

Integrated Competencies Framework for Public Health Workforce Development

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SECTION 1: INTRODUCTION

1.1 Background

During 2009/10 the Ministry of Health (MOH) commissioned a project to design and test an integrated competencies framework with public health organisations and occupational groups. The 2010/11 restructure of the Ministry of Health changed the priority focus and the Project was stopped before it was completed.

The project discussed the design concept with public health leaders and tested it with a representative sample of health promotion providers (refer to Appendix 2). The design was nearing piloting phase with a wider sample of public health providers and occupational groups when it was discontinued.

This document has been compiled to hold in a single place the thinking and the work that was done toward development of an integrated competency framework for public health workforce development.

1.2 Purpose of the framework

The ultimate purpose of the project was to build a tool to enable consistent and ongoing development of public health knowledge and skill within the range of district health board, primary health, non-government and community organisations that deliver public health services for New Zealand's population.

It is acknowledged that the breadth and depth of public health work requires a wide variety of occupational groups to deliver the services collectively titled public health. Many of these occupational groups have ongoing profession specific competency and practicing certificate requirements (e.g. public health doctors). By contrast a significant number of public health roles have no specific competency requirements (e.g. communicable disease administration roles) while other roles are so specialised there may be only one or two people in the role per region or across New Zealand (e.g. public health scientist).

In addition to occupation specific competency requirements organisations have service specific and or organisation goals and contractual requirements that employees are expected to be competent to deliver on.

The Generic Public Health Competencies 2007 (GPHCs) were developed to describe the baseline knowledge and skill required to deliver consistent and competent public health for New Zealand's population.

Development of the Integrated Competencies Framework (the Framework) was viewed by the MOH as a tool to list and cross-reference in a simple table the range of competencies employees are expected to deliver on inclusive of the GPHCs. The Framework is designed as a tool to help imbed the GPHCs into organisations and be able to grow and develop public health knowledge and skill in a user-friendly way through any organisations performance development processes.

1.3 Scope of the framework

This document describes the design of the Framework and discusses the ways the Framework was proposed to be used.

The Framework has been designed as a set of building blocks that fit one on top of the other to develop public health knowledge and skill, firstly from the role specific level then upward through service, organisation, and national levels. Each of the building blocks can be populated with actual and required competencies and build one on the other to show the application of the competencies at the role specific, service, and organisation levels. Across the range of organisations using the Framework it would be possible for the organisation level data to be aggregated in a non identifying way for the Framework to be used for public health workforce planning at a national level.

Aggregation of the non-identifying data across organisations at regional and/or national levels can inform public health workforce planning and enable developments to be based on evidence of current public health workforce knowledge and skill and match that against projected public health needs. Already the health sector has been given strong central government (irrespective of the governing party/ies) directive that the sector must contain its costs year on year through increased emphasis on prevention and early detection of diseases / conditions. It is anticipated that an increasing focus will be directed onto building the public health knowledge and skill of wider groups of the health sector workforce and that the core public health workforce maybe expected to increasingly show consistently higher levels of specialist public health knowledge and skill. The sector, organisations, services, and individuals will need to increasingly strengthen the processes used to grow and develop public health knowledge and skill. It is proposed the Framework is a tool that can position public health providers within district health boards, primary care, non-government organisations and the community to achieve this in a long term sustainable way.

In summary the design enables the Framework to be used at four levels:

- **Individual level:** Individual performance assessment and development processes.
- **Service level:** Assessment of the knowledge and skills across a team or service, against what is required to deliver on service plans, thus allowing identification of workforce development needs and any additional expertise required at service level.
- **Organisation level:** Organisation-wide assessment against contracted requirements and against the organisation annual business plan and strategic plan to advise managers and professional leaders of the workforce development needed to deliver on its organisational obligations. It also informs workforce planning by showing at organisational level the knowledge and skill overlaps, gaps, and under utilisation of existing in-house knowledge and skills. It also provides evidence to inform bids for additional contracts to expand the depth and/or width of service delivery.
- **National level:** Inform national level public health workforce planning and development.

SECTION 2: WHAT IS IN THE FRAMEWORK

2.1 Framework design brief

The Framework was designed for the use by all public health providers, inclusive of: district health boards, iwi and Pacific providers, non-government organisations, and primary health organisations.

Prerequisites of the Framework design brief were:

- must add value for all users
- must be simple and easy to use
- needs to be electronically based for simplicity and consistency of use
- accessibility must be via a national website (e.g. it is proposed it be available at www.publichealthworkforce.org.nz) to enable a single point for national updates and for assurance that the most current version can always be accessed
- must be based on the GPHCs and must include wherever they are available other national competency sets (e.g. pending updated Health Promotion Forum Competencies for Health Promoters), but also allow entry of regional, local, organisation specific, service/team specific, or role/occupational group specific competency content
- include multiple levels of security to ensure individuals' personal information is not divulged to others
- ensure non-identifying aggregated information is available for workforce planning at service, organisation, regional, and national levels
- must be concept tested and piloted with potential end users to ensure the above design brief is delivered.

2.2 Framework design

The Framework is a set of building blocks that build one on top of the other to develop public health knowledge and skill at role specific, service, organisation, and national levels.

The health sector purchases public health services for the New Zealand population from a wide range of: district health boards, iwi and Pacific providers, non-government organisations, and primary health organisations. Most of the contracts have volume (i.e. numbers or percentages) and/or quality of service delivery targets. An organisation needs its staff complement to have the required knowledge and skill levels so that it can deliver on its contractual obligations.

The following diagram shows how the building blocks of the Framework fit together:

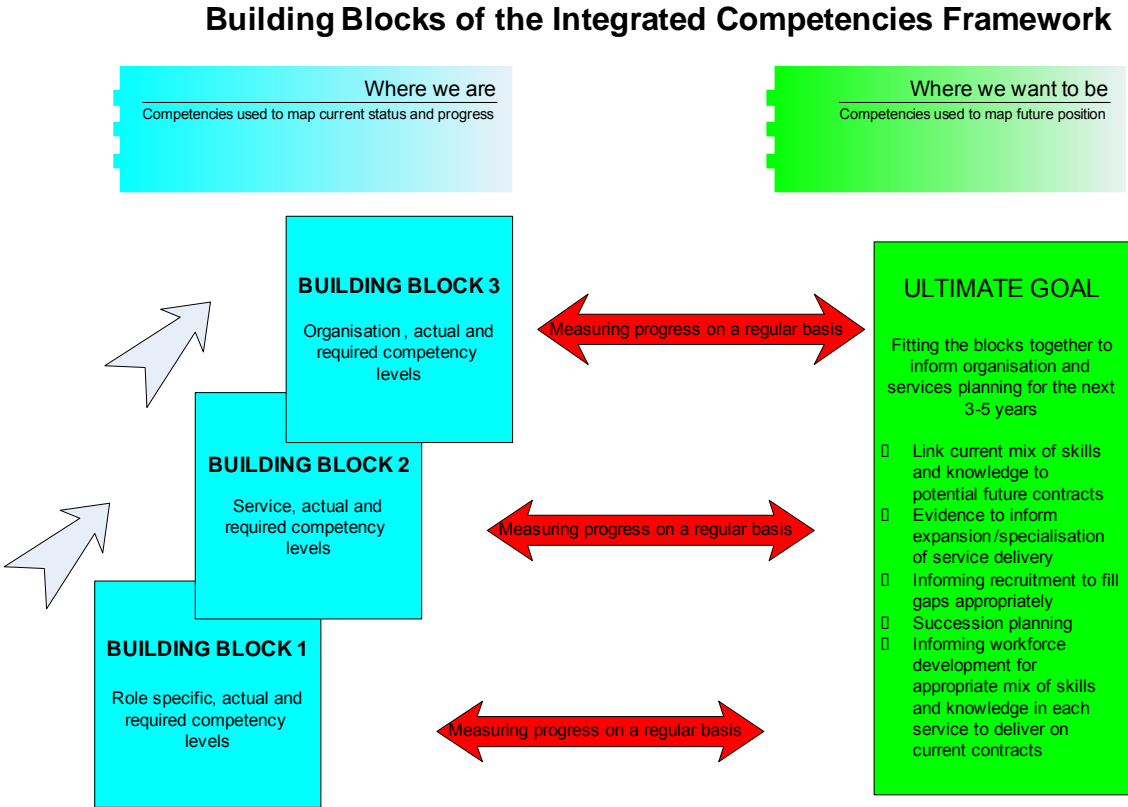


Diagram 1: Building blocks of the Integrated Competencies Framework

Building Block 1: Role specific competencies

The Framework is designed as a simple tool to hold individual’s performance management information. This information could be used to complete performance assessments and goal setting to address individual’s knowledge or skill gaps. If an organisation already has an established performance management process the Framework could align with this existing process and if the Framework is properly completed for each staff member, robust and measurable data will be available to benefit workforce development across the whole organisation.

As each individual performance assessment is completed on the Framework the data is automatically aggregated in a non-identifying way to show the actual current levels of knowledge and skill within a service.

Building Block 2: Service competencies

Building Block 2 is where the organisation's management team or their delegates populate the Framework with the competencies required per service to deliver on its contracts at the service specific level. The management team of each service can then determine what competencies each role in the team requires and to what level. The Framework will automatically aggregate the required competencies per service up to the overall organisation level.

If an organisation uses Building Block 2 the Framework will enable transparent performance assessment between managers and professional leaders and their direct reports. It will enable actual knowledge and skill levels to be matched against that required for each role. This will identify the individual's learning needs, and the unused knowledge and skills possessed by the individuals that are not required in their current roles, but which may be useful elsewhere in the organisation. It provides the opportunity for individuals to experience greater job satisfaction from having these abilities recognised and extended, and can inform future workforce development across the organisation.

Building Block 3: Organisation-wide competencies

Aggregation of the competency levels from each individual performance assessment into the service and organisation tables will show the actual and the required competency levels (see Appendix 5 and 6). Knowledge and skill overlaps and gaps can be identified to inform workforce development, workforce planning, and decisions regarding whether to better use existing competencies, or to expand, or specialise in particular service areas. To use the Framework in this way it will be essential that it is a nationally developed electronic tool available for all public health organisations to access via a national website (e.g. at www.publichealthworkforce.org.nz). The programming of the electronic tool while not particularly complicated does need to be managed from a single point with any upgrades centrally co-ordinated and constantly available to all end users in real time.

If a number of organisations use Building Blocks 1, 2, and 3 it will be possible for national workforce planning to be informed in real time of the current capacity and capability, and thus nationally led workforce developments can be tailored to meet actual and projected needs. To work in this way the electronic tool would simply need to be programmed to aggregate organisation level data. The Ministry of Health would be the appropriate body to access the aggregated organisation level data and interpret it. National public health workforce lead entities could request the relevant interpreted national data (e.g. Health Promotion Forum, Professional Groups such as New Zealand College of Public Health Medicine, etc).

How to use Building Blocks 1, 2, and 3 is fully described in section three of this document.

2.3 Concept testing

Discussions with a range of district health board, primary health and non-government and community organisations (who deliver public health services) identified the need for the Framework.

The discussions identified that:

- public health providers within larger organisations (e.g. district health board public health providers) generally have an organisation wide performance management process (i.e. performance assessment and performance development processes) that measures individual's competencies but often the process is generic and not tailored for public health ways of working
- many, if not most, smaller providers of public health services (i.e. public health provision within an lwi service, non government organisations, or primary care organisations where public health is a very small part of actual service delivery) had none or very basic performance management processes. They frequently find the existing tools difficult to use for growing and developing the public health competencies of the workforce.

The MOH floated the idea of an integrated competencies framework explaining that it could assist individual public health workers, services, and organisations grow and develop public health knowledge and skill in a consistent way across New Zealand, regardless of the size or range of roles within an organisation. Providers of health promotion services particularly welcomed the idea as they frequently struggle to determine the appropriate competencies for the health promotion roles in their respective organisations.

The MOH commissioned this project and preliminary 'ideas' discussions were had with a variety of public health and health promotion leaders. The Framework concept was 'sketched' and presented to the Public Health Leaders Forum and was discussed with a range of health promotion providers (see Appendix 2).

Detailed concept discussions were held with the Health Promotion Forum, they supported the concept but advised it was too soon for them to be involved as they were about to review and rewrite the Health Promotion Forum Competencies for Aotearoa New Zealand 2000 (HPF Competencies 2000).

Note that the Framework design is flexible and accommodates addition, deletion, or amendment of competency sets, such as the pending revised Health Promotion Forum Competencies. The enduring strength of the Framework is it enables cross-referencing at any time between any number of competency sets applicable to a role, service, organisation, or at national level to provide a 'single competency set' applicable to a role or occupational group within an organisation. Because the Framework has been designed for public health, the GPHCs are used as the base competency set against which all other competency sets can be cross-referenced. It is fact that any competency set could be the base set, and the Framework could be used beyond public health.

A workshop was held with public health providers on 21 September 2010 (see Appendix 2) to demonstrate and test the Framework concept.

For the purposes of this workshop the HPF Competencies (2000) were populated onto the draft Framework then cross-referenced with the GPHCs to demonstrate how two sets of competencies could be integrated (see Appendix 4 for this worked example).

The purpose of the workshop was to demonstrate and test the concept not to analyse the individual competencies. The participants of the workshop expressed strong support for the concept and a general willingness to be involved in the next phase to pilot the Framework inside their organisations. The key take home messages from the workshop were:

- like the concept but keep it simple
- it is needed now so don't wait to make it perfect, pilot then amend, rollout and continue iterative development
- must be a national database so organisations know they can access the current version at any given time
- national competency sets must be cross-referenced before the Framework is released to enable consistency across New Zealand
- the GPHCs should be applied to all public Health workers regardless of level, but the full set is too big, they need to be condensed
- the assessors (i.e. managers / professional leaders / supervisors) who will use the Framework need training to use the Framework and how to lead constructive performance management processes. Assessors will need guidance about how to align organisation goals with role specific competencies, particularly if they don't have a strong public health background
- the Framework should support best practice, in that assessors (i.e. managers / professional leaders / supervisors) should:
 - meet individually with their direct reports for a maximum of one hour/month to coach and guide practice that is aligned to organisation goals and contracts

- encourage and track progress with the individuals agreed performance development plans (i.e. upholding a key principle of performance assessment that there should be no surprises for either the individual being assessed or for the assessor)
- proposed moderation process is strongly supported (see section 2.7 below).

Following this workshop the Framework was progressed towards Phase 2, the pilot stage. It was at that stage the MOH discontinued the project (November 2010).

This document attempts to record the development of the Framework (to November 2010) to inform any further work of integrating competencies across the public health workforce.

2.4 Benefits for employers/organisations and services

The Framework has many benefits for organisations because it informs the capability an organisation has or needs to deliver on contracted requirements. It has the potential to provide real evidence to:

- inform workforce development strategy and expenditure
- inform succession planning
- inform recruitment (i.e. identifies knowledge and skill gaps that need to be filled to better deliver on contractual requirements)
- inform contract bids such as decisions about specialisation of services or expansion of services.

2.5 Benefits for employees and individuals

The Framework has many benefits for individuals; these include:

- opportunity for more consistent measurement of competencies across organisations and across New Zealand, which makes knowledge and skills meaningful and more transportable
- opportunity for open and transparent discussions about the knowledge and skills required for a role, and therefore discussion about the individual's gaps plus any surplus knowledge and skills not currently being utilised by the service or organisation, which has the potential to result in greater job satisfaction (i.e. performance assessment component of performance management)

- opportunity for open and transparent discussions about individual’s training and development aspirations and the service / organisations requirements and opportunities (i.e. performance development component of performance management)
- career aspirations of individuals can be more openly discussed and succession opportunities inside and outside the service or organisation identified and planned.

2.6 Proposed assessment criteria

Three different sets of criteria were considered during the design phase of the Framework, these being:

- ‘Career Framework for the Health Workforce in New Zealand’ eight criteria (NB. the bands are broadly aligned to the New Zealand Qualifications Authority (NZQA) framework¹ (see Appendix 1)
- the eight criteria condensed into four criteria, see below.
- a commonly used scale “doesn’t meet the criteria, meets the criteria, exceeds the criteria”, see below.

Summary comparison of the three sets of assessment criteria

Assessment criteria	Advantages	Disadvantages	Project reasons for consideration
Career framework eight criteria bands	<ul style="list-style-type: none"> • Because the eight band definitions clearly describe increasing levels of ability there is the possibility to apply the criteria to measure actual and required levels of knowledge and skill against competency sets, without needing to develop another level of description of each competency set. 	<ul style="list-style-type: none"> • Some consider eight criteria may take too long for assessors to learn, while others consider the definitions within the eight criteria make them easier to apply than smaller scales with less options. • Moderation process and Assessor training would need to make it clear that individuals actual and required levels of competency may be different across the range of competencies that apply to each role (e.g. Level 4 graduate entry the individual may possess theoretical knowledge for the role but may not possess the skill levels such as the required level of communication skills and thus needs to be assessed below Level 4). 	<ul style="list-style-type: none"> • Work to develop the NZ Certificate in Public Health (a proposed NZQA framework qualification) and its proposal that all public health workers would have to have a minimum of the Certificate to work in public health was in its early stages of development by the time the Integrated Competencies Framework Project (the project) was commissioned. The project considered it may be useful to try and use the Eight Bands for Competency Assessment as those eight bands are broadly aligned to the NZ Qualifications Authority framework (NZQA).

¹ A Career Framework for the Health and Disability Workforce in New Zealand: Ministry of Health, June 2007.

Assessment criteria	Advantages	Disadvantages	Project reasons for consideration
Career framework condensed into four criteria bands	<ul style="list-style-type: none"> Provides a smaller set of criteria options which in their own right are logical and meaningful. 	<ul style="list-style-type: none"> Difficult to describe how the 'eight criteria bands' match the 'four criteria bands'. Therefore it would be hard to meaningfully assess actual and required levels of competency if the four bands are described as a condensed set of the 'eight criteria bands'. 	<ul style="list-style-type: none"> Testing the concept of the Integrated Competencies Framework with a sample of health promotion providers (see Appendix 2) identified their preference for fewer than eight bands.
Commonly used scale "doesn't meet the criteria, meets the criteria, exceeds the criteria"	<ul style="list-style-type: none"> This or similar variations is well understood by many assessors as it is already used by many organisations. This scale enables individuals at all levels in the organisation to be recognised for their on-the-job ability and translation of learning into practice (i.e. how well they apply their theoretical knowledge in their role). Sound moderation and assessor training processes are the key to successful use of this scale. 	<ul style="list-style-type: none"> This scale requires the Competency sets to have the 'scope' per competency clearly described (most competency sets are presented in that way). It may be considered that examples are required per Competency but this would make Competency sets very large and could result in rigid 'right and wrong' answers. 	<ul style="list-style-type: none"> This is a tried and tested scale that most organisations that have established performance management processes understand. Many of the organisations have training programmes in place for assessors and also have appeal processes established for employees who wish to question the result of their performance assessment. Aligning with employers existing processes and 'teaching' those to smaller employers may be more useful than trying to align to the NZQA bands above.

Table 1: A summary comparison of three separate sets of criteria for assessing competency

The eight criteria discussed

The MOH published in A Career Framework for the Health and Disability Workforce in New Zealand (June 2007) the eight criteria listed in the table below.

The definitions of the eight criteria demonstrate a logical progression from one level to the next which could be used to assess the actual and required competency level of roles.

However Table 2 does infer that an individual will possess knowledge and skill (i.e. competency) at the same level across all tasks in their role. It is normal for individuals in roles to possess, and indeed the roles may tolerate, different competency levels across the range of tasks that make up a role.

For example an experienced Communicable Diseases Clerk may have more competent communication skills than a new graduate health protection officer or public health physician but using the eight band scale the Communicable Diseases Clerk would not be assessed above Level 3. Whereas on the 'commonly used scale' for communication the Communicable Diseases Clerk could be assessed as 'exceeds expectation' and the new graduate health protection officer and or public health physician may be assessed as 'does not meet expectation, ' which would more fairly and consistently describe the actual level of communication knowledge and skill at any given point in time.

The identified knowledge and skill gaps and therefore the performance development plan derived from using the eight band scale in comparison to the 'commonly used scale' could be quite different with significantly different public health workforce development outcomes.

Level	Descriptor	Definition as per Career Framework for the Health Workforce in NZ
1	Foundation	<ul style="list-style-type: none"> Undertakes jobs with supervision and/or limited responsibility Limited or no formal educational requirements
2	Support	<ul style="list-style-type: none"> Some responsibility under direction Requires basic training/education (for example on the job)
3	Senior support	<ul style="list-style-type: none"> Some complexity and/or responsibility for co-ordination and/or indirectly supervised
4	Graduate entry	<ul style="list-style-type: none"> Transition to decision-making role Moving from direct to indirect supervision Completed undergraduate degree or equivalent
5	Proficient	<ul style="list-style-type: none"> Moderate–high complexity Decision-making generally within a team May have responsibility for co-ordination of others For post-graduate entry roles, this will include direct moving to indirect supervision for transition to practice
6	Advanced	<ul style="list-style-type: none"> High complexity Advanced decision-making (practice) roles Development of knowledge/practice in breadth and/or depth May include leadership responsibilities and/or responsibilities for resources across teams/units May have Masters or equivalent
7	Expert	<ul style="list-style-type: none"> High complexity Independent roles within and maybe leading teams Likely to include significant leadership and/or resourcing responsibilities Acquisition of breadth and/or depth of knowledge and expert in advanced (practice) area
8	Advanced expert	<ul style="list-style-type: none"> Multiple complexities Clinical or organisational leadership with accountability for decision-making and development at strategic levels

Table 2: A set of eight criteria for assessing competency

The four criteria discussed

The above 'eight band' scale is condensed into 'four bands' as per Table 3 below. If the 'four bands' descriptor was used without any reference to the 'eight band scale' it would be robust and meaningful both for performance assessment and for performance development processes.

However if the 'four band criteria' is referenced back to the eight band criteria the depth and breadth of knowledge and skill contained within each of the four bands is too large. Under this circumstance the significance of the 'four band criteria' would increasingly be lost when aggregated onto the Framework, at service and then organisation levels as the variance within each of the four bands would be too wide to reliably inform decision making. Under this scenario if aggregated to national level it would provide very unreliable workforce development and workforce planning information.

Level	Descriptor	Career framework eight band equivalent levels
1	New in role (undertakes role in predictable situations)	Foundation Support Graduate entry
2	Proficient in role (appropriate practice in most situations)	Proficient
3	Advanced in role (very skilled, consistently achieves quality outcomes in complex cases)	Advanced
4	Advanced ability in role (highly skilled, a team resource, influences changes in team practice)	Expert Advanced expert

Table 3: A set of four criteria for assessing competency

The commonly used scale discussed

Commonly a three step assessment criteria is used for assessing competency, and while organisations or professional groups may use different terminology for the three steps essentially they all have the similar meaning of: 'doesn't meet the criteria', 'meets the criteria', or 'exceeds the criteria'.

With such a three step assessment criteria the performance requirements (what is expected) and the performance indicators (how the expectation can be measured) needs to be clearly stated for each competency.

Appendix 4 lists the GPHCs and the scope for assessment per each competency, which in most instances says 'what is expected' and 'how the expectation can be measured.' Many competency sets do contain the equivalent of the scope for assessment, for example the New Zealand College of Public Health Medicine Competencies have a descriptive paragraph per competency which state 'what is expected' and provide insight into how this could be measured.

2.7 Proposed moderation process

New Zealand Qualifications Authority (www.nzqa.govt.nz/providers-partners/assessment-and-moderation/tertiary-moder) describes “the purpose of moderation is to provide assurance that assessment is fair, valid and at the national standard, and that the assessors are making consistent judgements about learner performance”.

In line with the above NZQA description the project included development of a moderation process to validate the Framework processes and to build some degree of consistency into competency assessment.

It was proposed that the MOH convene ‘small working groups’ that represent both a range of public health and primary health providers and the relevant professional organisation/s.

The initial task of each ‘working group’ would be to cross-reference the occupation group specific competencies with the GPHCs. The recommendations from each of these groups would be circulated for critique by their respective constituent groups across New Zealand resulting in appropriate amendments being made to the respective cross-referenced sets.

An overarching group would then be convened that has one or two representatives from each of the ‘small working groups’ to compare the cross-referencing with the GPHCs, to amend for fairness and consistency across all competency sets, and to recommend to the MOH the adoption as the ‘national cross-referenced competency sets’ ready for entry onto the national electronic Framework.

Once the national set of cross-referenced competency sets were confirmed, the overarching working group would then become the ‘National Public Health Competencies Moderation Committee.’ Their role would be to oversee development of the assessor training programme and to conduct an annual consistency review which would include reviewing a sample of competency assessments from a range of providers who use the Framework. The results would inform ongoing assessor training.

SECTION 3: HOW TO USE THE FRAMEWORK

3.1 Overview

The Framework enables any number of competency sets to be added, inter-linked and cross-referenced. Listed are six potential competency sets:

- Generic Public Health Competencies
- Occupational Group Competencies
- Service Specific Competencies
- Organisational Goals / Competencies
- Cultural Competencies
- Other Specific Competencies.

Every competency in each competency set will be explained and 'scope for assessment' criteria will assist assessors to grade the level at which the individual is practising at.

3.2 Proposed set-up process for organisations

If an organisation wants to use all the building blocks of the Framework (refer to Diagram 1), and not use it just for performance assessing employees, there is an organisation start-up process. It is recommended that the start-up process commence with Building Block 2 as that establishes the knowledge and skill levels individuals in a service require to enable the organisation to deliver on its contractual obligations.

If a contract contains public health performance requirements the organisations management team and professional leaders need to complete Appendix 5: Management Report 1 – Service Required Competencies. They need to identify what competencies (i.e. the knowledge and skill) are required to deliver on the contractual obligations.

Once the service specific competencies are identified the management team will then need to determine the total number of staff (not FTE) practising at which levels, needed for each competency. For example, for *GPHC Competency A.5 'Demonstrates knowledge of the basic concepts of health economics'* only one service in the organisation may need to have this competency and that service may require two of its team to be at proficiency level for this competency. Whereas for *GPHC Competency A.21 'Uses oral communication effectively in a range of contexts'* the same service may require all 15 of the 20 staff on its team to be at a minimum of support level for this competency (performance levels discussed in section 2.6 above) and the remaining five staff to be consistently performing at the proficient level.

Once the service level requirements are determined the Framework will automatically aggregate all the service level competency requirements into the organisation-wide view (refer to Appendix 6).

The management team can then identify what roles require which competencies (knowledge and skill as described by the competency statement). The required level of competency (using the definitions in Appendix 1) needs to be entered per role onto Appendix 3 by the management team, prior to undertaking staff performance assessments. Thus each individual's performance can be assessed transparently, fairly, and consistently across a service.

3.3 *Generic public health competencies, 2007 (GPHCs)*

A: GPHCs Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
A1		
A2		
A3		
A4		

Once the moderated cross-referencing process described in 2.7 is complete, the GPHCs and other nationally approved competency sets applicable to public health service delivery, would be populated onto the Framework at a national level ready for organisations to undertake the process described in 3.2 above.

For the roles that do not have a national occupational competency set, the employer would decide which of the GPHCs apply to those roles and follow the same set up process described in Section 3.2.

3.4 Occupational group competencies

B: Occupational group competencies	Scope of assessment	Cross-reference other competency sets (use A, C, D, etc)
B1		
B2		
B3		
B4		

The individual staff member's performance assessment is a discussion between them and their manager and may include a professional advisor if the manager is not from the same occupational group as the staff member. The performance assessment is a discussion about their performance against the requirements of the role. If the Framework has been set up as per 3.2 it will identify the competencies that apply to the role and the level of knowledge and skill required for the role. The discussion will determine the actual level at which the individual is consistently performing those competencies.

This discussion should take no more than one hour. If it takes longer the manager needs to identify why and correct the problem. Some reasons why performance assessment discussions may take longer include:

- the cross-referencing between sets of competencies may not have been done thoroughly enough and thus the total number of competencies expected of the role may be too many
- the expected level of performance per competency may not have been determined prior to the performance assessment which may result in debate over expectations
- the individual staff member and/or manager may not have done the pre-meeting thinking and preparation for the performance assessment.

With the exception of the third reason (directly above), the Framework has been designed to enable performance assessment discussions to be constructive, effective and time efficient for all parties.

3.5 Service specific competencies

C: Service specific competencies	Scope for assessment	Cross-reference other competency sets (use A, B, D, etc)
C1		
C2		
C3		
C4		

The service specific competencies table may or may not need to be populated. That decision will need to be made by the organisation management team and will depend on whether specific services within the organisation are responsible for delivering on specific contracts, or whether every role in the organisation delivers on every contract.

3.6 Organisation goals / competencies

D: Organisation goals / competencies	Scope for assessment	Cross-reference other competency sets (use A, B, C, etc)
D1		
D2		
D3		
D4		

In addition to aiding service specific contractual performance the Framework can be used to identify what competencies an organisation requires to deliver on its full range of organisation goals.

3.7 Cultural competencies

E: Cultural competencies	Scope for assessment	Cross-reference other competency sets (use A, B, C, etc)
E1		
E2		
E3		
E4		

Some organisations may have a separate set of cultural competencies for their staff. This 'yellow' table enables cultural competencies to be to be cross-referenced against all other competency sets on the Framework.

3.8 Other specific competencies

F: Other competencies	Scope for assessment	Cross-reference other competency sets (use A, B, C, etc)
F1		
F2		
F3		
F4		

If there are 'other competencies' that a role, service, or organisation requires this table can be used to list those competencies and to cross-reference them against all other competency sets the organisation is using.

SECTION 4: CONCLUSION

During 2009/10 the Ministry of Health (MOH) commissioned a project to design and test an integrated competencies framework with public health organisations and occupational groups. The 2010/11 restructure of the Ministry of Health changed the priority focus and the Project was stopped before it was completed.

The project discussed the design concept with public health leaders and tested it with a representative sample of health promotion providers (refer to Appendix 2). The design was nearing piloting phase with a wider sample of public health providers and occupational groups when it was discontinued.

The ultimate purpose of the project was to build a tool to enable consistent and ongoing development of public health knowledge and skill within the range of district health board, primary health, non-government and community organisations that deliver public health services for New Zealand's population.

The Framework enables any number of competency sets to be added, inter-linked and cross-referenced. Listed are six potential competency sets:

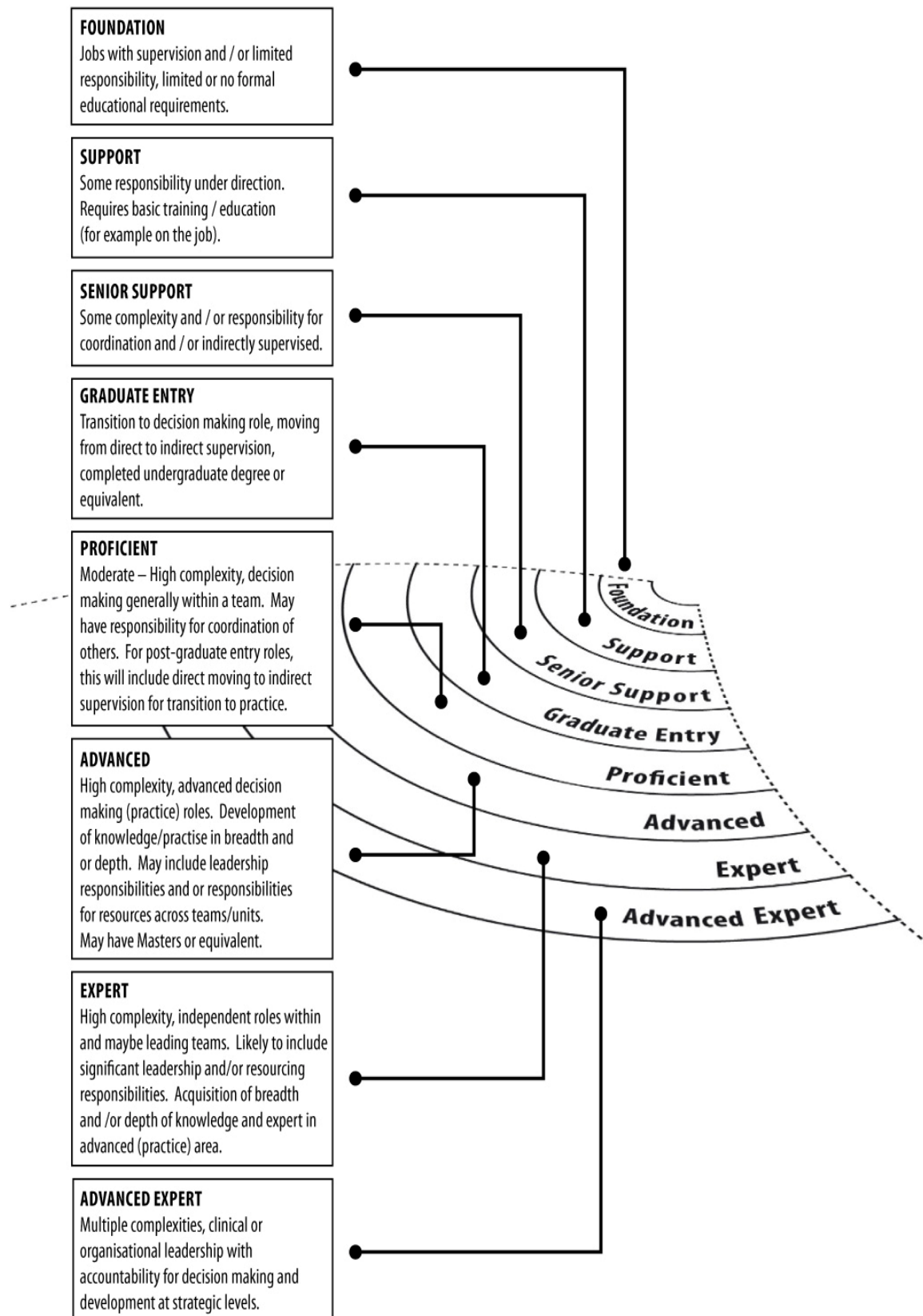
- Generic Public Health Competencies
- Occupational Group Competencies
- Service Specific Competencies
- Organisational Goals / Competencies
- Cultural Competencies
- Other Specific Competencies.

The Framework design is flexible and accommodates addition, deletion, or amendment of competency sets, such as the pending revised Health Promotion Forum Competencies. The enduring strength of the Framework is it enables cross-referencing at any time between any number of competency sets applicable to a role, service, organisation, or at national level to provide a 'single competency set' applicable to a role or occupational group within an organisation. Because the Framework has been designed for public health the GPHCs are used as the base competency set against which all other competency sets can be cross-referenced. However, any competency set could be the base set, the Framework could be used beyond public health.

This document has been compiled to hold in a single place the thinking and the work that was done toward development of an integrated competency framework for public health workforce development.

APPENDICES

Appendix 1: Assessment criteria – eight criteria



Source: A Career Framework for the Health and Disability Workforce in New Zealand, Ministry of Health, June 2007.

Appendix 2: Public health providers concept discussed with and health promotion providers concept testing meeting

Public health providers with whom discussions were held during 2009/2010 regarding the concept of the Integrated Competencies Framework
Organisation
Public Health Leaders Forum (on two occasions)
Auckland Regional Public Health Service
Hutt Valley Public Health Unit
Canterbury Public Health Unit

Health promotion providers who concept tested the Integrated Competencies Framework on 21 September 2011	
Organisation	Position
Taranaki Public Health Unit	Health Promotion Manager
Toi Te Ora Public Health Service	Workforce Development Co-ordinator
Auckland Regional Public Health Service	Health Improvement & Business Support
Mental Health Foundation	Northern Development Manager
NZ Family Planning Association	Health Promotion Area Manager
Hapai Te Hauora	Kairangi Hauora (researcher)
Ngati Hine	General Manager of Health Promotion and Education
Te Hauora O Te Hiku O Te Ika	Health Promotion Manager
Pacific Health Service Porirua	General Manager
West Fono	Chief Executive Officer

Appendix 3: Integrated competencies assessment tool

Integrated competencies template

INDIVIDUAL

Name: _____ Employee ID number: _____
 Ethnicity: _____ Gender: _____
 Job title: _____ Service: _____
 Today's date: _____ Start date in current role: _____

Note: For ease of the performance assessment discussion copy and paste the relevant public health competencies (discussed in Section 3 of this document) per role into this table. If the organisation has a performance assessment tool that must be used, populating this table should focus the discussion on the required levels of competence, making it easier to transfer the results onto the organisation's performance assessment tool.

Competencies relevant to role	Evidence/supporting notes	Required level	Actual level
A Relevant GPHC competencies			
B Relevant occupational group competencies			
C Relevant organisation goals / competencies			

Competencies relevant to role	Evidence/supporting notes	Required level	Actual level
D Relevant cultural competencies			
E Relevant service specific competencies			
F Relevant other competency set/s			

Appendix 4: Tables to assist cross-referencing of competency sets (with worked example)

The worked example is for Health Promotion – see Section B the teal coloured section of the table and view the green highlighted cross-references to the A section of the table (i.e. cross-references of the Health Promotion Forum Competencies, 2000 to the Generic Public Health Competencies, 2007).

Note: Appendix 4 shows the large size of the GPHCs set. A common theme during the Framework development and sector discussions was that the GPHCs would be more user friendly and used more frequently if they were condensed and had scopes for assessing different levels of performance.

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
Health systems		
A1 Demonstrates knowledge of the health systems and structures in New Zealand.	<ul style="list-style-type: none"> 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. <i>Scope: includes, but is not limited to, primary health organisations (PHOs) and non-government organisations (NGOs).</i> b. Distinguishes between public health and primary health services. c. Describes the provision, funding and planning of health and disability services. <i>Scope: may include local, regional or national services as determined by specific workplace contexts.</i> d. Explains the role of local and regional councils in ensuring and enabling healthy environments. 	
A2 Demonstrates knowledge of key international health agreements	<ul style="list-style-type: none"> 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. 	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
Public health science		
A3 Demonstrates knowledge of what constitutes public health and how it relates to public health practice in specific contexts	<ul style="list-style-type: none"> a. Defines public health and illustrates with examples of public health practice. b. Describes measures that are used to assess public health outcomes. <i>Scope: includes but is not limited to rates and incidence of disease and death.</i> c. Describes the relationship between public health services funded through Vote: Health and activities in other sectors that improve, promote and protect health. <i>Scope: may include, but is not limited to, ACC, police, education and civil defence.</i> d. Describes major issues in public health. <i>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.</i> e. Describes major public health disciplines and functions. <i>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.</i> 	
A4 Demonstrates knowledge of the determining factors that affect health and health inequalities in New Zealand	<ul style="list-style-type: none"> a. Describes the major groups of health determinants in any population. <i>Scope: includes biological, behavioural, social, economic, and cultural determinants as well as those related to the physical environment and health systems.</i> b. Describes the dimensions of health inequalities in New Zealand. <i>Scope: includes inequalities by ethnicity, gender, geographical region, socioeconomic group and access to material resources, e.g. income, education, employment, and housing.</i> c. Describes health inequalities for Māori. d. Describes health inequalities for other demographic groups in New Zealand. <i>Scope: includes, but is not limited to, health inequalities for Pacific and Asian peoples.</i> e. Identifies and explains basic tools used to measure health inequalities. <i>Scope: includes, but is not limited to, death rates.</i> f. Demonstrates awareness of how public health structures and practices may perpetuate health inequalities. <i>Scope: includes, but is not limited to, provision and use of preventive services (such as immunisation, screening), education and awareness.</i> 	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
A5 Demonstrates knowledge of the basic concepts of health economics	a. Describes the importance of economic thinking in public health. <i>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.</i> b. Distinguishes between efficiency and effectiveness in public health. <i>Note: technical language and calculations are not required.</i>	
A6 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. <i>Scope: includes, but is not limited to, age standardisation. Technical language is not required.</i> b. Describes the difference between incidence and prevalence. c. Describes the use of epidemiology in public health. <i>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.</i>	
Policy, legislation and regulation		
A7 Demonstrates knowledge of the use of policy in a public health context	a. Explains how policy is used to promote and protect public health. <i>Scope: includes, but is not limited to, central government policy, regional and local government policy.</i> b. Differentiates between healthy public policy and public health policy. c. Identifies key policies relating to the implementation of public health strategies. <i>Scope: includes, but is not limited to, funding policy, legislative policy.</i> d. Describes how public health can influence the policy-making process. <i>Scope: may include, but is not limited to, health impact assessment, advocacy, making submissions, evidence informed decision making.</i>	
A8 Demonstrates knowledge of how legislation and regulations are applied in a public health context	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. <i>Scope may include, but is not limited to, contacting a local health protection officer, the Ministry of Health, or local government inspectorate.</i> d. Describes the range of actions that can be used to achieve compliance. <i>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.</i>	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
Research and evaluation		
A9 Demonstrates understanding of the principles of research and its application in public health	<ul style="list-style-type: none"> a. Demonstrates knowledge of how research is used in a public health context. <i>Scope: may be limited to research relevant to one area of public health.</i> 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. <i>Scope: includes, but is not limited to, sourcing and advice on evidence and applying effective interventions in one's own practice.</i> 	
A10 Demonstrates understanding of the principles of evaluation and its application in public health	<ul style="list-style-type: none"> 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. <i>Scope: may include, but is not limited to, evaluation of the effectiveness of actions in reducing health inequalities.</i> c. Differentiates between research and evaluation in public health practice. <i>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.</i> 	
Community health development		
A11 Demonstrates knowledge of community development in a public health context	<ul style="list-style-type: none"> a. Outlines the principles of a community-centred approach to community development. <i>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.</i> b. Explains the role and functions of a community development worker in a public health context. <i>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.</i> c. Explains how community development may be used to promote and protect public health. <i>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.</i> d. Recognises and explains the importance of working with communities (local, regional, national or global) to achieve public health goals. <i>Scope: includes, but is not limited to, working alongside groups to define their own long term goals to achieve wellbeing and sustainable communities.</i> 	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
Te Tiriti o Waitangi		
A12 Demonstrates knowledge and understanding of the intent of Te Tiriti o Waitangi	<ul style="list-style-type: none"> 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 socioeconomic 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. <i>Scope: may include, but is not limited to, the development of, and response to, the Treaty principles.</i> e. Explains the contemporary status of the Treaty in relation to public health. <i>Scope: includes, but is not limited to, the inclusion of the Treaty principles in the New Zealand Health Strategy.</i> 	
A13 Analyses public health issues from a Tiriti o Waitangi perspective	<ul style="list-style-type: none"> 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. <i>Scope: includes, but is not limited to, Te Whare Tapa Whā and Te Pae Mahutonga.</i> d. Identifies and demonstrates the importance of cultural competence in public health. 	
A14 Participates with Māori to improve Māori health	<ul style="list-style-type: none"> a. Identifies purpose and objectives of consultation and networking with Māori in relation to public health interventions. <i>Scope: may include designing, implementing, and evaluating an intervention with Māori clients, providers, policy makers or researchers, and ability to network with Māori.</i> b. Identifies prospective Māori partners for public health interventions. c. Consults and networks with Māori. d. Maintains networks and partnerships with Māori. 	
A15 Demonstrates understanding of the concepts of whānau, hapū and iwi	<ul style="list-style-type: none"> 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. <i>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.</i> 	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
A16 Uses culturally appropriate values, processes and protocols when working with Māori	a. Uses appropriate values, processes and protocols when working with Māori. <i>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.</i>	
Working across and understanding cultures		
A17 Demonstrates knowledge of the nature of culture	<p>a. Explains how culture influences public health. <i>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.</i></p> <p>b. Identifies own cultural values and assumptions and explains how these influence one's own public health practice.</p> <p>c. Demonstrates knowledge of different types of culture and the diversity and difference that exists within as well as between cultures.</p> <p>d. Demonstrates knowledge of the diverse realities of Māori culture.</p> <p>e. Demonstrates knowledge of the diverse realities of the cultures of other ethnic groups. <i>Scope: includes, but is not limited to, Pacific cultures, Asian cultures and Pākehā/European culture.</i></p> <p>f. Recognises the impact of migration on ethnic communities and the significance of cultural heritage.</p>	
A18 Demonstrates knowledge of the principles of cultural safety and takes responsibility for maintaining safety in regards to cultural values, norms and practices	<p>a. Explains and differentiates between cultural awareness, cultural safety and cultural competence and describes their relevance to public health. <i>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.</i></p> <p>b. Demonstrates practice that reflects cultural safety in a range of different contexts.</p>	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
Communication		
A19 Listens actively	<ul style="list-style-type: none"> 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. 	
A20 Uses different communication styles to facilitate understanding accommodate	<ul style="list-style-type: none"> 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. 	
A21 Uses oral communication effectively in a range of contexts	<ul style="list-style-type: none"> a. Prepares and carries out oral communication in a manner that meets the needs of the audience. <i>Scope: may include, but not limited to, adapting language, delivery, and protocol to meet the needs of the audience and settings.</i> 	
A22 Communicates clearly in writing for the given context	<ul style="list-style-type: none"> a. Uses written communication in a manner appropriate for the audience. <i>Scope: may include, but is not limited to, timely, accurate, complete, concise, and respectful communication.</i> b. Uses a range of organisational communication systems effectively. 	
A23 Consults with others in a range of settings	<ul style="list-style-type: none"> 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. 	
Leadership, teamwork and professional liaison		
A24 Positively influences the way teams work together	<ul style="list-style-type: none"> 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. 	
A25 Demonstrates understanding of the many aspects of leadership	<ul style="list-style-type: none"> 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. 	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
A26 Instigates, co-ordinates and facilitates groups	<ul style="list-style-type: none"> 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. 	
A27 Establishes and maintains effective professional relationships to improve health outcomes	<ul style="list-style-type: none"> 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. 	
Advocacy		
A28 Demonstrates the ability to advocate in achieving public health outcomes	<ul style="list-style-type: none"> 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. <i>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.</i> 	
A29 Demonstrates the ability to negotiate to achieve public health outcomes	<ul style="list-style-type: none"> 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. 	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
Professional development and self management		
A30 Manages self to improve performance and professional development	<ul style="list-style-type: none"> a. Critically reviews and evaluates own practices in relation to public health principles. <i>Scope: may include, but is not limited to, supervision, mentoring, coaching, and critical self-reflection.</i> 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. <i>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.</i> f. Recognises the tensions between competing accountabilities, e.g. to the team, to the organisation, to the community. 	
Planning and administration		
A31 Accesses a range of organisational information	<ul style="list-style-type: none"> a. Locates and uses organisational information. <i>Scope: may include, but is not limited to, organisational policies, procedures, systems, processes, and plans.</i> 	
A32 Describes how work plan fits with organisational and wider public health priorities	<ul style="list-style-type: none"> 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. <i>Scope: may include, but is not limited to, compliance with regulatory frameworks, organisational policy, and community needs.</i> c. Describes how the cultural context affects the planning and delivery of public health. 	
A33 Completes appropriate administration record keeping and allocated financial responsibilities according to contractual and legal frameworks and organisational policies as they apply	<ul style="list-style-type: none"> 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. <i>Scope: may include, but is not limited to, computer word and number processing software, e-mail, computer file management, printers, scanners, and projectors.</i> 	

A: Generic public health competencies (GPHC) Public health knowledge	Scope of assessment (as stated in GPHC document)	Cross-reference other competency sets (use B, C, D, etc)
A34 Demonstrates understanding of the public health role in an emergency response	a. Identifies and locates the emergency response. b. Describes the organisation's role in emergency a range of emergencies that might arise. c. Describes the chain of command within in an emergency response. d. Describes own functional role in an emergency. e. Describes communication role(s) in an and demonstrates correct use of all communication used for emergency communication.	
B: Occupational Group Competencies. This a worked example of the Health Promotion Forum Competencies (competencies pre-2010/11 review) Knowledge clusters	Scope for assessment	Cross-reference other competency sets (use A, C, D, etc)
Te Tiriti o Waitangi		
B1 Historical background and context		A12–16
B2 Content and meaning of Māori and English texts		A12–16
B3 Relevance and significance to both treaty partners		A12–16
Cultural diversity in Aotearoa–New Zealand		
B4 Cultural awareness and responsiveness to the needs of tāngata whenua		A17–18
B5 Cultural beliefs, norms and practices of different Pacific peoples		A17–18
B6 Cultural beliefs, norms and practices of Tauīwi		A17–18
Origins and evolution of global health promotion		
B7 Historical developments in health promotion philosophy and practice		
B8 Content, context and significance of the Ottawa Charter		
B9 Current and ongoing developments and approaches		
B10 Relationship of health promotion to public health, health education and disease prevention		

B: Occupational Group Competencies. This a worked example of the Health promotion forum competencies (competencies pre-2010/11 review) Knowledge clusters	Scope for assessment	Cross-reference other competency sets (use A, C, D, etc)
Theory underpinning health promotion practice		
B11 Models of health promotion practice		
B12 Models of empowerment and enablement		
B13 Diverse theories of learning		
B14 Group processes and dynamics		
The health status of New Zealanders		
B15 Wider determinants of health status and wellbeing		A3–6
B16 Lifestyle factors that influence health status and wellbeing		A3–6
B17 Major diseases contributing to ill health		A3–6
B18 Demography of health inequalities		A3–6
Community and political awareness		
B19 Community networks, agencies and services		
B20 Range of information and resources available		
B21 Health systems and relevant structures in Aotearoa–New Zealand		A1
B22 Impact of local, national and global policies on health		A2, A7–8
B23 Social movements and philosophies that influence social change		A7–8
Research, planning and evaluation		
B24 Range of planning and evaluation approaches		A9–10, A31
B25 Range of research methods		A9–10
B26 Kaupapa Māori research		
B27 Ethical issues in research		

B: Occupational Group Competencies. This a worked example of the Health promotion forum competencies (competencies pre-2010/11 review) Skill clusters	Scope for assessment	Cross-reference other competency sets (use A, C, D, etc)
Working with Te Tiriti o Waitangi		
B28 Integrate the principles and provisions of Te Tiriti into health promotion practice		A12–16
B29 Integrate Māori perceptions and realities of health into health promotion practice		A12–16
B30 Raise awareness of the relevance of te reo and tikanga		A12–16
B31 Consult iwi using appropriate processes		A12–16
B32 Advocate by, with and for Māori health promotion practice		A12–16
Programme/project planning, implementation and evaluation		
B33 Structure planning to achieve well informed and sustainable programmes and services		
B34 Work collaboratively when planning, implementing and evaluating programmes		
B35 Identify, use and integrate a range of health promotion strategies		
B36 Manage the expectations of a range of stakeholders		A32
Contribute to the learning of others		
B37 Delivery and enable learning in a range of contexts		A24–27
B38 Develop individual skills and knowledge		A24–27
B39 Develop group/community skills and knowledge		A24–27
B40 Train the trainers/educate the educators		A24–27
B41 Promote workforce development and training		A24–27

B: Occupational Group Competencies. This a worked example of the Health promotion forum competencies (competencies pre-2010/11 review) Skill clusters	Scope for assessment	Cross-reference other competency sets (use A, C, D, etc)
Advocacy and political action		
B42 Build inter-sectoral coalitions and strategic alliances		A28–29
B43 Inform, engage and support community action		A28–29
B44 Influence local, national and global decision-makers for healthy public policies		A28–29
B45 Proactively reorient health services to focus on wellbeing		A28–29
Communication		
B46 Communicate in written form and orally to suit a range of contexts and stakeholders		A19–23
B47 Develop media skills and engage with media		A19–23
B48 Identify and develop information and resources		A19–23
B49 Demonstrate an understanding of social marketing		A19–23
Facilitation		
B50 Facilitate group processes		A20, A26
B51 Facilitate community processes		
B52 Acknowledge and mediate conflict		
Research		
B53 Critically analyse and disseminate relevant research and literature		
B54 Identify and employ a range of research approaches		A9
B55 Plan, conduct and write up a research project		

B: Occupational Group Competencies. This a worked example of the Health promotion forum competencies (competencies pre-2010/11 review) Skill clusters	Scope for assessment	Cross-reference other competency sets (use A, C, D, etc)
Professional development		
B56 Critically reflect on and evaluate own work		A24–27, A30
B57 Maintain professional knowledge and skills		A24–27, A30
B58 Identify, develop and maintain professional networks		A24–27, A30
B59 Assist colleagues achieve professional growth		A24–27, A30
Health promotion management		
B60 Advocate for effective, healthy and sustainable services		
B61 Promote and demonstrate sound health promotion principles and practice		
B62 Actively develop the health promotion workforce		
B63 Demonstrate strategic leadership		
C: Service specific competencies	Scope for assessment	Cross-reference other competency sets (use A, B, D, etc)
C1		
C2		
C3		
C4		
D: Organisation goals / competencies	Scope for assessment	Cross-reference other competency sets (use A, B, C, etc)
D1		
D2		
D3		
D4		

E: Cultural competencies	Scope for assessment	Cross-reference other competency sets (use A, B, C, etc)
E1		
E2		
E3		
E4		
F: Other competencies	Scope for assessmentsnet	Cross-reference other competency sets (use A, B, C, etc)
F1		
F2		
F3		
F4		

Appendix 5: Management Report 1: Service required competencies

Integrated Competencies Framework Management Report 1

Service required competencies

NB: The total number of staff per service in an organisation (not the FTE size) **required** to perform each competency at the required level is entered by the organisation's senior management team or their delegated representatives. The **actual** side of the table will automatically be populated by the electronic tool (i.e. electronic Integrated Competencies Framework) after the individual's performance assessment has been completed. Thus, once all the individuals who undertake public health work have had their individual performance assessments completed the electronic tool will show where the workforce strengths and gaps exist per generic public health competency and any other competency set/s entered into the framework. This provides evidence for managers and professional leaders of actual competency to deliver on contract requirements and thus informs what workforce development is required. It also informs future recruitment (i.e. what knowledge and skill still needs to be recruited into roles / teams / services / the organisation).

Service required competencies		Actual								Required							
COMPETENCY LEVELS (see key at foot of table and see Appendix 1 for descriptions)	Cross-reference across competency sets	F	S	SS	GE	P	A	E	AE	F	S	SS	GE	P	A	E	AE
A: Generic public health competencies (2007)																	
Health systems																	
A.1 Demonstrates knowledge of the health systems and structures in New Zealand																	
A.2 Demonstrates knowledge of key international health agreements																	

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Service required competencies		Actual								Required							
COMPETENCY LEVELS (see key at foot of table and see Appendix 1 for descriptions)	Cross-reference across competency sets	F	S	SS	GE	P	A	E	AE	F	S	SS	GE	P	A	E	AE
A: Generic public health competencies (2007)																	
Public health science																	
A.3 Demonstrates knowledge of what constitutes public health and how it relates to public health practice in specific contexts																	
A.4 Demonstrates knowledge of the determining factors that affect health and health inequalities in New Zealand																	
A.5 Demonstrates knowledge of the basic concepts of health economics																	
A.6 Demonstrates knowledge of the basic epidemiological concepts																	
Policy, legislation and regulation																	
A.7 Demonstrates knowledge of the use of policy in a public health context																	
A.8 Demonstrates knowledge of how legislation and regulations are applied in a public health context																	
Research and evaluation																	
A.9 Demonstrates understanding of the principles of research and its application in public health																	
A.10 Demonstrates understanding of the principles of evaluation and its application in public health																	

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Service required competencies		Actual								Required							
COMPETENCY LEVELS (see key at foot of table and see Appendix 1 for descriptions)	Cross-reference across competency sets	F	S	SS	GE	P	A	E	AE	F	S	SS	GE	P	A	E	AE
A: Generic public health competencies (2007)																	
Community health development																	
A.11 Demonstrates knowledge of community development in a public health context																	
Te Tiriti o Waitangi																	
A.12 Demonstrates knowledge and understanding of the intent of Te Tiriti o Waitangi																	
A.13 Analyses public health issues from a Tiriti o Waitangi perspective																	
A.14 Participates with Māori to improve Māori health																	
A.15 Demonstrates understanding of the concepts of whānau, hapū and iwi																	
A.16 Uses culturally appropriate values, processes and protocols when working with Māori																	
Working across and understanding cultures																	
A.17 Demonstrates knowledge of the nature of culture																	
A.18 Demonstrates knowledge of the principles of cultural safety and takes responsibility for maintaining safety in regards to cultural values, norms and practices																	

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Service required competencies		Actual								Required							
COMPETENCY LEVELS (see key at foot of table and see Appendix 1 for descriptions)	Cross-reference across competency sets	F	S	SS	GE	P	A	E	AE	F	S	SS	GE	P	A	E	AE
A: Generic public health competencies (2007)																	
Communication																	
A.19 Listens actively																	
A.20 Uses different communication styles to facilitate understanding accommodate																	
A.21 Uses oral communication effectively in a range of contexts																	
A.22 Communicates clearly in writing for the given context																	
A.23 Consults with others in a range of settings																	
Leadership, teamwork and professional liaison																	
A.24 Positively influences the way teams work together																	
A.25 Demonstrates understanding of the many aspects of leadership																	
A.26 Instigates, co-ordinates and facilitates groups																	
A.27 Establishes and maintains effective professional relationships to improve health outcomes																	
Advocacy																	
A.28 Demonstrates the ability to advocate in achieving public health outcomes																	
A.29 Demonstrates the ability to negotiate to achieve public health outcomes																	

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COMPETENCY LEVELS (see key at foot of table and see Appendix 1 for descriptions)	Cross-reference across competency sets	F	S	SS	GE	P	A	E	AE	F	S	SS	GE	P	A	E	AE
A: Generic public health competencies (2007)																	
Professional development and self-management																	
A.30 Manages self to improve performance and professional development																	
Planning and administration																	
A.31 Accesses a range of organisational information																	
A.32 Describes how work plan fits with organisational and wider public health priorities																	
A.33 Completes appropriate administration record keeping and allocated financial responsibilities according to contractual and legal frameworks and organisational policies as they apply																	
A.34 Demonstrates understanding of the public health role in an emergency response																	
B: Occupational group competencies																	
B.1																	
B.2																	
B.3																	
etc																	

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Service required competencies		Actual								Required							
COMPETENCY LEVELS (see key at foot of table and see Appendix 1 for descriptions)	Cross-reference across competency sets	F	S	SS	GE	P	A	E	AE	F	S	SS	GE	P	A	E	AE
C: Service specific competencies																	
C.1																	
C.2																	
C.3																	
etc																	
D: Organisation goals / competencies																	
D.1																	
D.2																	
D.3																	
etc																	
E: Cultural competencies																	
E.1																	
E.2																	
E.3																	
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Service required competencies		Actual								Required							
COMPETENCY LEVELS (see key at foot of table and see Appendix 1 for descriptions)	Cross-reference across competency sets	F	S	SS	GE	P	A	E	AE	F	S	SS	GE	P	A	E	AE
F: Other specific competencies																	
F.1																	
F.2																	
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Appendix 6: Management Report 2: Organisation required competencies

Integrated Competencies Framework Management Report 2

Organisation required competencies

NB: The actual and required columns of this table within the Integrated Competencies Framework electronic tool will automatically populate with aggregated data after the management team have entered the total number of staff required to deliver on contract service specifications, operational and strategic plans, into the Service Required Competencies table. This provides organisation wide evidence of the workforce development required to deliver on contracts. It also shows the overlaps, gaps, and under utilisation of knowledge and skills, which informs workforce planning (including recruitment). It also provides evidence to inform bids for additional contracts to expand the depth and/or width of service delivery.

Organisation required competencies		Actual								Required							
COMPETENCY LEVELS (see key at foot of table and see Appendix 1 for descriptions)	Cross-reference across competency sets	F	S	SS	GE	P	A	E	AE	F	S	SS	GE	P	A	E	AE
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Organisation required competencies		Actual								Required							
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