



Portfolio of Professional Practice: Candidate Guide

Version 1.2: 22nd April 2013

Applicable to submissions received on or after 1st September 2013

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Introduction

The Portfolio of Professional Practice (PPP) is a CIEH assessment that forms part of the pathway to qualification as an Environmental Health Practitioner (EHP). The portfolio is based upon the concepts of experiential learning and reflective practice. Experiential learning, as the name implies, is learning that takes place as a result of undergoing certain tasks or activities. Reflective practice is thinking about and evaluating experiences in order to learn from them.

The portfolio requires candidates to undertake a range of interventions (which can be described as actions that EHPs take to control, eliminate or mitigate adverse health impacts that arise from environmental stressors on the physical, social and human worlds) and develop a range of skills that should enable experiential learning to take place. Candidates are required to reflect on their experience of undertaking different interventions and developing skills throughout the PPP to enable reflective practice to take place.

The PPP matrices

The interventions and skills in the portfolio are divided into five 'intervention fields' – Food Safety, Health and Safety, Housing and Health, Environmental Protection and Public Health. Each 'intervention field' is displayed on a matrix which should be considered in conjunction with this guidance document; exemplar matrices are displayed in [Appendix 1](#) and working documents for candidates can be downloaded from the student pages of the CIEH website. Within each intervention field the interventions that must be undertaken are described in the 'intervention areas' appearing in the left hand column. The skills that must be developed are described in the 'skills' columns. The 'reflection' column at the end describes the reflection that must be provided by candidates in respect of the intervention they have undertaken and the skills that have been demonstrated.

The Food Safety, Health and Safety, Housing and Health, Environmental Protection intervention field matrices are presented in the same format using common descriptions of the 'core skills'. In the Public Health matrix the 'skills and competencies' are specific to the intervention areas.

Intervention Areas

There are five 'intervention areas' within each 'intervention field'; so, in the Food Safety 'intervention field' the 'intervention areas' are referred to as FS1, FS2, FS3, FS4 and FS5. The descriptions given are intended to give candidates a clear idea about what form of intervention must be undertaken. For example, FS1 states:

"A visit to a food outlet in which the primary focus is the 'food safety management system' (or a corresponding management system) and its role in protecting health and the interests of the consumer."

The majority of the intervention areas are similarly self-explanatory.

Core Skills and Reflection in Food Safety, Health and Safety, Housing and Health and Environmental Protection

There are three 'core skills' within the intervention fields – 'acquiring information', 'risk assessment' and 'course of action'. The core skills mirror the steps that a practitioner might follow when undertaking an intervention:

- Initially, information is acquired and hazards are identified ('acquiring information'),
- Then, by consulting guidance/ standards/ Codes of Practice/ other secondary sources the level of risk is established, thus indicating whether intervention is required ('risk assessment'),
- Finally the range of solutions available to deal with the problem is identified and the most appropriate course of action chosen ('course of action').

Acquiring Information

The 'acquiring information' description states:

"Describe how first-hand information was acquired through observation/ inspection/ audit/ investigation/ sampling/ survey, and how this enabled you to establish the nature of the hazard(s)."

The skill requires candidates to establish hazards that were present, therefore candidates should clearly state the hazards they identified, even if they seem self-evident.

Risk Assessment

The 'risk assessment' description states:

"Show how, by consulting guidance/ standards/ Codes of Practice/ other secondary sources, you were able to determine the nature and level of risk presented, so indicating whether intervention was required (or not)."

This is an exercise in assessing risk and when the level of risk has been determined and articulated in the portfolio the candidate must state whether intervention is required.

Course of Action

The 'course of action' description states:

"Identify the range of solutions that might be available to deal with the problem, before deciding upon, and giving justification for, the 'most appropriate course of action' chosen, having regard to the need to secure compliance/ maximise effectiveness/ protect health and well-being."

When demonstrating this skill, candidates should make clear whether the intervention seeks to secure compliance, maximise effectiveness, protect health and well being, or all three.

Reflection

The 'reflection' description states:

"Reflect upon the experience of undertaking the intervention in terms of the difficulties encountered in acquiring information, uncertainties involved in risk assessment, the effectiveness of the course of action, any incidental problems encountered and whether any future intervention would be carried out differently."

Reflection is particularly important because it gives the candidate the opportunity to consider the experience of undertaking different interventions, acquiring new skills and developing others. Candidates must consider what they did, why they did it, whether it worked, whether it could have been done differently, even whether on reflection it needed doing at all, how they felt and how they reacted during the intervention. It will also be appropriate to reflect upon any problems encountered and the effect that these might have had. These examples are not exhaustive and candidates are encouraged to go beyond simply addressing the 'Reflection' description provided.

Skills and Competencies and Reflection in Public Health

The 'skills and competencies' are unique to the Public Health intervention field and are specific to each intervention area. Within each set of skills and competencies there is a distinction between those that are 'knowledge-based' and those that are 'practice-based'. As this suggests, knowledge-based skills and competencies are demonstrated through the acquisition of knowledge, whereas practice-based skills and competencies are demonstrated through practice in the course of an intervention.

Reflection

The 'reflection' description in the Public Health Intervention Field states:

"Detail within each of the reports for PH1-5 your reflections upon the experience of engaging in the intervention as it impacts on health and well being, highlighting, amongst other things: any newly acquired skills you found especially valuable in discharging the role expected of the practitioner; points along the way where the reality of the situation diverted from your expectations; and, what you might do differently were you to re-engage in a similar area of activity."

Again candidates are encouraged to go beyond simply addressing the 'Reflection' description provided.

Completing the PPP reports

Candidates are required to produce a report for each intervention area to show that they have undertaken the intervention described and developed the skills specified. All three 'core skills' must be demonstrated in the intervention area reports for Food Safety, Health and Safety, Housing and Health and Environmental Protection, unless a report is completed using a 'desktop-exercise'.

Desktop-Exercises

A 'desktop-exercise' can be described as an exercise where candidates are supplied with information and then use this information to undertake the rest of the intervention, i.e. carrying out an assessment of risk and determining the most appropriate course of action. Therefore if a 'desktop-exercise' is undertaken, the candidate is expected to demonstrate the 'risk assessment' and 'course of action' core skills and provide 'reflection' on these two core skills only, since the 'acquiring information' skill will not have been demonstrated.

An example of an 'intervention area' which can be completed using a 'desktop-exercise' is HH1:

"Demonstration of the use of the Housing Health and Safety Rating System (HHSRS) or a similar process designed to establish the suitability (or otherwise) of residential property and so justifying (or not) an intervention appropriate to the circumstances."

This exercise might be created by a University and candidates could be presented with a plan of a property, a completed inspection form and pictures of defects and deficiencies, which could be used to complete the 'intervention area'.

The 'intervention areas' which are suitable for completion using 'desktop-exercises' include: FS2, FS4, HS2, HS3, EP2, EP3, HH1 and HH5. Candidates are only permitted to produce one intervention area report using a 'desktop-exercise' in each of the

Food Safety, Health and Safety, Housing and Health and Environmental Protection intervention fields. Therefore candidates intending to complete 'desktop-exercises' must choose from the two suitable 'intervention areas' available per 'intervention field'. The use of 'desktop-exercises' is not permitted in the Public Health intervention field due to the nature of the 'knowledge-based' and 'practice-based' 'skills and competencies' that must be demonstrated.

Format of reports

As the portfolio is an account of the candidate's learning experiences, and reflecting their views and feelings, the reports should be written in the first person. There is no prescribed format to the reports, though they should be well structured, clear, concise and headed using the intervention area reference code from the matrix, e.g. 'FS1'. It is essential that candidates 'proof read' their reports before submission to correct any grammatical or typographical errors. As a guide the text in individual reports should be 2000 – 2500 words long, excluding any evidence contained within the report or appendices. Assessors will look critically upon reports which significantly exceed the word guide.

Evidence

Documented material must be submitted with each report to support the narrative and provide evidence of the intervention area being addressed and the skills demonstrated. The evidence might include inspection reports, notebook entries, extracts of documents consulted, letters, reports, notices, pictures and any other documents demonstrating the candidate's involvement. It is essential to refer to the evidence presented within the body of the report so that the assessor is made aware of its relevance and refers to it at the appropriate time. Evidence can either be inserted into the body of the report, or included as an appendix.

Referencing

All sources that have been used in the reports must be appropriately acknowledged using the Harvard system of referencing. This will include ideas that have been paraphrased, quotes, tables, images, graphs and other sources.

Cross Referencing

Due to the nature of the PPP reports and level of detail specified in the 'intervention areas', 'core skills' and 'skills and competencies' it is not anticipated that candidates will be able to cross-reference reports within the majority of 'intervention fields' or between 'intervention fields'; for example within the Food Safety intervention field, or between the Food Safety and Health and Safety intervention fields. However,

candidates are permitted to use cross referencing if they wish, provided the intervention undertaken meets the intervention area descriptions in their entirety.

Cross-referencing may be more widely used in the Public Health intervention field; for example if candidates undertake several interventions as part of a dissertation or project. However, the cross referenced report must meet the intervention area and skill and competencies descriptors in their entirety.

Completing the PPP matrices

To complete the matrices, candidates must show which core skills have been demonstrated in the intervention area reports by ticking the corresponding cells of the matrix. Where 'desktop-exercises' have been used they should be identified by inserting the words 'desktop-exercise' in the corresponding cell in the 'acquiring information' 'core skill' column. This will alert the assessor and the 'acquiring information' skill will not be taken into account when marking the intervention area report. Examples of completed Food Safety and Public Health intervention field matrices are included in [Appendix 2](#).

Submitting the PPP

Completed portfolios must be submitted to the CIEH for assessment using a memory stick and saved as Microsoft Word documents in a '97 – 2003 Document' format, PDFs, or other compatible formats. A set of [PPP Matrices](#) must be completed and also saved in the memory stick. No printed copy of the portfolio is required. Details of the submission process, including current information on fees, may be found on the ELP/PPP/Hybrid Application Form which is on the CIEH website at www.cieh.org/professional_development/ppp.html.

Assessment of the PPP

When the portfolio is submitted administration checks will be carried out to determine whether all the reports and evidence are present and whether the matrices have been completed. If a submission is incomplete it will be returned to the candidate to make any necessary amendments before it is sent to an assessor. The cost of the carriage will be borne by the candidate, so it is important to check submissions very carefully.

Sampling Scheme

A sampling scheme will be applied to the PPP, selecting three intervention areas per intervention field at random for assessment. Assessors will be informed which fifteen intervention areas they need to assess and will not be permitted to assess any

further areas. The overall result for the Portfolio will be based on the results of the fifteen intervention areas selected in the sample.

Marking Descriptors

Assessors will assess the 'intervention area' reports using the following marking descriptors:

Distinction

The candidate has produced a very well written report which is clear, concise, well structured, free from grammatical and typographical errors and closely addresses the subject of the 'intervention area'. An excellent attempt has been made to address the 'skills' and the candidate has clearly used the opportunity to acquire maximum benefit from the experience. The assessor is satisfied that the candidate has fully considered the risk presented and selected an appropriate intervention that is available to an EHP. The candidate has made an excellent effort to address the 'reflection' description, and in tackling and solving problems, demonstrates the capacity to arrive at decisions in complex and unpredictable situations, where appropriate, offering a critique of practice.

Pass

The candidate has produced a report that is generally well written and addresses the subject of the 'intervention area', although it may contain short passages of poor narrative quality and a small number of minor grammatical and typographical errors. The candidate has made a genuine attempt to address the 'skills'; however there may be minor technical errors present. The assessor is satisfied that the actions described and views expressed show the candidate has considered the risk presented and selected an appropriate intervention that is available to an EHP. The candidate adequately addresses the 'reflection' description, demonstrating the capacity to deal with complex issues systematically, making sound judgements and decisions, sometimes in the absence of complete data.

Fail

The candidate has produced a report which fails to address the subject of the 'intervention area'. It may be poorly written, verbose and difficult to follow, with extended passages of poor narrative quality and multiple grammatical and typographical errors. The candidate provides an inaccurate, vague or otherwise unconvincing attempt to address the 'skills'. The assessor is satisfied (despite any explanation given in the reflection) that if the actions described and views expressed in the report were put into practice, the candidate, their employer or the profession would face criticism. The candidate inadequately addresses the 'reflection' description and lacks any real insight into Environmental Health practice or the professional role performed by the EHP.

PPP result

Candidates will be awarded a 'Distinction', 'Pass', 'Deferred Result' or 'Fail' for the Portfolio overall. Where a 'Deferred Result' is awarded the candidate will be required to resubmit the intervention areas that have failed and will be charged a fee per intervention area. Where a 'Fail' is awarded the candidate will be required to resubmit the entire Portfolio and will be charged the full assessment fee for the resubmission. The sampling scheme will be applied to the resubmission; as a result the intervention areas selected for assessment may include reports that were previously assessed together with those that were not. Any intervention areas that were awarded a pass in the original submission will remain a pass and will not be reassessed, therefore candidates do not need to modify these reports.

Link to the Extended Professional Interview

Candidates who complete a 2011 curriculum programme are required to undertake the 'Extended Professional Interview' when they have passed their PPP. The extended interview consists of the 'Standard Interview' followed by a viva on a PPP Public Health report. The Public Health report which forms the basis of the viva will be selected at random from one of the three PPP Public Health reports which were assessed as part of the sampling scheme. Due to the link with the interview, candidates must achieve a 'pass' or a 'distinction' in all three PPP Public Health reports selected for assessment to achieve a 'pass' or 'distinction' in the PPP overall.

Candidates who complete a pre 2011 curriculum programme will not be required to take the 'Extended Professional Interview' with the viva element and will complete the 'Standard Interview' instead. Further details about the 'Standard' and 'Extended Professional Interview' can be found on the CIEH website.

Assistance and Further Guidance for Candidates

In addition to this candidate guide there are a range of resources available to candidates when completing the PPP:

CIEH website - The PPP matrices, assessment application forms and frequently asked 'Questions and Answers' about the PPP can be found on the CIEH website: www.cieh.org/professional_development/ppp.html.

MyCIEH - Student Members can access MyCIEH and participate in discussions about the PPP in the student forum. PPP mind maps, which have been created for each 'Intervention Field' and give ideas for PPP reports, can be downloaded from

MyCIEH. The forum is also used to advertise PPP workshops, placements and training opportunities: www.cieh.org/MyCIEH.

Mentoring Scheme – The mentoring scheme is provided by trained PPP assessors. The mentors read and comment upon a couple of early PPP reports produced by a candidate to help determine whether the candidate is on the right track. All Student Members can access the scheme by emailing education@cieh.org and providing their full name, contact details and CIEH membership number.

Directory of Student Training Opportunities – The Directory of Student Training Opportunities has a wide range of placement opportunities of variable durations in both the public and private sectors: www.cieh-cymruwales.org/profdev/dsto-ppp.html.

PPP Webinar – A webinar providing an introduction to the PPP has been produced which can be accessed through the MyCIEH forum. A wider series of webinars covering specific elements of the PPP and the other professional assessments is planned.

CIEH Policy and Education team – The team can be contacted by email at: education@cieh.org or by telephone on: 020 7928 6006.

Appendix 1 – PPP matrices

INTERVENTION FIELD		CORE SKILLS			REFLECTION
FOOD SAFETY		ACQUIRING INFORMATION Describe how first-hand information was acquired through observation/ inspection/ audit/ investigation/ sampling/ survey, and how this enabled you to establish the nature of the hazard(s).	RISK ASSESSMENT Show how, by consulting guidance/ standards/ Codes of Practice/ other secondary sources, you were able to determine the nature and level of risk presented, so indicating whether intervention was required (or not).	COURSE OF ACTION Identify the range of solutions that might be available to deal with the problem, before deciding upon, and giving justification for, the 'most appropriate course of action' chosen, having regard to the need to secure compliance/ maximise effectiveness/ protect health and well-being.	Reflect upon the experience of undertaking the intervention in terms of the difficulties encountered in acquiring information, uncertainties involved in risk assessment, the effectiveness of the course of action, any incidental problems encountered and whether any future intervention would be carried out differently.
INTERVENTION AREAS	FS1 A visit to a food outlet in which the primary focus is the 'food safety management system' (or a corresponding management system) and its role in protecting health and the interests of the consumer.				
	FS2 Participation in a HACCP-based exercise – whether or not performed in the field – which explores how risk analysis establishes mechanisms of food safety control and consumer protection.				
	FS3 Involvement in a food complaint investigation involving an alleged unsatisfactory food item that poses a threat to health or well-being.				
	FS4 Consideration of an imported food product from a 'Third Country' in terms of the measures available to protect health and/ or the wider interests of the consumer.				
	FS5 Investigation into the circumstances surrounding an outbreak/potential outbreak of suspected food-borne illness and the consequences of this should a foodstuff be implicated as the source of illness.				

INTERVENTION FIELD		CORE SKILLS			REFLECTION
HEALTH AND SAFETY		ACQUIRING INFORMATION Describe how first-hand information was acquired through observation/ inspection/ audit/ investigation/ sampling/ survey, and how this enabled you to establish the nature of the hazard(s).	RISK ASSESSMENT Show how, by consulting guidance/ standards/ Codes of Practice/ other secondary sources, you were able to determine the nature and level of risk presented, so indicating whether intervention was required (or not).	COURSE OF ACTION Identify the range of solutions that might be available to deal with the problem, before deciding upon, and giving justification for, the 'most appropriate course of action' chosen, having regard to the need to secure compliance/ maximise effectiveness/ protect health and well-being.	Reflect upon the experience of undertaking the intervention in terms of the difficulties encountered in acquiring information, uncertainties involved in risk assessment, the effectiveness of the course of action, any incidental problems encountered and whether any future intervention would be carried out differently.
INTERVENTION AREAS	HS1 The follow-up to information that features reference to an injury (regardless of its seriousness), disease or dangerous occurrence that demonstrates the use of risk-based selection criteria.				
	HS2 Consideration as to the suitability and sufficiency of a detailed risk assessment undertaken by the employer in a workplace environment.				
	HS3 Involvement in a situation in which the focus is on a 'safety management system' applied to minimise the risk from a discrete hazard, such as fire, working at height etc.				
	HS4 Investigation into an occupational health problem or issue that involves the application of health monitoring or environmental surveillance against standards and/or process controls, such as: use of hazardous substances, exposure to asbestos, stress in the workplace.				
	HS5 Inspection of a workplace in which the focus is on a national strategy or campaign designed to reduce a particular health and safety risk and in which the report includes a critique of the strategy or campaign.				

INTERVENTION FIELD		CORE SKILLS			REFLECTION
ENVIRONMENTAL PROTECTION		ACQUIRING INFORMATION Describe how first-hand information was acquired through observation/ inspection/ audit/ investigation/ sampling/ survey, and how this enabled you to establish the nature of the hazard(s).	RISK ASSESSMENT Show how, by consulting guidance/ standards/ Codes of Practice/ other secondary sources, you were able to determine the nature and level of risk presented, so indicating whether intervention was required (or not).	COURSE OF ACTION Identify the range of solutions that might be available to deal with the problem, before deciding upon, and giving justification for, the 'most appropriate course of action' chosen, having regard to the need to secure compliance/ maximise effectiveness/ protect health and well-being.	Reflect upon the experience of undertaking the intervention in terms of the difficulties encountered in acquiring information, uncertainties involved in risk assessment, the effectiveness of the course of action, any incidental problems encountered and whether any future intervention would be carried out differently.
INTERVENTION AREAS	EP1 Conduct an environmental noise survey in which acoustic data are secured, and from which judgements can be made and measures recommended for its mitigation, whether or not intervention is indicated.				
	EP2 Consideration of air quality in a discrete geographical area, relating this to health impact and the means of managing or resolving any problem found, or standards exceeded, within the context of the relevant air quality strategy.				
	EP3 Involvement in a situation that focuses on long-term health impact and/or environmental degradation arising from contaminated land, or the acute problems arising from unlawful dumping on land or discharges to watercourses.				
	EP4 Dealing with a report or complaint of environmental pollution in which the nature and extent of the circumstances encountered require their consideration as a potential statutory nuisance.				
	EP5 Involvement in the approval/permitting/inspection of processes that are 'listed activities' (or to other prescribed processes which are subject to special controls).				

INTERVENTION FIELD		CORE SKILLS			REFLECTION
HOUSING AND HEALTH		ACQUIRING INFORMATION Describe how first-hand information was acquired through observation/ inspection/ audit/ investigation/ sampling/ survey, and how this enabled you to establish the nature of the hazard(s).	RISK ASSESSMENT Show how, by consulting guidance/ standards/ Codes of Practice/ other secondary sources, you were able to determine the nature and level of risk presented, so indicating whether intervention was required (or not).	COURSE OF ACTION Identify the range of solutions that might be available to deal with the problem, before deciding upon, and giving justification for, the 'most appropriate course of action' chosen, having regard to the need to secure compliance/ maximise effectiveness/ protect health and well-being.	Reflect upon the experience of undertaking the intervention in terms of the difficulties encountered in acquiring information, uncertainties involved in risk assessment, the effectiveness of the course of action, any incidental problems encountered and whether any future intervention would be carried out differently.
INTERVENTION AREAS	HH1 Demonstration of the use of the <i>Housing Health and Safety Rating System</i> (HHSRS) or a similar process designed to establish the suitability (or otherwise) of residential property and so justifying (or not) an intervention appropriate to the circumstances.				
	HH2 Carry out, and report upon, an inspection of a problematic House in Multiple Occupation.				
	HH3 Undertake an inspection of, and report upon, a house in single-family/household occupancy in which housing defects have been encountered or are suspected.				
	HH4 The investigation of a problem presenting a risk to the health of occupants of a property from <u>one</u> of the following: a drainage defect; unsatisfactory drinking or recreational water quality; radon infiltration; or a pest infestation.				
	HH5 Involvement in an area or community-based intervention designed to bring about housing/environmental improvement or regeneration.				

INTERVENTION FIELD		SKILLS AND COMPETENCIES TO BE DEMONSTRATED	SKILLS & COMPETENCIES	REFLECTION
PUBLIC HEALTH				
INTERVENTION AREAS	PH1 Investigation into a public health problem requiring the application of surveillance and assessment of the population's health and well-being.	<p>Knowledge-based: the basic terms and concepts employed in epidemiology; how determinants of health and well-being impact on population; the strengths and weaknesses of various types of data relating to health and well-being; the relevance and use of socio-economic deprivation indices.</p> <p>Practice-based: the capability of collecting, collating, analysing (using various basic qualitative and quantitative methods), interpreting (using different methods of literature search) and communicating data in the course of practising surveillance and assessment.</p>		
	PH2 Assessment of the effectiveness of an intervention, programme or service designed to improve health and well-being with which you have had personal involvement.	<p>Knowledge-based: how different forms of evidence can be used to assess the effectiveness of different forms of intervention (and further informing decision-making); and, understand how effectiveness (both of the intervention and the practitioner) is measured.</p> <p>Practice-based: the capability of collecting, collating, synthesizing, validating and assessing evidence from various sources; recognise your own effectiveness as a practitioner in terms of your involvement in the intervention, and, as a result, establish whether the evidence-base has been better served.</p>		
	PH3 Make a personal contribution (alone or in collaboration with others) to the development of a specific policy or strategy in a field of Environmental Health (or in another context with which you are familiar).	<p>Knowledge-based: the extent and complexity of Government policies and strategies relevant to health and well-being (and especially those that address 'inequalities in health'); and, a detailed knowledge of the policies and strategies that have a bearing on the practice of Environmental Health.</p> <p>Practice-based: establishing the actual or potential impact that a named policy or strategy has on the health and well-being of those targeted, and how your contribution to its development might have enhanced its impact.</p>		
	PH4 Involvement in collaborative working which addresses a discrete problem that affects a community, reflect upon the experience and its impact on health and well-being.	<p>Knowledge-based: the principles of collaborative working and how people can help build capacity in the system; the basic management principles and various leadership styles in use; the agencies, bodies and individuals that have a part to play in improving health and well-being in communities, and how the impact on that population might be maximised through partnership or team-working.</p> <p>Practice-based: how the collective effort of the group or partnership sought to advance, and so enhance, the interests of the disadvantaged population, how you consider your involvement in working collaboratively was affected by good or bad leadership and how good internal communication can serve to enhance the impact of partnership- and/or team-working.</p>		
	PH5 Engagement with an incident or situation (whether existing or now passed) in which a population is/ was exposed to the risk of infection through an outbreak of communicable disease or to an environmental hazard.	<p>Knowledge-based: recognise how the outcome of field investigations of the sort chosen may serve to inform the epidemiology of the hazard concerned, the principles of managing outbreaks of communicable disease (including 'outbreak control plans') or managing environmental health incidents (including, where appropriate, emergency planning strategies); the law relating to the protection of health and well-being; how outbreaks and incidents of the sort may have wider and more far-reaching implications.</p> <p>Practice-based: assess the risks to health and well-being through first-hand observation or the analysis of basic data sets; identify and communicate with at-risk contacts and give advice (under guidance); determine and explain how you might deliver simple interventions to protect health, well-being, safety at an individual- and population-level.</p>		
REFLECTION		Detail within <u>each</u> of the reports for PH1-5 your reflections upon the experience of engaging in the intervention as it impacts on health and well being, highlighting, amongst other things: any newly acquired skills you found especially valuable in discharging the role expected of the practitioner; points along the way where the reality of the situation diverted from your expectations; and, what you might do differently were you to re-engage in a similar area of activity.		

Appendix 2 – Completed Food Safety and Public Health PPP matrices

INTERVENTION FIELD		CORE SKILLS			REFLECTION
FOOD SAFETY		ACQUIRING INFORMATION Describe how first-hand information was acquired through observation/ inspection/ audit/ investigation/ sampling/ survey, and how this enabled you to establish the nature of the hazard(s).	RISK ASSESSMENT Show how, by consulting guidance/ standards/ Codes of Practice/ other secondary sources, you were able to determine the nature and level of risk presented, so indicating whether intervention was required (or not).	COURSE OF ACTION Identify the range of solutions that might be available to deal with the problem, before deciding upon, and giving justification for, the 'most appropriate course of action' chosen, having regard to the need to secure compliance/ maximise effectiveness/ protect health and well-being.	Reflect upon the experience of undertaking the intervention in terms of the difficulties encountered in acquiring information, uncertainties involved in risk assessment, the effectiveness of the course of action, any incidental problems encountered and whether any future intervention would be carried out differently.
		INTERVENTION AREAS	FS1 A visit to a food outlet in which the primary focus is the 'food safety management system' (or a corresponding management system) and its role in protecting health and the interests of the consumer.	✓	✓
FS2 Participation in a HACCP-based exercise – whether or not performed in the field – which explores how risk analysis establishes mechanisms of food safety control and consumer protection.	Desktop Exercise		✓	✓	✓
FS3 Involvement in a food complaint investigation involving an alleged unsatisfactory food item that poses a threat to health or well-being.	✓		✓	✓	✓
FS4 Consideration of an imported food product from a 'Third Country' in terms of the measures available to protect health and/ or the wider interests of the consumer.	✓		✓	✓	✓
FS5 Investigation into the circumstances surrounding an outbreak/potential outbreak of suspected food-borne illness and the consequences of this should a foodstuff be implicated as the source of illness.	✓		✓	✓	✓

INTERVENTION FIELD		SKILLS AND COMPETENCIES TO BE DEMONSTRATED	SKILLS & COMPETENCIES	REFLECTION
PUBLIC HEALTH				
INTERVENTION AREAS	<p>PH1 Investigation into a public health problem requiring the application of surveillance and assessment of the population's health and well-being.</p>	<p>Knowledge-based: the basic terms and concepts employed in epidemiology; how determinants of health and well-being impact on population; the strengths and weaknesses of various types of data relating to health and well-being; the relevance and use of socio-economic deprivation indices.</p> <p>Practice-based: the capability of collecting, collating, analysing (using various basic qualitative and quantitative methods), interpreting (using different methods of literature search) and communicating data in the course of practising surveillance and assessment.</p>	✓	✓
	<p>PH2 Assessment of the effectiveness of an intervention, programme or service designed to improve health and well-being with which you have had personal involvement.</p>	<p>Knowledge-based: how different forms of evidence can be used to assess the effectiveness of different forms of intervention (and further informing decision-making); and, understand how effectiveness (both of the intervention and the practitioner) is measured.</p> <p>Practice-based: the capability of collecting, collating, synthesizing, validating and assessing evidence from various sources; recognise your own effectiveness as a practitioner in terms of your involvement in the intervention, and, as a result, establish whether the evidence-base has been better served.</p>	✓	✓
	<p>PH3 Make a personal contribution (alone or in collaboration with others) to the development of a specific policy or strategy in a field of Environmental Health (or in another context with which you are familiar).</p>	<p>Knowledge-based: the extent and complexity of Government policies and strategies relevant to health and well-being (and especially those that address 'inequalities in health'); and, a detailed knowledge of the policies and strategies that have a bearing on the practice of Environmental Health.</p> <p>Practice-based: establishing the actual or potential impact that a named policy or strategy has on the health and well-being of those targeted, and how your contribution to its development might have enhanced its impact.</p>	✓	✓
	<p>PH4 Involvement in collaborative working which addresses a discrete problem that affects a community, reflect upon the experience and its impact on health and well-being.</p>	<p>Knowledge-based: the principles of collaborative working and how people can help build capacity in the system; the basic management principles and various leadership styles in use; the agencies, bodies and individuals that have a part to play in improving health and well-being in communities, and how the impact on that population might be maximised through partnership or team-working.</p> <p>Practice-based: how the collective effort of the group or partnership sought to advance, and so enhance, the interests of the disadvantaged population, how you consider your involvement in working collaboratively was affected by good or bad leadership and how good internal communication can serve to enhance the impact of partnership- and/or team-working.</p>	✓	✓
	<p>PH5 Engagement with an incident or situation (whether existing or now passed) in which a population is/ was exposed to the risk of infection through an outbreak of communicable disease or to an environmental hazard.</p>	<p>Knowledge-based: recognise how the outcome of field investigations of the sort chosen may serve to inform the epidemiology of the hazard concerned, the principles of managing outbreaks of communicable disease (including 'outbreak control plans') or managing environmental health incidents (including, where appropriate, emergency planning strategies); the law relating to the protection of health and well-being; how outbreaks and incidents of the sort may have wider and more far-reaching implications.</p> <p>Practice-based: assess the risks to health and well-being through first-hand observation or the analysis of basic data sets; identify and communicate with at-risk contacts and give advice (under guidance); determine and explain how you might deliver simple interventions to protect health, well-being, safety at an individual- and population-level.</p>	✓	✓
REFLECTION		Detail within <u>each</u> of the reports for PH1-5 your reflections upon the experience of engaging in the intervention as it impacts on health and well being, highlighting, amongst other things: any newly acquired skills you found especially valuable in discharging the role expected of the practitioner; points along the way where the reality of the situation diverted from your expectations; and, what you might do differently were you to re-engage in a similar area of activity.		