IUHPE – UIPES

INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION
UNION INTERNATIONALE DE PROMOTION DE LA SANTÉ ET D'ÉDUCATION POUR LA SANTÉ
UNIÓN INTERNACIONAL DE PROMOCIÓN DE LA SALUD Y EDUCACIÓN PARA LA SALUD

The IUHPE Health Promotion Accreditation System Handbook

Revised

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1. INTRODUCTION

This Handbook presents the formally agreed structures, eligibility criteria, policies, procedures and processes of the IUHPE Health Promotion Accreditation System that must be used by the IUHPE Accreditation Organization at global level (IUHPE GAO) and National Accreditation Organizations (NAOs) when undertaking registration of practitioners and accreditation of courses, and all other agreed functions pertinent to the System.

The agreed policies, procedures, structures and major processes outlined in this Handbook cannot be amended, revised or changed except through a formal revision process managed by the IUHPE GAO, in partnership with NAOs and other relevant stakeholders. Some minor changes to operational processes may be negotiated by NAOs, however, in order to better reflect specific contexts. These changes must be agreed by the IUHPE GAO following agreed guidelines. Very minor operational changes (e.g. to format/names of committees, correspondence with applicants and/or to facilitate specific application systems either online or otherwise) may be made by a NAO independently but a record of such changes must be maintained and details of this included in annual reports to the GAO as part of the internal quality control process of the System.

As relevant application and assessment forms, letters and other procedural materials may be updated on a more frequent basis these are not included in this Handbook. A repository file of the current (i.e., more recently updated) versions of such forms and letters, together with a training handbook for assessors will be held by the IUHPE. All such documents will be date stamped to ensure consistency and clarity. The current versions of these documents will be shared with new NAOs as part of their approval process. When they are updated, they will be disseminated to all NAOs, committees, etc., as relevant.

Any action, including recognition of NAOs, registration of practitioners and accreditation of courses which do not follow the agreed criteria, policies, processes and procedures as defined in this Handbook or those which have been formally agreed with NAOs, are **not valid** within the System.

1.1. Goal of the IUHPE Health Promotion Accreditation System

The goal of the IUHPE Health Promotion Accreditation System is to promote quality assurance and competence in Health Promotion practice, education and training. The System is designed to be flexible and sensitive to different contexts while maintaining robust and validated criteria.

The System provides a foundation for workforce capacity development based on shared concepts and a formalised system of professional recognition.

The System is premised on the understanding that Health Promotion practitioners require specific education, together with Continuing Professional Development (CPD) to maintain the knowledge and skills required to ensure quality in Health Promotion

Practitioners registered within the System are awarded the title 'IUHPE Registered Health Promotion Practitioner' (IUHPE HPP) and accredited courses may be formally described as 'IUHPE Accredited' (see sections 1.6.2 and 4.2 below).

1.2. Rationale for Developing a Health Promotion Accreditation System

The development of the System was driven by recognition that, while quality assurance for practice, education and training had been identified within health fields, an agreed quality assurance system was not evident in Health Promotion. Research also showed that the Health Promotion workforce operates at different stages of development within and across countries globally, with varying levels of professional identity, education and career development (Demplsey et al., 2011; Battel-Kirk at al., 2009). The IUHPE Accreditation System responds to the need for a quality assurance system to unify and strengthen the diverse Health Promotion workforce.

1.3. Development of the IUHPE Health Promotion Accreditation System

The System draws on the Ottawa Charter and successive World Health Organization charters and declarations on Health Promotion[1] and on the literature, research and action on accreditation for Health Promotion and related fields internationally (Battel-Kirk et al., 2009; Battel-Kirk and Barry 2019; Dempsey et al., 2009). It builds on the IUHPE Core Competencies, Professional Standards and Pan Accreditation Frameworks (Dempsey et al, 2011a) which were tested in academic (Contu at al., 2012) and practice (Gallardo et al., 2012) settings. The global System is further underpinned by the experiences gained in the piloting of the IUHPE European Health Promotion System and its operation from 2014 to 2016 (Battel-Kirk at al., 2012;2015).

The basis for the criteria, policies, structures, processes and procedures outlined in the Handbook were initially developed by the CompHP Project (Barry et al., 2012) using a multiple-method approach to facilitate a consensus-building process with key stakeholders in Health Promotion in Europe.

The development process for the application forms originally undertaken by the CompHP Project drew on a number of sources, including the registration processes of other professional associations including those of the Irish Health and Social Care Professionals Council (CORU) [2] and the UK Voluntary Registration for Nutritionists (UKVRN) .[3]

An online application system was chosen for use at Global level as it was considered that this would allow best use of resources and be user friendly for applicants, administrators and assessors. The online processes, policies and application forms, together with all processes and procedures, underwent intensive testing in the piloting stage of the System (2013) and were used at European level between 2014 and 2016 (Battel-Kirk at al., 2012;2015). It is recommended that, where resources allow, NAOs also adopt an online application system.

[1] https://www.who.int/healthpromotion/conferences/en/
[2] http://www.coru.ie/
[3] http://www.associationfornutrition.org/

1.4. Core Concepts and Principles Underpinning the System

The IUHPE Health Promotion Accreditation System is based on the core concepts and principles of Health Promotion outlined in the Ottawa Charter and successive WHO charters and declarations on Health Promotion[4]. Health Promotion is therefore understood to be *'the process of enabling people to increase control over, and to improve, their health'* (WHO, 1986). Health Promotion is viewed as a comprehensive social and political process which not only embraces action directed at strengthening the skills and capabilities of individuals, but also actions directed toward changing social, environmental and economic conditions which impact on health (Nutbeam, 1986). Health is defined as *'a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity'* (WHO, 1947) and is further conceptualized as a resource for everyday life, emphasizing social and personal resources, as well as physical capacities (WHO, 1986).

The System is underpinned by an understanding that Health Promotion has been shown to be an ethical, principled, effective and evidence-based discipline (IUHPE, 2000; Raphael, 2000) and that there are well-developed theories, strategies, evidence and values that underpin good practice in Health Promotion (Kahan and Goodstadt, 2001). The term 'Health Promotion action' is used in the System to describe programmes, policies and other organised Health Promotion interventions which aim to improve health and reduce health inequities that are empowering, participatory, holistic, intersectoral, equitable, sustainable and multi-strategy in nature (WHO, 1997).

The ethical values and principles underpinning the System include a belief in equity and social justice, respect for autonomy, and collaborative and consultative ways of working (Dempsey et al, 2011). The ethical principles which form part of the criteria for recognition of NAOs, courses and practitioners are that ethical Health Promotion practice is based on a commitment to:

- Health as a human right, which is central to human development
- Respect for the rights, dignity, confidentiality and worth of individuals and groups
- Respect for all aspects of diversity including gender, sexual orientation, age, religion, disability, ethnicity, race, and cultural beliefs

[4] https://www.who.int/healthpromotion/conferences/en/

- Addressing health inequities, social injustice, and prioritising the needs of those experiencing poverty and social marginalisation
- Addressing the political, economic, social, cultural, environmental, behavioural and biological determinants of health and wellbeing
- Ensuring that Health Promotion action is beneficial and causes no harm
- Being honest about what Health Promotion is, and what it can and cannot achieve
- Seeking the best available information and evidence needed to implement effective policies and programmes that influence health
- Collaboration and partnership as the basis for Health Promotion action
- The empowerment of individuals and groups to build autonomy and self-respect as the basis for Health Promotion action
- Sustainable development and sustainable Health Promotion action
- Being accountable for the quality of one's own practice and taking responsibility for maintaining and improving knowledge and skills.

1.5. Quality Concepts and Principles Underpinning the System

The System is based on key criteria that reflect its emphasis on quality assurance and a commitment to the public and the Health Promotion community that ensure that it is:

Voluntary - the System is premised on a voluntary, rather than a statutory/legal model of professional recognition. It is important to note that while the System currently outlines professional accreditation on a voluntary basis, it can form the foundation for the development of a regulated profession in the future should the opportunity to do so arise.

Owned by the profession - ownership of the System is firmly based within the Health Promotion community which is assured through ongoing participation in its development and management. Ownership by the Health Promotion community is embodied in IUHPE as the only global professional body focused on Health Promotion, and in the National Accreditation Organizations as the representatives of the national Health Promotion communities.

Relevant to differing contexts as it is based on globally recognised WHO Charters and Declarations and builds on international research and experience in competency-based approaches to Health Promotion. It also draws on wide-ranging consultation and testing on agreed core competencies and professional standards for Health Promotion practice in Europe[5].

Flexible and sensitive to differing contexts and systems globally while being robust and practical. The agreed criteria, process and policies ensure that the System is robust. The well-developed structures and formats support a practical and easily managed approach while guidelines are in place to allow for some degree of variation to some operational aspects of the System to better fit with specific contexts, while maintaining consistency and transparency.

Practical and feasible by making efficient and effective use of, and sharing, limited resources including Handbooks, formats, forms and, most importantly, experience and knowledge.

[5] It should be noted that recommendations in the literature indicate that Core Competencies and Standards should be reviewed on a regular (suggested three yearly) basis and revised as required to maintain relevance and currency (Battel-Kirk and Barry, 2019).

Robust as it is a consistent and transparent system that builds on international Charters, international examples of competency-based approaches to quality assurance, and on the IUHPE Core Competencies and Professional Standards. These were developed through consensus building with European Health Promotion stakeholders in consultation with international experts and were endorsed at national, regional and global levels.

Transparent and objective in its development and implementation with decision-making and assessment processes that are clear, understandable and easily accessible, and supported by ethical and quality assurance principles and policies.

To support the principles described above, Conflict of Interest and Confidentiality Policies[6] have been specifically designed for the System which must be implemented at all levels of its operation.

[6] Appendices 1.1 and 1.2

1.6. Definitions[7] used in the System

Accreditation in the context of the System is viewed as a way of ensuring quality practice, as a quality seal, and as a benchmark that enhances professional profiles and gives recognition to best practice, based on Health Promotion knowledge, values and principles.

1.6.1. Accreditation/Registration

In the System, the term '*accreditation*' applies to the whole quality system and to the process of recognising education and training courses. The terms *'registration/registered*' apply to the process by which individual practitioners are recognised as meeting agreed criteria.

The definitions of accreditation used in the System are:

- **Accreditation of education courses** is the process of evaluating courses to determine whether they meet agreed criteria based on the IUHPE Core Competencies and Professional Standards and as outlined in this Handbook. A qualification arising from such a course is recognised as the basis for initial registration of practitioners.
- **Accreditation of an individual practitioner** is described as '*registration*' which confirms an individual as having been assessed as fit to practice, based on their meeting agreed criteria based on the IUHPE Core Competencies and Professional Standards, as reflected in their educational attainment, work experience, continuous professional development or agreed combinations of these elements.
- **Accreditation Organizations** are those authorised by IUHPE to make decisions about the status, legitimacy or appropriateness of individual practitioners to practice to agreed quality standards, and regarding education and training courses to meet agreed quality standards. Within the System, National Accreditation Organizations may apply to be formally recognised by the IUHPE Global Accreditation Organization to undertake registration of practitioners who practice within a defined catchment area[8].

[7] For other terms please see the System Glossary – Appendix 4

[8] Practitioners who live in one country and practice in another should usually register in the country where they practice. If a practitioner's practice covers more than one country or has international dimensions the NAO should refer to GAO so that a decision can be made on how to handle the situation.

1.6.2. Definitions of Practitioners, Educational Providers and Courses

Practitioners - It is recognised that job titles and academic course titles in countries globally may not always include the term Health Promotion. The term Health Promotion practitioner, for the purposes of the System, refers to all those, irrespective of job title, whose **main** role reflects Health Promotion as defined in the Ottawa Charter and successive WHO charters and declarations[9] to promote health and reduce health inequities by:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- reorienting health services.

The term 'practitioner' for the purposes of the System, includes those working in the academic sector (educators and researchers), policy makers and others whose role meets the above criteria. Health Promotion 'practice' is defined as work which reflects Health Promotion as described above and is empowering, participatory, holistic, intersectoral, equitable, sustainable and multi-strategy in nature.

Educational Providers - Providers of education in Health Promotion are defined as those academic (and in some countries vocational) organizations which offer undergraduate or postgraduate courses with Health Promotion (as defined) above as the **core** content.

Courses - Accreditation within the System is available for courses that are complete educational programmes, at either undergraduate or postgraduate level that consist of different modules that cover all domains of the IUHPE Core Competencies Framework, can demonstrate how their learning outcomes relate to the performance criteria defined in the IUHPE Professional Standards, and prepare graduates to be competent Health Promotion Practitioners as defined in this Handbook. Courses which offer electives/options to students are eligible only if they can demonstrate that ALL students undertaking the course cover ALL domains of the IUHPE Core Competencies and Professional Standards, whatever electives/options they choose. The assessment of eligibility is focused on content and not on the title of the course or modules.

[9] https://www.who.int/healthpromotion/conferences/en/

1.6.3. Language and Translation

The working language of the System is English. If resources allow, information and documents will be translated into the other official languages of the IUHPE (i.e. French and Spanish).

All translations of formal documents and forms undertaken by the GAO and applicant or approved NAOs must follow the agreed Translation Policy[10] to ensure validity and consistency within the System.

[10] Appendix 2

2. SCOPE, CONTEXT AND BENEFITS OF THE IUHPE HEALTH PROMOTION ACCREDITATION SYSTEM

2.1. Scope of the System

While the purpose of the System is to provide validated, agreed and recognised quality assurance for Health Promotion practice education and training, it is recognised that Health Promotion is at different stages of development across the globe. Some countries therefore may not currently have the resources or infrastructure required to develop and maintain accreditation processes. For these countries, the IUHPE Core Competencies Framework may be used as stand-alone document, or in conjunction with the IUHPE Health Promotion Professional Standards as the basis for quality assurance for Health Promotion practice, education and training.

As the System is premised on voluntary registration and accreditation rather than statutory regulation, it focuses on professional competence **only**. Practitioners and providers of Health Promotion courses are therefore expected to meet not only all the requirements detailed in the System Handbook, but also any other legal and professional requirements specified within their country in relation to their practice and/or as required by specific working environments (e.g. clearance for working with children or vulnerable people etc.).

The System also operates within the overall context of national academic accreditation and assessment of courses, focusing only on ensuring that graduates meet the criteria for Health Promotion professional competence as outlined in the IUHPE Health Promotion Professional Standards. Providers of Health Promotion courses applying for accreditation within the System must therefore demonstrate that they are fully compliant with all national/regional or other relevant accreditation requirements and that they are formally recognised as accredited providers of education at undergraduate or postgraduate levels as appropriate.

2.2. Benefits of the System

For those countries that are ready to participate in the System it can be used to:

- Ensure that there are clear and agreed guidelines and quality standards for the Health Promotion knowledge, skills and values required to practice effectively and ethically
- Form the basis for all aspects of quality assurance in Health Promotion practice and in education and training
- Ensure accountability to the public through the registration of practitioners
- Ensure that Health Promotion courses are validated and awards are based on agreed criteria
- Facilitate movement of employment across roles, organizations, regions and countries using recognised Health Promotion qualifications
- Provide a reference point for employers in recruitment and selection
- Add to greater recognition and visibility of Health Promotion and the work done by Health Promotion practitioners.

3. ACCREDITATION ORGANIZATIONS

The System comprises a devolved model involving National Accreditation Organizations (NAOs) that are approved by the IUHPE Global Accreditation Organization (IUHPE GAO) (Figure 1). The Global and National organizations each have specific functions and tasks, but use the same agreed criteria, policies and procedures as detailed in this Handbook.

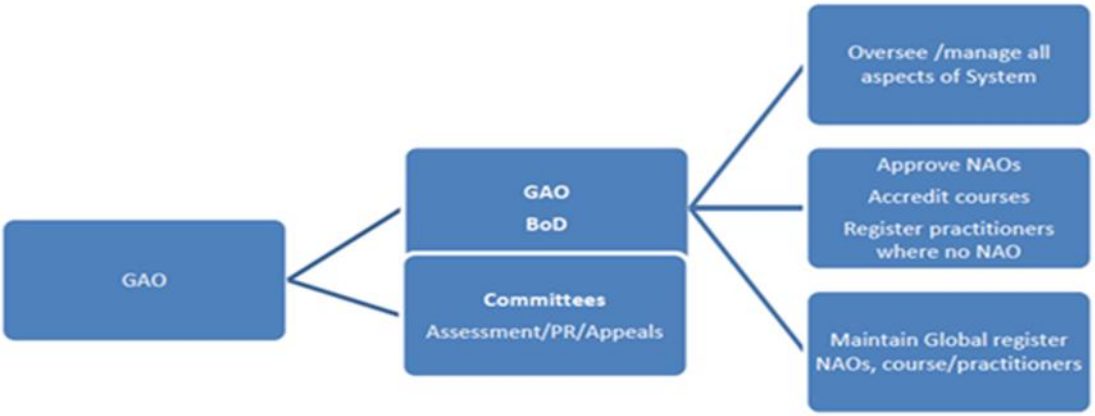

Figure 1 Organisational structure IUHPE Health Promotion Accreditation System Global Accreditation Organisation

3.1. The IUHPE Global Accreditation Organization

3.1.1. Development and Structure

Building on the success of the IUHPE CompHP Project, a Competencies and Workforce Development Working Group (CWDG) was established in 2012 to convene a group of experts to develop quality assurance systems for Health Promotion practice, education and training in context of workforce capacity development.

In 2013 the CWDG was updated to incorporate the governance and coordination structures required to implement, coordinate and manage the IUHPE European Health Promotion Accreditation System. This included establishing a Board of Directors and specialist Committees which formed the IUHPE European Accreditation Organization .

The IUHPE European Health Promotion Accreditation System was piloted in 2013 and operated from 2014 to 2016. In late 2016, acting on increasing interest from countries

outside Europe to become part of the System, an IUHPE Accreditation System Action Group was established to manage the expansion of the System to the Global level.

3.1.2. Key Roles of IUHPE Global Accreditation Organization

The key roles of the GAO are:

- Managing and maintaining the accreditation system
- Overseeing financial management and regulation
- Ensuring the Maintenance of a Global Register
- Approving, monitoring and supporting National Accreditation Organizations (NAOs)
- Capacity Development

For full details on the Terms of Reference for the Board of Governors and Committees see Appendix 3

3.2. National Accreditation Organizations (NAOs)

The System is premised on a devolved model where registration of practitioners is managed by a NAO. However, it is recognised that there may not be a NAO in all countries and in such cases Health Promotion practitioners can apply to the IUHPE Global Assessment Organisation (GAO) for registration.

Once a NAO is established in a country all applications from practitioners for registration from that country will be processed **only** by that NAO. If an application from practitioners who practice in an approved NAO catchment area is received by the GAO it will be returned to the applicant with instructions to apply via the relevant NAO.

3.2.1. Types of NAOs

NAOs may be formed by different types of organizations, such as a professional association, an established national accreditation organization, or another organization as may be appropriate in a specific national context. All NAOs must, however, be independent organizations that can make informed and independent decisions about the registration of Health Promotion practitioners. Applicant NAOs are required to make formal declarations of any existing or potential conflicts of interest.

While termed 'national', NAOs can apply or operate from, or at, any agreed catchment level provided that it can be demonstrated that the NAO has a critical mass of support from the Health Promotion community within the proposed catchment area. Examples include where there is decentralisation of Health Promotion functions to regions or other geographic or political national entities, or where a number of countries may to join together to form a NAO based on geographic proximity or mutual interests.

3.2.2. Multiple applicants from same catchment area

It should be noted that the IUHPE GAO will **not** be drawn into disputes between multiple competing applicants from the same catchment area/country requesting recognition as a NAO. It is the responsibility of the organization applying to become a NAO to ensure that it has a critical mass of support within its catchment area. Should a competing application be received, each organization will be asked separately if they are willing to work with the other applicant organization to submit a joint application. The GAO may facilitate dialogue between the rival applicants where appropriate and if resources and expertise allow, **but is not responsible for or obliged to do so**. Until there is agreement between any rival applicants for recognition as a NAO in the same catchment area, none will be approved.

Should an organization apply to be approved as a NAO in a catchment area where a NAO already exists the application will not be processed. The GAO will advise the new applicant of the contact details of the existing NAO and suggest that they make contact to explore the potential for a future partnership.

While the main language of the System is English, NAOs may operate in their national language(s) but must be able to communicate with the GAO in one of the IUHPE official languages (English, French or Spanish). It is the responsibility of the NAO to translate system procedures, reports and registration processes and criteria as defined in the Translation Policy[11] and to provide proof that such translations meet agreed standards as required as part of internal quality control.

[11] Appendix 2

3.2.3. Key roles and responsibilities of NAOs

The key role of a NAO is to manage and maintain the registration of practitioners who practice in their catchment area, and to ensure that the details of the practitioners so registered are recorded in the National and Global register.

The NAO must follow all processes and procedures and apply the agreed criteria as defined in this Handbook, although some minor operational variations may be agreed/allowed. Registrations of practitioners which do not following agreed processes and criteria are not valid, and the NAO will be responsible for reimbursements of any fees paid by the practitioner and to take action to address any other implications arising from invalid registration.

The NAO must espouse the ethical and quality principles outlined in this Handbook, must accept and implement relevant policies such as those on Confidentiality and Conflict of Interest, and develop and maintain clear, transparent and objective operational systems and processes. The NAO must also demonstrate that they have sustainable resources to undertake all required roles and tasks. Ongoing monitoring of these criteria will be undertaken as part of the internal quality assurance of the System and will form the basis for decisions on re-approval.

NAOs may set their own fees for registration and must make a per capita payment to the IUHPE for each practitioner registered (currently set at 10% of the agreed national registration fee **only,** i.e. not including the administration fee).

The NAO must submit a short monitoring report on its activities to the GAO annually, including details of numbers of applications, resulting registrations, updated details of committees, changes to operational systems, and any problems or difficulties identified. Formal proposals for changes to processes for consideration by the GAO may also be included. A template for this report is supplied to NAOs when they are approved.

3.2.4. Structure of NAOs

While it is recognised that there is a need for flexibility in relation to the structure of NAOs and general operational processes to reflect national contexts, a formal governance structure is required to fulfil their role in registering practitioners. This entails establishing a Board of

Directors and Committees that are the same as or similar to those at the Global level to ensure that all functions, roles and tasks are implemented and evaluated with clarity and transparency. However, terms/titles used can vary provided the required roles are fulfilled. Each committee should have a Chair and named members.

A suggested template for the organizational structure of a NAO is presented in Figure 2:

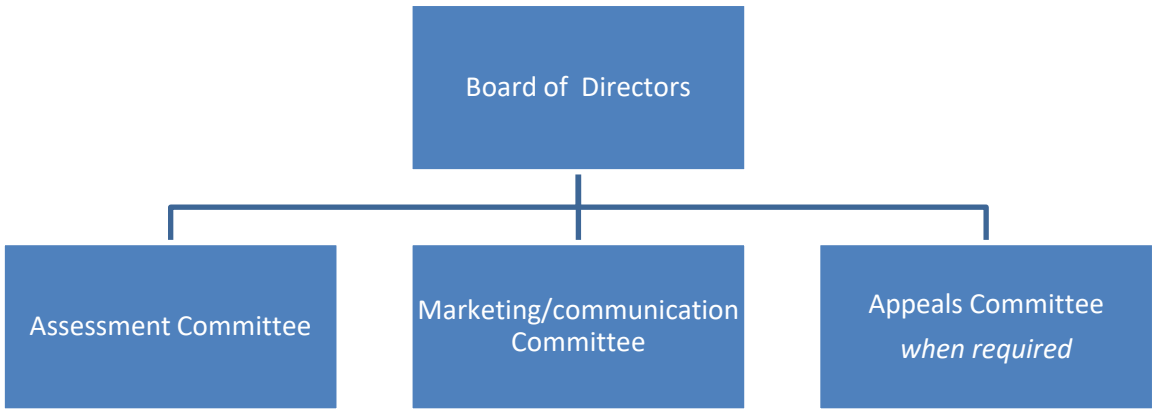

Figure 2 Template for the organizational structure of a NAO

3.2.5. Approval/Reapproval of NAOs

Applications for approval /reapproval of a NAO are made to the IUHPE GAO Board by letter. The GAO Board of Directors assesses the eligibility of the NAO using the following criteria:

- **Formal acceptance of the criteria for accreditation/registration** as indicated in the System Handbook.
- **Formal acceptance of the definitions of Health, Health Promotion and of the Ethical Principles** outlined in the IUHPE Core Competencies and Professional Standards Framework for Health Promotion, and the quality principles and policies outlined in the System Handbook.
- **Formal acceptance of the quality policies outlined in this handbook** and as may be agreed in the future by the GAO.
- **Evidence of support from catchment area,** for example, that the applicant NAO is already an established organization with status/recognition within the Health Promotion community in the catchment area. If a newly established organization,

evidence of support/recognition by membership of/formal commitment of the Health Promotion community are required.

- **Evidence of ability to establish and maintain governance systems/committees** as required to operate all aspects of the IUHPE Accreditation Systems within their agreed location (e.g. details of committees, members, operational systems, etc.)
- **Evidence of ability to perform required tasks** for example, details of financial management, methods for maintaining registers, maintaining application platforms, etc.[12].
- **Details of internal quality assurance systems,** for example, the level of evidence that will be required from applicants for registration/re-registration. While the same minimum requirements are used for re-registration in all countries, it is recognised that the process of collecting evidence of their attainment may vary. The NAO may decide to request evidence of all qualifications, work experience, CPD etc. or may operate an 'honour system' where no evidence is requested in applications or may operate between these extremes. However, as a minimum level of quality control, the NAO must require proof of qualifications/work experience/participation in CPD activities from a random sample (up to 20%) of the practitioners applying for registration/re-registration in each calendar year. If the NAO is already an established Health Promotion accreditation system or a related system which recognises Health Promotion practitioners, it may follow their agreed levels of proof, provided this level meets, or is above, the minimum quality control standard as defined above.

The assessment determines if the applicant NAO is :

- Approved to operate as a NAO within the System

or

- Conditionally approved to operate as a NAO subject to receipt of additional information or clarification within a 4-week period of the applicant being notified. This option applies where only minor additional details or clarification are required. Details of the information/clarifications required will be clearly indicated to the applicant. If the required information is not received within the 4-week period a full resubmission is required, including repayment of an administration fee[13].

or

- Not approved to operate as a NAO. In this case a full resubmission is required, including repayment of an administration fee.
- The Chair of the GAO Board of Directors will formally notify the applicant NAO of the outcome of the assessment. If assessed as approved, the NAO will be required to pay the approval /registration fee and on receipt of payment a

[12] It should be noted that in order to operate a NAO effectively and ethically requires significant resources. It is recommended that organizations interested in becoming a NAO take a developmental approach, with the first step being an analysis of available resources and capabilities, followed by planning to address any gaps identified,

[13] The administration fee in each instance of application is non-refundable and non-transferable

formal letter of approval will be sent to the Chair of the NAO. The approval is for a period of 3 years and NAOs must then apply for reapproval.

If the NAO is an established accreditation organization, with existing registration criteria, negotiations between both BoDs will be required to align these with the criteria of the System.

Reapproval

The criteria for reapproval of a NAO are the same as those used in the initial approval process and the NAO is required to affirm that they continue to meet all of these criteria. In addition, the NAO must be up to date in the submission of its annual reports, list of practitioners registered submitted for inclusion on the Global register, and in payment of the per capita fee. Other details of the NAO operational structure and processes may be also required at time of reapplication.

3.2.6. Revocation/Cancellation of Approval of NAO

Approval to operate as a NAO can be revoked or cancelled. Decisions on such revocation and cancellation are made by the GAO Board. Reasons for revoking or cancelling approval include, but are not limited to:

- breach of the ethical principles and values as defined
- failure to apply/comply with Conflict of Interest/Confidentiality Policy and other relevant policies
- failure to provide annual reports/updates on practitioners registered
- failure to follow the agreed procedures and processes and apply the agreed criteria as defined in this Handbook
- evidence of inability to undertake required tasks (i.e. no formal processes, manual, complaints from applicants re procedures or delays etc.)
- evidence of inability to manage register (i.e. register not updated on agreed schedule, incorrect or incomplete information, or applicants informed that they were registered but this is not recorded
- evidence of dishonesty, lack of ability/capacity to manage finances (i.e no formal accounts kept, evidence of misappropriation of funds, etc.)
- evidence of dishonesty in the application process
- failure to pay any required fees or other costs

- other situations as identified by the GAO Board which will be detailed on the System's website and/or communicated to NAOs as need arises.

3.2.7. Appeals Procedures

- Appeals against refusal/cancellation/revocation of approval can be made to an independent GAO Appeals Committee. This Committee will advise the GAO Board of Directors on a final decision within a defined period.
- Should a NAO wish to appeal a decision of the GAO Board, a formal application should be made in a letter to the Chair of the Board stating the reasons and grounds for the appeal.

3.2.8. Capacity Development of NAOs

The IUHPE Health Promotion Accreditation System GAO Board will, as resources allow, work with Health Promotion stakeholders to advocate for the development of NAOs and with potential NAOs to establish a national register of practitioners.

4. REGISTRATION AND ACCREDITATION PROCESSES

4.1. Registration of Health Promotion Practitioners

Practitioners registered within the System are awarded the title 'IUHPE Registered Health Promotion Practitioner'.

The stages in registration of Health Promotion practitioners are:

- Initial registration
- Re-registration based on fulfilling agreed criteria for Continuing Professional Development (CPD) every three years.

4.1.1. Initial Registration

A Health Promotion practitioner should apply for registration within the System through the relevant NAO. Where there is no NAO, the practitioner can apply directly to the GAO Assessment Committee.

Three types of applicants are eligible for initial registration within the System:

- Health Promotion practitioners with an undergraduate or postgraduate qualification from a Health Promotion course which is currently **accredited within the System** are eligible for registration. Such applicants must complete an application form that lists personal details and provide evidence of graduation[14].
- Health Promotion practitioners with an undergraduate graduate or postgraduate qualification from a Heath Promotion course which is **not** accredited within the System or a course in another relevant discipline[15] are eligible for registration if they have a minimum of two years' work experience in Health Promotion practice in the preceding six years[16].

[14] There is no limitation on the length of time between graduation and application for registration. However, only those who graduate **WHILE** the course is accredited are eligible for registration (i.e. is currently listed on the System register).

[15] Including public health, health education, and social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, and political science. Other academic qualifications may also be deemed appropriate, but must be approved by GAO Board of Directors of the Accreditation System. NAOs should refer to the GAO BoD for advice on the eligibility of qualifications other than those listed. A list of all graduate qualifications which are accepted by the GAO will be maintained and shared for future reference and to ensure consitency. The BoD reserves the right to make decisions on the relevance of a qualification in the context of applications.

[16] For example, if a practitioner is unemployed or on parental, sick or other leave when they apply, they are eligible if they have 2 years work experience in Health Promotion practice in the past three years.

- For a limited period (i.e. to 2026 at global level, NAOs will set their own timescales), Health Promotion practitioners who do not meet the above educational criteria (i.e. who do not have graduate or postgraduate qualification in Health Promotion or another relevant discipline) are eligible for registration if they have a minimum of three years' work experience in Health Promotion practice[17] in the preceding five years.

Applicants must:

- Complete an application form, including a short summary of how their role meets the definition of Health Promotion practice as defined in this Handbook, and a self-assessment section where they must demonstrate that they meet the criteria defined in the IUHPE Core Competencies and Professional Standards for Health Promotion
- Give details of their work experience over the required period
- Provide two appropriate references for example from a current employer or professional colleague.

4.1.2. Re-registration for Practitioners

Re-registration for practitioners is obligatory three years after initial registration and every three years thereafter. Eligibility for re-registration is based on providing evidence of continued experience in Health Promotion practice and showing evidence that the specified amount of CPD activities have been completed. Re-registration is usually through the relevant NAO but where no NAO exists the practitioner may apply to the GAO.

Where resources allow, reminders will be sent to practitioners to re-register. However, it is the responsibility of the practitioner to ensure that their registration is current and to submit an application for re-registration well in advance of the end of their three-year registration period. It should be noted that where assessment is delayed due to organizational delays some leeway will be allowed to take into account the possible delay in re-registration[18].

The basic conditions for re-registration are that the practitioner is:

- Currently registered as a practitioner within the System

[17] See above

[18] For example, if a practitioner's three year's registration runs out at the beginning of the year and there is not an assessment session until later in the year the practitioner will continue to be registered until the date of the assessment session PROVIDED THAT THEY HAVE COMPLETED AND SUBMITTED THEIR APPLICATION FOR RE-REGISTRATION **BEFORE** THE DATE ON WHICH THEIR REGISTRATION LAPSES. Their date of re-registration, if assessed as eligible, will be from the date their registration fee is received.

- An active practitioner with a minimum of 1.5 years of work experience in Health Promotion practice[19] in the preceding three years
- Able to show that they have participated in a minimum of 75 hours across a diversity of CPD activities in the preceding three-year period.

To re-register the practitioner must complete an application form that includes details on work experience and CPD activities. Practitioners are advised to keep copies of awards, certificate of attendance, etc., related to CPD activities undertaken over the three-year period as they may be required to submit such evidence in the re-registration process.

If the applicant is still in the same job and has the same role, they need only confirm that this is the case. If, however they have changed job and/or role[20], they must complete a summary of their current 'new' role and indicate how it relates to the definition of Health Promotion practice in this handbook.

A credit points system is used to record CPD activities that provides a measurable and transparent procedure both for the registering organization and the practitioner. Credits for a variety of common CPD activities are detailed in Table 1, together with the suggested number of hours[21]. No single category should normally contribute to more than 33% of the total hours achieved.

[19]See above

[20] Whether with the same or a different employer.

[21] Practitioners can apply for exemption from this rule in exceptional circumstances, e.g. if undertaking an academic qualification which requires focusing on educational activities to a greater extent. However, some diversity of activities will always be required.

Table 1 Sample of CPD activities with maximum credits per year

Activity	Description	Max hours per year
Course	Participating in education to increase knowledge/skills in Health Promotion.	12
Training	Participating in activities leading to skilled behaviour.	9
Conference	Participating in a conference focusing on Health Promotion.	6
Meeting	Participating in formally arranged meetings with the purpose of sharing experiences/learning on Health Promotion.	3
Workshop	Participating in group learning on Health Promotion.	3
Lecture	Giving a formal presentation on a Health Promotion topic.	6
Presentation / Poster	Making a formal presentation on Health Promotion at a conference or other formal event.	6
Peer Group	Participating in a group comprising Health Promotion professionals to share experiences and provide peer support.	12
Mentored practice	Gaining knowledge and/or skills through working with a Health Promotion mentor.	6
Publishing	Publishing an article, book chapter, or book focusing on a Health Promotion topic.	12
Professional Activities	Being active in a national or international Health Promotion professional association/organization.	6

If a practitioner refers to a type of CPD activity that is not covered in the activities above, they must provide detailed information on the activity and provide a short summary that demonstrates how it relates to the IUHPE Core Competencies and Professional Standards. The NAO Assessment Committee should firstly make a decision on whether they consider that the example given is appropriate and, if so, refer the details to the GAO for approval of such activities. A list of all activities accepted as eligible for CPD by the GAO will be collated annually and shared with NAOs in order to ensure that future decisions are consistent across the System. The GAO Board of Directors reserves the right to make decisions on the relevance of CPD activities in the context of applications for re-registration.

4.1.3. Application Process for Health Promotion Practitioners[22]

All applicants for initial registration and re-registration must submit the required application form and pay the required fee.

The assessment process determines if the applicant is:

- Eligible for registration.

or

- Conditionally eligible for registration subject to receipt of additional information or clarification within a 4-week period of the applicant being notified. This option applies where only minor adjustments to the application or small amounts of additional information are required. The information/clarification required will be clearly indicated to the practitioner. If the required information is not received within the 4-week period a new application will be required together with payment of the administration fee[23].

or

- Not eligible for registration. Details on the reason for this decision will be provided to the applicant. The applicant may reapply once they have addressed the reasons identified for their ineligibility and will be required to again pay an administration fee[24].

4.1.4. Registration and Title

If assessed as eligible and upon payment of required fees, the Health Promotion practitioner's name is added to/maintained on the National (where relevant) and Global professional register which are updated on a regular basis (minimum biannually). Following receipt of formal notification of registration[25] the practitioner may use the title 'IUHPE Registered Health Promotion Practitioner' for the period that they are registered.

[22] For details on the application process please see http://www.iuhpe.org/index.php/en/practitioner
[23] The administration fee in each instance of application is nonrefundable and non-transferable
[24] The administration fee in each instance of application is nonrefundable and non-transferable
[25] i.e. a formal letter informing the practitioner that their application has been successful and stating that they can use the IUHPE Registered Health Promotion Practitioner title.

4.1.5. Level of Proof Required

While the same criteria and processes for registration/re-registration are used by the GAO and NAOs it is recognised that the process of collecting evidence of how applicants meet the required criteria may vary according to different contexts. As a minimum level of quality control, the relevant organization will require proof of qualification/work experience/participation in CPD activities from a random sample (up to 20%) of the practitioners applying for registration/re-registration in each calendar year. If the NAO is already an established Health Promotion accreditation system or a related system which recognises Health Promotion practitioners, it may follow its agreed levels of proof, provided these meets or is above this minimum quality control standard as defined above.

4.2. Accreditation of Courses

Course providers must apply to the GAO Assessment Committee for accreditation.

It should be noted that:

- It is the course which is accredited, not the provider. Thus, should a provider offer more than one relevant course, an application must be made for each separately.
- The assessment of eligibility of a course is focused on its content and not on its title.
- Accreditation is available for full courses (i.e. not modules/parts of courses) **only.**

4.2.1. Criteria for Accreditation of Courses

To be accredited within the System, courses must cover **all** domains of the IUHPE Core Competencies and Professional Standards, and demonstrate how the course content enables students to meet the performance criteria (i.e. learning outcomes) defined in the IUHPE Professional Standards.

The course provider must also provide proof of recognition/accreditation within the education quality assurance/accreditation system applicable in their country. The System operates within the overall context of national academic accreditation and assessment of courses, focusing only on ensuring that graduates meet the criteria for Health Promotion professional competence. Providers of Health Promotion courses applying for accreditation within the System must therefore demonstrate that they are fully compliant with all national/regional or other relevant accreditation requirements and that they are formally recognised as accredited providers of education at undergraduate or postgraduate levels as appropriate.

4.2.2. Application Process for Courses

All providers applying for accreditation of courses must submit the application form, together with any documents required to support their application to the IUHPE Assessment Committee, and pay the required fee. Course providers are required to provide a short summary of how their course meets the criteria as defined above and undertake a detailed self-assessment process which entails mapping the course content to the IUHPE Core Competencies and Professional Standards. The provider can also submit supporting documents such as course handbooks etc., to support their application.

The assessment determines if the course is :

- Eligible for accreditation.

or

- Conditionally eligible for accreditation subject to receipt of additional information or clarification within a 4-week period of the applicant being notified. This option applies where only minor adjustments to the application or a small amount of additional information are required. The information/clarification required will be clearly indicated to the applicant. If the required information is not received within the 4-week period a new application must be made and the administration fee paid again[26].

or

- Not eligible for accreditation. Details on why the course was assessed as ineligible will be forwarded to the applicant. A new application may be made once the issues identified as the reasons for the course's ineligibility are addressed and the administration fee paid again.

If the application is successful and all required fees are paid, a letter is sent by the Chair of the Global Assessment Committee to the provider to confirm accreditation. On receipt of this letter the course may be described as 'IUHPE Accredited Health Promotion Course' and details of the accredited course are added to the Global register.

Accreditation for a course is valid for a five-year period. However, if during this period there are substantial changes to the course content, the provider must notify the Chair of the Global Assessment Committee and a decision will be made on whether a full re-accreditation process is required.

[26] The administration fee in each instance of application is nonrefundable and non-transferable

4.3. Accreditation of CPD Training and Education

It is not feasable that the wide range of training and education opportunities/courses which are likely to be suitable to meet the CPD requirements for re-registration of practitioners be formally accredited within the System.

Modules, short courses and parts of courses and other relevant learning opportunities may, however, be formally recognised as eligible for CPD by NAOs in consultation with the IUHPE GAO and should be referred to as 'accredited for CPD within **the NAO …NAME…catchment area.**[27]

4.4. Fees

The fees for all types of applications at both Global and National level comprise:

- A **non-refundable** administrative fee payable on submission of application
- A fee to be paid if application approved. This fee must be paid before the formal recognition of NAO, registration of practitioners or accreditation of courses is finalised within the System

Current fees at global level are detailed on the IUHPE Accreditation Website and those on fees at NAO level are available from the relevant organization.

[27] For example, a course recognised as appropriate for CPD could be described as 'Accredited for CPD. Irish National Accreditation Organization within the IUHPE Health Promotion Accreditation System '.

4.5. Revocation/Cancellation of Registration/Accreditation

Registration of individual practitioners and accreditation of a course can be revoked or cancelled. Decisions on cancellation of registration of a practitioner registered by GAO/NAO are made jointly by both Boards of Directors (BoD).[28] Where there is no NAO the IUHPE GAO is the sole decision-making body. Decisions on revocation and cancellation of accreditation of courses are made by the IUHPE GAO BoD.

Reasons for revoking or cancelling accreditation/registration include, but are not limited to:

- breach of the ethical principles and values as defined in the IUHPE Core Competencies for Health Promotion Handbook
- evidence of dishonesty in the application process
- failure to pay any required fees/other costs.

Other reasons may be identified by the GAO (in consultation with NAOs in relation to practitioners) and these will be detailed on the Accreditation System website as relevant.

4.6. Appeals Procedures for practitioners and courses

If a practitioner or the provider of a course is deemed as ineligible for registration/accreditation or has their registration/accreditation revoked/cancelled they can appeal this decision to an independent Appeals Committee.

Course providers and practitioners should formally apply to the GAO/NAO (as relevant) by letter outlining their reasons for appeal. The relevant BoD will convene an Appeals Committee which will advise on the final outcome of the appeal and give a formal response on the appeal within 60 working days.

[28] The NAO BoD should seek the advice of the IUHPE GAO in all such cases.

5. ASSESSMENT AND NOTIFICATION PROCEDURES FOR REGISTRATION OF PRACTITIONERS AND ACCREDITATION OF COURSES

A training pack is available for assessors that covers all aspects of assessment and gives background details on the System.

5.1. Assigning applications to assessors

Assessment of all applications is managed by the relevant Assessment Committee (NAO or GAO for practitioners and GAO for courses).

Each application is assigned to two assessors who are members of the relevant Assessment Committee and who have undergone initial training and subsequent updating on all relevant policies, procedures and processes within the preceding year. Attention will be paid to any obvious potential conflict of interest in assigning applications as defined in the agreed Policy (e.g. applicant/assessor from same country or place of employment, etc.). Each assessor will complete a form for each application that includes a declaration that they understand the criteria and processes of the System, accept and agree the Conflict of Interest and Confidentiality and any other relevant policies and indicate that they have had had the required training/updating.

Assessing Practitioners - The criteria for becoming an assessor of practitioner applications is at least two years of experience in Health Promotion practice (as defined by the System).

Courses - The criteria for becoming an assessor of course applications are at least two years' experience in Health Promotion practice and a minimum of two years' experience in an academic setting (not necessarily in Health Promotion).

5.2. Assessment process

Each assessor assesses the application independently and submits their findings to the Chair of the relevant Assessment Committee or their delegate. If both assessors are in agreement and the applicant is deemed as meeting the required criteria,[29] the Chair of that Committee or their delegate will validate the findings and the applicant is advised that, once they have

[29] In some cases, the assessor may find that more information or clarification of minor points is required and the applicant will be advised of this and will have 4 weeks within which to respond.

paid the relevant fee, their name will be entered into the relevant register. Once payment is received, the applicant will receive a letter indicating that they are now on the IUHPE register and can use the title 'IUHPE Registered Health Promotion Practitioner', or 'IUHPE Accredited Health Promotion Course'.

Where there is disagreement between assessors on the eligibility of the applicant[30] the Chair of the relevant assessment committee will contact each to discuss their findings and see if a consensus can be reached. Should this prove impossible the Chair may act as the final assessor. If the Chair is unable to come to a decision or is limited in doing so by other issues, such as potential/real conflict of interest, they will refer the application to the Assessment Committee for a final decision by the majority of members.

Where it is assessed that more information/clarification is required on some minor points in the application the Chair of the Assessment Committee or delegate can make a decision as a third assessor on whether this additional information is required or if they assess that the application is eligible/ineligible. Should more information be required the Chair will ensure that the applicant is informed in detail of what is required and the time period (i.e. four weeks) within which they must respond. In this case, when the required information is received, provided it is within the 4-week period, the Chair/delegate will ask the original assessors to make a final decision on whether the applicant meets the required criteria.

If the required information is not received within the deadline or is assessed as not being sufficient to demonstrate eligibility, the applicant is deemed as not eligible for accreditation/registration. If they wish to do so, they can apply again but must again pay the administration fee[31]. If resources allow a reminder will be sent to the applicant before the end of the 4-week period. However, it is the responsibility of the applicant to respond with the required information within the 4-week timescale.

Sample formats for formal letters of notifications to applicants at all stages of the registration/accreditation process are collated in a repository held by the IUHPE. These samples provide the key elements that should be addressed but may be updated/revised as

[30] i.e. where one assessor considers the application eligible and the other assesses it as either conditionally eligible or not eligible or any other combination of differing opinions.
[31] Administration fees are non-refundable and non-transferable

required. A manual containing the current forms etc used at NAO/GAO levels should be maintained as part of internal quality assurance procedures.

REFERENCES

Barry, M. M., Battel-Kirk, B., Davison, H., Dempsey, C., Parish, R., Schipperen, M., Speller, V., Zanden, van der, G., and Zilnyk, A. on behalf of the CompHP Partners (2012). The CompHP Project Handbooks. International Union for Health Promotion and Education (IUHPE), Paris. https://www.iuhpe.org/images/PROJECTS/ACCREDITATION/CompHP_Project_Handbooks.pdf

Battel-Kirk, B. & Barry, M.M. (2019). Has the development of Health Promotion competencies made a difference? - A scoping review of the literature. *Health Education & Behavior, 46* (5),824-842. https://doi.org/10.1177/1090198119846935

Battel-Kirk, B, Barry, M.M., van der Zanden, G. Contu, P., Gallardo,C., Martinez, A., Speller. and Debenedetti, S. (2015). Operationalising and piloting the IUHPE European accreditation system for health promotion. *Global Health Promotion*, 22 (3): 25-34. https://doi.org/10.1177%2F1757975914545386

Battel-Kirk, B., Zanden, van der, G., Schipperen, M., Contu, P., Gallardo, C., Martinez, A., Garcia de Sola, S. and Barry, M.M. (2012). Developing a Competency-Based Pan-European Accreditation Framework for Health Promotion. *Health Education & Behavior*, 39 (6): 672–680. http://heb.sagepub.com/content/39/6/672.full.pdf+html (fee)

Battel-Kirk, B., Barry, M.M., Taub, A., and Lysoby, L. (2009). A review of the international literature on health promotion competencies: identifying frameworks and core competencies Global Health Promotion, 16 (2): 12-20. http://ped.sagepub.com/content/16/2/12.full.pdf+html

Contu, P. Sotgiu, A. and the CompHP Project Partners (2012). Mapping the CompHP Core Competencies against academic curricula and exploring accreditation of educational and training programs. IUHPE, Paris.

Dempsey, C., Battel-Kirk, B., Barry, M. and the CompHP Project Partners (2011). *The CompHP Core Competencies Framework for Health Promotion*. IUHPE: Paris.

Dempsey, C., Barry, M.M., Battel-Kirk, B and the CompHP Project Partners (2011a) Literature Review: Developing Competencies for Health Promotion. IUHPE, Paris. and appendices

Gallardo. Martinez, A., Zeugma, M., Garcia de Sola, S. and the CompHP Project Partners. (2012). Testing the implementation of the CompHP Pan European Accreditation Framework in Practice Settings IUHPE, Paris.

International Union for Health Promotion and Education (IUHPE). (2000). The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe. A Report for the European Commission. ECSC-EC-EAEC, Brussels – Luxembourg

Kahan, B. and Goodstadt, M. (2001). The Interactive Domain Model of best practices in health promotion. Health Promotion Practice, 2(1): 43-67. https://doi.org/10.1177%2F152483990100200110

Nutbeam, D. (1986). Health Promotion Glossary. World Health Organization, Geneva. http://www.who.int/healthpromotion/about/HPG/en/

Raphael, D. (2000). The Question of Evidence in Health Promotion. Health Promotion International, 15(4): 355-367. 20. https://doi.org/10.1093/heapro/15.4.355

World Health Organization (1997). Jakarta Declaration on Leading Health Promotion into the 21st Century. World Health Organization, Geneva. m: https://www.who.int/healthpromotion/conferences/previous/jakarta/en/

APPENDICES

1. Conflict of Interest and Confidentiality Policies

The IUHPE GAO and NAO Boards of Directors and constituent Committees affirm their commitment to an Accreditation System that is characterized by consistency, fairness, impartiality and transparency. It is therefore an organizational and personal duty for all involved in the operation of the System to avoid real or perceived conflicts of interest and to maintain confidentiality.

1.1. Conflict of Interest Policy

Scope of Conflict of Interest Policy

This policy addresses actual, potential, and perceived conflicts of interest related to the responsibilities of all persons acting on behalf of the IUHPE Health Promotion Accreditation System in relation to all aspects of its operation. This is particularly relevant in relation to assessment/appeals procedures.

Conflict of Interest - Definition

A conflict of interest is defined as any relationship with an applicant (GAO, NAO, practitioner or course provider) or other relevant person or organization that could interfere with the ability of an individual to exercise objectivity in the accreditation/registration process or any other aspect/process of the System. A perceived conflict of interest is any relationship that could be perceived as interfering with the individual's ability to exercise objectivity, even if this is not necessarily the case.

Circumstances that may create a real or perceived conflict of interest include, but are not limited to, situations in which an assessor/reviewer/other:

- Is a relative (e.g. spouse, partner, parent, child, sibling or other relative) of an applicant
- Has personal relationship with an applicant (e.g. close friend)
- Is employed by the applicant, or has a relative or close friend who is so employed
- Is, or has been, a consultant to the applicant, or has a relative or close friend who is, or has been, such a consultant

- Has a monetary or personal interest in the outcome of the accreditation/registration decision
- Demonstrates partiality based on any affiliation, shared membership of organizations that prevents, or could be perceived as preventing, objective consideration of an application for accreditation/registration.

Application of Policy

- All persons involved in or acting on behalf of the System in relation to assessment/appeals procedures for all applications or any other relevant activity must not undertake any role in these processes if there is a real, potential or perceived conflict of interest associated with their participation in the process.

- All persons involved in, or acting on behalf of, the System in relation to assessment/appeals procedures for any applications or any other relevant activity must report any concerns about their own or others' real, potential or perceived conflict of interest with their participation in the process to the Chair of the GAO or NAO.

- The Chair of the GAO/NAO Assessment/Appeals Committees must remind all those who are active in the relevant processes to avoid all real and perceived conflicts of interest as each application is considered or appeal processed or in relation to any other relevant activity.

- All persons acting on behalf of the System in relation to assessment/appeal procedures for any application or other relevant activity must not accept any role in these procedures if there is a real, potential or perceived conflict of interest with their participation in the process.

- When undertaking an assessment an assessor or reviewer must attest on each assessment form that s/he has no real or perceived conflict of interest in relation to the application.

- Where a person has a real or potential perceived conflict of interest in relation to any applications/appeals or other relevant activity s/he must notify the Chair of the GAO/NAO as relevant and absent themselves from that process /activity and refrain from participating in any discussion and decision-making on such applications/appeals or other relevant activity.

- If the GAO/NAO Board of Directors or any member of any GAO/NAO Committee or relevant others involved in the application/appeals process or other relevant activity determine that an assessor/reviewer has a conflict of interest in connection with a

specific application or relevant activity, the documentation on that application will not be shared with that person , and they must ensure that the person absent him/her self from the discussion and decision-making on the relevant application or related relevant activity.

- The minutes of any meeting/discussion within which such conflicts or perceived conflicts have arisen must clearly report that the conflicted individual did not participate in any aspect of the process or relevant related activity.

- An assertion by any third party of an actual, potential, or perceived conflict of interest in any matter must be submitted in writing to the GAO/NAO Board of Directors as relevant. The Committee will review the case and, if necessary, request input from either the relevant Appeals Committee or other expert advice as enquired. Full records of the complaint, investigation and outcome will be kept on file and a formal written reply sent to the complainant within 30 working days.

- Should a conflict of interest occur which appears deliberate (i.e., where it can be proved that the person involved was aware of the fact that they were breaching the agreed policy) that person involved will be barred from further input into any assessment/appeals procedures/ or any activity/process within the System.

1.2. Confidentiality Policy

Scope of Confidentiality Policy

- All issues relating to applications, records and correspondence that are exchanged or maintained on line will be governed by the relevant national, regional or other Data Protection laws pertaining to the GAO and/or NAO.

- Information supplied by applicants and used in the processes of assessment in relation to applicants and the assessment processes and relevant related activities will be accessible only to the GAO/NAO Board of Directors as relevant, relevant Committee members and such staff as are required to record and manage the assessment process.

- Applications may be anonymized and used in the training of assessors. If any information supplied by applicants is recognizable and attributable to an individual or course permission must be obtained.

- Secure storage, whether of online or hard copy applications, is the responsibility of the relevant Board /committee (GAO/NAO)

- Applicants must be made aware that once entered into the global or National registers that their names/name of course/NAO as applicable will be available on the System website as part of its quality assurance commitment to the public.

Application of Confidentiality Policy

- All persons involved in or acting on behalf of the System in relation to assessment/appeal procedures for all applications and related relevant activities must not relate, discuss or share information pertaining to assessments, outcomes or other information related to the applicants to the System to anyone other than the relevant members of the GAO/NAO Board of Directors and Committees and GAO/NAO staff as relevant.

- All persons involved in or acting on behalf of the System in relation to assessment/appeal procedures for all applications or related relevant activities must report any concerns about breaches of confidentiality to the Chair of the GAO or NAO Board of Directors as relevant.

- The Chair of the GAO/NAO Assessment/Appeals Committees as relevant must remind all those who are active in the relevant processes/activities that they must avoid all real and perceived breaches of confidentiality as each round of applications are considered or Appeals processed or as otherwise relevant.

- If the GAO/NAO Board of Directors as relevant or any member of any Committees or relevant others involved in the System, determine that anyone with a relevant role/involvement has breached the rules of confidentiality no further confidential information will be made available to that person until the breach is either upheld and action taken against the individual or it is dismissed as not upheld.

- An assertion by any third party of an actual, potential, or perceived breach of confidentiality must be submitted in writing to the GAO/NAO Board of Directors as relevant which will review the case and, if necessary, request input from either the relevant Appeals Committee or other expert advice as enquired. Full records of the complaint, investigation and outcome will be kept on file and a formal written reply sent to the complainant within 30 working days.

- Should a breach of confidentiality which appears deliberate be found the person involved will have no further input into or involvement with any aspect of the System.

- A statement of agreement in relation to confidentiality must be completed by all assessors/reviewers at each round of application/appeal processes and by others as relevant and will be kept on file as part of the formal documentation of the System.

1.3. Conflict of Interest and Confidentiality Statement of Agreement

By my signature below, I acknowledge that I have received, read and understood the IUHPE Health Promotion Accreditation System 'Conflicts of Interest and Confidentiality Policies' and I agree to comply in all respects with these policies.

Date

Signed

Please print name

2. Translation Policy

As has been shown by translations undertaken to date within the System there needs to be some flexibility in the translation process to ensure that the meaning of the criteria, process policy, etc. is clear and understood, rather than undertaking a direct, but meaningless, translation of words. However, it is also important that control is maintained over the translation of agreed criteria for assessment, processes, procedures and policies and the definitions of health, Health Promotion, etc., to ensure consistency, transparency, fairness and the internal quality assurance of the System.

The transition procedure for all forms, documents and other items used as part of any registration/accreditation undertaken within the System and the official information on these processes must follow a clear process to to assure quality and cultural sensitivity. The suggested steps in the transition policy are:

- A first draft of the translation (i.e., from English to the relevant language) should be undertaken by a competent person, preferably a professional translator.
- The resulting translated draft should be reviewed by a Health Promotion expert[32] fluent in the relevant language to ensure correct translation of content and meaning. Cultural sensitivity to relevant contexts should be considered while preserving the core agreed core criteria and process of the System.
- A final draft should be proof-read by another Health Promotion practitioner or member of GAO/NAO Board or committee and their feedback should be used to check that the translation faithfully follows the core elements/criteria/processes of the System.

Responsibility for all aspects of these translations lies with the person managing/leading the process. However, documents (other than those used in assessing eligibility for recognition of NAOs, courses or practitioners and other major decisions in relation to criteria, process and policies) that will be used for short term information sharing and informal information may be translated in a less rigorous way, but these must be clearly marked as 'working copy only' and not be used for any of the formal processes of the System.

[32] For example, an experienced and well recognised practitioner or established academic

3. Terms of Reference Committees GAO

NOTE – these terms of reference may also be used by NAOs. In this instance the words 'globally' or 'global level' should be replaced by 'within the relevant catchment area'.

3.1 Terms of Reference IUHPE GAO Accreditation Organization Board of Directors and Committees

Purpose: To oversee and manage the performance of the IUHPE Health Promotion Accreditation System and its processes globally. The GAO BoD is the formal decision-making body on all matters pertaining to the criteria, structures and process of the System globally. It ensures that all actions taken in all System processes follow the agreed criteria and relevant legal and ethical principles and are in accordance with IUHPE governance procedures.

The GAO BoD ensures the effective functioning of the System globally through designated NAOs, Committees, employees and others as relevant. The BoD's functions include:

Managing and maintaining the accreditation system

- Overseeing all management aspects of the System at global level including planning, implementation and evaluation of annual and long-term action plans
- Overseeing the use and application of the System in various settings globally
- Ensuring that all aspects of the System are in accordance with the ethical and legal requirements, agreed criteria and IUHPE governance procedures
- Developing and overseeing appropriate policies to manage/censure NAOs/practitioners/providers of education and training if agreed procedures and criteria are not met and/or maintained
- Managing conflict and controversy resolution in relation to the System and its implementation globally
- Managing conflicts of interest according to the System and overall IUHPE procedures and as agreed for assessment and appeals processes
- Facilitating the revision of the System on an agreed cycle in partnership with the relevent Commitees, NAOs and other relevant professional organizations and stakeholders
- Undertaking risk analysis and implementing a risk management strategy

- Seeking legal, financial or other expert advice as required for the effective Implementation and management of the System globally.

Overseeing financial management and regulation

- Developing and maintaining a system of financial management for the System, including setting and collecting fees at global level
- Ensuring the accountability and transparency of all financial systems within the GAO and NAOs
- Ensuring that all fund-raising, sponsorship and marketing strategies of GAO and NAOs comply with IUHPE sponsorship and fund-raising guidelines
- Overseeing and approving applications for funding of GAO/NAO activities by external bodies.
- Produce an annual report on the System globally, including relevant financial information, to the NAOs, IUHPE Executive Board and others as relevant.

Ensuring the Maintenance of a Global Register

- Maintaining and publishing a Register of all practitioners registered by NAOs or at global level, to be updated on a bi-annual basis as a minimum
- Maintaining and publishing a record of accredited academic courses in the global register.

Capacity Development

- Encouraging the establishment and engagement of NAOs in all countries in partnership with relevant others.

Approving National Accreditation Organizations (NAOs)

- Ensuring that an appropriate approval process is in place to formally recognise , monitor and maintain NAOs in their role of registering practitioners within their agreed catchment area and other activities as relevant
- Undertaking the agreed assessment process on applications from organizations applying to become a NAO
- Formally notifying applicant NAOs of the outcome of the assessment of their eligibility.

Reports to: IUHPE Executive Board

Membership

Number of members: Minimum six, maximum nine.

Composition: The members of the Board will be those with the authority and knowledge to act as decision makers on legal, financial, professional and other relevant aspects of the IUHPE Health Promotion Accreditation System. A minimum of three members should have significant experience in Health Promotion (minimum five years). Membership should be representative of IUHPE regions.

Membership

- Current and past VP for Capacity Development and Training
- Executive Director of the IUHPE
- IUHPE Vice President for Communication
- IUHPE Vice President for Marketing and Fund-raising
- Chair of GAO Assessment Committee /other committees

Terms of service: Voluntary. Payment for agreed expenses will be reimbursed as funding allows.

Meetings: Minimum of one meeting per annum. The use of IT systems for on-going communication will be maximised. The quorum for formal decision making will be three members. The Chair of the Board usually be the current VP for Capacity Development and Training.

4. GLOSSARY

Please note - the terms defined in this glossary are based on the sources cited but are, in some cases, slightly reworded to make them more directly relevant to the System.

Accreditation - Academic: A process of evaluating qualifications, (or sometimes whole institutions), to determine whether they meet certain academic or professional criteria. A qualification which is accredited is recognized as meeting a certain standard and/or providing content which is required professionally (1).

Accreditation Body or Organization: An organization which makes decisions about the status, legitimacy or appropriateness of an institution, programme or professional (1).

Accreditation - Professional/Individual: A form of qualification or individual registration awarded by a professional or regulatory organization that confirms an individual as fit to practice (1).

Advocacy: 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. Advocacy can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilization through, for example, coalitions of interest around defined issues (2).

Assessment (see also Needs Assessment): The systematic collection and analysis of data in order to provide a basis for decision-making (3).

Assessment Standards: Assessment standards for qualifications answer the question 'how will we know what the student has learned and is able to do in employment?' They specify the object of assessment, performance criteria, and assessment methods (4).

Capacity Building: The development of knowledge, skills, commitment, structures, systems and leadership to enable effective Health Promotion which involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for Health Promotion in organizations, and the development of cohesiveness and partnerships for health in communities (5).

Collaboration: A recognized relationship among different sectors or groups, which has been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by one sector or group acting alone (6).

Community Assets: Contributions made by individuals, citizen associations and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life of the community and all its members (7).

Community Development: The process of helping communities to take control over their health, social and economic issues by using and building on their existing strengths (8).

Competence: The proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development (9).

Competencies: A combination of the essential knowledge, abilities, skills and values necessary for the practice of Health Promotion (10).

Consensus: Ideally, unanimous agreement with an outcome, or at least a unanimous agreement that the final proposal is acceptable to all stakeholders, after every effort has been made to meet any outstanding objections (11).

Continuing Professional Development (CPD): Study/experiences designed to upgrade the knowledge and skills of practitioners after initial training or registration.

Core Competencies: The minimum set of competencies that constitute a common baseline for all Health Promotion roles and are what all Health Promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field (12).

Course: A series of lessons or lectures on a particular subject followed by formal assessment.

Culture: A socially inherited body of learning including knowledge, values, beliefs, customs, language, religion, art, etc. (13).

Delphi Method/Technique: A process used to collect and distil the judgments of experts using a series of questionnaires interspersed with feedback (14).

Determinants of Health: The range of political, economic, social, cultural, environmental, behavioural and biological factors which determine the health status of individuals or populations (2).

Educational / Qualification Standards: Define the expected outcomes of a learning process leading to the award of a qualification, the study programme in terms of content, learning objectives and timetable, as well as teaching methods and learning settings and answer the question 'what does the student need to learn to be effective in employment'? (8).

Education and Training Providers: Education and/or training organizations with authority to grant certificates, diplomas, degrees, etc., which are recognized formally by the appropriate national academic accreditation system.

Empowerment for Health: The process through which people gain greater control over decisions and actions which impact on their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Individual empowerment refers to the individual's ability to make decisions and have control over theirpersonal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community (2).

Enable: Taking action in partnership with individuals or groups to empower them, through the mobilization of human and material resources, to promote and protect their health. A key role for Health Promotion practitioners is acting as a catalyst for change by enabling individuals, groups, communities and organizations to improve their health through actions such as providing access to information on health, facilitating skills development, and supporting access to the political processes which shape public policies affecting health (2).

Equity/Inequity in Health: Equity means fairness and equity in health means that people's needs should guide the distribution of opportunities for wellbeing. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a

consequence of differences in opportunity which result, for example, in unequal access to health services, to nutritious food, adequate housing, etc. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life (2). See also: http:// whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

Ethics: The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions. Much of modern ethical thinking is based on the concepts of human rights, individual freedom and autonomy, and on doing good and not harm (8).

Qualifications Handbook (EQF): An overarching qualifications Handbook that links the qualifications of different countries together and acts as a translation device to make qualifications easier to understand across different countries and systems in Europe. The EQF aims to help develop a Europe-wide workforce that is mobile and flexible, and to aid lifelong learning (9).

Full Course: a complete Bachelor (3 years) or Masters (1 or 2 years) educational programme that consists of different modules and is usually offered within the academic setting, although in some countries such courses are also offered at vocational level.

Graduate: Someone who has successfully completed a higher education programme to at least Bachelor degree level, i.e. equivalent to level 6 of the Qualifications Handbook (EQF) (9).

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (15). Within the context of Health Promotion, health is considered as a resource which permits people to lead an individually, socially and economically productive life. The Ottawa Charter (16) emphasizes pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health, all key to a holistic understanding of health which is central to the definition of Health Promotion (2).

Health Education: Planned learning designed to improve knowledge, and develop life skills which are conducive to individual and community health. Health education is not only

concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health (2).

Health Promotion: The process of enabling people to increase control over, and to improve, their health. Health Promotion represents a comprehensive social and political process, which includes not only actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions to alleviate their impact on public and individual health (2). The Ottawa Charter (16) identifies three basic strategies for Health Promotion:

- advocacy for health to create the essential conditions for health
- enabling all people to achieve their full health potential
- mediating between the different interests in society in the pursuit of health.

These strategies are supported by five priority action areas for Health Promotion:

- build healthy public policy
- create supportive environments for health
- strengthen community action for health
- develop personal skills, and
- reorient health services.

Health Promotion Action: Describes programmes, policies and other organized Health Promotion interventions that are empowering, participatory, holistic, intersectional, equitable, sustainable and multi-strategy in nature which aim to improve health and reduce health inequities.

Health Promotion Practitioner: A person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (16).

Healthy Public Policy: Aims to create a supportive environment to enable people to lead healthy lives by making healthy choices possible or easier and by making social and physical environments health enhancing (2).

Inequity: See Equity

Knowledge: The outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. In the context of EQF knowledge is described as theoretical and/or factual (9).

Leadership: In the field of Health Promotion, leadership is defined as the ability of an individual to influence, motivate, and enable others to contribute to the effectiveness and success of their community and/or the organization in which they work. Leaders inspire people to develop and achieve a vision and goals, and encourage empowerment (6).

Mediate: A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Enabling change in any context inevitably produces conflicts between the different sectors and interests and reconciling such conflicts in ways that promote health requires input from Health Promotion practitioners, including the application of skills in advocacy for health and conflict resolution (6).

National Qualifications Handbook: An instrument for the classification of qualifications according to a set of criteria for specified levels of learning achieved, which aims to integrate and coordinate national qualifications subsystems and improve the transparency, access, progression and quality of qualifications in reaction to the labour market (9).

Needs Assessment: A systematic procedure for determining the nature and extent of health needs in a population, the causes and factors contributing to those needs and the resources (assets) which are available to respond to these (2).

Occupational Standards: Specify the main jobs that people do by describing the professional tasks and activities as well as the competencies typical of an occupation. Occupational standards provide the detail of what will be required of the learner in employment (4).

Partnership: A partnership for Health Promotion is a voluntary agreement between individuals, groups, communities, organizations or sectors to work cooperatively towards a common goal through joint action (2) and (6).

Practitioner: see Health Promotion practitioner

Performance Criteria: Statement of the evidence of the applicant's ability either from documentation or from assessment during work or study.

Postgraduate: Study at postgraduate level, i.e. Masters or Doctorate, equivalent to levels 7 & 8 of the Qualifications Handbook (9).

Professional: Relates to those attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning (17). See also regulated profession.

Qualification: A formal outcome of an assessment and validation process which is obtained when a competent organization determines that an individual has achieved learning outcomes to given standards (9).

Registration: The entering of an individual practitioner or an education/training organization on a formal list of those meeting accreditation or re-accreditation criteria.

Regulated Profession: A professional activity or group of professional activities, access to which, and pursuit of which, is limited by legislative, regulatory or administrative provisions to holders of a given professional qualification (17).

Right to Health: A rights-based approach means integrating human rights, norms and principles in the design, implementation, monitoring and evaluation of all health-related policies and programmes. This includes human dignity, attention to the needs and rights of vulnerable groups and an emphasis on ensuring that health systems are made accessible to all. The principles of equality and freedom from discrimination are central to this approach. Integrating human rights into health development also means empowering poor people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access (18).

Settings for Health Promotion: The places or social contexts in which people live, work and play and in which in which environmental, organizational and personal factors interact to affect health and well-being. Action to promote health in different settings can take different forms including organizational or community development. Examples of settings for Health Promotion action include: schools, workplaces, hospitals, prisons, universities, villages and cities (2).

Skills: The ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking), or practical (involving manual dexterity and the use of methods, materials, tools and instruments) (9).

Social Justice: The concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income (6).

Stakeholders: Individuals, groups, communities and organizations that have an interest or share in an issue, activity or action (19).

Standard: An agreed, repeatable way of doing something which is published and contains a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition (20).

Strategies: Broad statements that set a direction and are pursued through specific actions, such as those carried out in programmes and projects (7).

Supportive Environments for Health: Environments which offer people protection from threats to health, and enable people to expand their capabilities and develop self-reliance in health (2).

Target Level of Standards: Refers to minimal standards where all the standards have to be met to be awarded the qualification, average expectations where weaknesses in one area can be compensated by particular strengths in other areas and maximal standards which express best practices and represent goals to be striven for (21).

Teamwork: The process whereby a group of people, with a common goal, work together to increase the efficiency of the task in hand, see themselves as a team and meet regularly to achieve and evaluate those goals. Regular communication, coordination, distinctive roles, interdependent tasks and shared norms are important features of teamwork (22).

Values: The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and may be, but are not necessarily, grounded in religious faith. Social values are more flexible and may change as individuals gain life experience and include, for example, attitudes towards the use of alcohol, tobacco and other substances (6).

Vision: Expresses goals that are worth striving for and incorporates shared ideals and values (7).

Workforce Planning: The strategic alignment of an organization's human resources with the direction of its planned service and business (19).

4.1 Glossary References

1. Harvey, L. (2004-2011). Analytical Quality Glossary. *Quality Research International.* Retrieved April 2014 from: http://www.qualityresearchinternational.com/glossary/quality.htm

2. Nutbeam, D. (1998). *Health Promotion Glossary*. World Health Organization, Geneva. www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf

3. Ontario Ministry for Health and Long-Term Care (2008). *Glossary for Ontario Public Health Standards.* Queen's Printer for Ontario, Toronto.

4. Cedefop - Centre for the Development of Vocational Training (2009). *The Dynamics of Qualifications: Defining and Renewing Occupational and Educational Standards*. Office for Official Publications of the Communities, Luxembourg. https://www.cedefop.europa.eu/files/etv/Upload/Information_resources/Bookshop/556/5195_en.pdf

5. Smith, B.J., Kwok, C. and Nutbeam, D. (2006). WHO Health Promotion Glossary: new terms. *Health Promotion International*, 21(4): 340-345. https://www.who.int/healthpromotion/about/HP%20Glossay%20in%20HPI.pdf

6. Last, J. and Edwards, P. (2007). *Glossary of Terms Relevant to the Core Competencies for Public Health.* Public Health Agency Canada (PHAC), Ottawa.

7. National Public Health Performance Standards Program (NPHPSP) (2007). *Acronyms, Glossary, and Reference Terms*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Georgia. www.cdc.gov/nphpsp/PDF/Glossary.pdf

8. Public Health Agency of Canada (2010). *Pan-Canadian Healthy Living Strategy Glossary*. PHAC, Ottawa. https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/2005-integrated-canadian-healthy-living-strategy/glossary.html

9. Parliament and Council of the EU (2008). Recommendation of the Parliament and of the Council of 23rd April 2008 on the Establishment of the Qualifications Handbook for Lifelong Learning (2008/c 111/01) *Official Journal of the Union*, Brussels.

10. Shilton, T., Howat, P., James, R. and Lower, T. (2001). Health Promotion development and Health Promotion workforce competency in Australia: An historical overview. *Health Promotion Journal of Australia*, 12(2): 117-123.

11. Susskind, L. (1999). A Short Guide to Consensus Building in: Susskind, L., McKearnan, S. and Thomas-Larmer, S. (1999). The Consensus Building Handbook – A comprehensive guide to reaching agreement. Sage Publications, CA, USA. Retrieved February 2013 from: http://web.mit.edu/publicdisputes/practice/shortguide.pdf

12. Australian Health Promotion Association (2009). *Core Competencies for Health Promotion Practitioners*. AHPA, Queensland, Australia. https://www.healthpromotion.org.au/images/docs/core_competencies_for_hp_practitioners.pdf

13. Centre for Addiction and Mental Health (CAMH) (2012). *Culture Counts: A Roadmap to Health Promotion – Glossary*. CAMH, Canada. http://www.torontonorthlip.ca/sites/torontonorthlip.ca/files/Culture_Counts_2012.pdf

14. Skulmoski, G. J., Hartman, F.T. and Krahn, J. (2007). The Delphi Method for Graduate Research. *Journal of Information Technology Education*. 6: 1-21.

15. World Health Organization (1946). Preamble to the Constitution of the World Health Organization. World Health Organization, New York.

16. World Health Organization. (1986). *The Ottawa Charter for Health Promotion.* World Health Organization, Geneva. Retrieved February 2013 from: www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html

17. Parliament and Council of the EU (2005). Directive 2005/36/EC of the Parliament and of the Council of 7th September 2005 on the Recognition of Professional Qualifications. *Official Journal of the Union*, Brussels. http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF

18. World Health Organization (2012). *Trade, Foreign Policy, Diplomacy and Health, Glossary of Globalization, Trade and Health Terms*. World Health Organization, Geneva.

19. World Health Organization (2009). *Health Cluster Guide*. www.who.int/trade/glossary/story054/en/index.html

20. British Standards Institution (2012). *What is a Standard?* BSI, London https://www.bsigroup.com/en-IN/Standards-and-Publications/Information-about-standards/What-is-a-standard/

21. Pilz, M. (2006). Bildungsstandards für die Berufsbilding aus europaischer Perspektive am Beispeil Grossbritannien: Darstellung, Einordnung ind Konsequenzen für die duetsche Debatte. *Journal für Sozialwissenschaften und ihre Didatik (JSD),* No 3. (Cited in Cedefop (2009). The Dynamics of Qualifications: Defining and Renewing Occupational and educational Standards. Office for Official Publications of the Communities, Luxembourg.)

22. Canadian Interprofessional Health Collaborative (CIHC). *Interprofessional Glossary*. CIHC, Canada. http://www.cihc-cpis.com/glossary.html