking in public health. *Scope: description may include, but is not limited to, concepts of costs and benefits, opportunity cost, total costs to society, and the trade off between efficiency and equity.* b. Distinguishes between efficiency and effectiveness in public health. *Note: technical language and calculations are not required*.

Competency statements are descriptions of the competency expressed in terms of knowledge, skills, and attitudes. Each competency statement is accompanied by a set of performance requirements.

Performance requirements provide descriptions of the specific behaviours that need to be demonstrated in order for a practitioner to be deemed competent for that competency statement.

Where possible, performance requirements for the competencies are to be demonstrated in the context and requirements of the practitioner's work setting. Activities undertaken to provide the evidence must comply with legislation, workplace policies, rules and procedures and codes of professional practice.

Scope statements define the boundaries of the competency statement or performance requirement in greater detail. They specify the critical context, knowledge, or evidence that is required.

Assessment guidelines providing more detailed information about the level of attainment required to meet the performance requirements have yet to be developed.

While the competencies have not been developed as part of the National Qualifications Framework (NQF), they have been designed to fit with the framework should the need for this arise in the future.

Updating the competencies

The competencies will be reviewed at regular intervals and updated to reflect changes in public health practice.

Developing an ethical framework for public health practitioners

It is envisaged that a set of ethical guidelines developed specifically for use in Aotearoa-New Zealand will provide an ethical framework for the competencies. The Public Health Leadership Society's (USA) *Principles of Ethical Practice of Public Health*[10] (see Appendix One), provides an example of what this framework might look like. *Ngā Kaiakatanga Hauora mo Aotearoa-Health Promotion Competencies for Aotearoa-New Zealand*[11] also includes a model for the inclusion of ethics in a competency framework (see Appendix Two).

[10] Public Health Leadership Society (2002). *Principles of Ethical Practice of Public Health.* Retrieved March 27, 2006, from: htpp://www.phls.org. These principles have been designed to guide the ethical practice of public health practitioners, organisations, and institutions in the USA. Permission has been sought and granted by the Public Health Leadership Society Ethics Project Developers to use the principles for this purpose.

[11] Health Promotion Forum of New Zealand (n.d.). *Ngā kaikatanga hauora mo Aotearoa/Health promotion competencies for Aotearoa-New Zealand*. Retrieved June 14, 2006, from: htpp://www.hpforum.org.nz.

Public Health Knowledge

1. Health Systems

Competency statement	Performance requirements
1.1 Demonstrates knowledge of the health systems and structures in New Zealand.	a. Distinguishes between public health services (i.e. population and health), publicly-funded health services (i.e. all the health and disability services that are funded through Vote: Health), and publicly-owned health services. *Scope: includes, but is not limited to, primary health organisations (PHOs) and non-government organisations (NGOs)*. b. Distinguishes between public health and primary health services. c. Describes the provision, funding and planning of health and disability services. *Scope: may include local, regional or national services as determined by specific workplace contexts.* d. Explains the role of local and regional councils in ensuring and enabling healthy environments.
1.2 Demonstrates knowledge of key international health agreements.	a. Describes the purpose of the Ottawa Charter and identifies its five actions. b. Describes the purpose of the Bangkok Charter. c. Describes a human rights approach to public health.

2. Public Health Science

Competency statement	Performance requirements
2.1 Demonstrates knowledge of what constitutes public health and how it relates to public health practice in specific contexts.	a. Defines public health and illustrates with examples of public health practice. b. Describes measures that are used to assess public health outcomes. *Scope: includes but is not limited to rates and incidence of disease and death.* c. Describes the relationship between public health services funded through Vote: Health and activities in other sectors that improve, promote and protect health. *Scope: may include, but is not limited to, ACC, police, education and civil defence.* d. Describes major issues in public health. *Scope: may include, but is not limited to, occupational health, environmental health, reducing health inequalities, nutrition and physical exercise, immunisation, infectious diseases, and chronic diseases.* e. Describes major public health disciplines and functions. *Scope: includes, but is not limited to, health promotion and social participation, health monitoring and analysis, epidemiological surveillance and disease protection and control, development of public health policies and planning, strategic management of public health systems and services, regulation and enforcement to protect public health, human resource development and planning in public health, quality assurance of population health programmes.*
2.2 Demonstrates knowledge of the determining factors that affect health and health inequalities in New Zealand.	a. Describes the major groups of health determinants in any population. *Scope: includes biological, behavioural, social, economic, and cultural determinants as well as those related to the physical environment and health systems.* b. Describes the dimensions of health inequalities in New Zealand. *Scope: includes inequalities by ethnicity, gender, geographical region, socio-economic group and access to material resources e.g. income, education, employment, and housing.* c. Describes health inequalities for Māori. d. Describes health inequalities for other demographic groups in New Zealand. *Scope: includes, but is not limited to, health inequalities for Pacific and Asian peoples.* e. Identifies and explains basic tools used to measure health inequalities. *Scope: includes, but is not limited to, death rates.* f. Demonstrates awareness of how public health structures and practices may perpetuate health inequalities.

	Scope: includes, but is not limited to, provision and use of preventive services (such as immunisation, screening), education and awareness.
2.3 Demonstrates knowledge of the basic concepts of health economics.	c. Describes the importance of economic thinking in public health. *Scope: description may include, but is not limited to, concepts of costs and benefits, opportunity cost, total costs to society, and the trade off between efficiency and equity.* d. Distinguishes between efficiency and effectiveness in public health. *Note: technical language and calculations are not required*.
2.4 Demonstrates knowledge of the basic epidemiological concepts.	a. Examines simple statements and identifies if information can be compared, based on concepts of rates and standardisation. *Scope: includes, but is not limited to, age standardisation. Technical language is not required.* b. Describes the difference between incidence and prevalence. c. Describes the use of epidemiology in public health. *Scope: may include, but is not limited to, identification of disease patterns, causes of diseases, and risk for protective factors for disease. Technical language is not required*.

3. Policy, Legislation, and Regulation

Competency statement	Performance requirements
3.1 Demonstrates knowledge of the use of policy in a public health context.	a. Explains how policy is used to promote and protect public health. *Scope: includes, but is not limited to, central government policy, regional and local government policy.* b. Differentiates between healthy public policy and public health policy. c. Identifies key policies relating to the implementation of public health strategies. *Scope: includes, but is not limited to, funding policy, legislative policy.* d. Describes how public health can influence the policy-making process *Scope: may include, but is not limited to, health impact assessment, advocacy, making submissions, evidence-informed decision making.*
3.2 Demonstrates knowledge of how legislation and regulations are applied in a public health context. *Scope: may include local, regional, or national legislation and regulations and could apply to a specific setting e.g. work setting, school, marae, or church or a specific issue e.g. tobacco control, heart disease, water quality.*	a. Identifies legislation, codes of practice, and standards that have an impact on public health practice. b. Explains where legislation and regulations need to be applied to promote and protect public health. c. Describes how action can be initiated to ensure compliance with legislation. *Scope may include, but is not limited to, contacting a local health protection officer, the Ministry of Health, or local government inspectorate.* d. Describes the range of actions that can be used to achieve compliance. *Scope: may include, but is not limited to, providing information, warnings, fines, court action that may close down a business or building or imprison the person contravening the legislation.*

4. Research and Evaluation

Competency statement	Performance requirements
4.1 Demonstrates understanding of the principles of research and its applications in public health.	a. Demonstrates knowledge of how research is used in a public health context. *Scope: may be limited to research relevant to one area of public health.* b. Identifies and describes basic research principles and methods used in public health. c. Demonstrates an awareness of kaupapa Māori research and its appropriate application. d. Describes the principles of evidence-based practice in public health. *Scope: includes, but is not limited to, sourcing and advice on evidence and applying effective interventions in one's own practice.*
4.2 Demonstrates understanding of the principles of evaluation and its applications in public health.	a. Identifies and describes basic principles and methods of evaluation used in public health. b. Explains how evaluation of public health actions can be undertaken. *Scope: may include, but is not limited to, evaluation of the effectiveness of actions in reducing health inequalities.* c. Differentiates between research and evaluation in public health practice. *Scope: includes, but is not limited to, recognition of boundaries between evaluation and research and the appropriate use of and/or referral to public health information and research specialists.*

5. Community Health Development

Competency statement	Performance requirements
5.1 Demonstrates knowledge of community development in a public health context.	a. Outlines the principles of a community-centred approach to community development. *Scope: principles include, but are not limited to, challenging the relations of power, commitment to social change, strategic and visionary approaches, supporting self determination, working collectively, and action and reflection.* b. Explains the role and functions of a community development worker in a public health context. *Scope: includes, but is not limited to, identifying community needs, sourcing advice on information, evidence and resources, assisting skill development, and supporting the planning and implementation of effective community action,* c. Explains how community development may be used to promote and protect public health. *Scope: includes, but is not limited to, using a range of strategies to build on the collective strengths of the community to meet their own needs in a constructive manner.* d. Recognises and explains the importance of working with communities (local, regional, national or global) to achieve public health goals. *Scope: includes, but is not limited to, working alongside groups to define their own long term goals to achieve wellbeing and sustainable communities.*

Public Health Practice

6. Te Tiriti o Waitangi

Competency statement	Performance requirements
6.1 Demonstrates knowledge and understanding of the intent of Te Tiriti o Waitangi.	a. Describes the political context at the time of the Treaty's introduction. b. Identifies the rights of Māori and obligations of the Crown as expressed in the Articles of the Māori and English versions of the Treaty, and notes the differences. c. Describes the socio-economic position of Māori and Pākehā at the time the Treaty was signed. d. Explains the history of the Treaty in relation to Māori and public health. *Scope: may include, but is not limited to, the development of, and response to, the Treaty principles.* e. Explains the contemporary status of the Treaty in relation to public health. *Scope: includes, but is not limited to, the inclusion of the Treaty principles in the New Zealand Health Strategy*.
6.2 Analyses public health issues from a Tiriti o Waitangi perspective.	a. Describes the impact of colonisation on the health of the Māori population. b. Explains the historical and current prevalence and impact of institutional discrimination on Māori. c. Identifies and explains Māori perspectives and models of public health issues. *Scope: includes, but is not limited to, Te Whare Tapa Whā and Te Pae Mahutonga.* d. Identifies and demonstrates the importance of cultural competence in public health.
6.3 Participates with Māori to improve Māori health.	a. Identifies purpose and objectives of consultation and networking with Māori in relation to public health interventions. *Scope: may include designing, implementing, and evaluating an intervention with Māori clients, providers, policy makers or researchers, and ability to network with Māori.* b. Identifies prospective Māori partners for public health interventions. c. Consults and networks with Māori. d. Maintains networks and partnerships with Māori.
6.4 Demonstrates understanding of the concepts of whānau, hapū and iwi.	a. Explains whānau, hapū and iwi and associated kaupapa. b. Discusses the implications of whānau, hapū and iwi for kaupapa Māori service delivery. c. Describes the changes to the structure and characteristics of whānau, hapū and iwi.

	Scope: may include, but is not limited to, characteristics before Pākehā contact, the impact of colonisation and urbanisation, and characteristics as a result of Treaty of Waitangi claims process.
6.5 Uses culturally appropriate values, processes and protocols when working with Māori.	a. Uses appropriate values, processes and protocols when working with Māori. *Scope: includes, but is not limited to, values of manaakitanga and whanaungātanga, processes and protocols of engagement, of work setting, of organisation, and of community settings e.g. marae.*

7. Working Across and Understanding Cultures

Competency statement	Performance requirements
7.1 Demonstrates knowledge of the nature of culture. *Scope: culture refers to the shared beliefs, values, customs, and practices that are common to a particular group or organisation. Culture includes, but is not limited to, ethnicity, age, disability, gender, sexual orientation, religious or spiritual belief, socio-economic status, occupation, and organisational background.*	a. Explains how culture influences public health. *Scope: may include, but is not limited to, patterns of housing, family structure and child rearing practices, food patterns and drug use (including alcohol and tobacco), and disease patterns associated with these factors.* b. Identifies own cultural values and assumptions and explains how these influence one's own public health practice. c. Demonstrates knowledge of different types of culture and the diversity and difference that exists within as well as between cultures. d. Demonstrates knowledge of the diverse realities of Māori culture. e. Demonstrates knowledge of the diverse realities of the cultures of other ethnic groups. *Scope: includes, but is not limited to, Pacific cultures, Asian cultures and Pākehā/European culture.* f. Recognises the impact of migration on ethnic communities and the significance of cultural heritage.
7.2 Demonstrates knowledge of the principles of cultural safety and takes responsibility for maintaining safety in regards to cultural values, norms, and practices.	a. Explains and differentiates between cultural awareness, cultural safety and cultural competence and describes their relevance to public health. *Scope: Cultural awareness is defined as a beginning step towards recognising cultural difference. Cultural safety is having an awareness of one's own cultural identity and being sensitive to the impact this has on one's own professional practice with a person, family, group or organisation from another culture. Cultural competence is having the knowledge, skills and attitudes that enable an individual to interact with people from another culture in a way that meets their social, cultural and linguistic needs.* b. Demonstrates practice that reflects cultural safety in a range of different contexts.

8. Communication

Competency statement	Performance requirements
8.1 Listens actively.	a. Listens and responds in a way that fits the setting, the event, the subject matter and the audience. b. Explains the potential consequences of pre-judging and making assumptions.
8.2 Uses different communication styles to facilitate understanding accommodate.	a. Identifies situations where differences in communication style could cause miscommunication, discomfort, or conflict... b. Identifies situations that require an interpreter or information in a specific language.
8.3 Uses oral communication effectively in a range of contexts. *Scope: oral communication may include, but is not limited to, telephone, one to one and a range of group settings.*	a. Prepares and carries out oral communication in a manner that meets the needs of the audience. *Scope: may include, but not limited to, adapting language, delivery, and protocol to meet the needs of the audience and settings.*
8.4 Communicates clearly in writing for the given context. *Scope: written communication may include, but is not limited to, email, correspondence, reports, proposals, and organisational documentation.*	a. Uses written communication in a manner appropriate for the audience. *Scope: may include, but is not limited to, timely, accurate, complete, concise, and respectful communication.* b. Uses a range of organisational communication systems effectively.
8.5 Consults with others in a range of settings. *Scope: may include, but is not limited to, within the workplace, networks of colleagues, community groups, government agencies.*	a. Recognises the need for consultation. b. Identifies relevant networks for consultation in accordance with workplace needs and priorities. c. Demonstrates awareness of the importance of consulting with Māori when relevant, d. Demonstrates awareness of the importance of consulting with Pacific, and other cultural organisations, agencies, and communities when relevant.

9. **Leadership, Teamwork, and Professional Liaison**

Competency statement	Performance requirements
9.1 Positively influences the way teams work together.	a. Describes and demonstrates interpersonal skills that positively influence effective team/group work. b. Describes the importance of knowledge and information sharing in team/group work. c. Critically reviews own participation and facilitation in team/group work. d. Able to negotiate and compromise to further progress towards goals.
9.2 Demonstrates understanding of the many aspects of leadership. *Scope: leadership may include, but is not limited to, leadership of a team, a small group within a team, or a community or other special interest group.*	a. Demonstrates knowledge of a range of leadership styles and qualities. b. Identifies own style and qualities of leadership. c. Identifies opportunities and pathways to develop personal leadership. d. Recognises and supports leadership in others.
9.3 Instigates, coordinates and facilitates groups.	a. Plans and communicates meeting arrangements to participants in accordance with organisation requirements. b. Facilitates team or group to agree on objectives, rules, and guidelines for participation of members. c. Ensures that facilitation style contributes positively to the achievement of team or group objectives. d. Ensures that decision processes progress towards objectives and are within the agreed rules of the team or group. e. Ensures that completed tasks meet specified objectives within the set timeframes.
9.4 Establishes and maintains effective professional relationships to improve health outcomes.	a. Demonstrates respectful behaviours, practices, and communication in establishing and maintaining professional relationships. b. Develops, maintains, and effectively uses disciplinary networks. c. Demonstrates the practices of giving and receiving positive and negative feedback in professional relationships. d. Demonstrates a collaborative and inclusive approach.

10. Advocacy

Competency statement	Performance requirements
10.1 Demonstrates the ability to advocate in achieving public health outcomes.	a. Advocates for and supports individuals, families, and communities to achieve public health outcomes. b. Uses a combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems support for a particular health goal or programme. *Scope: may include, but is not limited to, action through professional bodies, supporting public advocates, identifying opportunities and/or issues, sharing information, providing evidence-based data, and active advocacy.*
10.2 Demonstrates the ability to negotiate to achieve public health outcomes.	a. Explains a range of situations where negotiation may be applied to promote and protect public health. b. Describes good practice in negotiation activities in the public health context. c. Confers with others to reach a compromise or agreement in accordance with good practice.

11. Professional Development and Self Management

Competency statement	Performance requirements
11.1 Manages self to improve performance and professional development.	a. Critically reviews and evaluates own practices in relation to public health principles. *Scope: may include, but is not limited to, supervision, mentoring, coaching, and critical self-reflection.* b. Identifies the limits of own competence and refers on and/or consults as necessary. c. Identifies limits of own knowledge and expertise and implements active processes to maintain and improve performance. d. Assesses own development needs based on career goals and required competencies. e. Identifies and sources professional development activities. *Scope: may include, but is not limited to, supervision, working collaboratively with colleagues, formal and informal training, reading professional journals, and membership of public health professional organisations.* f. Recognises the tensions between competing accountabilities e.g. to the team, to the organisation, to the community.

12. Planning and Administration

Competency statement	Performance requirements
12.1 Accesses a range of organisational information.	a. Locates and uses organisational information. *Scope: may include, but is not limited to, organisational policies, procedures, systems, processes, and plans.*
12.2 Describes how work plan fits with organisational and wider public health priorities.	a. Develops and implements plans in accordance with priorities agreed by key stakeholders. b. Evaluates and updates plans regularly and systematically to ensure they meet current needs and priorities. *Scope: may include, but is not limited to, compliance with regulatory frameworks, organisational policy, and community needs.* c. Describes how the cultural context affects the planning and delivery of public health.
12.3 Completes appropriate administration record keeping and allocated financial responsibilities according to contractual and legal frameworks and organisational policies as they apply.	a. Describes and carries out office administration functions. b. Describes the functions, purpose, and components of record keeping. c. Describes basic accounting functions and their purpose. d. Understands and works within budgeting constraints. e. Understands and applies a range of relevant information technology (IT) tools. *Scope: may include, but is not limited to, computer word and number processing software, e-mail, computer file management, printers, scanners, and projectors.*
12.4 Demonstrates understanding of the public heath role in an emergency response.	a. Identifies and locates the emergency response plan. b. Describes the organisation's role in emergency response in a range of emergencies that might arise. c. Describes the chain of command within one's own organisation in an emergency response. d. Describes own functional role in an emergency response. e. Describes communication role(s) in an emergency response and demonstrates correct use of all communication equipment used for emergency communication.

Glossary

Bangkok Charter	A document adopted at the 6th Global Conference on Health Promotion (2005) that identifies major challenges, actions and commitments through health promotion the determinants of health in a globalised world.
Competency	The ability to apply particular knowledge, skills, attitudes, and values to the standard of performance required in specified contexts.
Competency statement	A description of a competency expressed in terms of knowledge, skills, and attitudes.
Community-centred approach	An approach in which the community and the interests of the community are central.
Culture	Shared beliefs, values, customs and practices that are common to a particular group or organisation. Culture includes, but is not limited to, ethnicity, age, disability, gender, sexual orientation, religious or spiritual belief, socio-economic status, occupation and organisational background.
Cultural awareness	A beginning step towards recognising cultural difference.
Cultural safety	Effective and respectful practice with a person, family, group or organisation from another culture and as determined by that person, family, group or service. Culture includes but is not limited to ethnicity, age, disability, gender, sexual orientation, religious or spiritual belief, socio-economic status, occupation and organisational background. Culturally safe practice requires the practitioner to have an awareness of their own cultural identity and be sensitive to the impact this has on her/his professional practice.[12]
Cultural competence	The knowledge, skills and attitudes that enable an individual to interact with people from another culture in a way that meets their social, cultural and linguistic needs.
Demographic	Characteristics of human populations (or segments of human populations broken down by age or sex or ethnicity or income etc).

[12] Adapted from Nursing Council of New Zealand (2002).*Guidelines for Cultural Safety and the Treaty of Waitangi and Māori Health in Nursing and Midwifery Education and Practice*. Wellington: NCNZ.

Determinant	Any definable factor that brings about change in a health condition or other characteristic.
Discipline-specific competencies	A set of specialist competencies that is specific to a particular discipline e.g. nursing.
Generic competency	A competency that is common to all public health practitioners.
Health impact assessment (HIA)	The assessment of a policy using a combination of procedure, methods and tools to evaluate its potential effects on the health of a population.[13]
Epidemiology	The study of the patterns, causes, and control of disease in populations.
Hapū	A sub-tribe of a larger tribe or iwi.
Incidence	The proportion of a population developing a disease in a given time period.
Iwi	A tribe of Māori who share close common ancestors.
Ottawa Charter	A document produced by the World Health Organization in 1986 which describes health promotion as the process of enabling people to increase control over and improve their health status.
Pacific Peoples	A diverse range of peoples from the South Pacific region (e.g. Tongan, Niuean, Fijian, Cook Island Maori, Samoan, Tokelauan and the many other smaller islands of Polynesia, Micronesia and Melanasia) or who identify as from this region because of ancestry or heritage.
Performance requirement	A description of the specific behaviours that need to be demonstrated in order for a practitioner to be deemed competent for a particular competency statement.
Prevalence	Proportion of individuals in a population having a disease.

[13] Public Health Advisory Committee (2005). *A Guide to Health Impact Assessment*. Wellington: PHAC.

Primary health services	Essential health services focused on the management of commonly occurring diseases or chronic diseases. Usually the first point of contact of individuals, the family and community with the national health system.
Public health	Public health has been defined as "the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society."[14] It is concerned with keeping people healthy and improving the health of populations rather than with providing individualised care for people who are unwell. Public health action takes place at many levels within the health sector and in collaboration with other sectors.[15]
Public health services	Population-based health services (see also public health).
Publicly-funded health services	All the health and disability services that are funded through central government including public health services and personal health services. Services may be publicly owned (such as DHBs) or privately owned (such as pharmacy shops).
Publicly-owned health services	Health services that are owned by the state and funded through central government.
Recognition of Prior Learning (RPL)	The recognition of skills, knowledge, and understanding gained outside formal education or training. RPL is made on the basis of assessment against established criteria of indirect evidence of achievement and/or evidence of activities that are undertaken without requiring additional learning. Often called recognition or assessment of current competencies.
Recognition of Current Competence (RCC)	See Recognition of Prior Learning.
Stakeholder	Individuals or groups with an interest or stake in an outcome, project, programme or organisation.
Tangata whenua	"The people of the land" or "caretakers of the land". In Aotearoa-New Zealand, Māori are the indigenous

[14] Acheson, D (1988). *Public Health in England. A Report of the Committee of Inquiry into the Future Developments of Health Functions*. London: HMSO.
[15] Ministry of Health (2002). *Te pai me te oranga o ngā iwi. Health for all people: An overview of public health.* Wellington: Ministry of Health.

	or first people and are the tangata whenua.
Te Taha Hinengaro	The emotional and psychological well-being of the whānau and of each individual in it. One of the four components of the Te Whare Tapa Whā model of Māori health and well-being.
Te Taha Tinana	The physical aspects of health. One of the four components of the Te Whare Tapa Whā model of Māori health and well-being.
Te Taha Wairua	Spiritual health, including the practice of tikanga Māori in general. One of the four components of the Te Whare Tapa Whā model of Māori health and wellbeing.
Te Taha Whānau	The social environment in which individuals live – the whānau of family, the communities in which whānau live and act. One of the four components of the Te Whare Tapa Whā model of Māori health and wellbeing.
Whānau	An extended Māori family usually, but not always, biologically related.

Frequently Asked Questions

I'm a fully qualified practitioner in my discipline. Why should I have to develop all these other competencies?

Many health qualifications are highly specialised and may not include all the competencies in the generic set. One of the benefits of generic competencies is that they broaden the public health knowledge base of all public health practitioners enabling more effective multi-disciplinary and inter-sectoral collaboration. If some competencies are not already within the repertoire of experienced practitioners, they should readily be able to up-skill to achieve them.

What will happen to the qualifications and competencies I already have?

Clearly there is no intention to require duplication of existing training and qualifications. The sector will need to develop processes such as RPL (Recognition of Prior Learning) and RCC (Recognition of Current Competencies) to acknowledge the competencies that practitioners currently possess and are able to demonstrate in their work settings.

I have just started working in public health. How long do I have to achieve all the competencies?

Practitioners who are new to public health will work towards achieving the competencies within a specified timeframe. While the timeframe has not yet been set, it is expected that it will be flexible enough to accommodate the varying levels of relevant prior knowledge and experience new employees bring into the field. Existing employees may need time to up-skill in some areas.

What if my manager uses the competencies in my performance appraisal to block my career development?

Any appraisal tool can be misused or abused, but having a transparent national set of competencies makes this less likely than when these decisions are made on unclear or undisclosed criteria.

Competencies can make appraisal processes more relevant by providing a framework for selecting professional development goals, gathering evidence to support the achievement of, and measuring progress towards, these goals.

Will the competencies be linked to remuneration and promotion?

Some people have expressed the view that unless competencies are linked to remuneration and/or promotion there will be no incentive for practitioners to achieve them, while others have advocated proceeding with caution in this area. This issue has yet to be resolved.

How can my manager assess if I meet the competencies, when he/she doesn't understand what I do?

Managers may not be the people who assess the competencies. The sector has yet to consider how the competencies will be assessed and who will do the assessing. However, an uninformed manager who has a set of generic competencies as a starting point is more likely to have a better understanding of what is involved in a public health role than the same manager without the set of generic competencies. Managers who work in public health should also be competent and this may involve up-skilling in some areas.

How will the competencies be assessed?

The aim of this current project is to identify and arrive at a reasonable agreement on the generic competencies. The next phase is making sure the sector can use the competencies. This will require the development of the assessment criteria and evidence guidelines;

deciding who will do the assessing and what training they will need; determining moderation procedures; and deciding how the assessment and moderation will be funded.

How might generic competencies impact on equity?

The generic competencies provide a tool for organisations to use in identifying training needs and securing the funds and resources to meet these needs. They have the potential to increase equity for small organisations (e.g. Māori, Pacific, and rural services) that may have been struggling to access training and funding in the current environment.

Generic competencies can also increase equity in the workforce by providing a framework that allows people who are currently working in public health without a recognised qualification to gain recognition for their existing knowledge and skills.

However, there is also the risk that the competencies could increase inequities. This could happen if training is not widely available, adequately funded, or does not meet learner needs; or if employers take on new staff with the competencies rather than supporting those without them to up-skill.

All users of the competencies (practitioners, trainers, employers, funders, the Ministry of Health) must work to ensure that they contribute towards achieving the goals for which they are intended.

Appendices

Appendix One: Principles of the Ethical Practice of Public Health

Principles of the Ethical Practice of Public Health[16]

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.

2. Public health should achieve community health in a way that respects the rights of individuals in the community.

3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.

4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.

5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.

6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.

7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.

8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.

9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.

10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.

11. Public health institutions should ensure the professional competence of their employees.

12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

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Appendix Two: Nga Tikanga Manaki – Values and Ethics from Nga Kaiakatanga Hauora mo Aotearoa – Health Promotion Competencies for Aotearoa-New Zealand

[16] Public Health Leadership Society (2002). *Principles of Ethical Practice of Public Health.* Retrieved March 27, 2006, from: htpp://www.phls.org.

Nga Tikanga Manaki – Values and Ethics

Values and ethics provide a means to guide and appraise health promotion conduct and practice. This section of the document recognises that health promotion competency involves a willingness to continually reflect on our values in pursuit of ethical practice and provide a set of standards by which the workforce can determine what is legitimate or acceptable behaviour within our practice.

The following statements draw on values and ethical principles that the global health promotion community might recognise as part of competent practice. These core values include a belief in equity and social justice, respect for the autonomy and choice of both individuals and groups with collaborative and consultative ways of working.

Ethical health promotion practice as recognised globally often involves:

- recognition of the need to identify and question our own values and the implications for practice
- commitment to identify and pursue well-informed practice and competence in health promotion
- commitment to working in collaborative and collective ways with communities and colleagues
- responsibility to benefit the communities we work with
- responsibility to do no harm to the communities we work with
- respect for diversity of gender, sexual orientation, age, religion, disability, ethnicity and cultural beliefs
- commitment to respect and create environments which facilitate individual and group autonomy
- responsibility to be honest and explicit about what health promotion is, and what it can and cannot achieve
- responsibility to work with those whose life conditions place them at greatest risk
- confidentiality and respect for the rights of those we work with.

The following statements provide a vision of ethical practice relevant to our unique context. In Aotearoa-New Zealand, the traditional values inherent within whanau, hapu and iwi social structures are important aspects of health promotion action, as is Te Tiriti o Waitangi.

Ethical health promotion practice in Aotearoa-New Zealand would:

- recognise Māori as tangata whenua and acknowledge the provisions of Te Tiriti o Waitangi
- see Aotearoa-New Zealand as a country in which Māori have at least the same health status as non-Māori
- have health promotion actions and outcomes that reflect the hopes and aspirations of Māori for self determination in respect of their own affairs
- see informed individuals, whanau and communities empowered to make their own choices and realise their full potential through utilising community development principles

- be based on effective healthy public policies, supportive social, cultural, and physical environments, the development of personal skills and a health system focused on wellbeing
- have a well resourced and competent workforce
- work towards achieving social justice and equity through strong commitment to the prerequisites and determinants of health.