

UKPHR

Public Health Register

Protecting the public | improving practice



Guidance for Applicants, Assessors and Verifiers

Public Health Practitioner Registration

May 2023

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1. Overview and principles

This document describes the framework and process for gaining registration with UK Public Health Register (UKPHR) as a public health practitioner. It contains guidance on the UKPHR requirements for applicants, assessors, and verifiers. It should be read in conjunction with the [Supporting Information](#) document.

Registration of public health practitioners protects the public by:

- setting and promoting standards for admission to the Register and for remaining on the Register
- publishing a Register of competent professionals and
- dealing with registered professionals who fail to meet the necessary standards.

Registration supports practitioners as it formally recognises their ability to apply public health knowledge and understanding and demonstrates this to peers and employers.

Practitioners wishing to gain registration are required to produce a portfolio of evidence demonstrating their competence against the UKPHR Practitioner Standards. Assessment and verification of the portfolio against these standards is a prerequisite for registration.

As with all regulators, registration with UKPHR will incur a one-off administration fee plus an initial registration fee and subsequently an annual registration fee. The [current fees](#) are available on UKPHR's website.

This guidance is applicable to practitioners working in a range of settings, including local government, health care and the voluntary sector. Their job titles may not include public health, for example, health improvement, health development, health intelligence, health promotion, and their roles may not be based in a public health team.

1.1 Joining a local assessment scheme

Practitioners wishing to gain UKPHR registration must apply to a local assessment scheme. There are several local assessment schemes in operation and prospective applicants should check UKPHR's website for information on the current availability of schemes. Applicants should in the first instance contact the local assessment scheme coordinator and express an interest to apply.

UKPHR's remit is to protect the UK public and that some SRbPA competencies required UK knowledge. This includes other crown dependencies/territories, including Jersey, Isle of Man and Gibraltar within UK remit, in line with other regulators. This applies to all registrants, including practitioners. Applicants from other crown dependencies/territories will need support from a local assessment scheme. Acceptance onto a local assessment scheme is made locally in line with local priorities.

1.2 Overview of assessment and verification processes

Practitioners are assessed against the UKPHR Practitioner Standards by locally appointed and UKPHR-trained assessors and are registered following recommendation by the local UKPHR-supported Verification Panel. Assessors and verifiers are the custodians of the standards of practice and their roles are of the utmost importance.

In addition to the training and support of assessors and verifiers, UKPHR provides quality assurance including moderation of some portfolios, to ensure consistency of standards and outcomes across the devolved UK schemes, and to support the process by providing advice, feedback, and suggestions.

The assessment and verification processes must be robust and consistent in maintaining standards and proportionate to the risks posed to the public by the workforce. They should provide a system in which professionals, employers, and the public can have confidence.

The assessment process should be supportive of the applicant and embedded as far as possible in existing infrastructures such as continued professional development (CPD), personal development planning and appraisal - a system that is sustainable into the future.

The assessment process should be transparent with a clear audit trail; to achieve this, the applicant, assessor, and scheme coordinator share the assessment log as an open document between them.

The assessment log is the record of the progress and outcome of the assessment. It is very important in both the assessment and verification processes and should be completed with care and attention to detail (see later sections).

Once the assessment has been completed, the portfolio and assessment log are passed to a verifier, who checks that the assessment process has been undertaken appropriately and the audit trail is clear. Their findings are documented in the log.

A local Verification Panel then considers the submission. Once the Verification Panel has recommended the applicant for registration, the applicant has three months in which to apply to UKPHR for registration.

The process is outlined in the figure below (figure 1).

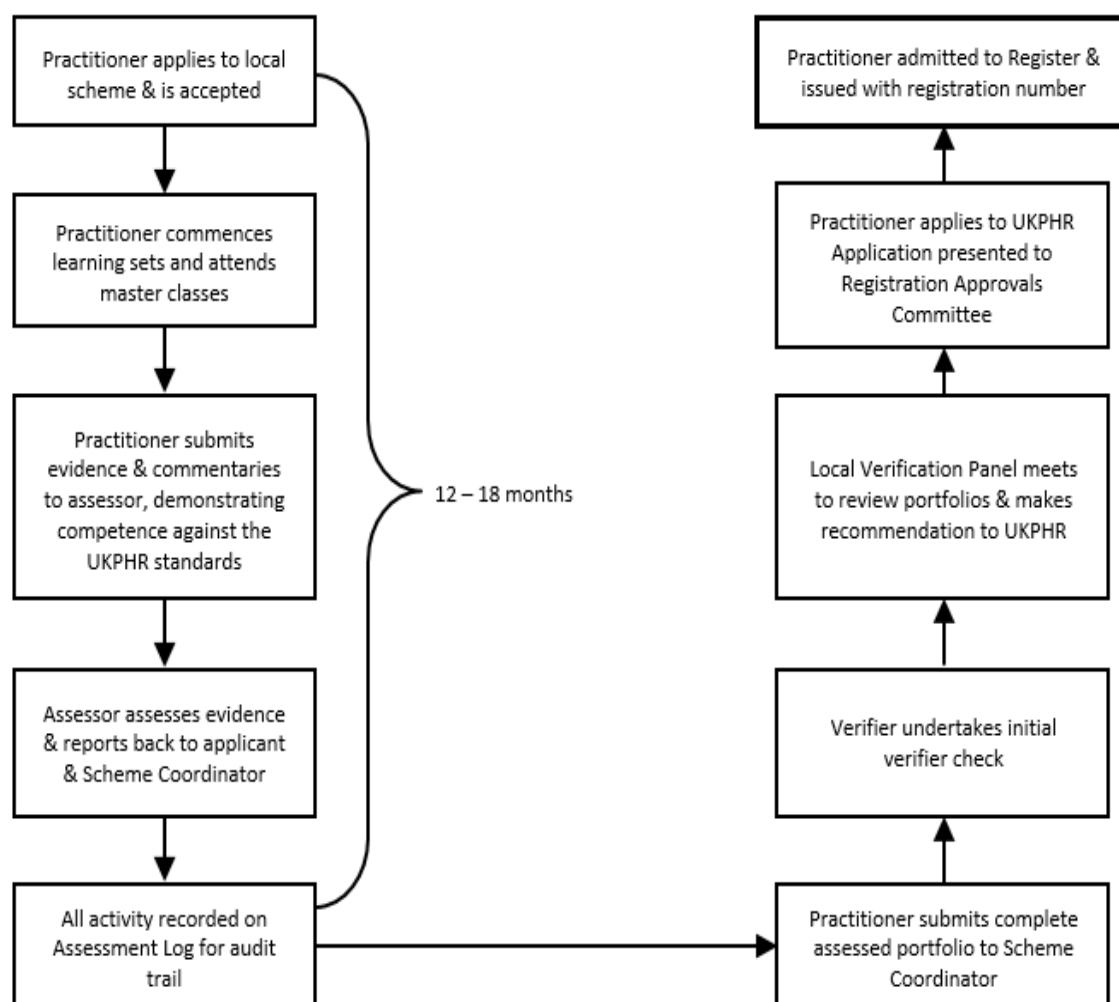


Figure 1: Practitioner Registration Process

Please note that the provision of support varies across schemes; not all schemes provide, for example, master classes or learning sets.

1.3 The standards for practitioner registration

This document applies to the [UKPHR Practitioner Standards 2018 \(2nd edition\)](#).

The standards are aimed at those already working as autonomous public health professionals in their own area of public health practice. They have been grouped under eight area headings. There are 34 standards, which are given in full in Annex 1.

Where the standards use the phrase ‘public health function’, this is defined as ‘*improves and protects the public’s health and reduces health inequalities between individuals, groups and communities, through coordinated system-wide action*’ (PHSKF 2016).

The standards require adherence to an ethical approach and a general understanding and application of public health with a focus on public protection: they do not cover all the competencies public health practitioners may require in specific posts.

2. Guidance for applicants

2.1 Eligibility

You should be already working as a public health professional with autonomy in your own area of public health practice; you will be managed rather than supervised directly; you will continually develop your own area of work and support others to understand it; you may contribute to a programme of work in a multi-agency or multi-disciplinary environment (see Annex 2 for further detail on levels of practice).

It is likely that you will have had at least two years' work experience in an autonomous public health role. As registration is based on your own work, most practitioners need this amount of experience to be able to demonstrate competence.

As a public health practitioner, you should also see yourself on, and be keen to pursue, a public health career pathway.

2.2 Applying to a local scheme

Practitioners wishing to gain registration with UKPHR must apply to join a local assessment scheme. Local schemes may wish to see evidence that you intend to pursue a public health career, and possibly that you have started the process of building your portfolio and gathering evidence. They may require you to undertake a baseline self-assessment of your competence against the standards, identifying any gaps and outlining your plans to address these. They may also require you to provide evidence of support for your application from your line manager.

2.3 Planning your portfolio

Once accepted by a local scheme, you will be supported in producing your portfolio of evidence to demonstrate competence against the practitioner standards. This support may include facilitated learning sets, master classes and attendance on taught courses.

When planning your portfolio, you should begin by identifying at least **three** discrete key pieces of work you have undertaken, primarily within the last five years, and map that work against the standards.

A portfolio consists of several commentaries **with their associated supporting evidence**. A commentary describes a piece of work demonstrating your role, which is linked to a selection of appropriate standards being claimed. At least three commentaries describing discrete pieces of work are required, but more may be provided if needed to evidence all the standards. The commentaries must relate to different aspects of your work.

The standards are intended to be relevant to a wide range of public health practitioners, not just those who have public health in their job title.

2.4 Demonstrating knowledge, understanding and application in practice

Applicants are required to demonstrate their knowledge, understanding and application of ALL the standards and provide objective evidence of this.

The standards recognise that knowledge supports practice, so they do not have separate knowledge and practice statements. You must demonstrate how you have **gained knowledge** that underpins a standard, which has supported the work that you have done.

The level of knowledge required is broadly equivalent to a first degree (Level 6 in the Qualifications and Credit Framework¹, Level 10 in the Scottish Credit and Qualifications Framework²). It is not necessary for all knowledge to be acquired through formal study; a wider range of sources may be accessed.

Knowledge may have been gained through learning on formal/accredited courses, on-the-job learning, learning through attending meetings, conferences, private study, and other means.

It is important that you can clearly describe a brief overview of the **content** of the knowledge you have acquired relevant to the standard being claimed; what you have understood from the learning and how you have **applied** it in practical examples.

Any formal qualification is not automatic proof of acquisition of knowledge, without sufficient detail to relate it to the standard. Objective evidence of attendance/participation must be supported by dates, relevant syllabuses, course objectives, or course materials with additional text stating what has been learnt from participating in the course and its relevance to the standard. Submitting evidence of attendance or completion of a course alone is not sufficient to demonstrate knowledge acquisition because individual curricula vary.

Learning from less formal learning activities can be used e.g., on the job learning, shadowing/buddying a colleague, mentoring, coaching, team meetings/development days, journal clubs, and self-guided learning. Knowledge gained through experience or other informal methods needs to be set out with sufficient explanation in the commentary, triangulated with the evidence to assure the assessor of the authenticity, legitimacy, appropriateness, and relevance of learning at the appropriate level e.g., the key points of the knowledge gained and/or the source of relevant learning material used to support the learning should be summarised. This should be supported with objective evidence where available, e.g., minutes/ programmes.

Knowledge gained through experience may be supported by a testimonial from an appropriate professional as evidence of the knowledge claimed. However, a testimonial on its own is insufficient.

2.5 Presentation of evidence

Your evidence should be drawn from work that you have done in the past or are currently involved with. It should be 'real life' work, rather than theoretical examples, for example from academic study. Evidence can reflect competence gained in any country or setting; the evidence must be presented in the English language.

¹ <https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels>

² <https://scqf.org.uk/interactive-framework/>

It is not acceptable to use another person's ideas or work and pretend that it is your own (plagiarism). Assessors will look for obvious examples, such as cutting and pasting information from a standard website without citing.

In such cases, assessors will require applicants to correct the material by, for example, representing the commentary with appropriate redaction, citation or referencing.

The assessor will comment on this in the assessor overview so that the verification panel can see the audit trail.

You should present real examples, which the person providing your testimonial is able to sign off as your work (see section 2.9). The work can be from your paid role or from voluntary work with other organisations other than your employer, however it must be relevant to delivering the public health function.

Be selective about which and how many pieces of work you use to demonstrate competence. You are required to include at least **three** discrete key pieces of work in your portfolio. Therefore, a single piece of work usually provides evidence for competence against several standards.

Each standard should only be claimed once, so an individual standard must be fully evidenced from one of the pieces of work you have chosen.

Your choice of evidence is a good indicator of your understanding of the standards. Ensure your evidence is relevant to the specific standard and use the minimum number of items of evidence possible.

The portfolio submission must consist of three or more discrete pieces of work each accompanied by a commentary, which explains:

- which standards you are addressing through this piece of work and why
- the context in which the work was done and why it was done
- your role in the work and why and how you were involved.

The commentary should include a reflective section, in which you can draw out aspects of your work or address specific points, which may be unclear. You should also outline lessons you have learned.

The commentary is important in explaining the relevance of your work to the specific standards. It contributes to the demonstration of competency, particularly your understanding of the standard. Explicit evidence derived from that work is still required.

Your evidence must be referenced in the assessment log column “applicant evidence”.

Each item of evidence must be labelled clearly and dated (the date should refer to when the evidence was produced). Only evidence entered against a standard on the assessment log will be assessed.

Remove any reference to an identifiable client/patient/user; refer to organisations or roles, rather than individual professionals. Standard 2.2 concerns the importance of data confidentiality and disclosure. You need to demonstrate this competence throughout your portfolio.

Further information about confidentiality is given in the [Supporting Information](#) document.

The following types of evidence of application can be submitted to support your commentary:

- written reports
- emails
- minutes of meetings and agendas
- examples of social or other media
- a detailed testimonial of your contribution from a manager or senior colleague (this must refer to the specific standard using the template provided in the [Supporting Information](#) document (page 25) Please note: this is different to the testimonial you will provide for your overall portfolio submission (see page 14)
- video/audio file
- your observation and analysis of, and discussion with colleagues about relevant public health practice and research by others
- observation by an appropriate professional with a detailed testimonial (referring to the specific standard).

Whilst work programmes can extend over many years, **it is a requirement that overall half of the items of evidence submitted should be from within 5 years of the date of application for registration to UKPHR (50% rule).**

As it may take you a year or more to complete the assessment process, you will need to plan to ensure that half of your evidence is current **at the date of application to UKPHR** for registration.

Evidence of knowledge, which is drawn from learning undertaken more than 5 years before registration, can be used, but you should always consider providing evidence of how this knowledge has been kept up-to date, for example through CPD. Applicants should also note that they will need to provide evidence of this updated knowledge.

Applicants who have paused their portfolio development for any reason, for example in line with the parental leave policy (UKPHR Dec 2022) should note they are still required to ensure that they are fit to practice at the time of registration. They should ensure that any extensions granted do not bring into question their fitness to practice.

2.6 Working with your assessor

As soon as you have prepared your first commentary and its accompanying evidence, your local scheme coordinator will assign you a UKPHR trained assessor. The assessor must meet UKPHR's assessor role specification (see Annex 3) and will be appointed only after successfully completing UKPHR training.

The assessment process is intended to be supportive of applicants. Local schemes may find that practitioners going through the assessment process benefit from access to a mentor. It is important to separate the assessor's role from that of a mentor. An assessor cannot be a mentor to the same individual. A comparison of the roles is given in Annex 4.

You should agree a timeline for submission with your assessor. You are advised not to submit all the evidence for your portfolio at the same time; you should submit consecutive commentaries, so that you can benefit from the feedback on your submissions. The whole process should be completed within a reasonable time; a maximum of 18 months is required by UKPHR, but a lower limit may be set by your local scheme. Should you experience difficulties meeting your agreed timescales, your assessor and local scheme coordinator must be informed by email or the messaging function on the e-portfolio.

2.7 The assessment process

You are required to produce evidence for each standard listed in Annex 1. The standards are also clearly listed within the assessment log.

Your assessor will provide feedback, via the assessment log, on the evidence you have supplied for each standard; this will clearly state whether the evidence is **adequate** to demonstrate competence, or whether a **clarification** or **resubmission** is required.

Clarification means that your assessor believes that you do have, or could provide, from the work you have already submitted against this standard, the evidence to demonstrate competence, but requires more detail or information to be assured of this.

Your assessor will explain in the assessment log the reason for the clarification and this should be addressed in your response. Common reasons for clarifications include but are not limited to: inadequate demonstration of knowledge, application or understanding; lack of or inadequate supporting evidence; work not at the appropriate level; some element(s) of the standard missing; or applicants not being clear about their role in the work.

In response to a clarification request, you can expand your submission by statement(s) in your commentary, to amplify why a piece of evidence already submitted supports the standard or provide additional detail relating to evidence already submitted. You may also provide supplementary evidence relating to the **same work**.

All clarifications should be submitted within two months of the request from your assessor. This is the time frame UKPHR recommends; your local scheme may set its own lower time limit. Note that clarifications are part of the assessment process and are to be expected.

Resubmission means that your assessor considers that you will not be able to demonstrate competence against the standard using evidence from this piece of work. You must provide new evidence from work not previously submitted against this standard, accompanied by a new commentary. Your assessor should clearly explain the reason for resubmission.

You may have to consider undertaking further work to provide new evidence.

Resubmission evidence should be submitted within six months of the request from your assessor. This is the time frame UKPHR recommends, but your local scheme may set its own lower time limit.

If your new evidence is still considered inadequate to demonstrate competence against the standard, you can make one further resubmission within a further stipulated time period, if this does not take you beyond the agreed timeframe for complete portfolio submission.

As a rule, it is not expected that you should clarify your evidence more than twice for any one standard. Two resubmissions per standard are allowed.

This process of submission, clarification and resubmission of evidence will continue until your assessor is satisfied that all the standards have been met, or until you consider that your evidence is as good as it is likely to be, and you have made a statement to this effect on the assessment log.

At this point you can request that your scheme coordinator puts forward your portfolio to be considered by the Verification Panel. For further information, read the sections below, "Guidance for assessors", and "Outcomes of assessment".

2.8 The assessment log

The process of evidence submission and assessment is recorded throughout on the assessment log, which you must complete. The assessment log is a “live document” that moves between the applicant, the assessor and the scheme coordinator until all standards have been assessed as met. The assessment must be kept electronically or in an e-portfolio if used by the local scheme.

The log will show how each of the standards has been met and what evidence has been presented to demonstrate this. The appropriate sections must be completed and signed by both your assessor and verifier before the log is submitted to the verification panel.

Once completed, the log will form part of the assessment documentation.

You must ensure the assessment log is populated with a list of your evidence against each standard. Your assessor will record on the log the date when each standard has been assessed and ultimately agreed as met, and their view on why and how your evidence meets the standard in terms of knowledge, understanding and application in practice. You will need to check the evidence column has been re-populated every time you add additional evidence to support clarifications and resubmissions as your assessment progresses.

The verifier will also record their views on the log.

All assessment and verification decisions remain on the log, ensuring a complete audit trail.

2.9 Verification and the registration process

Once your assessor considers that you have met all the standards, the assessor will notify you and the local scheme coordinator of this. The local scheme coordinator will pass your application to a UKPHR trained verifier. The verifier will check that the assessment has been carried out appropriately and will provide independent scrutiny.

Your verifier will meet the current UKPHR Verifier eligibility criteria and will not know you personally or your work. Verifiers will have met the UKPHR verifier role specification (see Annex 5) and will have successfully completed UKPHR training.

For the verification stage, you should prepare the following documentation:

- A current CV
- A current job description (please see [Supporting Information](#) if you are not employed or you are self-employed at the time of registration)
- Certified copies of original certificates for qualifications and courses
- A testimonial and a reference, which must be from two different people.

The reference should be from someone who knows you professionally, who can confirm that there is no professional, or fitness to practise, reason why you should not be included on the Register. The referee should be able to provide general comments about your ability as a public health practitioner.

The testimonial should be from someone who has reviewed the evidence you have submitted for assessment and can confirm that it is your work. The writer of the testimonial should be able to comment on the quality of the evidence submitted and confirm that you are working,

or capable of working, at public health practitioner level. This overall testimonial is separate to any testimonials you may have included as part of your evidence. It is acknowledged that applicants may have submitted evidence from a range of different roles. Whilst the author of the testimonial may not have directly observed all the work submitted for assessment, they should be able to confirm that they are confident that the work they have not observed directly, is your own work in their professional opinion. If one person does not feel able to provide a testimonial for the entire portfolio, you may get a second testimonial to cover specific gaps.

Both the reference and testimonial are required for the verification process, and both will also be required when you submit your application for registration to UKPHR. The same reference and testimonial should be used for both purposes. Further information on testimonials and references is given in the [Supporting Information](#) document.

Verifiers will meet locally as a Panel on a regular basis to consider applications. Your evidence will not be submitted routinely to UKPHR, although applications can be called in by UKPHR for moderation or audit at any stage of the process.

On the recommendation of the Verification Panel, successful applicants will have three months in which to apply to UKPHR (using the UKPHR online registration portal). Please see section 5 for more information.

3. Guidance for assessors

Applicants are assigned an assessor by the local scheme coordinator.

An assessor need not be a registered public health professional but must be able to meet the role specification in Annex 3 and satisfactorily complete the training provided by UKPHR.

An assessor should not normally commit to assessing more than two practitioner applications at the same time.

3.1 Assessment of evidence

Practitioners submit evidence to demonstrate competence against the standards and assessors assess this evidence to determine whether the standards have been met and complete the assessment log. Support and practice on judging whether evidence meets the standards is given as part of UKPHR training and ongoing support.

Guidance on the use of UKPHR's assessment log, and on the amount, nature, currency, and content of evidence to meet the standards, is given in the section "Guidance for applicants".

For every standard, you must complete the columns headed "Assessment outcome" and "Assessor's comments" in the assessment log.

You must complete the columns as follows:

- If you accept the evidence indicate this with an A and date the column.
- If clarification is required, indicate with a C and the date (see section 3.4 for more information on clarification).
- Where the evidence is inadequate and you believe that the applicant will not be able to provide evidence from the work presented, indicate that resubmission is required with an R and date (see section 3.4 for more information on resubmission).

Under the assessor's comments column in the assessment log, summarise how you reached your decision. Briefly explain how the evidence has met the standard. Refer to the understanding and application of knowledge (see the next section for advice on assessing understanding).

In other words, state (briefly) "this evidence meets the standard because..." and mention knowledge, understanding and the application of knowledge in practice. It is important that the reasons for your decisions are clear to the applicant and verifier.

To maintain a full audit trail, a new assessment decision following a request for clarification or resubmission must be listed beneath the original decision (rather than over writing it) and dated accordingly e.g., **C 23/9/11, A 28/10/11**.

Once the portfolio has been fully assessed, you must complete the assessor section "Overview of Portfolio" before submission for verification. The clarifications and resubmissions should be listed, and the currency of evidence confirmed.

It is a requirement that overall half of the items of evidence submitted should be from within 5 years of the date of application for registration to UKPHR.

This currency requirement is required to ensure that applicants are up to date, and is directly related to fitness to practice, which is the key purpose of registration. Therefore, applicants

are expected to demonstrate currency without exception. Assessors should check the currency of evidence with applicants as they progress through the assessment.

Evidence should be assessed at the level of autonomous practice. Guidance on benchmarking this level will be given in the assessor training and a more detailed description of the level of practice is provided in **Annex 2**.

Evidence will not be presented for assessment for all standards at the same time, as commentaries should be submitted consecutively. Individual standards or groups of standards can be 'signed off' at intervals over time.

Feedback on submissions to practitioners should be via the log and can help a practitioner with subsequent submissions. The applicant needs to know what they must do to address your concerns but should not be told how to do this. It is important to separate the role of assessor from that of mentor.

An assessor cannot act as a mentor to the same individual. A comparison of the roles is given in **Annex 4**.

The applicant and assessor should agree a submission timeline at the start of the process.

There should be an agreed method of contact in case of difficulty; email or the messaging function on the e-portfolio is recommended; a copy of any correspondence should be kept until the registration process been completed.

The turnaround time for assessing a single commentary with its associated evidence should be within three weeks.

The whole assessment process should be completed as quickly as possible and should not normally take longer than 18 months at the most. A shorter time period may be stipulated by the local scheme. Any difficulties with timeframes should be discussed with the scheme coordinator as soon as possible.

As described in the section on 'Guidance for applicants', evidence for standards may not necessarily be written, and can also involve an appropriate professional observing the applicant e.g., in a meeting or making a presentation. A detailed testimonial must be provided (see [Supporting Information](#) and template provided).

Assessors are encouraged to ask fellow assessors to review their work at any time, and to discuss their assessments with one another. However, an assessor must retain the responsibility for the assessment decisions and for the information entered on the log.

If assessors encounter concerns, particularly with a first commentary, they are encouraged to raise these with the scheme coordinator. A moderator can be contacted to discuss difficulties e.g., concerns about overall quality or interpretation of particular standards.

3.2 Demonstrating and assessing understanding

Applicants are required to demonstrate their competence by providing evidence of Knowledge, Understanding and Application against each standard. This is achieved through the submission of three or more commentaries, in which discrete pieces of work are described which relate to specific standards.

The role of the applicant in the work, its context and the standards claimed are set out in the commentary, as is how knowledge was acquired and how it was applied. Specific evidence to back up the narrative in the commentary is required. This evidence usually relates directly to

knowledge and application, which raises the question of how understanding can be demonstrated and assessed.

Understanding is the bridge between knowledge and application and is important because it relates directly to the purpose of registration, the recognition that practitioners are competent and safe to practice autonomously. In the practitioner registration process, it is demonstrated and assessed explicitly through:

- the choice of the standards for a particular piece of work
- the explanation of this choice (commentary)
- the explanation of how the standard has been demonstrated in the work, which provides a convincing narrative to the assessor (commentary)
- reflection on the work (commentary).

Separate evidence for understanding is not required, although the choice of appropriate evidence for knowledge and application, and the description of these in the commentary, will add to the assessor's assurance that the practitioner has understanding.

3.3 Confidentiality and data protection in evidence

Standard 2.2 concerns the importance of data confidentiality and disclosure. Applicants must demonstrate competence in this area throughout their portfolios.

None of the evidence submitted should contain personally identifiable information.

A breach of confidentiality of patient information (or private information such as home telephone numbers for work colleagues or clients), wherever it occurs, will require resubmission with new evidence against standard 2.2. It is most important that any work which includes names or personal information about patients or members of the public are securely redacted. If they are included, it must be made clear that their permission has been obtained.

This does not apply to correspondence between professionals in the course of their publicly accountable work, except for personal appraisals or any other confidential matters. If the applicant is using emails as evidence, they do not need to redact details about professional colleagues if they are already in the public domain, however any personal contact details should be redacted. Work details of colleagues can give crucial information and context for the assessment. Ideally the applicant would have asked them before using the evidence.

It is essential that confidential or sensitive personal information about professional colleagues is not visible. Applicants should justify their reason for leaving details which may appear sensitive in their portfolio, with a link to the public source, e.g. LA committee website, or a national publicly accessible webpage.

The resubmission should include evidence of recent training and a reflection on the original breach including both the actions they took in response to the breach and actions they will expedite to prevent this happening again, and any other actions required in line with the applicant's organisational policy. The identifiable information should also be removed from the portfolio.

Once this has been done, the assessment of the standard (other than 2.2) for which it was used can proceed as normal. A clarification for the standard should have been given to allow the material to be amended.

Further information about confidentiality and data protection is provided in [Supporting Information](#).

Commentaries or reflective notes should not include explicit criticisms of individuals, organisations or professional groups. Where colleagues who can be identified are presented in an unfavourable light, the assessor should draw this to the attention of the applicant as poor professional practice. A resubmission is an option for the assessor to consider but may not be required. The advice of the Moderator should be sought.

If the assessor considers there is evidence of unethical practice, this should be brought to the attention of the Moderator, who will advise on further action.

3.4 Making decisions on evidence

You may find the following questions useful to assist in making decisions on the applicant's evidence:

1. Is the evidence the applicant's **own work**, and is it clear what **role** the applicant played in the work described?
2. Is the applicant working as an autonomous professional?
3. Does the **commentary** make clear which standards are addressed in the evidence, what the applicant did, key results and outcomes, and reflection on their learning?
4. Is the **standard** fully addressed by the commentary and the evidence itself?
5. Is there evidence of how the applicant acquired the relevant **knowledge**?
6. Does the commentary, and the evidence accompanying it, convey **understanding** of the relevant knowledge? And do they demonstrate the **application** of the relevant knowledge in practice?
7. Has the applicant **worked collaboratively** with others?

3.5 Assessment decisions

It is expected that each standard will be covered by evidence derived from a specific piece of work. If the assessor considers that the evidence presented demonstrates competence against a standard in terms of knowledge, understanding and application in practice, then the standard should be accepted.

If an assessor considers the evidence for a standard is inadequate, they should request a clarification of the existing evidence (or resubmission with new evidence from a different piece of work if necessary) and make a clear note of the reasons for the decision in the assessment log. A resubmission should generally follow a clarification, i.e., the applicant should be given the opportunity to demonstrate that evidence can be derived from the work already submitted.

The difference between clarification and resubmission is covered in training. In summary:

- **Clarification**

The assessor believes that the practitioner does have, or could provide from the work presented, the evidence to meet the standard, but requires more detail e.g., on the content of a course, the specific role or contribution or greater elaboration on what the individual did to demonstrate the standard.

Applicants can expand their current submission by statement(s) in the commentary, which amplify why a piece of evidence already submitted supports a standard, or by providing additional detail relating to evidence already submitted. Supplementary evidence relating to the same piece of work may also be provided.

All clarification evidence must be received by the assessor within two months of the return of the assessment log to the practitioner. This is the time frame UKPHR recommends, but your local scheme may set its own lower time limit.

Following clarification, three outcomes are possible:

1. The evidence for the standards is accepted.
2. Further clarification is needed (no more than twice for any specific standard).
3. Resubmission is required.

- **Resubmission**

The assessor believes the evidence is inadequate to meet the standard and new evidence derived from a different piece of work is required. The reason for resubmission should be explained clearly.

Applicants should resubmit new evidence with a commentary, relating to a different piece of work, within 6 months. This is the time frame UKPHR recommends, but your local scheme may set its own lower time limit.

If the new evidence is still considered inadequate to meet the standard, the applicant can make one further resubmission within a further 6-month period. It is not expected that applicants should clarify or resubmit their evidence more than twice for any one standard.

3.6 Outcomes of assessment

Following this process of acceptance, clarification, and resubmission of evidence, as necessary, one of two outcomes is possible:

1. Usually, the assessor is confident that all the standards have been met. The application (including all the evidence) is then passed to the verifier (see next section).
2. The assessor still has concerns about competence against a standard (or against standards) and these concerns are **not** accepted by the applicant. In this case, the application in its entirety should go forward to a verifier, who should ensure that it is discussed at a verification panel. The decision of the verification panel shall be final (apart from any moderation and the appeal process set out below).

A Moderator should be consulted if the second outcome is being considered.

3.7 Assessment of Supporting Documents

Once all commentaries have been assessed and standards accepted, the assessor should assess the Supporting Documents, which include:

- CV

- Job description
- Reference
- General testimonial
- Certificates

The assessor should review these documents to ensure they align with the work the applicant has demonstrated in their commentary. For example, does the name on certificates tally with the applicant's names (or evidence of change of name is included); does the job description and career history described in the CV align with the work described in the commentaries; do the testimonial and reference appear to be from appropriate professionals and align with the work described and CV/job description.

If the assessor is assured the Supporting Documents are as expected, they should sign it off on the e-portfolio. They should then complete the assessor overview before passing the portfolio on for the verification process.

The assessor overview provides a rapid summary of the assessment process, and the assessor's view of the suitability of the applicant for registration, including completion of the standards, currency of the portfolio and level of practice. It provides assurance to the verification panel where appropriate or can be an opportunity to raise issues the assessor would like to highlight to the verification panel. It is also an opportunity for the assessor to provide the applicant with overall feedback on completion of their portfolio.

3.8 Support for assessors

UKPHR and local schemes have different roles in supporting assessors.

UKPHR:

- Assessors receive assessor training from UKPHR moderators, to facilitate consistent assessments across the country.
- UKPHR moderators provide regular update/refresher sessions which assessors are required to attend a minimum of once every two years.
- Moderations of assessments can occur at any stage in the assessment or verification process. They can be ad hoc or can be undertaken at the request of the scheme co-ordinator, verifier, assessor, or applicant. Moderations can be a valuable quality improvement opportunity for assessors, providing constructive feedback and facilitating reflection of assessment practice. Please see **Annex 6** for more information about moderations and the moderator role.

Local scheme coordinators:

The support provided by local scheme co-ordinators varies and is dependent on the needs and resources available locally. Activities offered include buddy schemes, assessor teleconferences, e-learning tools, and written resources. More details are available from each local scheme.

4. Guidance for verifiers

A verifier must be:

- A registered public health specialist with the GMC, the GDC or UKPHR, of good standing and to be in or have held a consultant or senior specialist post or a post of equivalent responsibility.
- StRs who are in the last 6 months of ST4, or in ST5. They may be able to use the verifier role to contribute towards some of their competencies.
- Those practitioners who are applying for Specialty Registration by Portfolio and have demonstrated they are working at or above this level, or those accepted onto a local scheme for support to develop SRbP.

The UKPHR Board has agreed in principle that Senior Public Health Practitioners have the potential to become verifiers. However, in practice, there is currently no mechanism in place to verify individuals are working at this level. Eligibility will be kept under review as national work on Advanced Practitioner Public Health develops.

Existing verifiers can continue to work as verifiers even after their registration ends (e.g., if they retire) provided:

- there are no fitness to practice issues and
- CPD in relation to verification is maintained.

Verifiers will be appointed following the satisfactory completion of training provided by UKPHR. They must be independent and should not have any detailed knowledge of the work or performance of the applicant.

Verification is a key part of the quality assurance process. It is a process of independent scrutiny, with the purpose of providing confirmation that the assessment process has resulted in a portfolio of evidence that meets the standards.

Verification is **not a reassessment** of the portfolio of evidence. Verifiers do not need to look at all the evidence provided. They should instead focus on ensuring that the process of assessment has been carried out correctly by examining the assessment log.

The assessment log should be filled in correctly by both the applicant and the assessor and allow the verifier to understand the progress of the assessment and the decisions taken.

Verifiers then need to **sample** the evidence for a small number of standards to assure themselves that the assessment process has been undertaken appropriately.

Verification has two stages:

- the initial verification check of the assessment by the verifier independently;
- followed by discussion of the initial verification at a verification panel meeting;

after which recommendation for registration to UKPHR may be agreed.

4.1 Initial verification check

Verifiers undertaking an initial verification check should:

1. Check that the assessment log has been fully completed by the applicant and the assessor, i.e., for each standard:
 - a) evidence is cited

- b) the process of assessment is clear
- c) whether clarifications or resubmissions of evidence were required, for what reason, and when;
- d) the date the standard was agreed as met is given.

2. Undertake a brief sampling of the evidence.

Verifiers do not undertake a second assessment; instead, they focus on standards where clarification and resubmission has been required or where evidence is based on observation or testimonials.

Key questions to ask as a verifier:

- Is the assessment log fully completed for each standard?
- Does the portfolio appear to be the applicant's own work?
- Does clarification and resubmission evidence appear to be sufficient for the standards you have sampled?
- Which standards have you sampled?
- Have you checked all the
- e.g., curriculum vitae, reference, and testimonial?
- Are you assured the assessor has considered currency requirements?

If you are satisfied with the application, tick and date each standard in the verifier column of the assessment log, highlighting where evidence has been sampled, then complete the verifier overview in the assessment log, which you will then present at the next meeting of the verification panel. **If you have any concerns**, record these in the verifier overview section at the front of the assessment log.

The completed assessment log should be circulated **one** week in advance of the Panel meeting to ensure all panel members have a chance to read the summary assessment comments and your recommendation.

The initial verification of an assessment should take no more than two hours. If the verification of a portfolio appears problematic, the verifier should inform the scheme coordinator, who will seek advice from a Moderator if necessary. Do not continue sampling evidence once you have identified concerns about the assessment outcome, as it is likely moderation, or a second assessment will be required.

4.2 The verification panel

All applications that have completed the initial verification process will go to a verification panel for discussion and recommendation. Verification panels are constituted locally and must be comprised of trained UKPHR verifiers and be subject to UKPHR moderation. The verification panel may meet virtually (e.g., by teleconference) if agreed as appropriate.

The panel should be chaired by one of its members, or it may be appropriate for the scheme coordinator or their representative to undertake this role. The minimum number of verifiers at a panel meeting is two. The scheme coordinator should ensure there are sufficient verifiers to ensure robust discussion about each portfolio.

Verifiers must declare any conflicts of interest at the start of the panel. Scheme coordinators should encourage all verifiers to attend as many panel meetings as possible, to ensure scrutiny of decision making and maintain verification expertise.

For verification panel meetings held by teleconference, all panel members should be sent at least the completed assessment logs, including the verifier's comments, in advance of the meeting, and the chair should have the full documentation accessible in case of questions. This enables panel members to review documentation in advance and facilitate robust and meaningful discussion of each portfolio. For verification panel meetings held in person, the full portfolio documentation should be available at the meeting.

When necessary, an assessor may be contacted to explain and discuss any assessment issues, if this will facilitate a decision being made by the panel on an application.

The decision of the verification panel will be final, subject to the Moderator's and the applicant's right of appeal (see below).

UKPHR requires information (which will remain confidential to the process) from verification panels for quality assurance purposes. Full minutes of verification panel meetings must be taken, recording the main areas of discussion of each portfolio and the recommendation. The minutes will be considered by UKPHR's Registration Approvals Committee, together with the assessment logs listing all the applicants that were put forward to the verification panel, whether successful or unsuccessful.

4.3 Second assessments at verification stage

Where the verification panel is unable to recommend registration, and therefore disagrees with the assessor, the Panel may ask for a **second assessment** to be undertaken. The advice of the Moderator should be sought before this decision is taken. The second assessor should undertake their assessment "blind", and then discuss their assessment with the first assessor and if possible, **agree a shared, joint assessment**.

Second assessments have been extensively used for specialist registration for many years and are an effective means both of assuring quality of assessment and of embedding learning within the assessor community.

For detailed guidance on the second assessment process at verification, see **Annex 9**.

A Verification Panel Decision Tree is provided as **Annex 8**, which summarises the process.

4.4 Following verification

If there are any concerns about the quality of verification, this should be discussed between a UKPHR Moderator and the scheme coordinator, and the verifier offered feedback and further training. A scheme coordinator may ask a second verifier to look at a portfolio for quality assurance purposes at any time.

Once a portfolio has successfully concluded the assessment and verification processes, the completed assessment log will be returned to the applicant, unless the portfolio is selected for moderation by UKPHR. The scheme coordinator sends verification panel minutes and assessment logs of the practitioners recommended to UKPHR. The practitioners may then proceed to apply for registration with UKPHR.

5. Application for registration with UKPHR

A practitioner recommended for registration is notified by the local verification panel and the completed assessment log returned to them.

There is a **3-month** window following the date of the verification panel when the practitioner may apply to UKPHR for registration, using the UKPHR online registration portal, accessed via the UKPHR website.

UKPHR will not consider applications made after three months have elapsed. The UKPHR Office will ask the local scheme coordinator for a decision by the local verification panel on how to proceed.

Once accepted for registration, UKPHR awards practitioners a registration certificate valid for 5 years (this time frame will be kept under review as revalidation is developed), provided the annual registration fee is paid and there are no fitness to practice issues.

Before the end of the five-year period the UKPHR Board will want to be satisfied that the practitioner remains fit to practice. For this purpose, the Board will follow re-registration procedures recommended by its Education and Training committee. They will be based around a programme of CPD based on 'Good Public Health Practice'.

5.1 Registration Procedure

Once a verification panel has recommended that a practitioner should be admitted to the Register, the local scheme coordinator will advise the practitioner, who must submit a completed online application, with supporting documents and fees, to UKPHR.

Applications to UKPHR will consist of:

- A completed online application.
- Payment of a one-off administration fee plus the first year's registration fee, calculated pro-rata dependent on when the practitioner applies to UKPHR.
- A CV detailing relevant qualifications, training and experience, and a current job description if appropriate (see [UKPHR Supporting Information](#)).
- A testimonial in support of the portfolio, which will have been provided at the verification stage, using the template set out in the [UKPHR Supporting Information](#) document (page 25).
- A reference from someone familiar with the applicant's current work, again provided at the verification stage, using the template set out in the [UKPHR Supporting Information](#) document (page 27).

In turn, the local scheme will submit to UKPHR the verification panel minutes at which the recommendation was made and the completed assessment log.

Once all these documents have been received, UKPHR's office will, unless an objection has been received from a Moderator, recommend the applicant's registration at the next monthly meeting of UKPHR's Registration Approvals Committee.

UKPHR's Registration Approvals Committee, which is chaired by the Registrar, will make the formal decision to admit (or refuse to admit) the applicant to the Register.

Applicants receive UKPHR's notification of registration immediately after UKPHR's Registration Approvals Committee has agreed to admit to the Register.

Registrant names are visible on the publicly viewable Register shortly after the Registration Approvals Committee has made its decision to admit.

5.2 Registration fees

[Current fees](#) are available on UKPHR's website.

Payment of fees are made during the online application process.

5.3 UKPHR quality assurance processes

UKPHR ensures consistent and robust standards of assessment through the provision of the following services: guidance, training and support for assessors and verifiers, moderation, oversight by the Registration Approvals Committee and an appeal process for applicants.

The applicant is responsible for keeping a copy of the complete portfolio of evidence. This evidence is not routinely submitted to UKPHR although applications can be called in for moderation or audit.

A team of Moderators support UKPHR quality assurance processes.

The Moderator role includes liaison with scheme coordinators, assessors, and verifiers to provide support and to ensure early identification of any problem areas or issues of interpretation. They also participate in the verification panel meetings.

Moderators do not override the assessment and verification process: their advice is an invitation to reconsider. It is directed to the assessor, verifier and/or scheme coordinator as appropriate.

Note, however, that the Moderator who attended a verification panel can ask the UKPHR Registrar to consider objections to an application for registration before the application is considered by the Registration Approvals Committee, if UKPHR guidance has not been followed or the Moderator otherwise has a concern.

Retrospective audit of both the application process and the assessment is an important part of quality control.

The role of the UKPHR Registration Approvals Committee is to ensure that standards are consistent across different local schemes and across the UK, by considering the outcome of moderation and issues arising from feedback from verification panels.

Everything possible will be done to ensure the integrity of the assessment process and the fair and impartial consideration of applicants.

5.4 Appeal process

Applicants may appeal to 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 the application, on the grounds either that the decision was not warranted on the basis of the information provided, or because the procedure was flawed. The onus will be on the practitioner to establish that the decision should be reviewed.

Applicants may ask for a UKPHR review of a decision that they have not met the practitioner standards following assessment and verification. Further guidance is published on the [UKPHR website](#).

Annex 1:

The standards for practitioner registration

| AREA 1 | STANDARD |
|--|---|
| Practising professionally, ethically and legally | 1.1. Comply with statutory legislation and practice requirements in your area of work. |
| | 1.2. Use an ethical approach in your area of work, identifying ethical dilemmas or issues arising and how you address them. |
| | 1.3. Act in ways that promote equality and diversity |
| | 1.4. Act in ways that value people as individuals. |
| | 1.5. Act in ways that recognise people's expressed beliefs and preferences. |
| | 1.6. Act within the limits of your competence, seeking advice when needed. |
| | 1.7. Continually develop own practice by reflecting on your behaviour and role, identifying where you could make improvements. |
| | 1.8. Contribute to the development and improvement of others' public health practice. |
| AREA 2 | STANDARD |
| Using public health information to influence population health and well-being | 2.1. Identify data and information requirements to deliver the public health function demonstrating use of epidemiological terms and concepts. |
| | 2.2. Manage data and information in compliance with policy and protocol, demonstrating awareness of data confidentiality and disclosure. |
| | 2.3. Obtain, verify and organise data and information, showing awareness of potential data anomalies. |
| | 2.4. Demonstrate how health inequalities are identified and monitored |
| | 2.5. Interpret and present information using appropriate analytical methods for quantitative data. |
| | 2.6. Interpret and present information using appropriate analytical methods for qualitative data. |
| AREA 3 | STANDARD |
| Assessing the evidence for public health interventions and services | 3.1. Access and appraise appropriate evidence of effectiveness for public health interventions or services. |
| | 3.2. Apply evidence to plan delivery of effective public health interventions or services. |
| AREA 4 | STANDARD |
| Protecting the public from health risks while | 4.1. Demonstrate how risks to health and wellbeing are identified, prevented or controlled. |

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|---|---|
| addressing differences in risk exposure and outcomes | 4.2. Demonstrate how individual and population health differ and describe the possible tensions which may arise when promoting health and wellbeing. |
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| AREA 5 | STANDARD |
| Implementing public health policy and strategy | 5.1. Support the implementation of policies or strategies to improve health and wellbeing and reduce health inequalities. |
| | 5.2. Demonstrate how your work is influenced by an understanding of the impact of the wider determinants of health. |
| | 5.3 Critically reflect on and make suggestions for how public health policies or strategies could be improved. |

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| AREA 6 | STANDARD |
| Collaborating across agencies and boundaries to deliver the public health function | 6.1. Show how organisations, teams and individuals work in partnership to deliver the public health function. |
| | 6.2. Demonstrate how you work collaboratively with other organisations to improve public health. |
| | 6.3 Reflect on your personal impact on relationships with people from other teams or agencies when working collaboratively. |

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| AREA 7 | STANDARD |
| Planning, managing and evaluating public health programmes and projects | 7.1. Describe how you have planned a public health intervention to improve health and wellbeing, demonstrating terms and concepts used to promote health and wellbeing. |
| | 7.2. Demonstrate how the culture and experience of the target population may impact on their perceptions and expectations of health and wellbeing. |
| | 7.3. Show how the target population were involved in intervention planning or delivery and have been supported to make informed decisions about improving their health and wellbeing. |
| | 7.4. Evaluate a public health intervention, reporting on its effect and making suggestions for improvement. |
| | 7.5. Demonstrate project management skills in planning or implementing a public health intervention. |
| | 7.6. Demonstrate how quality assurance principles or policies are applied when planning or implementing a public health intervention. |
| | 7.7. Demonstrate how risk management principles or policies are applied when planning or implementing a public health intervention. |

| | |
|--|---|
| AREA 8 | STANDARD |
| Communicating with others to improve health outcomes and reduce health inequalities | 8.1. Communicate public health information clearly to a variety of audiences. |
| | 8.2. Communicate the health concerns and interests of local people to influence service provision. |
| | 8.3 Demonstrate awareness of the effect the media can have on public perception of health and wellbeing. |

Annex 2:

Definition of level of autonomous practice for UKPHR Registration

Differences between levels of practice concern: **autonomy, responsibility and decision-making** required in a post. The following are words and phrases adapted from two Skills for Health documents, which illustrate these differences:

1. Summary of Attributes and Definitions for Career Framework Levels (August 2010)
2. Comparison of attributes of the Career Framework Levels 2 to 8 (2010) – adapted to describe supervised, autonomous, and advanced autonomous practice.

Supervised practice (level that is not adequate for UKPHR practitioner registration)

- Requires specific factual and theoretical knowledge within a field of work, enabling them to undertake tasks that may otherwise have been undertaken by an autonomous practitioner
- Work is guided by standard operating procedures, protocols or systems within which the worker makes judgements, plans activities and demonstrates self-development; exercises a degree of autonomy and undertakes well-defined tasks requiring limited judgement
- Plans and manages their role under guidance in a work context that is usually predictable
- May have responsibility for supervision of some staff

Autonomous practice (Minimum level expected for UKPHR practitioner registration)

- Requires comprehensive, specialised, factual and theoretical knowledge within a field of work which enables them to work with a considerable degree of autonomy.
- Works independently: work is managed rather than supervised and requires problem solving which may include handling unpredictable change.
- Plans, organises, and prioritises own work including more complex tasks.
- Makes judgements which require analysis and interpretation.
- Actively contributes to service and self-development.
- Uses evidence to enhance and underpin their practice.
- May have responsibility for supervision of staff or training: may have line management responsibilities but will not be responsible for service delivery.

Advanced autonomous practice (level above the minimum, so more than adequate for UKPHR practitioner registration)

- Critical understanding of detailed theoretical and practical knowledge.

- Works independently, is specialist and/or has management and leadership responsibilities.
- Demonstrates initiative and is creative in finding solutions to problems.
- Deals with complex, unpredictable environments.
- Uses and develops evidence to inform their practice.
- Has some responsibility for team performance and service development.
- Consistently undertakes self-development.

The level of autonomous practice is the minimum level required for UKPHR practitioner registration.

Annex 3:

The role and requirements of assessors

Assessors are appointed by local schemes following confirmation of satisfactory completion of initial training by UKPHR. It is an unpaid role.

Assessors are appointed for an initial term of three years, with an option for a further term or terms. Assessors should complete a minimum of one whole assessment per year or be currently assessing a portfolio (consideration of clarifications and resubmissions is not enough).

UKPHR will deliver development sessions for assessors each year and assessors are expected to attend at least one such event every two years. Assessors are also required to participate in assessor teleconferences as organised by their local schemes.

Role

- To assess applications by practitioners and make recommendations to the appropriate verification panel.
- To provide clear assessment comment on their assessment decisions in the assessment log, to provide feedback to applicants and assurance to the verifier, moderator and verification panel.

Requirements

- To be skilled in assessing evidence submitted to demonstrate competence – successful completion of training is mandatory.
- To be thoroughly conversant with the public health standards.
- To be able to maintain impartiality in the role whilst providing support to applicants.
- To be willing and able to devote the necessary time and to give the role appropriate priority.
- To be able to provide appropriate references.
- To be able to provide evidence of current continuing professional development.

Removal from role of assessor

Assessors may be removed from their role for any of the following reasons:

- Professional misconduct.
- Unauthorised disclosure of confidential information.
- Inability or refusal to perform the duties of an assessor and to meet the quality assurance requirements.
- Inappropriate behaviour or continued poor performance.

Annex 4:

Comparison of assessor and mentor roles (with thanks to Public Health Wales)

Assessors

The role of the Assessor is to:

- Agree, with the practitioner(s) assigned to them, the dates for submission of 'chunks' of work and the turnaround time for assessment feedback. This will be done through the development of an 'Assessment Contract' (previously referred to as the Learning Contract)
- Impartially* assess evidence submitted by practitioners to demonstrate competence against the practitioner standards
- Feedback the outcome (pass, clarification or resubmission) of the assessment and give brief advice to applicants following assessment through the completion of the Assessment Log. An Example Assessment Log has been produced and will provide types of brief feedback the Assessor will be expected to give.
- Present and discuss assessments at a meeting of the Welsh Verification Panel, where necessary

** The Assessor should not provide guidance and input to draft commentaries – this is the role of the mentor.*

Mentors

The role of the Mentor is to:

- Facilitate the process of self-directed learning of the practitioner throughout the portfolio development process (this may include the points below)
- Facilitate / give advice on self-assessment against the practitioner standards (how standards may be demonstrated, identifying relevant development opportunities for filling competency gaps)
- Informally review evidence and draft commentaries providing advice and guidance through a dialogue with the mentee. This may include advising on competences / standards not claimed that could be claimed and strengthening those being claimed.

Annex 5:

The role and requirements of verifiers

Verifiers are appointed by local schemes following confirmation of satisfactory completion of initial training by UKPHR. It is an unpaid role.

Verifiers are appointed for an initial term of three years, with an option for a further term or terms. Verifiers must attend a minimum of one verification panel per year. If this requirement cannot be met for any reason verifiers will need to retrain.

UKPHR will deliver development sessions for verifiers each year and verifiers are expected to attend at least one such event every two years.

Role

- To verify applications that have been previously assessed.
- To be available to discuss assessments at a meeting of the verification panel.
- To provide feedback and advice to assessors.

Requirements

A verifier must be:

- A registered public health specialist with the GMC, the GDC or UKPHR, of good standing and to be in or have held a consultant or senior specialist post or a post of equivalent responsibility.
- StRs who are in the last 6 months of ST4, or in ST5. They may be able to use the verifier role to contribute towards some of their competencies.
- Those practitioners who are applying for Specialty Registration by Portfolio and have demonstrated they are working at or above this level, or those accepted onto a local scheme for support to develop SRbP.
- Existing verifiers can continue to work as verifiers even after their registration ends (e.g., if they retire) provided:
 - there are no fitness to practice issues and
 - CPD in relation to verification is maintained (i.e., attend at least one verification panel a year and a UKPHR verifier development session every two years).
- To be skilled in providing independent scrutiny of the portfolio of evidence submitted to demonstrate competence – attendance at training is mandatory.
- To be thoroughly conversant with the public health standards.
- To be able to maintain impartiality in the role.
- To be willing and able to devote the necessary time and to give the role appropriate priority.
- To be able to provide appropriate references.
- To be able to provide evidence of current continuing professional development.

Removal from role of verifier

- Professional misconduct.
- Unauthorised disclosure of confidential information.
- Inability or refusal to perform the duties of a verifier and to meet the quality assurance requirements.
- Inappropriate behaviour or continued poor performance.

Please note that the UKPHR Board has agreed in principle that Senior Public Health Practitioners have the potential to become verifiers. However, in practice, there is currently no mechanism in place to verify individuals are working at this level. Eligibility will be kept under review as national work on Advanced Practitioner Public Health develops.

Annex 6:

Role of the Moderator

July 2022

Model Role Description and Person Specification for UKPHR MODERATOR

Overview

Moderators are appointed by the Board of UK Public Health Register (UKPHR).

Moderation is integral to UKPHR's system of Quality Assurance and Quality Management for all registration services, including the assessment of portfolios and the devolved process of practitioner registration.

The Registrar is responsible for registration services, aided by UKPHR's office team and under the auspices of the Board. Moderators are accountable to the Registrar and, through the Registrar, responsible to the Board, to which they may have direct access if required.

UKPHR engages Moderators as sessional contractors and UKPHR pays for moderation services at an hourly and/or day rate plus expenses. The rates of pay and reimbursement of expenses are published by UKPHR and regularly reviewed.

Some of the role description below covers the work of the Moderation team as a whole – specific tasks are shared as appropriate.

Role purpose

Moderators support specialist and practitioner registration by:

- Operating and upholding UKPHR's Quality Assurance and Quality Management for all registration services.
- Assisting the Registrar and the Board in the setting, drafting, reviewing, and interpreting standards for registration and assessment of competencies.
- Updating guidance and supporting information, and other support materials.
- Helping to ensure that assessment processes are robust, valid, appropriate, objective, consistent and fair, and that the standards for registration are met.
- Providing support for assessors, verifiers, and scheme coordinators.
- Supporting UKPHR's governance arrangements, working in accordance with the principles of public life and, as a team of Moderators, producing an annual report of the Moderators' work.

Role description

General – all routes to the Register

In operating UKPHR's Quality Assurance and Quality Management arrangements, Moderators' roles in relation to all their work and all routes to registration are:

- To work in partnership with the Registrar and UKPHR's Board in the development of registration services, and communication of developments
- To work in a team of Moderators, providing mutual support, encouragement, and communication, ensuring maximum effectiveness and resilience of the Moderation team and consistency of assessment practice
- To assist the Registrar and UKPHR's Board in the production of guidance, Supporting Information, practice notes, tips, and training materials to maintain, promote and enhance standards for registration
- To sample assessments of portfolios and highlight issues concerning the standard of assessment, and to provide feedback to:
 - (a) individual assessors and to assessors as a group
 - (b) Registration Approvals Committee and Registration Panel,
 - (c) local practitioner registration schemes and their verification panels
 - (d) The Registrar and UKPHR's Board
- To undertake occasional audits of the quality of completion of assessment proforma/logs and provide feedback to assessors
- To provide moderation reports and recommendations upon request of the Registration Panel, Registration Approvals Committee, the Registrar, and exceptionally the Board, and local practitioner registration schemes
- To provide advice and support to assessors and verifiers on request, whilst they are undertaking assessments
- To develop and deliver training and development sessions for specialist registration assessors and practitioner registration assessors and verifiers
- To propose changes to assessment practice if necessary
- To draw the attention of the Board, the Registrar, the Registration Approvals Committee, the Registration Panel, assessors, and verifiers and scheme coordinators to principles and policy issues about the maintenance of assessment standards and matters of interpretation
- To attend Registration Approvals Committee, Registration Panel and Verification Panel meetings as appropriate
- To be involved in reviews and other developments affecting the strategic direction of registration, to help to ensure the quality of assessment is maintained or improved.

Roles specific to practitioner assessment

- To provide the training of practitioner assessors and verifiers
- To provide input to other events for local schemes, for example launch days, practitioner introductory days
- To provide quality assurance support to local scheme coordinators as required, ranging from informal advice to moderation reports
- To provide support to Verification Panels and attend Panel meetings

- To develop, maintain and improve the UKPHR guidance and Supporting Information for practitioner registration as required.

Additional role requirements

- To participate in induction for self and for other Moderators
- To support other Moderators in moderation work
- To cooperate with UKPHR's office team in maintaining records and assisting in accounting for UKPHR's use of its finances and other resources
- To participate, with other Moderators, in the development of Moderators' work priorities for the year ahead
- To note that Moderators cannot overturn assessors' decisions – only the Registration Approvals Committee, the Registration Panel and Verification Panels can do so. Moderators can insist that their views are considered and that UKPHR requirements, as set out in Guidance, are met.

Person specification

Essential Skills and knowledge:

- To hold registration with an appropriate body/organisation (UKPHR-registered Practitioners and Specialists, along with Public Health speciality registrants from the GMC and GDC).
- To have a senior, strategic level of relevant experience in multi-disciplinary public health, over at least five years.
- To be of good standing with a suitable professional body and/or able to provide appropriate references.
- To have current Continuing Professional Development registration with a suitable professional body or provide other evidence of being up to date.
- To be experienced in the education, training, and assessment of others, normally within the field of multi-disciplinary public health, and skilled in assessing evidence submitted to demonstrate competence in knowledge and its application in practice.
- To commit to undertake appropriate induction and ongoing training.
- To be able to demonstrate having undertaken appropriate training in confidentiality, data protection, equality and diversity, and safeguarding or be willing to undertake such training before commencing duties.
- To be thoroughly conversant with the public health competences required for registration (following induction).
- To be able to maintain independence and impartiality in the role, whilst being supportive of assessors' work.
- Effective management of self and staff and able to devote enough time and to give the role appropriate priority.
- To be able to demonstrate working effectively within a team.
- To understand the principles of quality assurance and be able to demonstrate application of these in practice.

Desirable Skills and Knowledge

- Experience in strategic planning
- Involvement in design or operation of schemes of CPD and revalidation.

Removal from post

Moderators may be removed from their role for any of the following reasons:

- Professional misconduct
- Unauthorised disclosure of confidential information
- Inability or refusal to perform the duties of a Moderator
- Inappropriate behaviour or continued poor performance.

July 2022 Model Practitioner Moderator Role Description and Person Specification

Annex 7:

Purpose of moderation

Moderation is undertaken to ensure consistency of standards and outcomes across the devolved UK schemes, and to support the process by providing advice, feedback, and suggestions. This is an important part of the quality assurance process for the UKPHR Practitioner Registration Scheme.⁴

The UKPHR requires that all schemes will participate in moderation activities, and it is a key responsibility of the moderators to ensure that each local scheme is involved. The moderators will discuss how this will be done within a context of constructive discussion with local schemes.

When and how is moderation brought in:

- Moderation can occur at any point in the process and be initiated by the assessor, verifier, verification panel or moderator.
- It can be random or in response to a particular issue or issues.
- It can cover a specific standard, one or more commentaries or a whole portfolio.
- It is anticipated that each scheme will have at least 2 moderations per year. It is usual that the moderator for the scheme is best placed to decide what is needed, in discussion with the local co-ordinator/s, using a clear rationale for reasons for moderation in any particular instance.

In general, there are a number of ways in which moderation can arise, including:

- Bringing in moderation at a point of the submission of a first commentary once it has been assessed if the assessor is newly trained or identified through feedback from a moderator during training. This allows for consistency as assessors develop their skills and can help identify gaps and developments for assessor training. Although this moderation is not part of the assessor training, moderators and coordinators will agree if a moderation is needed. This can be a moderation of all standards or a random check on just a few.
- Moderation focussing on a specific issue or standard: this would ideally happen after assessment but before the assessment decisions go back to the practitioner. Moderations may take place after verification but before a panel, at the request of the verifier and coordinator.
- Moderations may happen at the request of the panel following discussions which will typically have been led by the verifier.
- Sometimes issues are raised after assessment decisions have gone back to the practitioner. Moderation at this point might result in suggestions for improvements to the process, but not necessarily changes in the current assessment outcome.
- Random moderation of a complete portfolio as a retrospective audit of the process.

Moderators will not override the assessment and verification process, their advice is an invitation for schemes to consider experience from elsewhere in making decisions, or in some cases to reconsider decisions.

Process for moderation reports (please see below a process map):

1. Moderation report is requested by scheme, verification panel or initiated by moderator. At this point the moderator and scheme coordinator discuss and agree what the scope of the moderation should be i.e., specific standards, an audit of randomly selected standards or full moderation of one or more commentary.
2. Scheme coordinator highlights any concerns and provides access to the practitioner's full set of evidence and assessment log in paper or electronic form, or via the e-portfolio. The moderator signals timescale for the compilation of a draft report. **It is strongly recommended that the assessment is not made available to the practitioner prior to moderation.**
3. The moderator completes the report and sends to the scheme coordinator, who shares the report with the assessor. This sometimes needs sensitive handling by the scheme coordinator, but the emphasis is on stressing to the assessor this is a QA activity to enhance learning and improve and standardise assessment practice.
4. Assessor reflects on initial assessment outcome and completes or amends initial assessment.
5. The learning points are fed into assessor development/refresh sessions, verification panels and the schemes usual communication channels.

Moderation Process

Moderation Prior to completion of the assessment process

Moderation of the first commentary of a new assessor by the request of Scheme Co-ordinator

Moderation - focussing on a specific issue on indicator at the request of Scheme Co-ordinator and/or Assessor

Assessment is not made available to the practitioner prior to moderation

Discussion with Moderator and Scheme Co-ordinator recorded to confirm scope of moderation (specific standards, random selection or full commentary)

Portfolio is made available to the Moderator electronically or via e Portfolio

Timescale for moderation is agreed and recorded

Moderator completes report and sends to Scheme Co-ordinator

Assessor reflects on Moderator report outcome and completes or amends initial assessment

Moderation of a completely assessed / verified portfolio

Moderation requested by Verifier, Scheme Coordinator during the Verification process or following Verification Panel as an outcome of Panel's considerations

Random Moderation of a complete portfolio as a retrospective audit

Assessment has already been made available to the practitioner prior to moderation

Discussion with Moderator and Scheme Co-ordinator recorded to confirm scope of moderation (specific standards, random selection or full commentary)

Portfolio is made available to the Moderator electronically or via e Portfolio

Timescale for moderation is agreed and recorded

Moderator completes report and sends to Scheme Co-ordinator

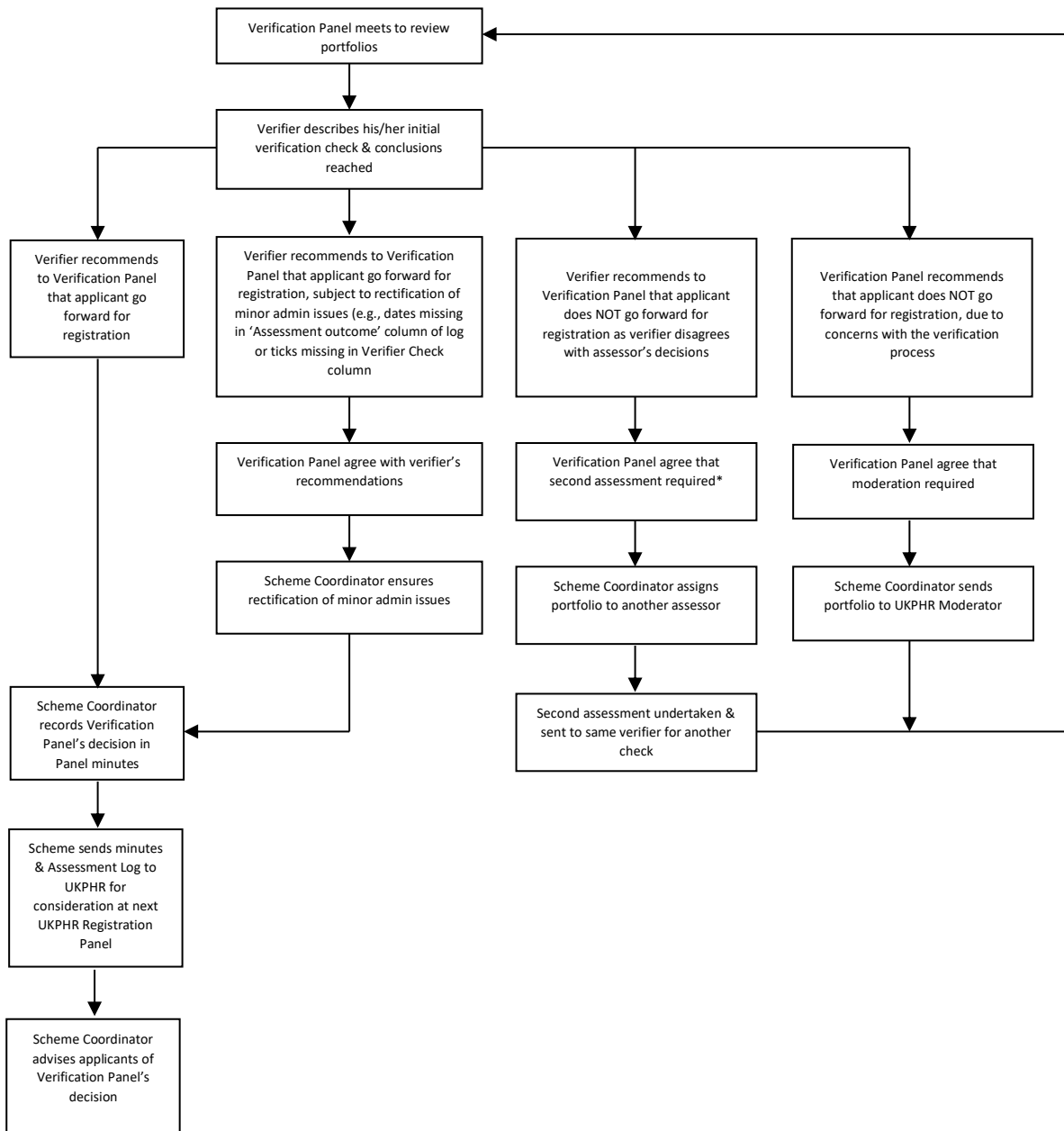
Verifier reflects on Moderation recommendation. Moderation at this stage may make recommendations affecting the assessment outcome or suggestions for change in the future without changing the current assessment outcome

May require a reassessment / second assessment of the portfolio

The learning points are fed back into Assessor, Verifier and Moderator training

Annex 8:

Verification panel decision tree



The Moderator is able to ask the UKPHR Registrar to consider objections to an application for registration before the application is considered by the Registration Approvals Committee, in the case that UKPHR guidance has not been followed or the Moderator otherwise has a concern.

*See Annex 9

Annex 9:

Guidance on second assessment, following decision by Verification Panel

The second assessor should undertake their assessment independently, i.e., “blind” without sight of the first assessment. They should then discuss their views with the first assessor, with the objective of reaching a single, shared assessment written up within a single assessment log.

Double assessment has been used successfully by the UKPHR for specialist assessment for many years and contributes to assessor learning and development as well as to the rigour and consistency of the assessment process.

Guidance on the subsequent steps to be followed:

- If the second assessor cannot reach agreement with the first assessor (this could include an inability to meet), point moderation will take place (the scheme coordinator should contact a UKPHR Moderator).
- If the second, joint assessment concludes that further evidence is required on a standard, the applicant will then be given the opportunity to clarify or resubmit evidence as necessary; the feedback to the applicant should be given by the first assessor in normal circumstances. The first assessor should consider clarified or resubmitted evidence, with the second assessor being available for discussion of this new evidence.
- The first assessor should complete the assessment log for final sign-off. If the first assessor is not available to do this, the second assessor should complete this.
- The practitioner should then resubmit their Application for Verification to the scheme coordinator or direct to the verifier (if agreed with the scheme coordinator)
- The same verifier should consider the second assessment. If this is not possible it can be considered by another verifier, and then considered at the next Verification Panel meeting.
- If having considered the second assessment, the verifier remains concerned, point moderation should take place before the portfolio is considered again at a Verification Panel meeting. The scheme coordinator should contact a UKPHR Moderator to arrange this.

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