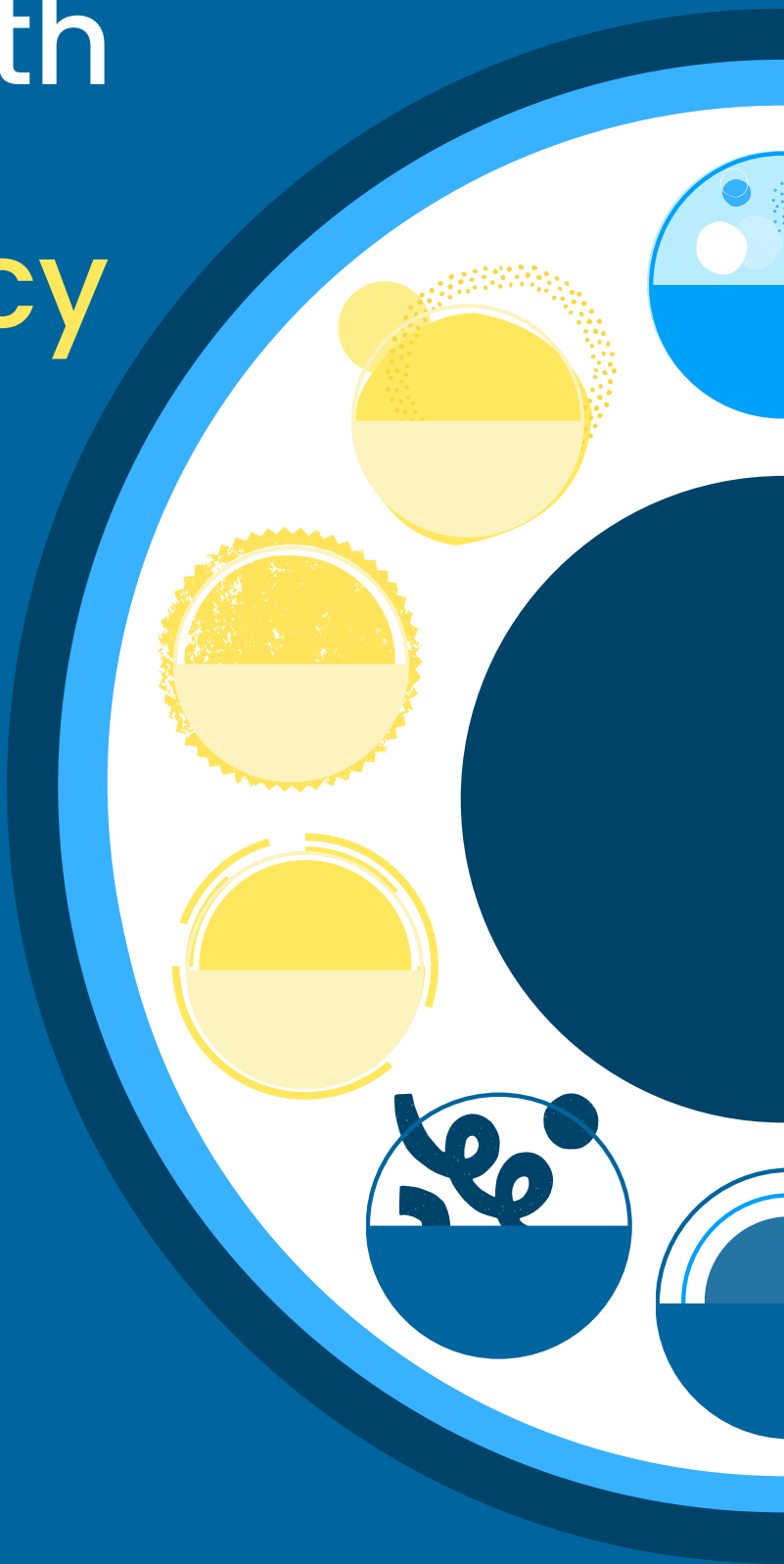
CAPHIA | COUNCIL OF ACADEMIC PUBLIC HEALTH INSTITUTIONS AUSTRALASIA
Advancing Public Health Education, Research & Workforce Development

CAPHIA Public Health Graduate Competency Framework

For Aotearoa New Zealand, Australia, Fiji, and Papua New Guinea



Published July 2026

https://caphia.com.au

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The Council of Academic Public Health Institutions Australasia (CAPHIA) is the peak advocacy body that represents universities and aligned organisations that educate, research, and develop the public health workforce throughout Australasia.

CAPHIA's mission is to improve the public's health by advancing public health education, research, and workforce development.

The CAPHIA Public Health Graduate Competency Framework for Aotearoa New Zealand, Australia, Fiji, and Papua New Guinea is designed for use in public health education, in workforce development, by students and graduates, and to inform regional and sector dialogue.

Published July 2026.

Suggested citation: Council of Academic Public Health Institutions Australasia. (2026). *CAPHIA Public Health Graduate Competency Framework for Aotearoa New Zealand, Australia, Fiji, and Papua New Guinea*. CAPHIA.

A PDF version of this document can be obtained from: https://caphia.com.au

ISBN: 978-1-7648274-0-9 (paperback) ISBN: 978-1-7648274-1-6 (PDF)

The Competencies Development Project was self-funded by CAPHIA. CAPHIA thanks its member institutions for their commitment to advancing academic standards in public health education, and for supporting the development of skilled public health professionals and researchers.

The development of the CAPHIA Public Health Graduate Competency Framework was led by an expert Steering Committee comprising the executive: Associate Professor Nathan Dawes (co-chair), Professor Melissa Graham (co-chair), Associate Professor Summer May Finlay (Indigenous Lead and Australian country lead), Professor Christina Severinsen (Aotearoa New Zealand country lead), Assistant Professor Eunice Okyere (Fiji country lead), Etu Buka (Papua New Guinea country lead), and Holly Donaldson (CAPHIA Executive Director); and the expert members: Professor Hannah Wechkunanukul, Associate Professor Elisabeth Schuele, Associate Professor Jane Taylor, Associate Professor Rimante Ronto, Dr Louise Clark, Dr Kristen Beek, Litia Makutu, Natasha Lee and Jennifer Desrosiers.

This Project was supported by CAPHIA staff including Roy Byrnes, Chris Haydock, Casey Yates, Dr Jack Seaton and Anna Dao. CAPHIA thanks and acknowledges the Steering Committee, CAPHIA staff, Advisory Group, and Stakeholder Group, along with the hundreds of contributors who took part in the interview and modified Delphi process over the two-year period.

CAPHIA acknowledges the Traditional Custodians of Country throughout Australia and pays respect to Elders past and present. In Aotearoa New Zealand, we acknowledge Māori as tāngata whenua and uphold Te Tiriti o Waitangi. Across the Pacific, we honour all Indigenous and First Nations peoples and recognise deep ancestral connections to land, waters, and community.

Foreword from CAPHIA Chair

It is my privilege to introduce the CAPHIA Public Health Graduate Competency Framework. This Framework represents a shared vision for the capabilities that public health graduates across Australasia need to contribute effectively to the workforce and respond to current and emerging public health challenges. These challenges demand graduates who are not only technically capable, but who can also think critically, work collaboratively across disciplines and sectors, engage respectfully with communities, and lead with cultural humility, integrity, and purpose.

We have a responsibility to ensure that public health education remains relevant, forward-looking, and responsive to the changing needs of our societies. Universities do more than prepare graduates for employment—they shape the future of the profession itself. Through education, research, partnership, and engagement, our institutions cultivate the knowledge, values, and leadership that strengthen public health systems and improve population health outcomes. This Framework is an important expression of that responsibility.

Crucially, this Framework has been developed by and for our region. It recognises the diversity of public health education and practice across Australia, Aotearoa New Zealand, Fiji, and Papua New Guinea, while acknowledging the common commitment we share to improving health and advancing equity. It recognises that effective public health practice must be grounded in cultural safety, respect for Indigenous knowledges, meaningful partnerships, and approaches that are responsive to local communities and contexts. Rather than prescribing a single model of education, the Framework provides a shared foundation that supports innovation, respects institutional diversity, and enables programmes to evolve alongside evidence, workforce expectations, and community needs.

One of the Framework's greatest strengths is that it has been developed collaboratively. It reflects the collective wisdom and experience of educators, practitioners, employers, and professional leaders who share a commitment to preparing graduates for contemporary public health practice. On behalf of CAPHIA, I extend my sincere thanks to all who have contributed their expertise, insight, and generosity throughout its development. Their collaboration exemplifies the partnerships that underpin strong public health systems.

I believe this Framework will make an important contribution not only to public health education but also to the continued development of a capable, culturally responsive, and future-ready workforce across Australasia. I commend it to educators, students, employers, policymakers, and all those committed to strengthening public health. Together, we can ensure that the next generation of public health professionals is equipped to meet the challenges of today while helping to shape a healthier, more equitable future for all.

Associate Professor Julie Saunders

Chair, Council of Academic Public Health Institutions Australasia

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3 **BACKGROUND TO THE FRAMEWORK**

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Introduction to the Framework

The CAPHIA Public Health Graduate Competency Framework (the Framework) provides a shared regional reference point for graduate public health capability. It describes the values, knowledge, skills, behaviours, and applied capabilities that public health graduates need to contribute to public health work across diverse settings.
The Framework has been developed for use across public health education and the public health workforce. It is intended to support curriculum design, curriculum review, assessment planning, benchmarking, accreditation, workforce development, professional learning, graduate role expectations, and regional sector dialogue. It can be used by universities and educators, students and graduates, employers and workforce leaders, professional bodies, public health agencies, communities, and others involved in strengthening public health capability.

The Framework recognises that public health practice is shaped by place, history, culture, governance, community priorities, Indigenous authority, health systems, workforce structures and the social, political, economic, commercial, and environmental conditions that shape health. It has therefore been designed as a regional framework that supports shared expectations while allowing local interpretation and adaptation. It is not intended to prescribe a single curriculum, qualification structure, workforce model, or approach to public health practice. Public health education across the region is diverse. Programmes differ in level, duration, purpose, disciplinary emphasis, areas of specialisation, institutional context, workforce pathways and local priorities. For this reason, the Framework should not be used as a compliance checklist or as a requirement that every programme address every competency statement in the same depth or in the same way. Instead, it should be used as a guide for informed judgement, helping users identify how graduate capabilities are introduced, developed, assessed, integrated and extended across education and practice.

The Framework is organised around 10 public health domains. Each domain includes knowledge areas and competency statements. These domains should be read as interconnected rather than separate areas of practice. Many competency statements draw together values, evidence, methods, relationships, ethical judgement and action. Cross-cutting dimensions, including health equity, cultural safety, Indigenous knowledges, decolonisation, anti-racism, Te Tiriti o Waitangi in Aotearoa New Zealand, systems thinking, ethics, human rights, accountability and community authority, are embedded across the Framework.

The Framework was developed through a collaborative mixed-methods project involving stakeholder interviews, review of existing competency literature, cross-country interpretation, expert review, modified Delphi consensus testing and formative evaluation. The process was designed to ensure that the Framework was evidence-informed, regionally relevant, culturally safe and practically useful across education and workforce settings. Further detail about the rationale, development process, terminology and intended uses of the Framework is provided in the background section.

Explanation of key terms

This Framework uses some terms that carry specific meanings across different countries, communities, and public health traditions. These terms should be interpreted with attention to local context, local authority, and locally preferred language.

Cultural safety refers to practice that is experienced as safe by those receiving, participating in, or affected by public health action. It requires ongoing attention to power, racism, colonisation, institutional practices, systems, self-reflection, and accountability. In this Framework, cultural safety is a core dimension of ethical and equity-oriented public health practice. **Cultural humility** supports culturally safe practice through ongoing critical reflection on one's own assumptions, positionality, power, and the limits of one's knowledge.

Decolonisation refers to processes that challenge and transform the ongoing effects of colonisation in knowledge, governance, institutions, policy, systems and practice. In public health education and workforce development, decolonisation includes recognising how colonial histories and structures continue to shape health inequities, whose knowledge is valued, how decisions are made, and who has authority over priorities, resources, evidence and action. In this Framework, decolonisation is understood to require critical attention to power, racism, land, sovereignty, self-determination, Indigenous knowledges, Indigenous governance, and the responsibilities of public health systems and institutions. The term is used with recognition that decolonisation is understood and practised differently across Papua New Guinea, Aotearoa New Zealand, Fiji and Australia, and should be interpreted with reference to local Indigenous authority, scholarship, histories and aspirations.

Indigenous is used as an inclusive regional term when referring collectively to the First Peoples of Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia. This includes Māori, Aboriginal and Torres Strait Islander peoples, iTaukei peoples, and the diverse peoples and communities of Papua New Guinea. The term is not intended to replace the specific names, identities, nations, clans, tribes, language groups, kinship systems, or locally preferred terms used by Indigenous peoples themselves. Users of the Framework should apply these terms in ways that respect Indigenous self-identification, local cultural protocols, community authority, and country-specific public health contexts.

Te Tiriti o Waitangi refers to the te reo Māori text of Aotearoa New Zealand's treaty and is foundational to public health practice in that context. When the Framework refers to Te Tiriti, Māori, whānau, iwi, te reo Māori or tikanga Māori, these terms should be understood as specific to Aotearoa New Zealand and interpreted with reference to Māori authority, knowledge, relationships, and context.

Structural and social determinants of health equity refer to the systems, conditions and distributions of power, resources, and opportunities that shape health and inequity. In this Framework, this includes attention to colonisation, racism, policy and governance arrangements, economic and commercial conditions, environmental change, social contexts, and institutional practices.

The Competency Framework

The 10 Public Health Domains

The Framework is organised around 10 public health domains. These domains describe broad areas of public health competencies expected of graduates. These domains should not be read as separate or isolated areas of practice. Public health work is interconnected. The 10 public health domains are:

1. Population health, equity, and systems
2. Culturally safe and ethical practice
3. Communication
4. Collaboration
5. Evidence, research, and informatics
6. Public health action
7. Policy and advocacy
8. Disease prevention and health protection
9. Climate, place, and health
10. Leadership and governance

1 Population health, equity, and systems

18 statements across 4 knowledge areas:

- *Applying population health approaches and public health values*
- *Upholding Indigenous sovereignty, Indigenous knowledges, and holistic public health*
- *Using systems thinking to map and analyse drivers of health inequity*
- *Analysing structural determinants, rights, and health equity*

Population health, equity, and systems is a cross-cutting public health domain that places population health, health equity, determinants of health, Indigenous sovereignty, and systems thinking at the centre of public health judgement and action. This domain recognises that health outcomes are shaped by structural and social determinants, including the distribution of power, resources, and opportunities, and that public health graduates need to understand and act on these conditions across different contexts.

This domain supports graduates in moving beyond describing inequity toward identifying its causes, measuring its effects, and contributing to action on the systems that produce inequitable outcomes. It emphasises values-led, context-responsive, and equity-oriented approaches across all areas of public health learning, teaching, research, policy, and practice.

This domain should not be read as background knowledge or as a preliminary foundation that sits outside applied practice. It is enacted through how graduates define public health priorities, interpret evidence, map systems, recognise power and structural inequity, engage with Indigenous knowledge and authority, and contribute to public health work that is accountable to communities and committed to fairer, healthier futures.

Knowledge Area 1: Applying population health approaches and public health values
Competency statements
Apply population health approaches, with emphasis on primary prevention and root causes.
Analyse how local, national, regional and global contexts shape public health priorities and responses.
Define cultural safety and apply in public health practice.
Connect practice to values and maintain commitment to public health goals.

Knowledge Area 2: Upholding Indigenous sovereignty, Indigenous knowledges, and holistic public health
Competency statements
Advocate for Indigenous public health approaches to health and wellbeing.
Articulate Indigenous knowledges of health and wellbeing.
Recognise Indigenous sovereignty and self-determination in public health practice.
Understand Indigenous systems thinking and holistic approaches.
Interpret key health indicators for Indigenous people and determinants in context.

Knowledge Area 3: Using systems thinking to map and analyse drivers of health inequity
Competency statements
Apply systems thinking in public health practice.
Map system structures and relationships between actors to identify drivers of inequities.
Apply a critical analysis to systems-level public health issues considering local context, resourcing and equity needs.
Analyse how interacting structural and social determinants shape population health outcomes and health equity across contexts.

Knowledge Area 4: Analysing structural determinants, rights, and health equity
Competency statements
Understand the role and ongoing impacts of colonisation and racism on health outcomes.
Critically examine equity and equality and prioritise equity in public health.
Apply social justice and human rights frameworks to address systemic oppression, discrimination and marginalisation as drivers of health inequities.
Quantify and interpret the impact of structural inequities and discrimination on priority populations.
Analyse how gender shapes public health outcomes, including through gendered norms, inequities, and violence.

2 Culturally safe and ethical practice

27 statements across 6 knowledge areas:

- *Practising cultural safety and decolonising public health practice*
- *Applying public health ethics, accountability, and trust*
- *Practising reflexivity, positionality, and cultural humility*
- *Supporting Indigenous-led action, authority, and self-determination*
- *Advancing anti-racist, trauma-informed, and accessible public health systems*
- *Enacting Te Tiriti o Waitangi-led public health practice in Aotearoa New Zealand*

Culturally safe and ethical practice focuses on public health learning, teaching and practice that is culturally safe, ethically grounded, anti-racist, reflective and accountable. It recognises that public health action must be shaped by Indigenous authority, community knowledge, cultural humility, human rights, and shared decision-making.

This domain supports cross-cutting competencies that should shape all public health domains, including cultural safety, Indigenous knowledges, Te Tiriti o Waitangi in Aotearoa New Zealand, reflexivity, anti-racism, public health ethics, positionality, and accountability for institutional power. These competencies are also applied through specific forms of practice, including Indigenous-led methodologies, Te Tiriti o Waitangi-led public health, culturally safe communication, ethical decision-making, shared authority, and shared partnership with communities.

The domain foregrounds trust, respect, relational practice, and the redistribution of power in public health decision-making. It reinforces that ethical public health practice requires ongoing attention to potential harms, unintended consequences, historical and continued injustice, structural and systemic racism, and the distribution of power in professional action.

Knowledge Area 1: Practising cultural safety and decolonising public health practice
Competency statements
Understand collective rights, customary lore, and intergenerational knowledge.
Demonstrate knowledge of the diverse realities of Indigenous communities.
Assess health in social, political, and historical contexts, and evaluate the ongoing impact of colonialism and decolonising practices.
Evaluate practice using equity and cultural safety frameworks and apply learning to improve practice.

Knowledge Area 2: Applying public health ethics, accountability, and trust
Competency statements
Embed public health ethics and values in decision-making.
Recognise and analyse moral and ethical problems and manage conflicts.
Apply public health ethics and values in decision making and relationships.
Critically appraise the ethical implications of public health actions and policies.
Navigate ethical responsibilities such as communicating risk, managing misinformation, and providing clear evidence-based information to uphold public trust.

Knowledge Area 3: Practising reflexivity, positionality, and cultural humility
Competency statements
Embed reflexive practice and cultural humility in public health decision-making.
Demonstrate reflexivity and cultural humility, including how one's positionality and institutional power shape practice.
Promote and demonstrate ethical, empathetic, and inclusive approaches to public health practice.

Knowledge Area 4: Supporting Indigenous-led action, authority, and self-determination
Competency statements
Collaborate in Indigenous-led methodologies and knowledge systems to strengthen partnerships.
Support Indigenous and community-led action and evaluation in public health.
Redistribute decision rights and control of resources to advance Indigenous self-determination.
Embed Indigenous ethical frameworks in public health decision-making.

Knowledge Area 5: Advancing anti-racist, trauma-informed, and accessible public health systems
Competency statements
Advocate for anti-racist and anti-discriminatory systems.
Apply a trauma-informed lens to prevent harm and advance healing.
Apply accessibility and human-centred design standards to ensure equitable access.
Evaluate policies and programmes against human rights and Indigenous self-determination frameworks.

Knowledge Area 6: Enacting Te Tiriti o Waitangi-led public health practice in Aotearoa New Zealand
Competency statements
Explain the historical and current prevalence and impact of institutional racism for Māori.
Identify and explain Māori perspectives and approaches in public health.
Evaluate policies and programmes using Te Tiriti o Waitangi, human rights and Indigenous self-determination frameworks.
Apply the provisions and principles of Te Tiriti o Waitangi to public health.
Use te reo Māori and tikanga Māori in public health practice, guided by those with appropriate whakapapa, expertise, and relationships.
Discuss the processes of colonisation and impact on Māori health.
Partner with whānau, hapū and iwi in public health practice.

❸ Communication

26 statements across 6 knowledge areas:

- *Communicating strategically in public health practice*
- *Responding to misinformation, contested information, and building public trust*
- *Using digital, media, and service communication to support public health action*
- *Practising culturally safe and Indigenous partnership in public health communication*
- *Tailoring communication for health literacy, accessibility, and audience needs*
- *Maintaining evidence integrity and authoritative advice in crisis communication*

Communication focuses on the ability to share public health information clearly, persuasively, ethically and in ways that build trust. This domain includes applied competencies in public health messaging, health literacy, evidence translation, media and digital communication, misinformation and disinformation, risk communication, and crisis communication.

Communication also depends on cross-cutting competencies. Effective public health communication requires equity, cultural safety, accessibility, Indigenous communication protocols, evidence integrity, ethical judgement, critical awareness of power, and attention to the social and political contexts in which information is received. Communication is part of how public health practitioners build relationships, support informed decision-making, counter harmful narratives, and maintain public trust.

This domain is relevant across routine, contested, and urgent public health contexts. It supports graduates to adapt messages for diverse audiences while maintaining evidence integrity, cultural safety, and accessibility.

Knowledge Area 1: Communicating strategically in public health practice
Competency statements
Write persuasive proposals to obtain funding.
Demonstrate high level communication skills including oral, writing, listening, and presentation in a range of settings and for diverse audiences.
Prepare persuasive evidence briefs for decision-makers.
Evaluate the reach and effectiveness of public health communication.

Knowledge Area 2: Responding to misinformation, contested information, and building public trust
Competency statements
Counter racist and colonial narratives.
Critically appraise information credibility and identify misinformation and disinformation.
Develop evidence-informed strategies to counter misinformation in culturally appropriate ways.
Communicate clearly in contested or sensitive contexts to build trust, understanding, and engagement.
Manage and maintain public trust and respond constructively to scepticism.

Knowledge Area 3: Using digital, media, and service communication to support public health action
Competency statements
Use media and digital platforms to communicate public health information.
Use digital communications to support engagement, decision-making, and service coordination.
Design digital communication strategies to counter misinformation and disinformation and strengthen public trust, accountability, and equity.
Use appropriate communication channels to reach defined audiences.

Knowledge Area 4: Practising culturally safe and Indigenous partnership in public health communication
Competency statements
Practise culturally safe communication.
Follow Indigenous communication protocols and practices.
Develop culturally safe health education.
Design and implement culturally safe communication strategies.
Partner with Indigenous communities and leadership in risk and crisis communication.

Knowledge Area 5: Tailoring communication for health literacy, accessibility, and audience needs
Competency statements
Tailor public health communication to the needs, language, and literacy levels of defined audiences.
Translate complex public health information into clear and accessible formats.
Identify and address barriers to accessing public health information.
Improve health literacy.
Use interpreters effectively and attend to health literacy, stigma, and cultural factors that may impact understanding.

Knowledge Area 6: Maintaining evidence integrity and authoritative advice in communication
Competency statements
Maintain the integrity of evidence when adapting public health communication.
Provide authoritative, trustworthy advice, and information to guide data-driven decision making.
Develop emergency response plans that are culturally safe, politically feasible, and governance-ready, including risk and crisis communication.

4 Collaboration

13 statements across 4 knowledge areas:

- *Building community trust, recognising lived experience, and supporting equitable access*
- *Sharing power through participatory practice and community development*
- *Sustaining Indigenous-led partnerships and using community-defined protocols*
- *Working across sectors, organisations, and teams to achieve public health goals*

Collaboration focuses on working with communities, sectors, disciplines, organisations and people with lived experience to achieve shared public health goals. This domain includes applied competencies in community engagement, partnership development, teamwork, intersectoral collaboration, participatory methods, and cross-sector action.

Collaboration also enacts cross-cutting competencies, including equity, reciprocity, cultural safety, Indigenous authority, shared decision-making, relational accountability, and critical attention to power. Effective collaboration requires graduates to recognise whose knowledge counts, who holds decision-making authority, how historical and institutional power shapes relationships, and how public health action can be made more accountable to affected communities.

This domain emphasises trust, long-term engagement, lived experience, and the redistribution of decision-making power. It also reinforces the importance of intersectoral and interdisciplinary work in addressing complex determinants of health.

Knowledge Area 1: Building community trust, recognising lived experience, and supporting equitable access
Competency statements
Build reciprocal trust and maintain long-term engagement with communities.
Incorporate the perspectives and expertise of individuals and groups with lived experience.
Build support for public health priorities and equitable access to services.

Knowledge Area 2: Sharing power through participatory practice and community development
Competency statements
Apply collaborative methodologies to share power, address historical injustices, and acknowledge cultural knowledges and ways of working.
Facilitate participatory processes that redistribute decision-making power.
Apply community development principles to health promotion initiatives.

Knowledge Area 3: Sustaining Indigenous-led partnerships and using community-defined protocols
Competency statements
Advocate for Indigenous-led services and systems that uphold Indigenous self-determination.
Build and sustain accountable relationships and work within community-defined protocols.
Collaborate with Indigenous public health communities, organisations, and practitioners.

Knowledge Area 4: Working across sectors, organisations, and teams to achieve public health goals
Competency statements
Engage communities in health promotion action.
Promote interdisciplinary and intersectoral collaboration and partnerships to achieve public health goals.
Distinguish the roles of public health organisations and actors at various levels to identify collaboration opportunities.
Work effectively and collaboratively within a public health team.

5 Evidence, research, and informatics

34 statements across 8 knowledge areas:

- *Governing public health data, privacy, and building trust*
- *Upholding Indigenous data sovereignty and culturally safe digital health*
- *Applying artificial intelligence, digital transformation, and public health informatics*
- *Using resource and equity analysis and economic evaluation in decision-making*
- *Using epidemiology, surveillance, statistical analysis, and health data*
- *Engaging in Indigenous and community-partnered research and evidence generation*
- *Applying public health research methods and designing research plans*
- *Appraising, synthesising, and applying evidence for public health guidance*

Evidence, research, and informatics is concerned with how public health knowledge is generated, governed, interpreted, communicated, and applied. This domain includes applied competencies in research literacy, epidemiological reasoning, data governance, digital health, public health informatics, surveillance, economic evaluation, evidence appraisal, and ethical use of data and technology.

These applied competencies are shaped by cross-cutting commitments to equity, cultural safety, Indigenous data sovereignty, privacy, transparency, community benefit, methodological rigour, and accountability. This domain recognises that evidence is not neutral. Data, research, and digital technologies must be used and interpreted in relation to context, values, methods, power, bias, and the communities affected by decisions.

This domain supports graduates to engage responsibly with evidence and technology, while maintaining attention to equity, Indigenous authority, public trust, and action. It contributes to the development of public health intelligence that is rigorous, timely, transparent, culturally safe, and useful for decision-making.

Knowledge Area 1: Governing public health data, privacy, and building trust
Competency statements
Understand how to safeguard sensitive information to uphold public trust.
Understand the ethical, legal, and regulatory requirements for data protection.
Understand the importance of cybersecurity protections.
Communicate adherence to data governance principles to stakeholders.

Knowledge Area 2: Upholding Indigenous data sovereignty and culturally safe digital health
Competency statements
Understand data sovereignty principles.
Uphold Indigenous data sovereignty and maintain cultural safety in digital systems.
Co-design and evaluate digital health initiatives with Indigenous communities so they reflect Indigenous worldviews, priorities, and lived realities.
Manage digital health data in line with privacy, security, quality, and Indigenous data sovereignty requirements.

Knowledge Area 3: Applying artificial intelligence, digital transformation, and public health informatics
Competency statements
Understand the role of evolving artificial intelligence and data governance frameworks for public health.
Understand strategic direction, governance, stakeholder management, and project management for digital transformation.
Evaluate the benefits, risks and harms of digital technologies.
Critically analyse and apply digital technologies in public health practice.

Knowledge Area 4: Using resource and equity analysis and economic evaluation in decision-making
Competency statements
Assess resource requirements for equitable, culturally safe, and community-led action.
Conduct evaluations that centre Indigenous values and holistic assessment.
Develop economic and social impact analyses to support prevention investment.
Apply equity-focused economic evaluation for resource allocation.

Knowledge Area 5: Using epidemiology, surveillance, statistical analysis and health data
Competency statements
Apply epidemiological reasoning to investigate patterns, causes, and distribution of health outcomes.
Design and interpret public health surveillance systems to inform timely action.
Select and apply appropriate statistical analyses for public health decision-making.
Analyse and interpret health data, including data quality, to drive evidence-based decisions and actions.
Analyse population health trends and burden across groups and determinants.

Knowledge Area 6: Engaging in Indigenous and community-partnered research and evidence generation
Competency statements
Co-produce research and evidence with communities and stakeholders.
Understand and collaborate in Indigenous research guided by those with appropriate cultural authority, expertise, and relationships.
Apply culturally responsive and ethically sound research methods that align with Indigenous principles.

Knowledge Area 7: Applying public health research methods and designing research plans
Competency statements
Apply appropriate study design.
Analyse and apply appropriate qualitative, quantitative, and mixed methods to generate evidence for public health action.
Develop a comprehensive and robust research plan that uses appropriate methods, data collection tools, analysis, and reporting.
Identify and describe basic research principles and methods used in public health.

Knowledge Area 8: Appraising, synthesising, and applying evidence for public health guidance
Competency statements
Advocate for transparent and accountable use of evidence in public health decision-making.
Critically appraise methodological rigour, relevance and bias in research evidence.
Apply synthesised evidence to specific populations and contexts.
Develop contextually appropriate and equity-oriented public health guidelines.
Synthesise and apply current evidence to inform own practice decisions and evaluation plans.
Describe the principles of evidence-based practice in public health.

6 Public health action

19 statements across 6 knowledge areas:

- *Applying health promotion foundations to public health programme design*
- *Assessing community needs and assets in participatory programme planning*
- *Designing coordinated health promotion programmes and sector action*
- *Managing projects, budgets, and implementation systems*
- *Embedding monitoring, evaluation, learning and improvement*
- *Applying Indigenous design, innovation and human-centred problem solving*

Public health action focuses on how public health graduates contribute to the design, implementation, evaluation and improvement of public health programmes, initiatives and strategies. The domain includes applied competencies in health promotion, community assessment, programme planning, implementation, evaluation and monitoring, project management, resource allocation, and continuous improvement.

This domain also requires cross-cutting competencies, including equity, cultural safety, Indigenous authority, ethics, systems thinking, evidence-informed judgement, community accountability, and attention to structural determinants. Effective public health action requires graduates to understand the context in which action occurs, whose priorities are being served, how communities are involved, what harms may arise, and whether public health action is likely to reduce or reproduce harm.

Public health action emphasises the movement from analysis into practical action while recognising that public health action is iterative, relational, and context-dependent. It supports graduates to contribute to public health action that is evidence-based, equity-oriented, culturally safe, feasible, sustainable, and responsive to local priorities. It also promotes reflective and adaptive practice through monitoring, evaluation, learning and improvement.

Knowledge Area 1: Applying health promotion foundations in public health programme design
Competency statements
Assess health promotion strategies and frameworks against measures of effectiveness.
Design, implement, and evaluate evidence-informed health promotion initiatives and strategies.
Define health promotion and apply health promotion principles.

Knowledge Area 2: Assessing community needs and assets in participatory programme planning
Competency statements
Design, deliver, and evaluate participatory initiatives using intersectional and equity analysis.
Conduct community needs, and assets assessments.
Create programme logic models.

Knowledge Area 3: Designing coordinated health promotion programmes and sector action
Competency statements
Design coordinated health promotion strategies through coordination across sectors.
Design context-specific health promotion programmes to connect theory and practice, while responding to community priorities, evidence, and funder requirements.
Develop, evaluate and modify health promotion programmes in consideration of cultural, socio-economic and contextual factors.

Knowledge Area 4: Managing projects, budgets, and implementation systems
Competency statements
Utilise project management techniques throughout programme planning, implementation, and evaluation.
Apply project management, budgeting, and resource allocation tools.
Apply implementation science principles to scale and sustain effective initiatives.

Knowledge Area 5: Embedding monitoring, evaluation, learning and improvement
Competency statements
Design and embed monitoring, evaluation, and learning systems for continuous improvement.
Analyse health system constraints and guide evidence-informed change management processes.
Translate evidence into practice and assess impact and appropriateness for scaling and use across different contexts.

Knowledge Area 6: Applying Indigenous design, innovation and human-centred problem solving
Competency statements
Apply Indigenous design principles, guided by those with appropriate cultural authority, expertise and relationships.
Apply design thinking tools and interdisciplinary approaches to develop and implement innovative health promotion initiatives.
Apply innovative, creative, participatory, and human-centred problem solving to public health challenges.
Consider and integrate complex human factors into public health approaches.

❼ Policy and advocacy

29 statements across 7 knowledge areas:

- *Applying public health policy foundations and policy instruments*
- *Navigating political systems, governance, and strategic policy opportunities*
- *Advancing Indigenous rights, Health in All Policies, and equity-oriented policy design*
- *Co-designing policy through consultation and community partnership*
- *Planning strategic advocacy to build political commitment*
- *Using regulation, legislation, and prevention policy levers*
- *Developing evidence-informed and context-responsive policy advice*

Policy and advocacy focuses on how public health contributes to policy, regulation, and advocacy to improve population health and advance equity. This domain includes applied competencies in policy analysis and development, strategic advocacy, regulatory action, stakeholder analysis, political navigation, consultation, and the strategic use of evidence.

Policy and advocacy also require cross-cutting competencies, including equity, ethics, Indigenous rights, cultural safety, systems thinking, critical analysis of power, and accountability to communities affected by policy decisions. Public health work requires graduates to understand how problems are framed, whose interests shape agendas, where authority sits, what levers are available, and how policy choices can reproduce or reduce inequities.

This domain recognises that many public health outcomes are shaped by decisions made outside the health sector. It supports graduates to work with evidence, communities, Indigenous leadership, decision-makers, and other sectors to influence policy environments and advocate for structural change that protects and promotes public health. Commitments to Indigenous partnership and leadership should be visible in policy processes, partnerships, governance arrangements, consultation, implementation, and accountability.

Knowledge Area 1: Applying public health policy foundations and policy instruments
Competency statements
Understand what policy instruments are and how they are used.
Explain policy theory and processes, including agenda setting, policy formation, decision-making, implementation, and evaluation.
Analyse the policy landscape to identify gaps in policy for specific public health issues of concern.

Knowledge Area 2: Navigating political systems, governance, and strategic policy opportunities
Competency statements
Navigate political systems and shifting priorities to advance population health goals.
Understand the need for persistence and patience in advocacy work.
Understand who holds authority, how the actors operate, and when to engage.
Understand the political systems and governance structures across levels of government and globally and navigate complex political landscapes.

Knowledge Area 3: Advancing Indigenous rights, Health in All Policies, and equity-oriented policy design
Competency statements
Apply national and international Indigenous rights frameworks to policy development and analysis.
Integrate the determinants of health into policy and budgeting.
Partner with Indigenous leadership in advocacy efforts.
Advocate for Health in All Policies.
Advocate for global health agendas that align with local and Indigenous values and priorities.
Design and critically evaluate policies with attention to equity, cultural safety, Indigenous sovereignty, and Indigenous health outcomes.

Knowledge Area 4: Co-designing policy through consultation and community partnership
Competency statements
Co-design cross-sector policy solutions with stakeholders to engage people from diverse backgrounds, and advocate at strategic moments.
Contribute to the full policy cycle by preparing policy documentation, conducting consultations, and completing reviews.
Partner with Indigenous peoples to ensure cultural safety and shared leadership in policy processes.
Develop co-designed policies to support local contexts.

Knowledge Area 5: Planning strategic advocacy to build political commitment
Competency statements
Advocate for and support individuals, families, and communities to achieve public health outcomes.
Advocate strategically to build political commitment and institutional support for public health action.
Plan, implement, and evaluate advocacy strategies.
Conduct stakeholder analyses, define advocacy targets and levers, and assess spheres of influence.
Explore alternative strategies and recalibrate advocacy efforts, including targets and messaging as required.

Knowledge Area 6: Using regulation, legislation, and prevention policy levers
Competency statements
Design public health approaches in alignment with legislation, statutory authority, and regulatory mandates.
Promote the use of regulatory tools to protect population health.
Embed disease prevention strategies in cross-sectoral regulation to protect health.

Knowledge Area 7: Developing evidence-informed, context-responsive policy advice
Competency statements
Align policy proposals with local, national, and international public health agendas and priorities.
Design policy responses that are tailored to political and local realities.
Assess policies for their support of public health approaches and goals across different levels of government and globally.
Use the best available evidence to inform policy design.

8 Disease prevention and health protection

19 statements across 6 knowledge areas:

- *Analysing communicable disease surveillance, transmission, and outbreak management*
- *Analysing emerging health threats and contributing to rapid assessment and emergency response*
- *Strengthening emergency preparedness infrastructure and local response capacity*
- *Analysing non-communicable disease burden, priority conditions, and population needs*
- *Prioritising long-term disease prevention, wellbeing, and determinants*
- *Co-designing community-led and Indigenous-led disease prevention across settings*

Disease prevention and health protection focuses on how public health graduates contribute to preventing disease, reducing risk, preparing for health threats, and responding to emergencies in ways that protect and improve population health. This domain includes applied competencies in communicable disease control, non-communicable disease prevention, outbreak management, emergency preparedness, surveillance, rapid health assessment, response coordination, recovery, and long-term prevention planning.

Disease prevention, preparedness, and response also require cross-cutting competencies, including equity, cultural safety, Indigenous authority, ethics, systems thinking, community partnership, evidence-based judgement, and attention to structural determinants.

This domain supports graduates to contribute across the full disease prevention and emergency cycle: identifying risks, reducing vulnerability, strengthening local capacity, preparing systems, responding to events, supporting recovery, and system learning. It encourages approaches that are sustainable, accountable, evidence-informed, and adapted to local contexts.

Knowledge Area 1: Analysing communicable disease surveillance, transmission, and outbreak management
Competency statements
Analyse communicable disease burden using surveillance and population data.
Design an outbreak management strategy that integrates surveillance, risk assessment, control measures, and governance accountabilities.
Understand disease transmission and dynamics to inform strategies to protect the population's health.

Knowledge Area 2: Analysing emerging health threats and contributing to rapid assessment and emergency response
Competency statements
Analyse data and contexts to anticipate and prioritise emerging health threats and their equity impacts.
Contribute to all phases of the emergency cycle: mitigation, preparedness, response, and recovery.
Conduct rapid health assessments during public health outbreaks and emergencies.

Knowledge Area 3: Local capacity, community context, emergency surveillance, and response infrastructure
Competency statements
Build on local capacity and strengths to enable emergency preparedness and response.
Tailor emergency interventions to environment and community context.
Strengthen emergency surveillance and response infrastructure to enable preparedness and response.

Knowledge Area 4: Analysing non-communicable disease burden, priority conditions, and population needs
Competency statements
Define non-communicable diseases and identify priority conditions and emerging threats.
Analyse how disability and ageing affect health outcomes and population health needs.
Interpret data to characterise the burden of non-communicable disease across contexts and populations.

Knowledge Area 5: Prioritising long-term disease prevention, wellbeing, and determinants
Competency statements
Prioritise long-term, sustainable disease prevention in planning and decision-making.
Explain and promote physical, mental, emotional, and social health and wellbeing.
Analyse how colonisation, social determinants, and inequity shape non-communicable disease patterns.

Knowledge Area 6: Co-designing community-led and Indigenous-led disease prevention across settings
Competency statements
Design non-communicable disease prevention strategies across settings.
Co-design non-communicable disease prevention approaches with local communities.
Build local capacity to support public health disease prevention efforts.
Partner with local communities to co-design disease prevention, grounded in local Indigenous-led approaches.

9 Climate, place, and health

20 statements across 5 knowledge areas:

- *Applying One Health, environmental health, and ecological determinants analysis*
- *Analysing climate change processes, pathways, and population health impacts*
- *Upholding Indigenous rights, authority, and climate-health governance*
- *Integrating climate-sensitive surveillance, preparedness, and emergency response*
- *Designing climate equity, local adaptation, and sustainable place-based responses*

Climate, place, and health focuses on the relationships between climate change, environmental conditions, ecosystems, and population wellbeing. This domain includes applied competencies in climate health analysis, environmental health, One Health, environmental exposure assessment, climate adaptation, mitigation, surveillance, resilience planning, sustainable infrastructure, and emergency preparedness.

Climate, place, and health practice also requires cross-cutting competencies, including equity, Indigenous authority, cultural safety, systems thinking, intergenerational justice, community partnership, ecological responsibility, and critical analysis of governance, resources and structural determinants.

This domain supports graduates to respond to climate and environmental health risks in ways that are equitable, place-based, future-focused, and accountable to communities. It promotes integrated action that links mitigation, adaptation, preparedness, health equity, Indigenous rights, community resilience, and protection of the natural systems.

Knowledge Area 1: Applying One Health, environmental health, and ecological determinants analysis
Competency statements
Apply One Health systems frameworks to analyse interconnections across human, animal, plant, and environmental health.
Analyse causal pathways linking climate change and environmental exposures to population health outcomes and inequities.
Analyse the environmental health interaction, including acute and chronic stressors.
Analyse pressures on population health related to depletion of natural resources, waste, and pollution.

Knowledge Area 2: Analysing climate change processes, pathways, and population health impacts
Competency statements
Analyse upstream socio-political determinants shaping risk.
Describe the main features of climate change processes, its implications for public health, and public health responsibility for the natural environment.
Analyse the sociopolitical context of climate change and the impacts of climate change on health systems and delivery.
Analyse drivers of climate change and impacts on population health, including population distribution, inequities, economic development, and technology.

Knowledge Area 3: Upholding Indigenous rights, authority, and climate-health governance
Competency statements
Analyse the impacts of environmental changes for Indigenous people's health.
Partner with Indigenous communities to co-govern climate mitigation and adaptation actions, consistent with Indigenous rights and authority.
Explain the role of local governance in localised climate responses.
Embed community involvement in climate and health initiatives.

Knowledge Area 4: Integrating climate-sensitive surveillance, preparedness, and emergency response
Competency statements
Critically analyse One Health factors and resources that shape emergency preparedness and response at local, national, and international levels.
Integrate climate-sensitive approaches into disease surveillance.
Develop equitable preparedness and response strategies for climate-related emergencies.
Design and implement integrated surveillance and indicators for planning, monitoring and accountability.

Knowledge Area 5: Designing climate equity, local adaptation, and sustainable place-based responses
Competency statements
Conduct health equity impact assessments.
Adapt interventions to geographic, cultural, and environmental realities.
Evaluate co-benefits of mitigation, transport, and circular economy actions.
Develop resilient and sustainable infrastructure and technologies, and environmental health services.

10 Leadership and governance

23 statements across 6 knowledge areas:

- *Analysing health system governance, power, and Indigenous self-determination*
- *Strengthening public health system performance, funding, and resource stewardship*
- *Building workforce capability, distribution, and Indigenous workforce development*
- *Leading strategic and adaptive public health action*
- *Developing professional identity, roles, and public health workforce resources*
- *Supporting community leadership, resilience, and culturally grounded professionals*

Leadership and governance focuses on how public health graduates contribute to effective, accountable, and equity-oriented public health systems. This domain includes applied competencies in systems leadership, governance, strategic direction, workforce development, resource stewardship, team leadership, organisational performance, public health system strengthening, and professional identity.

This domain also requires cross-cutting competencies, including equity, ethics, cultural safety, Indigenous governance, systems thinking, reflexivity, accountability, adaptive judgement, and critical attention to power. Graduates may demonstrate leadership by contributing to teams, supporting community leadership, strengthening systems, advocating for resources, making accountable decisions, and working constructively under uncertainty.

Leadership and governance also recognises that public health capability depends on the systems, institutions, workforces, resources, and governance arrangements that enable action. It supports graduates to understand how public health systems are organised, how decisions are made, how resources are allocated, how accountability is maintained, and how workforce and organisational capability can be strengthened over time.

Knowledge Area 1: Analysing health system governance, power, and Indigenous self-determination
Competency statements
Critically analyse power relationships, structural inequities, and institutional accountability within health system governance and funding.
Evaluate health systems through Indigenous rights and self-determination lenses.
Partner with Indigenous governance authorities to co-govern public health action.

Knowledge Area 2: Strengthening public health system performance, funding, and resource stewardship
Competency statements
Analyse health system structures, governance arrangements, funding mechanisms, and funding allocation processes across contexts.
Analyse health system performance in relation to access, quality, and equity outcomes.
Advocate for equitable resource allocation, including sustained investment in prevention and public health infrastructure.
Develop capability to deliver on public health priorities and outcomes with available resources.
Use entrepreneurial approaches to maximise and expand limited resources for public health action.

Knowledge Area 3: Building workforce capability, distribution, and Indigenous workforce development
Competency statements
Advocate for equitable public health workforce distribution aligned with community need.
Strengthen Indigenous workforce, including those serving rural and remote areas.
Build and sustain workforce capability through mentoring and leadership development.
Support Indigenous workforce and leadership development.

Knowledge Area 4: Leading strategic and adaptive public health action
Competency statements
Lead strategic public health action by identifying and preparing for opportunities and making accountable decisions under conditions of uncertainty.
Contribute to strategic direction and vision for public health within organisations.
Engage in collaborative and inclusive leadership.
Adopt an adaptive leadership style for diverse teams, stakeholders and initiatives.

Knowledge Area 5: Developing professional identity, roles, and public health workforce resources
Competency statements
Define public health approaches and promote professional identity.
Advocate for workforce resources.
Advance knowledge and skills to maintain professional growth and improve organisational performance.
Define public health roles, scopes of practice, functions, and professional expectations.

Knowledge Area 6: Supporting community leadership, resilience, and culturally grounded professionals
Competency statements
Develop resilient, capable, and culturally grounded public health professionals.
Support long-term community health leadership.
Show optimism and perseverance to build resilience in challenging times.

Background to the Framework

01 Purpose of the Framework

- Why this Framework is needed now
- Aim, objectives, and regional scope
- Foundations and guiding principles

02 Developing the Framework

- The role of the country leads across the full development process
- Phase 1: Stakeholder interviews
- Phase 2: Scoping review and competency synthesis
- Phase 3: Modified Delphi and formative evaluation

03 Implementing the Framework

- Who the Framework is for
- How to use the Framework

04 Structure of the Framework

- Reading the Framework as an integrated competency framework

Purpose of the Framework

The CAPHIA Public Health Graduate Competency Framework (the Framework) describes the competencies required by public health graduates in Australasia—Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia—to contribute effectively to the workforce and respond to current and emerging public health priorities. The Framework articulates the knowledge, skills, and attributes that underpin graduate capability in public health and provides a shared foundation for those involved in preparing, supporting, employing, and developing graduates across the region.
The Framework serves both educational and workforce purposes. In higher education, it supports the design, review, renewal, and benchmarking of public health programmes at undergraduate and postgraduate levels. It can inform learning outcomes, curriculum mapping, teaching and learning design, and assessment design to align with contemporary public health practice. In this way, it helps universities ensure programmes remain coherent, current, and responsive across diverse national and institutional contexts.

The Framework also contributes to broader public health workforce development by clarifying expectations for graduate preparedness, strengthening alignment between education and employer needs, and identifying capabilities that may require further development through induction, supervision, mentoring, short courses, micro-credentials, and continuing professional development. It provides a shared reference point for universities, employers, workforce leaders, professional bodies, and others seeking to strengthen public health capability across the region and support a more skilled, responsive, culturally safe, and future-ready public health workforce.

Importantly, the Framework does not prescribe curriculum or constrain institutional diversity. Public health education across the region reflects different missions, contexts, populations, areas of expertise, local priorities, and workforce needs. Instead, it provides a guide that can be interpreted across different qualifications, teaching models, and educational settings to support a shared understanding of graduate capability. By clearly describing what contemporary public health graduates are expected to know and be able to do, it communicates to students, educators, employers, and the wider sector the value and scope of public health education. In this sense, it is both a curriculum resource and a statement of graduate readiness for contribution to the public health workforce.

Why this Framework is needed now

There is a strong global and regional case for a contemporary public health competency framework that reflects ongoing and emerging health challenges and cultural considerations. The World Health Organization's 2024 Global Competency and Outcomes Framework for the Essential Public Health Functions[1] emphasises that competency guidance should align education with employment and be contextualised to country and regional priorities. This means public health education cannot rely only on inherited or imported models; it requires frameworks that reflect current practice, cultural considerations, workforce expectations, and local contexts.

Across Australasia, the context of public health practice has changed substantially since earlier competency work was developed. Previous Council of Academic Public Health Institutions Australasia (CAPHIA) frameworks[2, 3, 4] make an important contribution to curriculum development and public health education by providing a shared foundation for course design and graduate capability. However, today's public health challenges are complicated, rapidly evolving, and more highly interconnected. Graduates are now expected to practise in environments shaped by post-pandemic recovery, increasing digitalisation, complex policy systems, shifting political landscapes, environmental disruption, persistent inequities, and the need for coordinated action across governments, communities, professions, and sectors.

An updated framework is also needed because workforce development has become more complex and multifaceted. Public health systems require graduates who enter the workforce with a strong foundation and continue to build capability and professional growth over time. Competency frameworks, therefore, need to do more than describe academic outcomes; they must also support a developmental view of workforce capability, including graduate readiness, early career support, and continuing professional growth across changing public health roles and systems. This need is especially important in a regional context spanning Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia. While these countries share many public health challenges, they also differ in important ways including health systems, workforce structures, cultural contexts, Indigenous and local knowledge systems, and service delivery environments. A contemporary framework, therefore, needs to be informed by cross-country perspectives that reflect regional commonalities without erasing local specificity.

This work identifies several areas where earlier frameworks across the region require strengthening. These include digital and data capability, leadership, emergency preparedness and crisis response, systems thinking, and stronger recognition of Indigenous health and broader cultural capability. The case for an updated framework is therefore not simply about modernising language or reorganising content. It is about ensuring that graduate competencies reflect the realities of contemporary public health work and the capabilities needed to address current and emerging challenges across the region.

1. World Health Organization. (2024). Global competency and outcomes framework for the essential public health functions. World Health Organization.
2. Council of Academic Public Health Institutions Australasia. (2016). Foundation competencies for public health graduates in Australia (2nd ed.).
3. Council of Academic Public Health Institutions Australasia. (2016). National Aboriginal and Torres Strait Islander public health curriculum framework (2nd ed.).
4. Australian Network of Academic Public Health Institutions. (2009, September). Foundation competencies for Master of Public Health graduates in Australia.

Aim, objectives, and regional scope

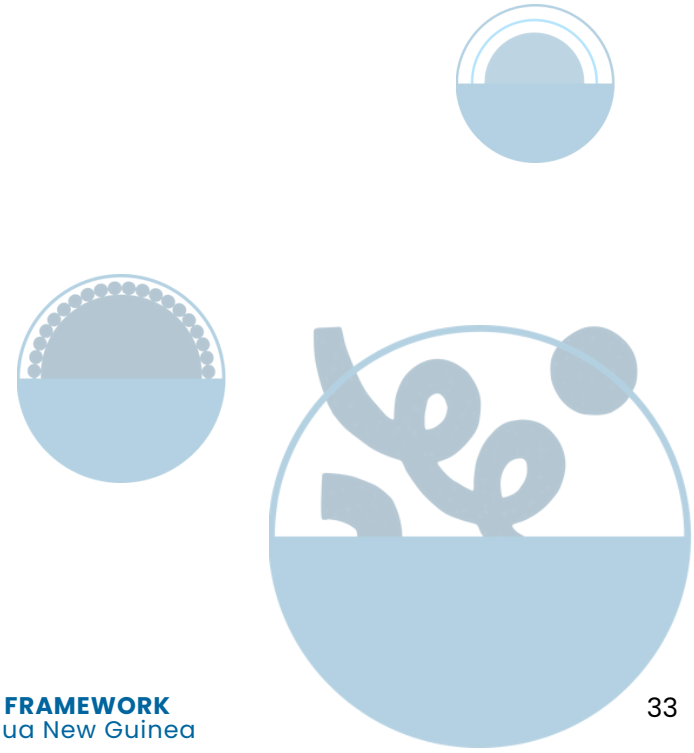
This programme of work aimed to characterise the competencies required of Australasian public health graduates to contribute effectively to the workforce and meet existing and emerging public health priorities. This aim reflected the view that public health education should be responsive to both current workforce expectations and the future direction of the field. It also recognised that graduate capability should be informed by the realities of practice, not only by historical models or academic assumptions.

The project had three core objectives. These were to:

1. identify and synthesise the competencies required by public health graduates to address current and future public health priorities
2. develop a preliminary framework mapping graduate competencies that enable effective contribution to the Australasian public health workforce
3. establish the validity and formative utility of the Framework as a contemporary resource for public health education and workforce development

Together, these objectives were intended to ensure that the Framework was evidence-informed, regionally relevant, and practically useful across a range of settings.

The regional framing of this work ensured the new framework was informed by multiple national and cultural perspectives of public health capability. It was also intended to support both shared regional dialogue and contextually relevant use across different countries and jurisdictions.



Foundations and guiding principles

Public health values, equity, and social justice

This Framework was grounded in the core values and purposes of public health. At its foundation was a commitment to improving population health, preventing disease, promoting wellbeing, reducing inequities, and acting on the determinants of health. It is assumed that public health graduates should be prepared not only to understand public health issues, but also to contribute to fairer, more effective, and more socially and culturally responsive solutions across diverse settings. This includes critically engaging with racism, colonial structures, power, and the systems that continue to shape public health inequities.

Cultural safety, humility, inclusion, and anti-racist practice

A second foundational principle was cultural safety, humility, inclusion and anti-racist practice. In the regional context of this project, this included recognising the importance of Indigenous health, Indigenous knowledges, culturally safe and respectful practice, cultural humility, anti-racism, and responsiveness to diverse populations and communities across Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia. It also required critically engaging with colonial histories, systems, exclusion, politics, power, and structural inequity, and how these continue to shape health and access. Culturally responsive and safe practice was therefore positioned as fundamental to embedded public health capability rather than an optional addition. Cultural safety, Indigenous authority, anti-racism and Te Tiriti o Waitangi responsibilities are enacted across all public health domains, not only recognised as background principles.

Cross-country collaboration and representation

Framework development was guided by genuine cross-country collaboration. Public health practice across Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia is shaped not only by shared challenges but also by important differences in health systems, workforce structures, cultures, histories, and community priorities. A meaningful regional framework, therefore, needed to be informed by perspectives across these countries rather than relying on a single national interpretation of public health capability. Representation was supported not only through sampling but also through relationships, regional networks, context-sensitive leadership, culturally responsive research processes, and the contribution of country leads across all phases of the project. Country leads played an important role in supporting locally appropriate recruitment, engagement, and interpretation so that Indigenous and other sub-population perspectives were better represented in the final Framework.

Evidence-informed partnership, collaboration, and future-oriented practice

Partnership and collaboration were also central, requiring work that moves beyond symbolic engagement toward meaningful redistribution of power and authority. Public health is inherently collaborative and relational, and effective action depends on partnerships with, and accountable to, communities, governments, services, advocacy groups, educators, researchers, and other sectors that shape the conditions for health. The Framework reflected this by being developed through a collaborative approach and by recognising that graduates must be able to work constructively with diverse stakeholders and communities in pursuit of shared public health goals. A further principle was commitment to evidence-informed and future-oriented practice. Public health graduates must be able to identify, critique, interpret, and apply evidence, while also remaining responsive to emerging issues such as digital transformation, climate-related health impacts, crisis response, misinformation, and systems complexity. The Framework was therefore oriented not only to what has traditionally been taught, but also to the capabilities graduates will need in evolving practice environments.

The learning continuum, practical utility, and usability

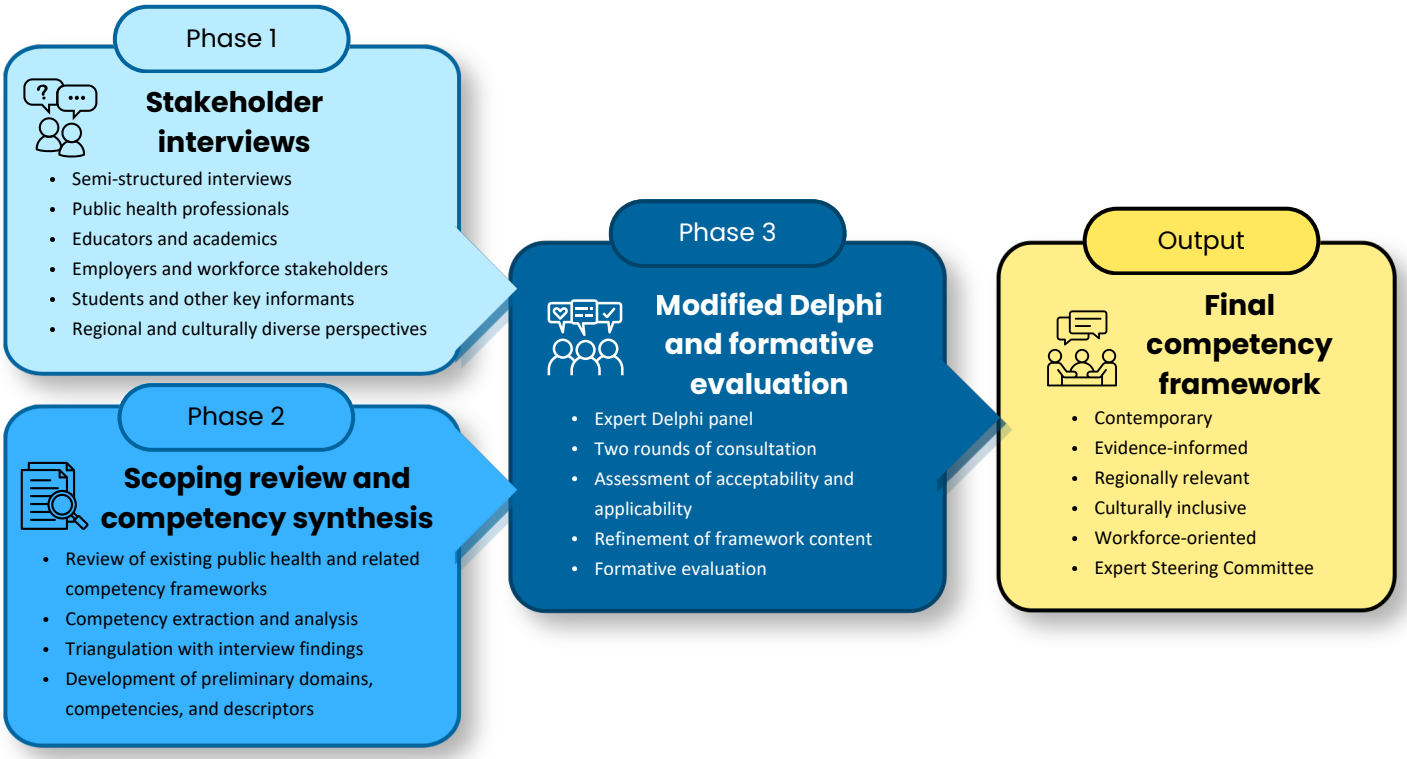
The Framework was shaped by a developmental view of workforce capability. Public health workforce development is not built at a single point in time; it develops across education, transition into practice, and ongoing professional learning. Graduate competencies were therefore positioned as a foundation for further growth, specialisation, leadership, and contribution within the public health workforce. Finally, the Framework was guided by practical utility. It needed to be rigorous enough to support benchmarking, curriculum quality, and workforce dialogue, while also being accessible and usable for educators, students, employers, researchers, and workforce leaders. This balance between conceptual strength and practical application shaped both the project design and the intended use of the final Framework.

Developing the Framework

The Framework was developed through a three-phase programme of work using a collaborative mixed-methods approach to ensure it was grounded in stakeholder perspectives, informed by existing evidence and frameworks, and strengthened through structured validation and formative evaluation[5]. This design also reflected the project's regional ambition: to develop a framework for Australasia that drew on perspectives across Aotearoa New Zealand, Australia, Fiji and Papua New Guinea rather than relying on a single national lens.

Cross-country collaboration was therefore a defining feature of the process, ensuring that the competencies reflected not only shared regional priorities but also context-specific realities of practice across different professional, cultural, jurisdictional, and community settings. Regional collaboration contributed directly to the legitimacy, relevance, and usefulness of the final Framework for public health education and workforce development. The overall process is summarised in *Figure 1,* with *Figures 2–4* illustrating the cross-country collaboration model, the role of country leads, and the integration of evidence across the project.

Figure 1. Three-phase development process for the CAPHIA Public Health Graduate Competency Framework



5. Dawes, N., Graham, M., Taylor, J., Finlay, S. M., Ronto, R., Clarke, L., Wechkunanukul, K. H., Severinsen, C., Beek, K., Buka, E., Lee, N., Donaldson, H., Yates, C., Haydock, C., & Seaton, J. (2026). Characterizing the Competencies for Public Health Graduates in Australasia: Protocol for a Mixed-Methods Study. Portuguese Journal of Public Health, 44(1), 97–106. https://doi.org/10.1159/000550358

The role of the country leads across the full development process

Country leads contributed across all phases of the project. Their role extended beyond local coordination and recruitment. Across the project, country leads supported:

- inclusive recruitment
- culturally responsive engagement
- context-sensitive data collection
- regional interpretation of findings
- refinement of Framework language and content

This cross-phase contribution was especially important in a project aimed at producing a regional framework for Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia. It helped ensure that the final competency framework reflected not only shared public health priorities but also the diversity of public health realities, cultures, and knowledge systems across the region. In this way, the involvement of country leads strengthened the inclusivity, credibility, and regional legitimacy of the final Framework.

Phase 1: Stakeholder interviews

The first phase focused on understanding what public health graduates should know, be able to do, and bring to their practice from the perspective of those working in, teaching in, and preparing for the field. This phase was intended to capture detailed, culturally relevant, and practice-informed perspectives on the competencies graduates needed to contribute effectively, ethically, and meaningfully to current and future public health work. Its output was a stakeholder-informed account of the contemporary knowledge, skills, and attributes required of public health graduates.

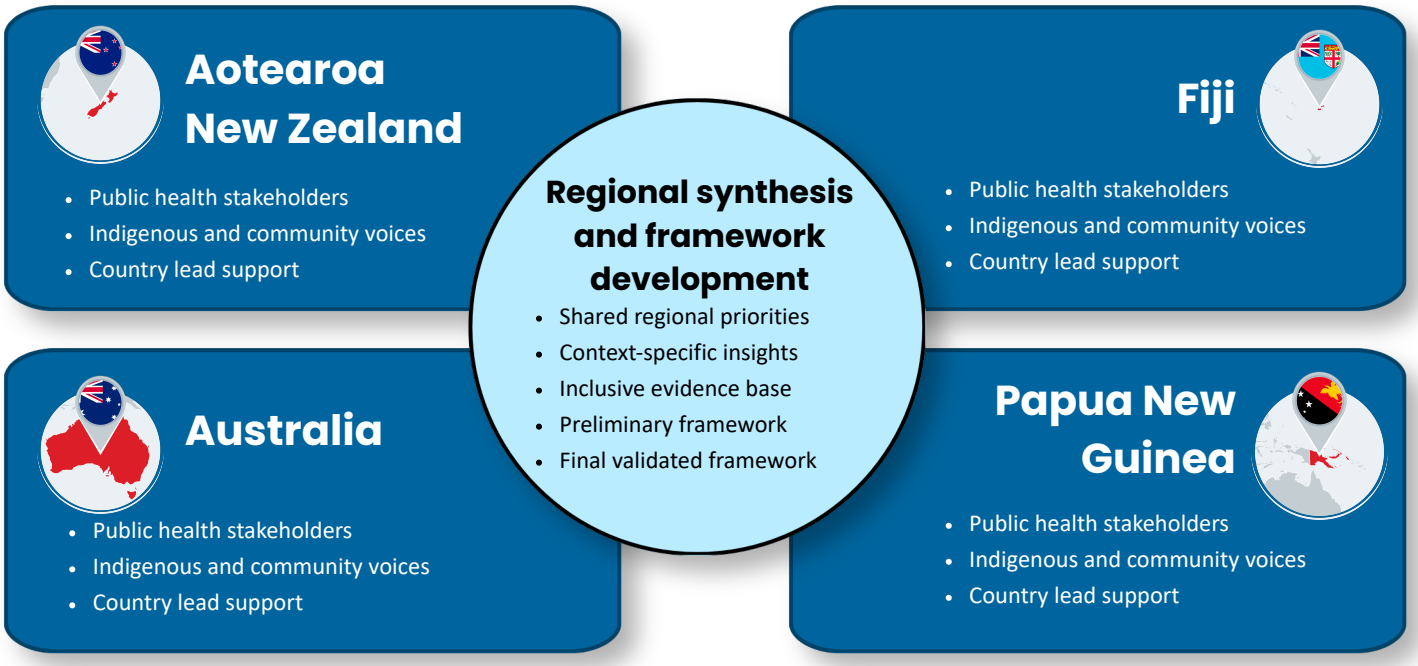
Semi-structured interviews were undertaken with a broad range of stakeholders, including:

- public health professionals
- educators and academics
- professional associations
- employers within public health organisations
- government agencies
- healthcare providers
- non-government and community organisations
- students and other key informants

A key strength of this phase was the role of country leads in supporting inclusive participation across the region. In a project spanning multiple countries and cultural contexts, they helped design locally credible and contextually appropriate recruitment and data collection processes, including the identification and engagement of Indigenous participants and other communities that might otherwise have been underrepresented.

Country leads also assisted in navigating local professional networks, cultural protocols, and community relationships, shaping who was approached how invitations were framed, which modes of engagement were appropriate, and how the project's purpose was communicated in ways that resonated locally. This was especially important when working with Indigenous communities and culturally diverse populations whose perspectives may have been overlooked, marginalised or excluded by standard academic recruitment processes.

Figure 2. Cross-country collaboration to develop the CAPHIA Public Health Graduate Competency Framework



Phase 2: Scoping review and competency synthesis

The second phase focused on bringing stakeholder perspectives together with the larger body of existing competency literature. Existing public health and related competency frameworks were identified through a scoping review and analysed alongside Phase 1 interview findings.

The purpose of this phase was to examine how current frameworks aligned with regional stakeholder views, identify where existing competencies remained relevant, determine where competencies required adaptation, and identify where additional or revised competencies were needed. To achieve this, the phase involved competency extraction, comparison of framework content, triangulation of scoping review findings with interview data, and synthesis of findings into overarching domains, competencies, and descriptors.

Country leads and culturally grounded collaborators played an important interpretive role in this phase. Their involvement helped ensure that the synthesis did not default to dominant institutional, metropolitan, or majority-culture interpretations of public health capability. Instead, they contributed by reviewing whether the emerging domains and competencies adequately reflected:

- Indigenous perspectives
- culturally specific understandings of practice
- the realities of different workforce settings
- the realities of different community contexts across Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia

The output of Phase 2 was a preliminary competency framework comprising draft domains, competencies, and descriptors.

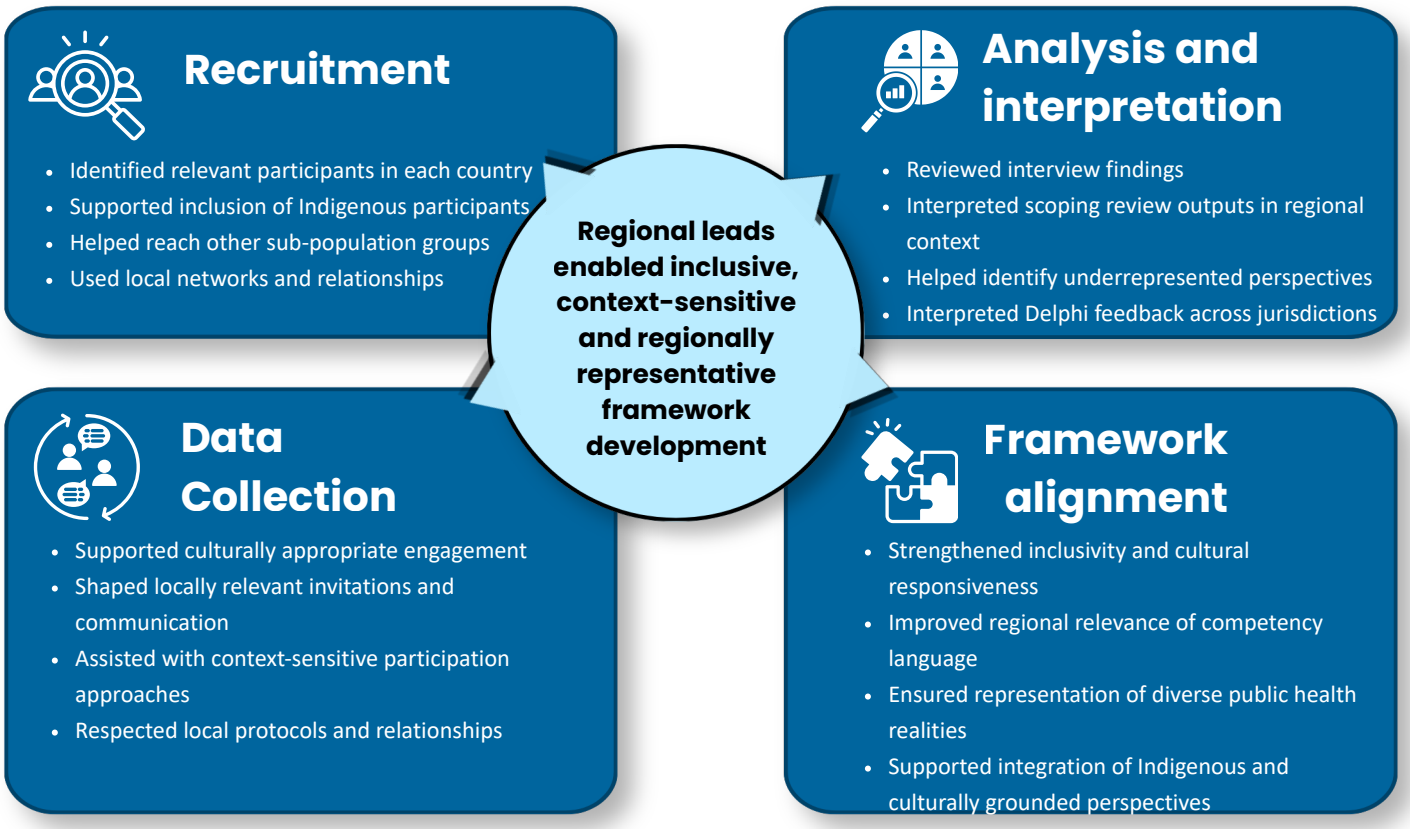
Phase 3: Modified Delphi and formative evaluation

The third phase focused on refining and validating the preliminary framework. This phase used a modified Delphi process to test the acceptability, relevance, and applicability of the draft framework with public health experts.

The purpose of this phase was to determine whether the draft framework was clear and relevant, assess whether the competencies and descriptors were appropriately framed, refine language, structure, and content, and ensure the Framework's utility across educational and workforce settings. Country leads again contributed to inclusivity by supporting diverse recruitment for the Delphi process, encouraging participation from Indigenous country perspectives and other communities whose perspectives may otherwise have been underrepresented, helping to interpret feedback from different countries and cultural standpoints, and supporting refinement of the Framework to enhance regional and cultural relevance. This contribution was important because consensus methods can reproduce imbalance if participation is not sufficiently representative.

The involvement of country leads helped ensure that Indigenous experts and participants from Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia were meaningfully represented in the validation process. The output of Phase 3 was a validated competency framework refined through expert review, consensus testing, and formative evaluation.

Figure 3. Role of country leads in supporting inclusive regional framework development



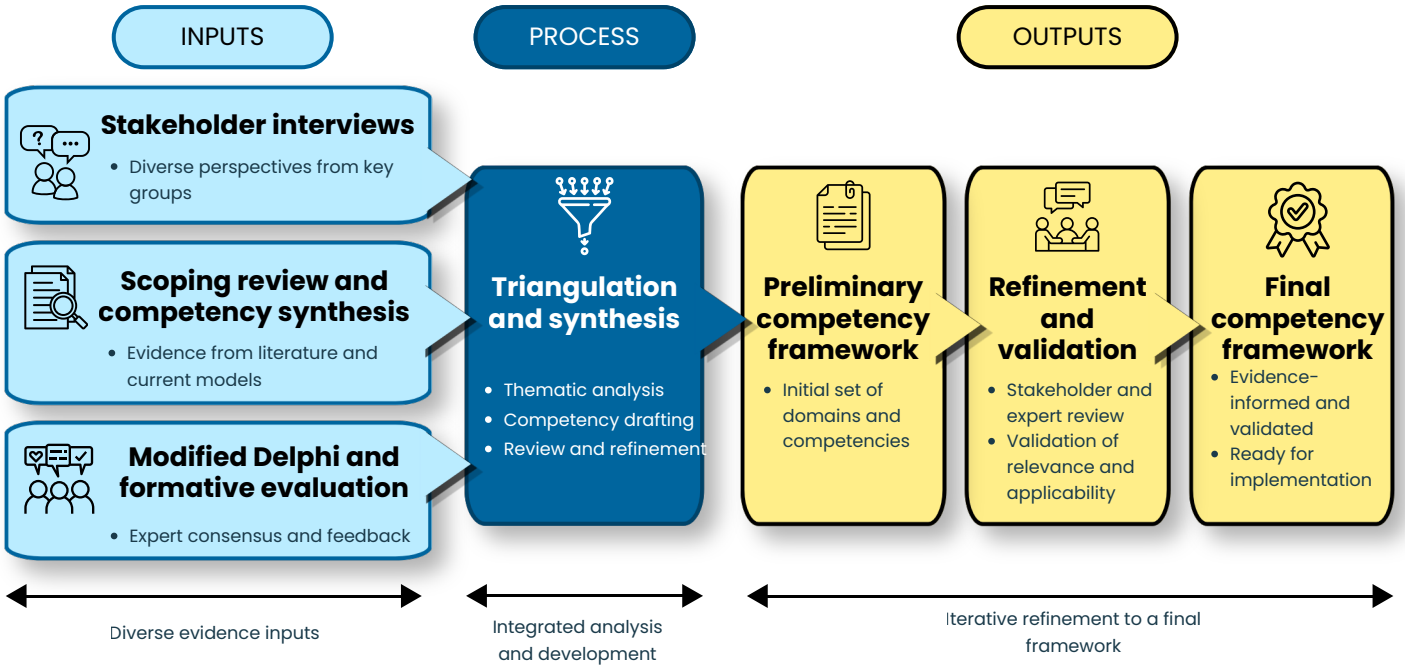
Integration across the three phases

Although the project was organised into three phases, the Framework was developed through an integrated process rather than through isolated steps. Across the three phases:

- Phase 1 generated stakeholder-informed insights into contemporary graduate capability
- Phase 2 brought those insights together with evidence from existing frameworks to develop a preliminary competency structure, and
- Phase 3 tested, refined, and validated that structure through expert consensus and evaluation.

This progression from exploration to synthesis to validation is summarised in Figure 1, while Figure 4 shows how interview data, scoping review findings, and Delphi feedback were integrated throughout the project. Taken together, these phases ensured that the final framework was not based on a single source of evidence. Instead, it was informed by regional stakeholder perspectives, current competency literature, and expert validation and refinement.

Figure 4. Integration of evidence sources in framework development



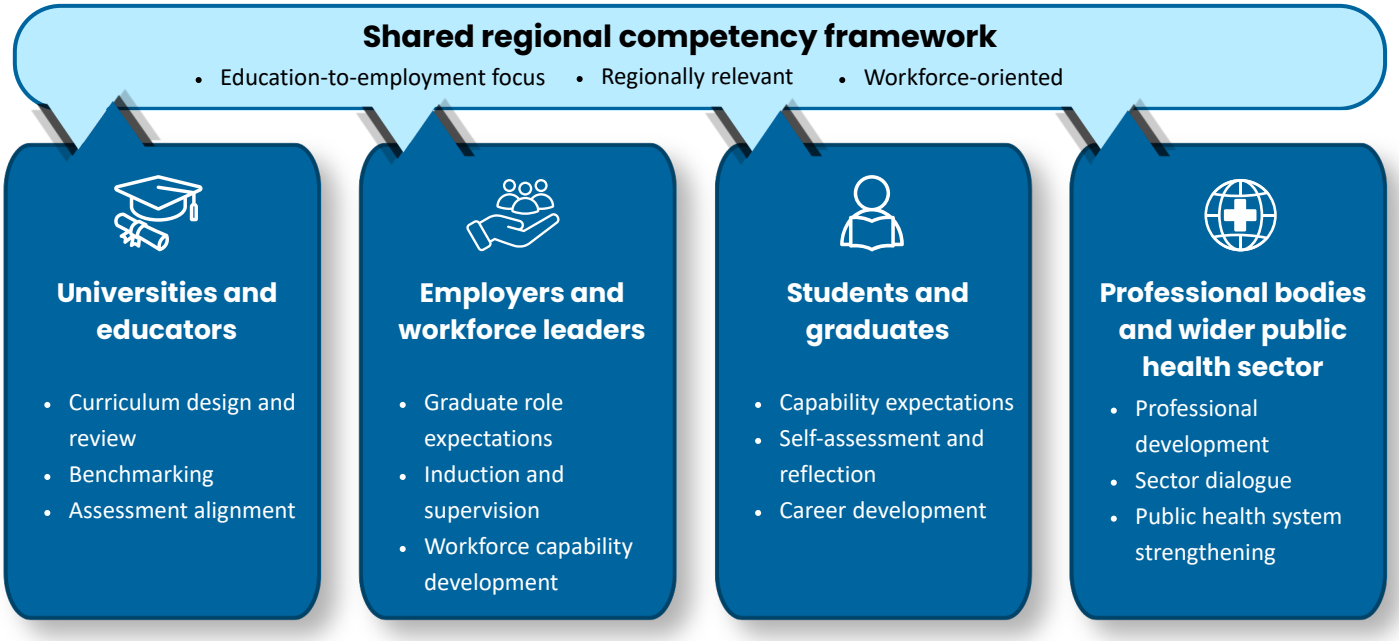
Implementing the Framework

Who the Framework is for

This Framework is intended for a broad audience across public health education and practice. Its primary audience includes universities and educators responsible for designing, delivering, critically reviewing, and improving undergraduate and postgraduate public health programmes. For these users, the Framework provides a reference point for clarifying graduate outcomes, strengthening curriculum coherence, benchmarking programmes, and ensuring that teaching, learning, and assessment remain aligned with contemporary expectations in public health practice.

The Framework is also intended for students and graduates. For students, it can make learning expectations more transparent by showing how different parts of a course connect to broader public health capability. For graduates, it can support reflection, self-assessment, career planning, and the identification of areas for further learning as they enter the workforce. It can also help graduates understand the foundation they have developed through formal education and areas in which continuing capability development may be needed.

Figure 5. Who the Framework is for



A further key audience is the public health workforce, including employers, researchers, workforce planners, professional associations, public health service leaders, and organisations involved in public health capability development. For these users, the Framework can support:

- clearer graduate role expectations
- induction and early career support
- professional development planning
- broader workforce capability development

This includes stakeholders across Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia, each of whom may use the Framework within distinct service, workforce, and cultural contexts.

The Framework may also be useful for those involved in accreditation, continuing education, professional recognition, and extended sector development.

Providing a validated, shared account of public health graduate competencies can contribute to discussions about workforce supply, capability gaps, development pathways, and the educational and organisational infrastructure needed to strengthen public health systems across the region. At a system level, the Framework is intended for the wider public health sector across the region.

It is designed to support a shared, contemporary understanding of graduate capability across the education-to-employment continuum and to function not only as a curriculum resource but also as a workforce development and sector-strengthening tool across Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia.

How to use the Framework

This Framework is intended to be used as a flexible resource for public health education, workforce development, professional learning, and sector dialogue across Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia. It does not prescribe a single curriculum, qualification structure, or model of public health practice. Instead, it provides a shared language for describing the capabilities expected of public health graduates and for strengthening alignment between what is taught, what is assessed, and what is needed in contemporary public health work.

CAPHIA is also planning a set of implementation activities to support understanding, interpretation, and use of the Framework across different contexts. These activities will recognise that the Framework may be applied differently across countries, institutions, programmes, workforce settings, and communities. CAPHIA intends to support implementation within each of the four countries included in this work — Papua New Guinea, Aotearoa New Zealand, Fiji, and Australia — so that the Framework can be interpreted in ways that are locally meaningful, culturally responsive, and aligned with national and regional public health priorities.

The Framework can be used by different groups for different purposes. Its value lies in supporting a common understanding of graduate capability while allowing interpretation and adaptation across diverse countries, cultures, institutions, programmes, and workforce settings.

Use in public health education

Universities, educators, course coordinators, curriculum committees, and accreditation or quality assurance teams can use the Framework to support the design, review, renewal, and benchmarking of undergraduate and postgraduate public health programmes.

In curriculum design, the Framework can help clarify the intended capabilities of graduates and ensure they are intentionally developed across the programme. It can support the development of course learning outcomes, subject learning outcomes, assessment tasks, placement expectations, capstone experiences, and graduate attributes. In curriculum mapping, the Framework can be used to identify where competencies are introduced, developed, assessed, and integrated. This can help educators identify

strengths, gaps, duplication, and opportunities for more coherent sequencing of learning across a programme.

In assessment design, the Framework can support authentic, applied assessment tasks that allow students to demonstrate public health capability, not just content knowledge. For example, assessment may require students to analyse population health data, design a stakeholder engagement strategy, develop a policy brief, design a health promotion strategy portfolio, evaluate a programme or initiative, prepare a risk communication plan, or work with community-informed scenarios.

Use in workforce development

Employers, workforce planners, public health agencies, professional associations, government departments, non-government organisations, and service leaders can use the Framework to clarify expectations of graduate preparedness and support early-career development.

The Framework can inform graduate role descriptions, induction programmes, supervision structures, mentoring, continuing professional development, micro-credentials, short courses, and workforce capability planning. It can also help employers distinguish between capabilities expected at graduation and those that require further development through experience, specialist training, or leadership roles. Used in this way, the Framework supports a developmental view of public health capability. Graduate competencies are not intended to represent expert-level practice. Rather, they provide a foundation for contribution to the workforce and for continued learning across the public health career span.

Use by students and graduates

Students and graduates can use the Framework as a tool for critical reflection, self-assessment, and career planning. It can help students see how individual subjects contribute to extended public health capabilities and how their learning connects to workforce expectations.

Graduates can use the Framework to identify areas of strength, areas for further development, and potential career pathways. It may also help graduates communicate their capabilities to employers, prepare for interviews, identify professional development needs, and plan their transition into public health roles.

Use for regional and sector dialogue

At a broader level, the Framework can support dialogue between universities, public health employers, professional bodies, government agencies, communities, and workforce leaders. It provides a shared reference point for discussing graduate readiness, workforce needs, curriculum expectations, capability gaps, and future public health priorities.

Because the Framework was developed for a regional context, it should be interpreted with attention to local systems, cultural contexts, Indigenous and local knowledge systems, workforce structures, health priorities, and community needs. It is designed to support regional coherence without erasing country-specific or community-specific priorities.

Principles for applying the Framework

When using the Framework, users are encouraged to apply it as a guide for informed judgement rather than as a compliance checklist. The Framework could be interpreted in relation to:

Consideration	Guiding question
Qualification level	What level of graduate capability is appropriate for this degree or programme?
Curriculum context	Where are competencies introduced, developed, assessed, and integrated?
Local health priorities	How do national, regional, Indigenous, and community priorities shape how competencies are taught, developed, applied, or critically engaged?
Workforce context	What capabilities are expected at entry to practice, and what requires further development?
Cultural context	How are Indigenous knowledges, cultural safety, anti-racism, and local ways of knowing critically embedded?
Practice setting	How might competencies be demonstrated differently in government, community, clinical, environmental, policy, advocacy, or emergency response settings?
Future development	What capabilities need to be strengthened through continuing professional development, mentoring, or specialist training?

The considerations above are intended to support context-sensitive use of the Framework. They recognise that the Framework will be applied across different qualification levels, institutional settings, countries, communities, and public health systems. Users should therefore consider both the common competencies described in the Framework and the local conditions that shape how those competencies are taught, assessed, developed, and demonstrated.

CAPHIA's planned implementation activities will provide further opportunities to support this contextual interpretation. These activities will assist users in understanding the Framework, share examples of its application, and consider how it can be used in ways that are meaningful for public health education and workforce development across Aotearoa New Zealand, Australia, Fiji, and Papua New Guinea.

Structure of the Framework

The Framework is structured around ten public health domains. These domains describe broad areas of public health work and provide the main structure for the competency framework. Each domain includes a short overview, a set of knowledge areas, and competency statements.

The *knowledge areas* sit beneath each public health domain and group related competency statements so that users can more easily see how competency statements connect to wider areas of graduate competency. They are intended to support navigation, curriculum mapping, assessment planning, workforce development, and local adaptation.

The competency statements describe what public health graduates are expected to value, know, understand, analyse, apply, or contribute to across different public health contexts. These statements should be interpreted in relation to the relevant domain and knowledge area, while also being adapted to local settings, qualification levels, workforce roles, and community priorities.

Table 1. Three-tier structure of the Framework

Framework level	Description	Purpose
Tier 1: Public health domain	The overarching area of public health work around which related competencies are organised.	Provides the high-level structure of the Framework and organises graduate competency into major areas of public health work.
Tier 2: Knowledge areas	The organising area beneath each public health domain. These areas group related values, knowledge, methods, and practice capabilities.	Helps users interpret the scope of each domain and supports curriculum mapping, assessment design, local adaptation, and workforce capability planning.
Tier 3: Competency statements	The specific competency statements within each knowledge area. Each statement describes a competency expected of public health graduates.	Describes the specific values, knowledge, skills, behaviours, and applied capabilities expected of public health graduates.

Reading the Framework as an integrated competency framework

The Framework should be read as an integrated account of graduate public health capability. Although it is organised into domains, knowledge areas and competency statements, these should not be treated as isolated or self-contained parts of practice. Public health work is interconnected, and many competency statements draw together values, knowledge, methods, judgement, relationships and action.

Public health competency includes both cross-cutting and applied dimensions. Cross-cutting dimensions are the values, knowledge, frameworks, ways of thinking, forms of judgement and ways of working that shape all areas of public health practice. These include population health values, equity, justice, systems thinking, contextual analysis, cultural safety, Indigenous authority, Indigenous knowledges, ethics, reflexivity, anti-racism, human rights, and accountable practice. They also include the ability to recognise how public health issues are shaped by structural and social determinants of health equity, including social, political, cultural, historical, environmental, economic and commercial conditions.

Applied dimensions describe the public health activities, tools, methods, processes, relationships and forms of action used across public health domains and settings. These include analysing population health data, assessing needs and assets, designing programmes and initiatives, implementing public health action, evaluating outcomes, communicating evidence, influencing policy, preparing for emergencies, collaborating across sectors, supporting community-led action, strengthening systems, and translating evidence into action.

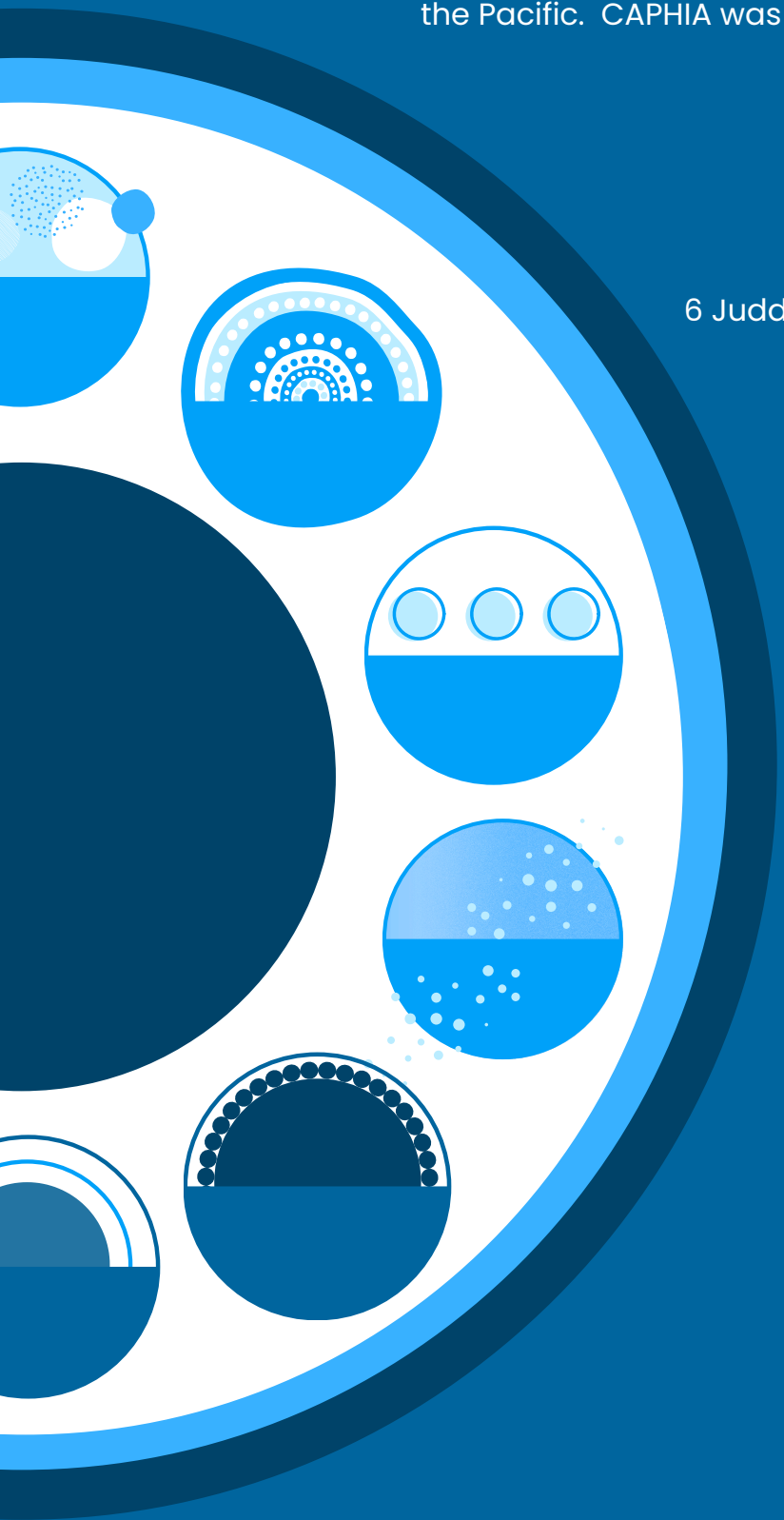
These dimensions are developed, practised, and demonstrated together. Cross-cutting dimensions are not background or preliminary learning; they are active dimensions of public health competency. They are demonstrated through how graduates define public health issues, frame priorities, engage with communities, design responses, analyse systems, communicate evidence, make ethical decisions and assess the consequences of public health action. In Aotearoa New Zealand, this includes recognising that Te Tiriti o Waitangi is foundational to public health practice and shapes governance, policy, data, research, evaluation, communication, resource allocation, workforce development, community partnership and public health action.

The Framework should therefore be used as an integrated competency architecture. Users should consider how domains, knowledge areas, and competency statements are introduced, developed, assessed, and integrated across programmes, qualifications, workforce settings, and local contexts. They should also consider both the technical requirements of public health work and the wider systems, relationships and conditions that shape health, equity, and wellbeing.

CAPHIA | COUNCIL OF ACADEMIC PUBLIC HEALTH INSTITUTIONS AUSTRALASIA
Advancing Public Health Education, Research & Workforce Development

About CAPHIA

The Council of Academic Public Health Institutions Australasia (CAPHIA) is the peak advocacy body that represents universities and aligned organisations that educate, research, and develop the Australasian public health workforce. CAPHIA advances excellence in academic standards in the education and development of public health practitioners, researchers, and students across Aotearoa New Zealand, Australia and the Pacific. CAPHIA was formed in 2011 and is a registered charity.



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