'speaking from experience'

Setting up a UKPHR Practitioner Registration Scheme

Based on experience from schemes across the UK
September 2014

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ASSUMPTIONS

This document is aimed at new scheme coordinators and/or their commissioners. The content has been prepared through the collective efforts of members of the UKPHR Scheme Coordinator's Network (see appendix 1).

It is assumed that:

- the reader is already familiar with the UKPHR Framework and Guidance (Dec 2013) for practitioner registration, and the Supporting Information document that can be found at http://www.publichealthregister.org.uk/practitioner

- the reader is already familiar with the Public Health Skills and Knowledge Framework (PHSKF) – and in particular levels 5 – 7 http://www.phorcast.org.uk/page.php?page_id=44

- the scheme instigators understand the nature of the registration process ie: preparation and assessment of a retrospective portfolio by people working in public health

- the scheme instigators understand the devolved nature of the schemes, and the support required from the local senior workforce to become UKPHR trained, voluntary, assessors and verifiers

- all schemes will be set up to provide equal access to all public health workers who work within the geographical catchment area, irrespective of employing organisation, as long as they satisfy the eligibility requirements for UKPHR practitioner registration

CONTENTS

INTRODUCTION

This document has been produced by the collective efforts of scheme coordinators in the UK to highlight the key considerations for setting up new practitioner registration schemes. This document does not constitute UKPHR guidance but is considered to be helpful by the UKPHR. There will also be a MEMORANDUM of UNDERSTANDING agreed between the UKPHR and the Scheme which clarifies the role of the UKPHR and the Schemes in relation to practitioner registration.

The document is organised into the main elements that make up a scheme, and while there may be a sense of sequence in the presentation, these elements do not form any particular order. Various elements may fall into place at different times depending on local funding streams, workforce available, levels of support and collaboration forthcoming from the various sectors, and effectiveness of local systems for workforce engagement.

Any queries regarding scheme set-up: should be directed to scheme coordinators and a full list of names and contact details are provided in the back of the document (see APPENDIX 1, pg. 15). You may want to contact your *nearest* scheme coordinator in the first instance.

ELEMENT ONE
Make sure you understand practitioner registration

- You will need to be aware of the strategic direction for public health workforce development and the organisations responsible for implementation.

- You will need to know where practitioner registration sits in relation to other forms of registration, and the career pathways for public health professionals.

- You will need to understand, and be able to communicate, the resource implications and impact of implementing a scheme on participating departments and their staff.

- You will need to know the minimum requirements for scheme-set up, as defined by the UKPHR (see Element 7).

- Contact other scheme coordinators around the UK and seek their advice. There is a Scheme Coordinators Network that meets throughout the year who can provide support (Appendix 1).

ELEMENT TWO
Secure top level 'buy-in'

This is critical – and depends on when a scheme coordinator has been brought into the process. The initiative may be top-down, in which case this level of commitment needs to be nurtured and utilised so that senior staff motivate their teams to respond to any communications from the scheme coordinator. The DsPH/local drivers need to be aware early on that the scheme will require input from specialists and consultants for it to be viable.

The local DsPH/local drivers will need to be behind the scheme and will need to make a financial investment into it. The cost to each department/agency will depend on how many are collaborating to support the scheme.

Engage other local leaders – local authority Cabinet Members for PH / Health and Social Care, local PHE and HEE Workforce Leads, Directors of Health and Wellbeing Services in NHS Trusts/Boards, Directors of Public Health, PH Directors based in Acute settings, local Deanery tutors, etc.

You will need to make a case for the sustainability of a delivery team – including administrative support for a scheme coordinator if at all possible. Both scheme coordinator and administrator posts need only be part-time (2 days a week each – or more depending on the scale/catchment area of the scheme). A job description for a scheme coordinator can be found in Appendix 2.

As a practical mechanism for sustained input to the development of the scheme, you may want to convene an **implementation or steering group** where department/agency representatives and lead DPH/strategic PH workforce leads (PHE/HEE/PHW/NHS Education for Scotland) can meet and help with key decisions moving forward. This group can also help to clearly define the role boundaries and the responsibilities of the scheme coordinator for your area. This could also be an additional remit for an already existing steering/strategy group for workforce development.

ELEMENT THREE
Identify and secure your main funding routes

While DsPH may identify a fund for workforce development, other organisations, eg: PHE, PHW, NHS Health Boards, Local Education and Training Board (LETB) may also have funding or wish to take ownership. It is recommended that at least 2 years funding is found at the outset.

As well as securing funding, identify where cost savings can be made. Where can rooms for training be hired at low or no costs? Can rooms at council buildings be booked by local staff? Can an existing workforce development role/local administrator role be extended/modified to absorb the scheme coordination functions. Can another participating agency provide office accommodation and electronic storage for intellectual property? Which organisation can/will hold the budget and provide procurement services? Can higher specialist trainees deliver masterclasses to practitioners – and by so doing meet some of their own CPD requirements?

If you are engaging local universities and colleges, or their staff, can they book training rooms at no additional charge? What is their daily levy for a lecturer to attend/support training and events?

ELEMENT FOUR
Outline your Budget for roll-out

Make sure you have an adequate budget to move forward – to pay for the project workforce; the UKPHR essentials (see ELEMENT 7); and any other costs eg: venues, facilities, evaluation, e-portfolio packages; etc. according to the needs of your area. Instigate any procurement processes necessary so that providers/suppliers can be approved and PO numbers established for efficient payment.

Practitioner Registration Scheme Projected Costings (April - March Year 1)					
Scheme Requirements	No Days	Facilitator/ staffing (£)	Venue Costs (£)	VAT on venue (20%)	Combined Total (£)
Scheme Launch Event	Half day				
Practitioner Induction Day	1				
Assessor Training	1.5				
E-portfolio assessment package	tba				
Possible line managers training	0.5				
Practitioner Portfolio Devpt days (3 cohorts x 4 days)	12				
Verifier Training Session	Half day				
Verification Panel meetings (per annum)	2				
Moderator Audit (annual)	1				
CPD/Master Classes	3				
Assessor/Verifier/Moderator standardisation session	0.5				
End of year summative Evaluation (external)	tba				
Scheme Coordinator	Salary				
Scheme Administrator	Salary				
Celebratory Awards Event	1				
TOTAL					0.00

ELEMENT FIVE
Recruit your coordinating team – Scheme Coordinator/Admininstrative support

If this has not already been done, it needs to be. Most schemes appear to be managed by a coordinator in post two days a week, with similar capacity administrative support. Larger schemes may require more time. For many schemes the scheme coordinator role is a component or extension of an existing workforce development role. These positions are hosted by a variety of organisations eg: local offices of the PHE, PHW, HEE, local authority teams, NHS organisations or Health Boards, or universities.

Should you be considering a stand-alone appointment a job description can be found in Appendix 2, used by Bristol City Council, which describes key elements of the role. The coordinator role is expected to be at Level 7 or above, in the PHSKF. It would be helpful if the post-holder works closely with any public health workforce development leads in the area, and the national Scheme Coordinators Network provides excellent support and guidance (see Appendix 1).

ELEMENT SIX
Engage the local workforce

A 'sales pitch' needs to be made to practitioners to promote the benefits of registration (see http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/ for a UKPHR leaflet). There are a number of ways this can be done:

- Presenting at existing senior management forums – requesting that information is cascaded
- Giving presentations at team meetings preferably where practitioners and their managers and the senior workforce are present
- Circulating leaflets
- Writing letters/sending out forms requesting 'expressions of interest'
- Delivering an 'awareness raising' event and/or scheme 'LAUNCH'

Similarly, local specialists and consultants need to be encouraged to think about the roles of assessors and verifiers, and the ways in which the practitioner registration process can support staff CPD plans and appraisals.

Some departments may have a consultant with a specific remit for workforce development and/or educational supervision. These individuals can act as key links for the scheme coordinator. A named consultant lead for each team/department can ensure senior level ownership for implementation. These individuals may also be part of the implementation/steering group.

ELEMENT SEVEN
Plan the UKPHR Essentials

Once you have notified the UKPHR that you are setting up a scheme you will be assigned a UKPHR Scheme Moderator.

The UKPHR *recommends* all practitioners attend some form of 'Induction/Introdutory' day so that they are fully aware of the guidance for registration, preferably in the year that includes application to a scheme. This day can be delivered by a UKPHR Moderator. You will also need to arrange for:
- Training of UKPHR Assessors
- Training of UKPHR Verifiers
- Scheme audit by the Moderator
- Standardisation session for Assessors/Verifiers/Moderator
- Verification Panel meetings

There are set costs charged by the UKPHR for the Moderator's input. These are £725 for a full day and £475 for half a day (correct at March 2014). So typical costs for set up in the first year (depending on volume) may be as follows:

Component	UKPHR Charge	Compulsory?
Launch Event (half day)	£475	NO
Introductory Day (max. 25 practitioners)	£725	NO
Assessor Training (Day 1 – full day) (max. 12)	£725	YES
Assessor Training (Day 2 – ½ day) 2 trainers	£950	YES
Verifier training ½ day (max 12)	£475	YES
Verification Panel meetings for one year	£1,450	YES
Moderation (two full days)	£1,450	YES
Support/Audit/Guidance (two fully days)	£1,450	YES
TOTAL	**£7,700.00**	
TOTAL – compulsory elements only	**£6,500.00**	

ELEMENT EIGHT
Develop the scheme paperwork

You will need the following for your scheme (some examples can be found in Appendix 3):

Application forms:
- For practitioners to join the scheme
- For senior workers to apply for assessors training
- For registered consultants/specialists to apply for verifier training
- For appropriate staff to apply for mentor training (if applicable)
- For practitioners to apply for an assessor once their portfolio is ready for assessment to start (not all schemes require this – they allocate assessors when individual practitioners are ready)

Self Assessment Form:
For practitioners to assess their readiness to start portfolio building for practitioner reigstration

Forms for the registration process:
The UKPHR provides forms for the following elements (see Framework and Guidance document and **Supporting Information 2012** document):

- Glossary of Terms (in relation to the standards)
- Assessment Log
- Observation pro forma – standard 11
- Observation pro forma – standard 12
- Application for Verification form
- Application for Registration form
- Learning/Assessment contract template

Depending on levels of awareness in your area, you may need additional information to help practitioners to understand their eligibility for the programme in relation to their level of work and the Public Health Skills and Knowledge Framework (PHSKF). They may also need support in differentiating between UKPHR practitioner registration and UKPHR specialist regsitration, and possibly the Faculty Public Health (FPH) Training Scheme, and which route is most appropriate for them.

ELEMENT NINE
Train your workforce

You will need to arrange the following for your scheme:
Induction Training – some schemes hold this early in the process to help practitioners to decide whether to embark on registration or not, others have included the elements of this training in their Launch event. Other schemes deliver this once practitioners have applied to the scheme and have carried out a self-assessment against the standards and indicators. You will need to discuss the status and needs of your group with your scheme Moderator so that the day can be planned appropriately. An Induction day can give a clear 'start' date for cohorts which can help with scheduling, and ensure that everyone understands the UKPHR guidance from the outset.

Assessor Training – a day and a half preferably with a break (weekend) in between for an 'out of class' task (ideally timed to take place shortly before portfolios/commentaries require assessment)
Verifier Training – half a day (ideally timed to take place shortly before your first portfolios will be fully assessed and requiring verification)
Mentor Training – this is not a requirement or pre-requisite for the scheme. If you have sufficient capacity within your local PH workforce with the interest and commitment, you will need to source your own training. You may want to consult with coordinators of established schemes regarding the requirements for mentoring practitioners through the process of registration.

ELEMENT TEN
Practitioner and Assessor support systems

Most schemes provide a support system for practitioners who have been accepted onto their scheme. These can be in the form of:

- Practitioner Development Groups – full day closed group learning sets
- Action learning workshops
- 1-2-1 interview/progress reviews
- Mentors
- Buddying systems
- Line Manager training

Some schemes commission independent facilitators to deliver this support and others commission this from the higher education sector, alongside masterclasses and other training provision. The essential outcomes from these support systems is that the practitioners are able to build their portfolio so that it is straight-forward to assess, and fully meets the requirements of the UKPHR framework and guidance. Also important is that the practitioners understand the process and successfully complete the necessary stages leading up to final submission of their portfolio to the UKPHR for registration.

Supporting Assessors
Supporting assessors is important not just to prevent them from feeling isolated, but to ensure that they are up-to-date with any changes to local procedure and protocol, and with any revisions and new instructions from the UKPHR.

Schemes will provide standardisation training for assessors to mitigate any inconsistencies in assessor practice. Some provide quarterly teleconferences to provide mutual support and trouble-shooting for difficult assessments, or as an opportunity to seek the views of other assessors on an assessment decision. Any process that enables assessors to act as a team and deliver consistent assessment practices will aid the mechanics of scheme delivery and ultimately the credibility of the scheme.

Paperless assessment or e-portfolio systems
Some schemes have procured e-portfolio systems to support practitioners in the storage of evidence, and the assessment of portfolios. This avoids the costs and logistical challenges of moving portfolio files around the system for assessment, verification and moderation. Public Health Wales has an e-portfolio system, and the Kent and London schemes use an e-portfolio system from Learning Assistant (City and Guilds) which also offers a simple CPD recording tool.

ELEMENT ELEVEN
Provide practitioner development opportunities

Most schemes will provide training to help practitioners to address gaps in their knowledge, and provide recent evidence of the acquisition or updating of that knowledge. Training needs may be identified at the self-assessment phase, or through a separate training needs assessment eg: via a survey monkey questionnaire.

Common areas for development, depending on the area of work of the practitioners, are:
- Legal and ethical issues, and the use of ethical frameworks
- Epidemiology and the sourcing, interpretation and communication of data/information
- Health Improvement and the evidence base for interventions
- Health and social care policy, and the implementation of strategies and policies
- Collaborative working, working in partnerships and understanding teams

Training or 'masterclasses' can be sourced from local universities and this can cost around £2,000 per day including lecturer expenses, venues and refreshments – usually with a cap on numbers. Alternatively, or additionally, training can be provided by senior staff and consultants with a special interest or specific skill set within the local workforce. Faculty registrars with an interest in training are particularly well placed to support the development of practitioners with the added benefits of their own CPD being addressed. To contain costs further, training rooms can be provided within workplaces, and practitioners can bring their own lunch.

ELEMENT TWELVE
Set Key Dates for the year

Key dates for the programme will need to be scheduled to ensure time to book the UKPHR Moderator for training and verification processes. The UKPHR makes the dates of the Registration Panel meetings available to schemes so that local Verification Panel meetings can be set in a timely fashion. Similarly, assessor and verifier training will ideally be scheduled so that the assessors and verifiers can put that training into practice shortly after. Scheme evaluations have generally concluded that while the practitioner should manage their own time within the guidance, clear expectations may help them to prioritise their portfolio eg: deadlines for application for an assessor; alignment of assessment dates with verification panels, and meetings of the UKPHR registration panel.

You may wish to consider use of a database such as the Microsoft Access database developed by Health Education West Midlands to track practitioner applications to the scheme, learning set attendance, master-class attendance, progress with commentary submission, assessor matching and training dates, and verifier matching and training dates.

ELEMENT THIRTEEN
Scheme Evaluation and Audit

While this is presented as the 13th Element in this guide, the framework to evaluate your scheme should be formulated early on. Most of the UK schemes have been evaluated at least once, and these evaluations are published on the UKPHR website. These reports will highlight the potential

risks that you may face while developing your programme, and will give an indication of what practitioners and other groups expect from their local scheme, and what they value.

Events and Training components can be evaluated using evaluation forms. An example evaluation form for portfolio development groups can be found in Appendix 3. A particularly useful question is 'what outstanding questions or issues do you have?'. Based on the responses following the launch event an FAQs document was developed for the London scheme. This is reviewed and updated with on-going evaluations.

Having conducted several scheme evaluations, and based on recurrent risks identified, one provider is happy to share a series of prompts for ongoing evaluation of local schemes (see table below). Health Education Wessex has developed a comprehensive Quality Framework for schemes to use to identify gaps in quality, and how to evidence quality provision (see page 41).

PROMPTS FOR EVALUATION		
AREA	QUESTIONS – how successfully is the scheme -	RISK of poor performance
Motivation and support	enabling practitioners to achieve registration in the timescales they committed to?	Lapse in commitment, attrition, reduced cost-benefit
	connecting practitioners with colleagues from across the boroughs/local organisations?	Missed opportunity for worker development and peer review/support
	providing support that practitioners need to master the requirements of producing fit-for-purpose commentaries?	Assessment more time consuming, higher numbers of clarifications, extended assessment process, loss of motivation and drop-out
Resources	resourced to handle the accreditation process for the numbers of practitioners who want to achieve registration?	Development of waiting-lists, loss of motivation, increased levels of dissatisfaction, perceptions of inequity
Assessment	ensuring practitioners get timely feedback from assessors?	Loss of momentum, extended assessment periods
	ensuring intial variations between how assessors apply standards are monitored	Perception of inequity, inconsistency in standards being set and reduced faith in the credibility of the process
Engagement	Attracting the interest and participation of those who follow the 'pioneer' practitioners and assessors of the first cohorts?	Poor commitment to the programme beyond highly motivated individuals, suggesting poor buy-in across the local PH system
Value	communicating its impact and value to employers of the larger public health community in the region?	Reduced likelihood of managerial support for practitioners, potential risk to sustained funding and demand in the programme
	being valued for the professional development and confidence-building it enables?	As key motivators for practitioners signing-up – failure to value these may reduce ongoing engagement
	monitoring the figures on which a return of investment can be calculated?	Inability to argue cost-effectiveness of the programme, and other non-fiscal benefits of the scheme
	Influencing the inclusion of registration, or working towards it, in job adverts and commissioning of services?	Failure to develop a degree of imperative in a voluntary scheme will eventually lead to a drop in levels of engagement and perceived value
Continuity	Influencing the continuing professional networking of practitioners across the region?	Missed opportunity to sustain an aspect of practitioner portfolio development that is highly valued by the workforce
Questions provided by Total Improvement Process Ltd. (http://www.totalimprove.com/)		

ELEMENT FOURTEEN
Performance Reporting

The UKPHR will require the scheme providers to agree to a Memorandum of Understanding (MOU). This is not a legally binding document, more a clarification of roles and responsibilities. To ensure that the national office can plan adequate support and capacity for increasing numbers of practitioners, schemes will be required to report their levels of activity at regular intervals eg: quarterly. The table below gives an example of the kind of information that might be required.

Scheme	Cohort	Numbers	Predicted date for verification panel	Notes
South West England				
	Total:			

Local schemes will be accountable to the organisations providing funding. These may have identified key performance indicators (KPIs) for the schemes, to enable them to demonstrate the outcomes and benefits of their investment.

ELEMENT FIFTEEN
Supporting registered practitioners

The UKPHR launched the practitioner CPD scheme on 1st July 2014. Information on the scheme can be found at : http://www.publichealthregister.org.uk/node/230

Depending on the capacity of the support systems available to the scheme coordinator, onward support of practitioners may be offered to enable them to continue to meet the regulators requirements regarding their fitness to practice.

SUMMARY
Elements and 'ball-park' costings (for first 12 months)

Element	Detail	Cost (est.)
Staffing: scheme coordinator	NHS mid-Band 7 worker 2 days a week with 25% on-costs	£17,800
Staffing: administrator	NHS mid-Band 4 administrator 2 days/wk with on-costs	£10,320
Portfolio Development Groups	2 cohorts of 12 practitioners x 4 days per cohort (8x£600)	£4,800
Masterclasses to fill gaps	3 days at around £2K/day university provision inc. venue	£6,000
UKPHR component	Minimum compulsory requirements	£6,500
E-portfolio set-up package	Quoted by Learning Assistant (City and Guilds)	£4,000
External evaluation	End of year process evaluation	£6,000
Training venues	Estimate only – to be locally determined	£4,000
TOTAL COST year one		**£59,420**
Costings shown for a 'standing start' for all components. Cost savings may be made depending on what is already in place locally.		

APPENDICES

APPENDIX 1.:   SCHEME COORDINATORS NETWORK

AREA	Date of set-up	NAME of Coordnator	Email address
Kent, Surrey and Sussex	Jan 2011	Louise Holden	Louise.holden@kent.gov.uk
London (North Central and East)	Nov 2013	Claire Cotter	cl@irecotter.freeserve.co.uk
North East England	Jan 2014	Annie Wallace	Annie.wallace@sunderland.ac.uk
Oxford	2011	Allison Thorpe	lesthorpes@btinternet.com
Wales	2010	Lisa Whiteman	Lisa.whiteman@wales.nhs.uk
Wessex	Oct 2009	Em Rahman	Em.rahman@wessex.hee.nhs.uk
West Midlands	Jan 2011	Sally James	Sally.james@wm.hee.nhs.uk
West of England	Sept 2011	Bronwen Koolik	bronwen.koolik@bristol.gov.uk
West of Scotland	Feb 2012	**Board Coordinators:**	
• NHS Ayrshire & Arran		Clare Black	Clare.black@aapct.scot.nhs.uk
• NHS Greater Glasgow & Clyde		Catriona Carson	Catriona.carson@ggc.scot.nhs.uk
• NHS Highland		Jane Groves	Jane.groves2@nhs.net
• NHS Larnarkshire		Karen McGuigan	Karen.mcguigan@lanarkshire.scot.nhs.uk
Support from the UKPHR Office			
Executive Director		David Kidney	d.kidney@ukphr.org
Administrator		Pav Sull	p.sull@ukphr.gov

APPENDIX 2: SCHEME COORDINATOR JOB DESCRIPTION (Bristol)

Job Summary
Band 7 Programme Manager

A Senior Health Promotion Specialist is responsible for the development and implementation of public health programme/s in a particular topic(s), issue(s), setting(s) and/or geographical area(s) implementing national, regional and local strategy. This will involve working in partnership with a range of local agencies, managing programme staff and resources. The topic for this post is specifically focussed on learning and development for public health and UKPH Public Health Practitioner registration.

Job Context
Following pilots in four regions (South Central SHA, West Midlands SHA, Kent and Medway and Wales) the UKPHR opened their register for Public Health Practitioner registration. The situation locally is…………………

Specific Responsibilities
- To continue the development and coordination of the West of England Public Health Practitioner Pilot
- To oversee and quality assure assessors, verifiers and applicants
- To provide expert advice to the programme board
- To establish appropriate linkages with other public health training and registration programmes
- To establish a learning and development programme to support registration
- To liaise with the UKPHR and ensure that the programme meets all requirements and standards
- To develop a communication strategy for the programme
- To develop a wider stakeholder partnership and ensure key partners are appropriately informed and engaged
- To manage the programme budget and resources
- To provide appropriate administrative support to the programme, including all record keeping, reports and minutes

General Duties and Responsibilities
To be a source of specialist advice on public health learning and development and UKPHR practitioner registration, contributing to the health of patients, individuals and communities.

- Surveillance and assessment of the population's health and wellbeing
- Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and wellbeing
- Policy and strategy development and implementation for population health and wellbeing
- Leadership and collaborative working for population health and wellbeing

Specific

Senior Health Improvement Specialist (Planning and Commissioning)
- Planning and Commissioning of public health learning and development programmes
- Management of the Public Health Practitioner Registration Scheme
- Workforce planning and development
- The development of programmes and policy
- Contribution to national, regional and local partnerships and programmes for Public Health Learning and Development

Professional/Job Role

The post holder will have a high degree of autonomy, and will work unsupervised. They will continue the development and implementation of a Public Health Workforce programme, and provide coordination for the West of England Public Health Practitioner assessment pilot: managing staff and resources to meet national and locally agreed targets and working in partnership across the Council. They will have responsibility for:

- Interpreting national policy in view of local needs and priorities on public health practitioner workforce
- Making judgments about evidence of effectiveness and prioritising needs and options for programme development
- Planning, implementing and evaluating a programme/s of activity across a number of organisations in order to meet a diverse range of objectives in relation to public health practitioner workforce.
- Working in partnership with a range of people and agencies i.e. statutory, voluntary, education and commercial sectors.

Organisational

The post holder will:

- Establish, facilitate and/or contribute to multi agency partnership work, representing BCC in these.
- Initiate and influence policy development and implementation in their programme area
- Build the capacity or organisations to meet public health objectives through policy development, training programmes, etc.
- Involve individuals and communities in the development and delivery of public health programmes.
- Lead on a co-ordinated and comprehensive strategy for their programme area.
- Contribute to the work plan of Public Health within BCC.
- Facilitate and/or participate in appropriate working groups across Public Health, BCC and other agencies
- Lead on local strategy development in programme area.
- Contribute to local, regional and national strategy development.
- Keep up-to-date records, in line with the Data Protection Act.

Communication

The post holder will:
- Develop and maintain systems to ensure good communication across all aspects of the work.
- Communicate with people from a wide range of organisations including senior managers of the Council, members of community or voluntary groups, health professionals and the public.
- Have daily communication with any of the above over the phone, by email, in meetings or by letter.
- Produce a wide range of written material: reports, letters, agendas, minutes, programmes etc.
- Proactively communicate health messages and correct and challenge misleading information in the media with support from BCC and Council Communications Departments.
- Speak in large meetings with professionals and the public and at conferences.
- Chair meetings.
- Manage conflicts of interest facilitating effective partnership working.
- Be an advocate, seeking opportunities to promote health and equity, and challenging discrimination.
- Deal with topics, which require sensitivity and be able to convey complex information clearly, and empathically to a range of people from different cultural and religious backgrounds.
- Be required to present information and discuss controversial topics e.g. issues about local services and perceived health needs.
- Contribute to training and education across the wider public health network.

- Regular and effective communication with other team members, sharing information and expertise.

Training and Education

- Coordination, planning and delivery of training programmes in their programme area to meet identified needs across a range of agencies and staff groups.
- Providing health promotion specialist advice on initial and postgraduate training in further and higher education.
- Supporting students on placement when required.
- Facilitate and lead training sessions.
- Commissioning outside agencies to provide training programmes.
- Contribute to planning and delivery of BCC training programme.

Research and Evaluation

- Searching for and using research evidence including evidence of effectiveness of health promotion interventions to keep up to date in their specialist area.
- Disseminating research evidence in their specialist area to a range of staff groups and agencies.
- Monitoring and evaluating health promotion outcomes.
- Researching local health needs, and facilitating and/or leading community health needs assessment.
- Advising in the design of research in health promotion.

Managerial

- The post holder may be required to manage staff, including providing 1-1 management support, doing Individual Performance and Development Reviews, staff development, managing grievances and disciplinary matters etc.

They will:

- Balance competing priorities and make judgements about appropriate deployment of staff and financial resources.
- Provide management support and supervision to staff from other organisations as necessary
- Participate in the recruitment and selection of staff both within BCC and other organisations.
- Manage a delegated budget within the Office of the Director of Public Health and clearly account for expenditure
- Fundraise for resources to enable the implementation of projects.
- Manage finances and resources in partnership with other agencies, involving the setting and monitoring of budgets, and planning expenditure.

General Terms

- To undertake any other duties that may be reasonably requested of the post holder to help the department run smoothly.
- To ensure that you and others take notice of and operate within relevant Health and Safety guidelines.
- Promote effective public, user and carer involvement in all elements of work.
- Contribute to the work of specific project groups within BCC and across the local health community as required.
- The post holder will take responsibility for their ongoing personal and professional development through the appropriate BCC Employee and Organisational Development processes in dialogue with their line manager.

PERSON SPECIFICATION
BAND 7 PROGRAMME MANAGER – Practitioner Registration

Assessment Criteria	Essential Criteria	Importance: High = 3 Medium = 2 Low = 1
Education Qualifications Training	▪ Masters or demonstrable ability to work at Masters level (Masters in Public Health or equivalent experience / qualification in a related discipline). ▪ Evidence of continuing professional development in relation to the public health practitioner registration and learning and development for public health workforce	3 2
Experience	▪ Experience of managing a pay or non-pay budget. ▪ Experience of working with local people / practitioners ▪ Experience of working across organisational boundaries within local government or the health service. ▪ Experience of developing relationships with external agencies and organizations. ▪ Experience in project management, including budgeting, needs assessment, monitoring and evaluation ▪ Experience of developing programmes for Public health practitioner registration	1 3 2 2 3 3
Knowledge	▪ Current knowledge of reports and strategies relating to health improvement and health inequalities, ▪ Up to date knowledge about the UKPHR and practitioner registration Up to date knowledge of policy and strategy in specialist programme area. ▪ Understanding of national policies related to these areas. ▪ Experience of working across local authorities or a sound understanding of council structures and systems. ▪ Understanding of, and commitment to, the equalities agenda, including the social model of disability.	2 3 3 2 3

Skills and Abilities	▪ Ability to work effectively as part of a team ▪ An understanding of team dynamics, including what factors makes team work well and what can go wrong.	3
	▪ Ability to work without supervision to achieve the objectives of the post. ▪ Ability to make decisions within a set of clear guidelines. ▪ Ability to judge when others need to be involved. ▪ Ability to organise conflicting demands.	3 3
	▪ To be efficient and accurate in record keeping. ▪ Organisational and administrative skills for managing a complex workload. ▪ Ability to write clear reports summarizing complex issues.	3
	▪ Works effectively under pressure. ▪ Contributes mature and sound comment and advice. ▪ Good problem-solving skills (finding a range of solutions, understanding their effects and making recommendations). ▪ Able to learn rapidly about current research, information and activities on a variety of health promotion issues.	3
	▪ Able to think creatively, introduce innovative ideas and be proactive. ▪ Able to communicate clearly, both verbally and in writing. ▪ Ability to present complex issues and information in an easily understood way both verbally and in writing.	3
	▪ Ability to use IT systems, including; MS Office, MS Outlook and the internet. ▪ Ability to effectively work with the media e.g. writing press releases, broadcasting on the radio, setting up photograph opportunities, giving interviews, etc.	1 3
	▪ Skills in, and experience of, commissioning and delivering training. ▪ Able to manage staff to meet objectives and develop individuals. ▪ Well developed partnership and networking skills.	2
	▪ Able to offer a facilitative approach. ▪ An ability to motivate and inspire others. ▪ Ability to negotiate and deal sensitively with difficult situations and to challenge when necessary. ▪ Ability to negotiate contracts, service level agreements and performance measures. ▪	
Other job related requirements	▪ Able to work flexible hours. ▪ Willingness to work on a variety of topics according to the requirements of the Directorate. ▪ Be mobile to meet the requirements of the post. ▪ Comply with all BCC policies ▪	

APPLICATION FOR the PRACTITIONER REGISTRATION Scheme
COHORT 1 December 2013

Please include with this application your current Job description, a _brief_ CV (last 3 yrs), and your completed self-assessment. Make yourself familiar with the Framework and Guidance for practitioner registration to help with your application
http://www.publichealthregister.org.uk/practitioner

Your Details		
Your name:		
Title (Dr, Mrs, Mr):		
Employing organisation:		
Job Title:		
Level of post (Public Health Skills and Knowledge Framework)		
Work address with postcode:		
Tel. No.	Work:	Mob:
Email address:		

Your Employer	
Line Manager's name:	
Title (Dr, Mrs, Mr):	
Job Title:	
Work address with postcode:	
Email address:	
Employing organisation:	

Please detail in no more than 200 words why you are applying to become part of the scheme for portfolio assessment, including years of service, and range of relevant experience

Would you like to be considered for a **FAST TRACK** route to registration - ie: completion of your portfolio within 6 – 8 months?   YES / NO

If not, when do you think you might be ready to make a start (which month)?

Please describe below what gaps you have identified in your ability to demonstrate the practitioner standards and indicators, and what your plans are to address them:

Gap Area and Standard number reference	Suggested method to address gap (i.e training, shadowing etc)	Target completion date

Please indicate your availability for the scheduled training:

Introductory Day	Portfolio Development Days -	Available	Not available
Friday 17th January 2014			
	Wednesday 12th February 2014		
	Tuesday 18th March 2014		

Support
The scheme commits to supporting you with Learning Sets/Portfolio Development Groups between January 2014 and December 2014 to assist you in building your portfolio. The scheme will provide learning opportunities wherever possible in relation to any gaps in knowledge and skills.

Declaration	
Applicant	Line Manager
- I have read the UKPHR Framework and Guidance for Applicants, Assessors and Verifiers - I have completed, and attach, a self assessment against all of the practitioner standards - I confirm that the information I have given is accurate and should I be accepted onto the scheme I agree to abide by its principles and to participate fully - I commit to attending the UKPHR introductory day, local learning sets and development days as scheduled - I commit to attending a celebratory event when I have successfully become a registered practitioner	- I confirm that the organisation supports this application and will ensure that priority will be given to attendance at learning sets, workshops, and other development opportunities to a maximum of 6 days between January 2014 and December 2014. - I confirm that work towards completing the portfolio; becoming registered; and subsequent requirements for CPD by the UKPHR will become a part of this applicant's appraisal process and continuing professional development within the workplace.
Applicants signature:	Line Manager's signature:
Date:	Date:

Please use electronic signatures if sending by email.

Please send your completed application form to arrive no later than <u>Friday 13th December 2013</u> to:

EXPRESSION OF INTEREST
UKPHR ASSESSOR
for Practitioner Registration

Please read the UKPHR Framework and Guidance for Practitioners, Assessors and Verifiers before submitting this form http://www.publichealthregister.org.uk/practitioner

Your Details		
Your name:		
Title (Dr, Mrs, Mr):		
Employing organisation:		
Job Title:		
Level of post (Public Health Skills and Knowledge Framework)		
Work address with postcode:		
Tel. No.	Work:	Mob:
Email address:		

Your Employer	
Line Manager's name:	
Title (Dr, Mrs, Mr):	
Job Title:	
Work address with postcode:	
Email address:	
Employing organisation:	

Please detail in no more than 300 words why you would like to be trained as a UKPHR Assessor, including years of service, and range of relevant experience

Responsibilities of the Assessor

Assessors and Verifiers are the custodians of the standards of practice for practitioners and their roles are of the upmost importance. The UKPHR provide training and moderation for these roles. Assessors have to:
- meet the UKPHR Assessor job description and person specification *(pg:34 Framework and Guidance Doc)*
- successfully complete the UKPHR Assessor training
- be skilled in assessing evidence submitted by applicants
- be thoroughly conversant with the public health practitioner standards
- sign off all standards as being met and pass applications for verification to appointed verifier

Training Requirements

To be an Assessor you need to be a senior specialist trainee, consultant, aspiring defined specialist, environmental health professional, or other public health professional with two years of senior level public health experience. You will be required to attend a full day and a consecutive half day's training (1.5 days) by the UKPHR.

Declaration of commitment	
Prospective Assessor	Line Manager
- I have read the UKPHR Framework and Guidance for Applicants, Assessors and Verifiers - I confirm that the information I have given is accurate and should I be accepted onto the scheme I agree to abide by its principles and to participate fully - I commit to attending the UKPHR training in 2014, and any additional standardisation or review meetings for the London Scheme in which I am required to participate - I understand that this role is voluntary and commit to providing positive support to all candidates who I may assess in due course - I am able to attend the Assessor Training scheduled for – **Tuesday 4th March 2014, and Monday 10th March 2014**	- I confirm that the organisation supports this expression of interest - I confirm that required time commitments for training and standardisation workshops will be fully supported, and will become a part of the applicant's appraisal process and continuing professional development within the workplace - I understand that this role is voluntary, and that the applicant will be dedicating their own time to support the professional registration of practitioners, thus making a highly valued contribution to the professional development of others
Applicant's signature:	Line Manager's signature:
Date:	Date:

Please use electronic signatures if sending by email.

Please send your completed application form to arrive no later than <u>Friday February 14th 2014</u> to:

EXPRESSION OF INTEREST
UKPHR VERIFIER
for Practitioner Registration

Please read the UKPHR Framework and Guidance for Practitioners, Assessors and Verifiers before submitting this form http://www.publichealthregister.org.uk/practitioner

Your Details		
Your name:		
Title (Dr, Mrs, Mr):		
Employing organisation:		
Job Title:		
Level of post (Public Health Skills and Knowledge Framework)		
Work address with postcode:		
Tel. No.	Work:	Mob:
Email address:		

Your Employer	
Line Manager's name:	
Title (Dr, Mrs, Mr):	
Job Title:	
Work address with postcode:	
Email address:	
Employing organisation:	

Please detail in no more than 200 words why you would like to be trained as a UKPHR Verifier, including years of service, and range of relevant experience

Responsibilities of the Verifier

Assessors and Verifiers are the custodians of the standards of practice for practitioners and their roles are of the upmost importance. The UKPHR provide training and moderation for these roles. Verifiers have to:
- meet the UKPHR Verifier job description and person specification *(pg:37 Framework and Guidance Doc)*
- successfully complete the UKPHR Verifier training
- Make recommendations to the appropriate verification panel
- Retain a copy of the completed application for registration with the UKPHR within 3 months

Training Requirements

To be a Verifier you must be a public health specialist registered with the GMC, GDC or UKPHR, in good standing, and to have held a consultant or specialist post for 3 years. You will be required to attend a half days training by the UKPHR.

Declaration of commitment	
Prospective Verifier	Line Manager
- I have read the UKPHR Framework and Guidance for Applicants, Assessors and Verifiers - I confirm that the information I have given is accurate and should I be accepted onto the scheme I agree to abide by its principles and to participate fully - I commit to attending the UKPHR training in 2014, all verification panels that I am expected to attend, and any additional standardisation or review meetings for the London Scheme as and when - I understand that there is no remuneration for this role from the UKPHR - I am able to attend the Verifier Training on the afternoon of **Tuesday 8th July 2014**	- I confirm that the organisation supports this expression of interest - I confirm that required time commitments for training and standardisation workshops, and to attend verification panel meetings, will be fully supported, and will become a part of the applicant's appraisal process and continuing professional development within the workplace - I understand that there is no remuneration for this role from the UKPHR
Applicant's signature:	Line Manager's signature:
Date:	Date:

Please use electronic signatures if sending by email.

Please send your completed application form to arrive no later than <u>Friday December 20th 2013</u> to:

EVALUATION FORM
Portfolio Development Groups

Group name	Venue and date	Facilitator

	1	2	3	4	5
How would you rate this venue?	Very poor	Poor	Satisfactory	Good	Very good

1 – strongly disagree, 2 – disagree, 3 – neither 4 – agree, 5 – strongly agree

Overview of Session	1	2	3	4	5
I liked the approach taken by the facilitator					
I found the session useful					
I felt that my questions were addressed					

	1	2	3	4	5
Overall how do you rate today's meeting?	Very poor	Poor	Satisfactory	Good	Very good

Your Expectations:	
What did you achieve at today's meeting?	
What are your next steps following today's meeting?	
What would you like covered at the next meeting (ie: do you have any outstanding questions or issues?)	
ANY OTHER COMMENTS:	

Thank you for taking the time to complete this form.
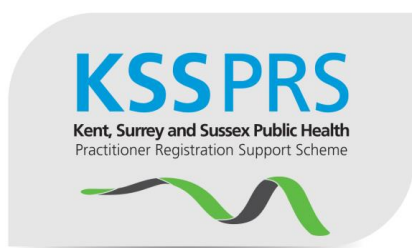
Kent, Surrey and Sussex
Practitioner Registration Support Scheme

Applying for an Assessor
Application Form

(to be read in conjunction with the UKPHR Framework and Guidance Document)

Purpose and Summary of Document:

This application form should be completed by applicants who are ready to start submitting their portfolio to be assessed by a UKPHR accredited assessor. Applicants can either submit their entire portfolio or alternatively can submit chunks (e.g. a completed commentary containing a minimum of 8-12 indicators) for assessment. Applicants are usually expected to apply for assessor within 12 months of joining a portfolio development group.

Applicants are asked to identify their verification panel from a list of published dates and can apply for an assessor up to 12 months prior to their intended verification panel.

Due to capacity, priority may be provided to applicants who have indicated and can clearly demonstrate their ability to submit their portfolio to an earlier Kent, Surrey and Sussex (KSS) Verification Panel.

Selection Criteria

To be eligible for assessment, applicants must be able to demonstrate:

- Currently employed (or volunteering) in a relevant role in Kent, Surrey and Sussex
  Please ensure dates and roles are clearly indicated on your CV

- At least two years public health experience working at level 5 (the level of autonomous practice) or above (but below specialist/consultant level) on the Public Health Knowledge and Skills Framework. Click here for more information about the Public Health Knowledge and Skills Framework. Applicants must be able to demonstrate a range of relevant experience to meet the standards for registration
  Please ensure dates and roles are clearly indicated on your CV

- Attendance to, and engagement at a **Portfolio Development Group**

- Commitment from line managers (**signature on form below**). The signed application commits the practitioner to submitting a completed portfolio within 12 months of being assigned an assessor unless there are exceptional circumstances

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Application Criteria

All applications that meet the above criteria will be scored against the following criteria:

- A *minimum* of one completed commentary (in its final format) and all the evidence associated with the commentary clearly indexed and ready for assessment.

- Partial completion of Assessment Log detailing the evidence and completed commentary submitted (or commentaries)

- A short summary and/or Gantt Chart explaining how you plan to ensure you will meet the verification panel you have indicated

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Quality of Submission

Some applicants may be recommended to reapply for an assessor due to the quality of work submitted. As part of the application process the following will be enforced: "**If resubmissions/clarifications are needed for more than half of the indicators submitted for initial assessment, the applicant *may* be recommended to work on their portfolio further and re-apply for an assessor at a later date**". Where possible, the original assessor will resume assessment of the practitioner.

Section A:	**Applicant Details**

Please include your job description and short CV (to include relevant experience, qualifications, education and training) if these documents have changed since applying to join the Scheme

Name: ……..……………………………………………………………………………………………...

Job title: …………………………………………………………………………………………………...

Employing organisation…….…………………………………………………………………………………..

Work address: …………………………………………………….……………………………………………..

Tel: …………………………….…………… Mobile: …………………………………………………

Email address: …………………………………………………………..…………………………………………

Portfolio Development Group: …………………………………………………………………….…………

Section B:	**Submission Date**

I am planning to submit my portfolio to the KSS Verification Panel for consideration at the panel meeting taking place on:

Verification Panel*	Deadline for signed off portfolio to be received by Scheme Coordinator (12 noon)	Please indicate chosen date by placing a X in the box below
Monday 12 May 2014	Monday 21 April 2014	
Monday 08 September 2014	Monday 18 August 2014	
Wednesday 17 December 2014	Wednesday 26 November 2014	
Friday 06 February 2015	Friday 16 January 2015	
Monday 11 May 2015	Monday 20 April 2015	
Monday 07 September 2015	Monday 17 August 2015	
Monday 07 December 2015	Monday 16 November 2015	
Wednesday 10 February 2016	Wednesday 20 January 2016	

*Please note: if your preferred verification panel date is full, you may be offered the next verification panel date.

In no more than 250 words, please explain how you plan to meet your chosen submission date (you may wish to attach a project plan, Gantt chart and/or the indicator grid to supplement this section):

Section C:	**Employer Commitment**

Applicants are asked to gain agreement from their manager that they support their application

Line Manager   ……………………………………………………………………………….……..…….

Job Title: ………………………………………………………………………………….…………

Email address: ……………………………………… Tel:…………………………………………………...

As the line manager, I confirm that the organisation supports this application and will ensure that the applicant is appropriately supported to help ensure the intended verification panel is achieved.

Signature: ……………………………………. Date: ……………………………
(Line manager)

Section D:	Applicants Declaration

1. I confirm that I have read and understood the UKPHR Framework and Guidance for Applicants, Assessors and Verifiers.
2. I confirm that the information I have given is accurate and I agree to abide by the principles of the scheme and to participate fully, including in the evaluation process.
3. I confirm I have identified any competence gaps, arranged a method to address them and I will have completed the work and written the relevant commentary by the date I propose to submit.
4. I commit to the submission of my portfolio to the KSS Verification Panel by the date indicated in Section B. Where this is not possible, I understand that I have a maximum of 12 months from the date of being assigned an assessor to proceed to the verification panel. I understand failure to achieve this may result in the assessor relationship being terminated.

Signature: ………………………………………….   Date: ……………………………
(Applicant)

Section E:	Application dates to apply for an Assessor

- Friday 28 February 2014
- Friday 23 May 2014
- Friday 22 August 2014
- Friday 21 November 2014
- Friday 27 February 2015
- Friday 22 May 2015
- Friday 21 August 2015
- Friday 27 November 2015
- Friday 19 February 2016

Please submit your application by the appropriate deadline listed above by **12 noon** via the e-portfolio system or by post to:

Louise Holden
Kent Public Health Workforce Development Programme Manager

Kent Public Health Department, Kent County Council, Rm 3.45 Sessions House, County Hall, County Rd, Maidstone. ME14 1XQ

If you are <u>not</u> using the e-portfolio system please remember to email a copy of your assessment log to: phworkforcedevelopment@kent.gov.uk

Please note: an assessor will usually be confirmed within three weeks following the application closing date

Section F:	Checklist

Have you remembered to include your:
- completed and signed application form (electronic signatures may be used if sending on the e-portfolio system)
- commentary in its final format (or commentaries, if submitting more than one)
- evidence (associated with the commentary or commentaries, if submitting more than one)
- assessment log documenting the evidence used in commentary (not applicable if using the e-portfolio system)
- a copy of your current job description – *if this has changed since applying to join the Scheme*
- a short CV (highlighting relevant experience, qualifications, education and training) - *if this has changed since applying to join the Scheme*
- project plan and/or Gantt chart and/or indicator grid (if applicable)

Practitioner Registration
APPLICATION FOR an ASSESSOR

NORTH CENTRAL AND EAST
London PRS
PUBLIC HEALTH PRACTITIONER REGISTRATION SCHEME

Please submit a copy of your first commentary with this application (evidence not required).
NB: this form is confidential but will be shared with the assessor to whom you are assigned, via the e-portfolio system. You will be assigned an assessor within 2 weeks of submitting this form.

Your Details			
Your name:			
Title (Dr, Mrs, Ms, Mr):			
Employing organisation:			
Job Title:			
Date commenced on practitioner portfolio building	xx / xx / xxxx	Portfolio Development groups attended?	Y / N
Work address:			
Postcode:			
Tel. No.	Work:		Mob:
Email address:			

Your Assessment Schedule		
Commentary One (C1) submission	Attached	*DATE: xx / xx / xxxx
TITLE Commentary 1:		
Clarifications required from assessor (within 5 weeks of *) by:	xx / xx / xxxx	
Amendments to C1 (if any) to be returned to the assessor (within two months) by:	xx / xx / xxxx	
Commentary Two (C2) will be submitted:	xx / xx / xxxx	
TITLE (draft) Commentary 2:		
Clarifications required from assessor (within 3 weeks) by:	xx / xx / xxxx	
Amendments to C2 (if any) to be returned to the assessor (within two months) by:	xx / xx / xxxx	
Commentary Three (C3) will be submitted:	xx / xx / xxxx	
TITLE (draft) Commentary 3:		
Clarifications required from assessor (within 3 weeks) by:	xx / xx / xxxx	
Clarifications to C3 (if any) to be returned to the assessor (within two months) by:	xx / xx / xxxx	
Commentary Four *(contd.)……………*		
TITLE (draft) Commentary 4:		

(please amend this table to suit your plans eg: if you wish to submit all commentaries at the same time, or commentaries 2 and 3 together etc. You can check requirements in the Framework and Guidance document at : www.publichealthregister.org.uk/practitioner)

Timeline	
Preferred date for completion of the assessment *(no longer than 12 months from submission C1*)*	xx / xx / xxxx
Please highlight any events/plans that may interrupt the assessment process with dates eg: holidays/sabbaticals/ maternity leave/change of jobs/extended study periods – giving the start and end date of the interruption	**From:** xx / xx / xxxx **To:** xx / xx / xxxx **Reason:**

Your Employer	
Line Manager/Sponsor's name:	
Title (Dr, Mrs, Ms, Mr):	
Job Title:	
Work address with postcode:	
Email address:	
Employing organisation:	

Applicant Declaration

- I have read the UKPHR Framework and Guidance for Applicants, Assessors and Verifiers and fully understand the process of portfolio assessment, and the requirements regarding transparency and audit
- I have completed, and attach, a copy of my first commentary
- I have completed the sections on this form that give the assessor a clear outline of my plans for submitting subsequent commentaries with an end-date
- I understand the role of the Assessor (ie: not a mentoring role) and will communicate with the assessor through the e-portfolio system appropriately
- The line manager who authorised/supported my application for registration (see above), or their subsequent replacement, supports my application for assessment
- I confirm that I have loaded my first commentary, all accompanying evidence, my CV and JD onto Learning Assistant

Applicants signature:

Date:

Please use electronic signatures if sending by email.

- -

Office use only	
e-licence :	
Name of Assessor:	
Estimated end-date:	
Verification required (month):	
Moderation date (if applicable):	

Please send your completed application form to arrive no later than <u>Friday 23rd May 2014</u> to:

	CHECKLIST for applicants before submitting Commentary 1	Tick
1	Have you ensured that all 48 indicators, each demonstrated once, will be covered across your whole portfolio ie: completed your mapping?	
2	Have you checked over Commentary 1 to ensure that all of the indicators have at least 1 piece of evidence against them?	
3	Have you checked that all evidence has been cross-referenced on the e-portfolio system to the indicators it is being used to demonstrate?	
4	Does your commentary address knowledge, understanding and application in relation to each indicator?	
5	Does your commentary explain to the assessor why/how the evidence chosen, and which part of the evidence in particular, demonstrates each indicator?	
6	Is it going to be clear to the assessor which indicator you are talking about at any given time in the commentary, and which pieces of evidence you are referring to?	
7	Have you dated the evidence listed in your commentary so that it is clear to the assessor and verifier that 50% of it is within 3 years of registration?	
8	Have you included a reflective piece at the end of C1/each commentary?	
9	Have you uploaded your CV, and current JD onto the e-portfolio system in the supporting documents section?	

Appeal process

- Applicants may appeal to the UKPHR against a decision that they have not met the practitioner standards following assessment and verification.
- The purpose of the appeal procedure is to allow an applicant to challenge any perceived flaw in the handling of their application, on the grounds either that the decision was not warranted on the basis of the information provided, or because the procedure was faulty. The onus will be the practitioner to establish that the decision should be reviewed.
- No new material relating to the application can be submitted for an appeal hearing, because the appeal is against the assessor's and verifier's recommendations. The inclusion of new material would constitute reapplication rather than an appeal.

<p style="text-align:center; color:green; font-weight:bold;">Possible content within a
SERVICE SPECIFICATION
for the delivery of
PORTFOLIO DEVELOPMENT GROUPS</p>

Portfolio Development Groups (PDGs) are the key mechanism to support public health practitioners to develop a portfolio of evidence against the UKPHR practitioner standards for registration.

PDGs usually take the form of closed groups containing 8 – 12 practitioners and are based on the principles of action learning. They often run as a full day (eg: 10am – 4pm), and learning from scheme evaluations suggests that a varied format will be required eg: plenary learning, sub-groupings to compare commentaries, one-to-one facilitator support, and protected time to work individually on portfolios. Led by a facilitator, the group members support each other to develop their commentaries, apply for assessment of their portfolios and work towards verification.

The expectation of the XXXX scheme is that practitioners will apply for assessment of their first commentary submission by xxxx (eg: within 12 months/by their second PDG meeting/before the third meeting of their PDG etc. set by individual schemes). Providers are invited to submit a quote to deliver one or more of the X number of groups being established for the XXXX scheme. All quotes will need to be supported with two references from referees who have first hand experience of the provider and understand the requirements of the tender.

(NB: The value of tenders for PDGs across schemes is variable but might range between £550 - £800 per PDG depending on experience of the provider and whether venues are part of the provision. Some schemes also combine tenders for PDG support with other development requirements and/or support for assessor networks or practitioner engagement which then determines different valuations).

Provider will be required to:

- Support practitioners who have been accepted onto the scheme in developing a portfolio of evidence against the UKPHR practitioner standards through delivery of workshops/learning sets across a specified geographical area of the scheme and for a specified number of practitioners eg: each PDG will consist of a maximum of c.10 practitioners in a closed group
- Support practitioners so that they are able to:
    - *Understand the practitioner standards and indicators in relation to their work*
    - *Apply correctly the framework and guidance from the UKPHR for practitioner registration*
    - *Identify and proactively plan how to address their gaps in the standards/indicators*
    - *Map and plan commentaries*
    - *Understand the criteria that determines what evidence is admissable*
    - *Prepare and submit commentaries for assessment*
    - *Address clarifications and resubmissions*
    - *Apply for verification*
- Provide guidance to practitioners on preparation of their portfolios within the time limits specified by the scheme
- Assess the readiness of practitioners to commence the assessment process and to make an application to the register
- Provide regular activity reports and evaluations for all group sessions to the commissioning lead to maximise opportunities for securing funding for future learning and development support for this group
- Provide a final report of outcomes and deliverables to the commissioning lead

Provider must be able to demonstrate the following:

- Group facilitator will be a currently active accredited UKPHR assessor or verifier
- The facilitator will possess sound knowledge of the principles of action learning demonstrated by a relevant training qualification
- A sound working knowledge of the UKPHR standards, indicators and process for the registration of public health practitioners ie: conversant with the UKPHR Framework and Guidance document December 2013 http://www.publichealthregister.org.uk/practitioner
- Experience of working as a public health practitioner to at least advanced level with a working knowledge of the public health systems of the local area
- At least 3 years experience of facilitating groups
- Experience in using the necessary skills to support groups in a way that can respond to a range of individual needs within the group (eg: working at different levels/in different organisations/and at different stages in the portfolio building process)
- An understanding of the competency approach to skills and knowledge development

Key outputs from the PDGs:

- Agenda (within five working days prior to the date of the PDG)
- Concise notes containing a summary of the session, key questions raised and an action plan for each practitioner assigned to the group (within 7 working days of each session)
- Completed register of attendance (template provided)
- Completed evaluation forms (template provided)
- Date and venue of the next session

Key performance indicators:

- At least good or excellent on the evaluation forms for overall assessment of the days
- Retention rate of 75% of practitioners attending by the final session
- Assessor feedback on quality of applications submitted

The contract may be terminated by either party if the above minimum levels of performance are not met.

Timetable for Tender	Date
Invitation to quote	
Submission of quote	
Selection of successful bidder	
Notification of contract award decision	
Apppointment of contractor (following expiry of legally required standstill period)	
Complete and agree project plan with commissioning lead	
Commence project	
Final summary report	

APPLICATION FORM for facilitator/provider		
Requirement: Mandatory skills and knowledge of the facilitator	Scoring method*	Response/evidence provided
Date of UKPHR assessor /verifier training		*Eg: certificate*
Date of assessor/verifier development sessions attended		*Eg: minutes of meetings*
Number of practitioner candidates assessed to date		*Can be verified by scheme coordinator*
Requirement: Knowledge of principles of action learning		
Details and copy of relevant training qualification		*Eg: certificate*
Details of 3 years (min) experience of successfully facilitating groups		*Supporting statement, CV*
Requirement: Experience of working within a PH workforce		
Number of years experience of working as an advanced practitioner or above		*Supporting statement, CV*
Practitioner UKPHR registration number (if relevant)		*Registration certificate*
Requirement: Provision of appropriate venues		
Evidence of venue to be used		*Eg: weblink and postcode*
Assurances re: access, value-for-money, availability of refreshments		*Cost, facilities for wheelchair users, local public transport routes/parking facilities, affordable outlets for food/drink*
Requirement: Quotation		
Cost per PDG for facilitator:		
Cost per PDG for venue hire:		
Additional costs to be claimed:		*Eg: travel/parking*
Number of PDGs tendered for:		
FINAL Quotation for provision offered:		

*this may simply be pass/fail

Alaternative methods might be used to assess tenders and local guidance will prevail eg: marked 1-5 against certain criteria eg:

- understanding of the brief (20%)
- approach and ability to fulfil the brief (30%)
- experience in the field (40%)
- contract price/value for money (10%)

NB: Combination of service specification details taken from tender documents from the Kent, Surrey and Sussex scheme, the West of England Scheme and the West Midlands Scheme

Eligibility for Practitioner Registration

Public Health Skills and Knowledge Framework **Senior Level Levels 8/9**	Faculty Public Health Speciality training, or UKPHR registered Generalist or Defined Specialist Directors of Public Health Assistant Directors Public Health Consultants
	UKPHR <u>Specialist Register</u> – Generalist or Defined Public Health Specialists / Commissioning Leads for PH
Intermediate Level autonomy, knowledge and expertise **Levels 5, 6 and 7** Visit: http://www.phorcast.org.uk /page.php?page_id=44	**Public Health Practitioners UKPHR Practitioner Register** Public Health Strategists, Health Improvement Specialists, Health Information Analysts or Knowledge Specialists, Programme Managers, Service Leads, Public Health Associates/Advisors, Public Health Improvement Officers Also: Stop Smoking Advisors, Weight Management Coordinators, Environmental Health Officers, Healthy Lifestyles Coordinators,

To be eligible for practitioner registration you must:

- be currently working at Level 5 or above on the Public Health Skills and Knowledge Framework (but below Senior Levels 8/9) ie: at <u>levels 5, 6 or 7</u>
- have enough experience of working in public health to evidence competence (1-2yrs)
- be well versed in the UKPHR guidance for practitioner registration eg: by attending an introductory day and accessing the Framework and Guidance document
- have your line manager's consent/approval
- be able to commit to completing the portfolio with 24 months

Practitioner Portfolio Pathway

Offers guidance on the standards for public health practitioners

APPLICANT
Gathers evidence against the standards using the guidance and examples provided by the UKPHR

Applicant attends learning sets/portfolio development groups

Interactive process of clarification and resubmission until assessor is satisfied standards have been met

Provides guidance and role specification for assessors

Provides training and on-going support for assessors and the assessment process

ASSESSOR
o   Skilled in assessing evidence submitted by applicants
o   Successful completion of training is mandatory
o   Is thoroughly conversant with the public health standards
o   Need not be a registered public health professional

Assessment process within 12 months

o   Assessor signs off all standards as being met

o   Application passed to verifier

Provides guidance and role specification for verifiers

Provides training and on-going support for verifiers and the verification process

VERIFIER
o   Must be a registered Public Health Specialist for 3 years+ and complete UKPHR training
o   Makes recommendation to the appropriate Verification Panel

Verification panel agrees that the process has been followed and the standards have been met

Sample of applicants (up to 100%) moderated

Retrospective audit of process and applications

Retains a copy of completed application for registration with UKPHR within 3 mths

APPENDIX 4: Standards and indicators

AREA 1	STANDARD	INDICATOR
Professional and Ethical Practice	1. Recognise and address ethical dilemmas and issues – demonstrating	a) knowledge of existing and emerging legal and ethical issues in own area of practice
		b) the proactive addressing of issues in an appropriate way
	2. Recognise and act within the limits of own competence seeking advice when needed (links with 4a)	
	3. Act in ways that: (links with standard 9 and ethical frameworks)	a) acknowledge and recognise people's expressed beliefs and preferences
		b) promote the ability of others to make informed decisions
		c) promote equality and value diversity
		d) value people as individuals
		e) acknowledge the importance of data confidentiality and disclosure, and the use of data sharing protocols
		f) are consistent with legislation, policies, governance frameworks and systems.
	4. Continually develop and improve own and others' practice in public health by:	a) reflecting on own behaviour and practice and identifying where improvements should be made
		b) recognising the need for, and making use of, opportunities for personal and others' development
		c) awareness of different approaches and preferences to learning
		d) the application of evidence in improving own area of work
		e) objectively and constructively contributing to reviewing the effectiveness of own area of work.

AREA 2	STANDARD	INDICATOR
Technical competence in Public Health	5. Promote the value of health and wellbeing and the reduction of health inequalities - demonstrating:	a) how individual and population health and wellbeing differ and the possible tensions between promoting the health and wellbeing of individuals and the health and wellbeing of groups
		b) knowledge of the determinants of health and their affect on populations, communities, groups and individuals
		c) knowledge of the main terms and concepts used in promoting health and wellbeing
		d) knowledge of the nature of health inequalities and how they might be monitored
		e) awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing
	6. Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group - demonstrating:	a) knowledge of the importance of accurate and reliable data / information and the anomalies that might occur
		b) knowledge of the main terms and concepts used in epidemiology and the routinely used methods for analysing quantitative and qualitative data
		c) ability to make valid interpretations of the data and/or information and communicate these clearly to a variety of audiences
	7. Assess the evidence of effective interventions and services to improve health and wellbeing – demonstrating:	a) knowledge of the different types, sources and levels of evidence in own area of practice and how to access and use them
		b) the appraisal of published evidence and the identification of implications for own area of work
	8. Identify risks to health and wellbeing, providing advice on how to prevent, ameliorate or control them - demonstrating:	a) knowledge of the risks to health and wellbeing relevant to own area of work and of the varying scale of risk
		b) knowledge of the different approaches to preventing risks and how to communicate risk to different audiences.

AREA 3	STANDARD	INDICATOR

Application of technical competence to public health work	9. Work collaboratively to plan and / or deliver programmes to improve health and wellbeing outcomes for populations / communities / groups / families / individuals – demonstrating:	a) how the programme has been influenced by:
		  I. the health and wellbeing of a population
		
		  II. the determinants of health and wellbeing
		
		  III. inequalities in health and wellbeing
		
		  IV. the availability of resources
		
		  V. the use of an ethical framework in decision making/ priority setting.

		b) how evidence has been applied in the programme and influenced own work
		c) the priorities within, and the target population for, the programme
		d) how the public / populations / communities / groups / families / individuals have been supported to make informed decisions about improving their health and wellbeing
		e) awareness of the effect the media has on public perception
		f) how the health concerns and interests of individuals groups and communities have been communicated
		g) how quality and risk management principles and policies are applied.
		h) how the prevention, amelioration or control of risks has been communicated

AREA 4	STANDARDS	INDICATOR
Underpinning skills and knowledge	10. Support the implementation of policies and strategies to improve health and wellbeing outcomes – demonstrating:	a) knowledge of the main public health policies and strategies relevant to own area of work and the organisations that are responsible for them
		b) how different policies, strategies or priorities affect own specific work and how to influence their development or implementation in own area of work
		c) critical reflection and constructive suggestions for how policies, strategies or priorities could be improved in terms of improving health and wellbeing and reducing health inequalities in own area of work
		d) the ability to prioritise and manage projects and/or services in own area of work
	11. Work collaboratively with people from teams and agencies other than one's own to improve health and wellbeing outcomes – demonstrating:	a) awareness of personal impact on others
		b) constructive relationships with a range of people who contribute to population health and wellbeing

		c) awareness of:
		  I. principles of effective partnership working
		  II. the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes
		  III. the different forms that teams might take

	12. Communicate effectively with a range of different people using different methods	

APPENDIX 5: Quality Framework

Public Health Practitioner Programme Quality Framework

This Public Health Practitioner (PHP) quality framework was developed as a tool to be used by PHP Schemes. The quality framework was informed from the independent evaluation conducted by London South Bank University of the Wessex PHP Scheme. The framework consists of six domains which includes the overarching principles for quality and the supporting indicators. The indicators are indicative of the Wessex evaluation and therefore recognise that not all of the indicators will be relevant to all schemes. This is because local schemes are set up and managed differently however the overarching principles will be relevant to all schemes.

How to use the tool

PHP Quality Framework has been developed as a tool for local schemes to use in a simple and practical way. The quality framework is not intended to be used as a performance management tool. The tool allows for schemes to assess different aspects of their programme against the quality framework demonstrating the evidence which supports the domain; principle and indicator. The tool can help existing and new schemes to assess where there may be potential gaps in quality, allowing for actions to be taken to address, along with recognising areas where quality is in place.

Em Rahman, Head of Public Health Workforce Development, Wessex School of Public Health (2014)

Standard	Standard Met?			Evidence
	Yes	**No**	**N/A**	
Domain One: Quality				
Management and Communication **1. There are appropriate strategies and plans in place to ensure clear management and monitoring of the PHP scheme.**				
1.1. Clear roles and responsibilities of Scheme Coordinator in place with lines of accountability and reporting processes.				*(e.g. Job Description)*
1.2. PHP advisory board set up to provide management and oversight of the local scheme.				*(e.g. Terms of Reference)*
1.3. Clear plan of the scheme and its processes including key dates and milestones.				*(e.g. schedule of dates)*
1.4. Communication plan on engaging and PHP registration to stakeholders.				*(e.g. Scheme flyer/information)*
Domain Two: Recruitment and Selection				
Recruitment and Selection **2. There are appropriate strategies in place for the recruitment and selection of practitioners that adheres to the UKPHR framework and guidance.**				
2.1. Clear adherence to the entry and acceptance criteria: • Working in PH for a minimum of 2 years. • Working at minimum of level 5 of the PHCSF.				*(e.g. Application guidance)*
2.2. Completed practitioner standards self assessment template providing detail on gaps in knowledge and skills.				*(e.g. Self assessment template)*
2.3. Standard application form enabling applicant to demonstrate how they meet the selection criteria.				*(e.g. Application form)*
2.4. Application form to be signed off by practitioner and their employer/line manager.				*(e.g. Application form)*

2.5. Applicants to be interviewed to assess readiness to complete the PHP programme.				*(e.g. Interview schedule)*
2.6. Information on number applications received and reasons for rejection to be monitored and reported annually.				*(e.g. Monitoring report)*
2.7. Structured induction programme for practitioners and their line managers. Content to include: • The role of UKPHR • Overview of scheme • The role of Mentors/Assessors/Verifiers • Overview of the support/development programme • Expectations of practitioners in completing the portfolio • Expectations of line managers supporting their staff. • Induction pack				*(e.g. Induction programme)*
2.8. Learning contract for each applicant, including the agreement to completing the programme and sign off by employers/line managers.				*(e.g. Learning contract)*

Domain Three: Support/Development Programme & Mentoring

Support/Development Programme

3. Effective management and delivery of the PHP support/development programme for practitioners completing their portfolio.

3.1. Clear outline of the support/development programme and its different components to be made available for practitioners including: • Roles and responsibilities of the support/development programme lead and practitioners. • Plan of support/development programme with key dates and milestones. • How to develop a PHP portfolio. • How to develop a PHP commentary.				*(e.g. Support programme plan)*

3.2. Clear plan on how identified gaps from practitioner's self assessment* will be addressed.				*(e.g. Self assessment template)*
3.3. Regular update meetings to Scheme Coordinator on practitioners progress on the support/development programme.				*(e.g. Monthly meetings)*
3.4. Contribute to the formal review process of each practitioner's progress at the end of the support/development programme.				*(e.g. Progress report)*
3.5. Support/development programme to engage with Assessor development sessions and teleconferences to ensure consistency.				*(e.g. Teleconference dates)*
Mentoring*				
4. Effective development, management and delivery of mentorship support for practitioners completing their portfolio.				
4.1. Clear roles and responsibilities of a PHP Mentor.				*(e.g. Mentor role description)*
4.2. Clear recruitment and selection criteria for Mentors produced.				*(e.g. Mentor guidance information)*
4.3. Training and ongoing development in place for PHP Mentors.				*(e.g. Training programme)*
4.4. Management and allocation of Mentors to Practitioners by Scheme Coordinator.				*(e.g. PHP database)*
Domain Four: Assessment, Verification and Moderation				
Assessment				
5. Effective development, management and delivery of Practitioner Assessors for the assessment of practitioner portfolios.				
5.1. Clear roles and responsibilities of a PHP Assessor in accordance with the UKPHR Framework and Guidance.				*(e.g. Assessor information sheet)*

5.2. Clear recruitment and selection criteria for Assessors adhered to in accordance with the UKPHR Framework and Guidance.				*(e.g. Assessor recruitment flyer)*
5.3. Assessor training and development sessions delivered by UKPHR.				*(e.g. training programme)*
5.4. All Assessors trained in using the E-Portfolio*				*(e.g. Numbers completing e-portfolio training)*
5.5. Assessor support in place by Scheme Coordinator in accordance with UKPHR Framework and Guidance.				*(e.g. Assessor/Verifier teleconferences)*
5.6. Learning contract between practitioner and assessor in place.				*(e.g. Learning contract)*
5.7. Assessors contribute to the formal review process of Practitioners progress on the programme.				*(e.g. Formal review guidance)*
5.8. Management and allocation of Assessors to Practitioners by Scheme Coordinator.				*(e.g. PHP Database)*
5.9. List of Assessor to be updated annually and publicly available.				*(e.g. Assessor list)*
Verification				
6. Effective development, management and delivery of Verifiers for the verification of practitioner portfolios.				
6.1. Clear roles and responsibilities of a PHP Verifier in accordance with the UKPHR Framework and Guidance.				*(e.g. Verifier information sheet)*
6.2. Clear recruitment and selection criteria for Verifiers adhered to in accordance with the UKPHR Framework and Guidance.				*(e.g. Verifier recruitment flyer)*
6.3. Verifier training and development sessions delivered by UKPHR.				*(e.g. Training programme)*

6.4. Verifiers trained in using the E-Portfolio*				*(e.g. Number completing e-portfolio training)*
6.5. Verifier support in place by Scheme Coordinators in accordance with UKPHR Framework and Guidance.				*(e.g. Assessor/Verifier teleconferences)*
6.6. Management and allocation of Verifiers to Practitioners by Scheme Coordinator.				*(e.g. PHP database)*
6.7. Verification Panel managed and administered by the Scheme Coordinator.				*(e.g. Verification panel information sheet)*
6.8. List of Verifiers to be updated annually and publicly available.				*(e.g. Verifier list)*
Moderation				
7. Effective moderation strategies to be in place to provide assurances of the scheme.				
7.1. UKPHR to provide trained and qualified PHP Moderators to provide moderation support to the Scheme.				*(e.g. UKPHR MoU)*
7.2. Annual spot moderation to take place of the scheme.				*(e.g. UKPHR MoU)*

Domain Five: Registration and Recognition

Registration and Recognition				
8. Appropriate strategies and plans in place to support the registration and recognitions of Practitioners completing the programme.				
8.1. Local awards ceremony for those achieving registration*				*(e.g. Event programme)*
8.2. Local recognition of contributions made by Mentors; Assessors and Verifiers to the PHP Scheme.				*(e.g. PHP Newsletter)*

8.3. Provide template for recording CPD.				*(e.g. CPD template)*

Domain Six: Monitoring, Evaluation and Reporting

Feedback and Evaluation
9. Strategies and plans in place to ensure feedback and evaluation of PHP programme is collected and used to inform and improve the programme and its processes.

9.1. Production of an annual monitoring report on programme delivery including outputs, outcomes and formal feedback from: • Practitioners • Support/Development programme and Mentors • Assessors • Verifiers				*(e.g. Annual report)*
9.2. Six-monthly practitioner progress report sent to practitioner's line manager.				*(e.g. Progress report)*

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* *This indicator is dependent on resources available to the local scheme.*