

July 2018 v6

Supporting Information for defined specialist portfolio applicants

This is a UK registration to accredit senior public health professionals working in the UK, by retrospective portfolio assessment. This document is to help you to write such a retrospective portfolio to conform closely to the requirements of the assessment process for the above route to registration. This speeds up the time taken to journey through the assessment and thus to registration.

This document has been compiled from the insights of UKPHR's Registration Panel, which oversees the assessment of all defined specialists' portfolios.

We strongly recommend that you work through each section of this document to first decide whether the defined specialist portfolio is suitable for you and then to help you submit an effective portfolio.

1. Which retrospective portfolio route?

Specialist registration with UKPHR, GMC or GDC is an essential requirement for Consultant or Director of Public Health roles.

If you have a medical degree, registered with the UK GMC, and fulfil the criteria below, then you are strongly advised to apply for Public Health Specialist registration via their CESR route.

There are two routes to UKPHR registration via retrospective portfolio assessment, at present:

a. Defined specialist route:

This route has been open since 2006 and UKPHR will no longer accept defined specialist portfolios after the **31st August 2019**. It requires demonstration of competency at a generalist level i.e. that of a consultant, as well as at a higher level for approximately 1-4 show how competencies. This document gives essential guidance on how to compile a portfolio for this route.

This route expects applicants to *demonstrate an appropriate level of leadership in a public health role, have worked at a senior level for 3 or more years and have had several years in a leadership role within public health*. It is not a developmental route, and your portfolio will need to reflect you are currently working at this senior level.

This experience can have been built up over time, in different jobs, in a wide variety of settings including health, local government, academic, voluntary sector, independent sector, overseas. However, it must be at the level of a newly qualified public health consultant working in the UK.

Below is a self-assessment eligibility guidance which is a guide to the level at which applicants should have experience of working for the defined specialist route. Individuals applying for this route **must answer yes** to all the questions below.

Has / does your role(s) contained the following elements?	✓ or ✗
1. Having a leadership or lead officer role/being accountable for development/implementation of a range of public health programmes ¹	<input type="checkbox"/>
2. Leading on development and implementation of public health programmes across functions/across organisations/ across different professional groups and/or directly managing a team	<input type="checkbox"/>
3. Tackling public health problems across a complex range of areas which requires creative and strategic thinking	<input type="checkbox"/>
4. Being responsible for establishing and maintaining communications both internally and with external agencies	<input type="checkbox"/>
5. Having responsibility for negotiation and influencing	<input type="checkbox"/>
6. Being involved in controlling or committing resources	<input type="checkbox"/>
Do you have a postgraduate qualification relevant to public health practice?	<input type="checkbox"/>
Are you part of a CPD programme for Public Health?	<input type="checkbox"/>
Are you part of public health networks or a member of any organisations relevant to public health practice?	<input type="checkbox"/>

b. Specialist registration by portfolio:

A new *equivalence route* will launch on the **1st September 2018**. This requires demonstration against a new competency framework that aligns with the 2015 Public Health curriculum. This gives equivalence in knowledge and experience to the level attained at the end of the Faculty of Public Health Specialty Training Programme. Full guidance on this route is yet to be published.

It is imperative that ***you carefully consider which route is most suited to you.***

A If you have not started assembling your defined portfolio then we recommend that you await the guidance for the new system due in Spring 2018 and in the meantime familiarise yourself with the new framework

B If you have started assembling your evidence and written most of your summaries and are working at a consultant level to demonstrate each word of each competency, then continue to apply under the present defined specialist system and your portfolio will be assessed under the existing arrangement; as long as it is received before the 31st August 2019.

C If you have assembled your evidence but not written many of the summaries, then consider whether you really are working at a consultant level and are regarded by others as doing so. Please use the checklist above as a guide or speak to a colleague who has previously registered via this route.

D If you feel you want to submit a defined specialist portfolio because you understand the present system but do not feel you have the right level of evidence for all the competencies you need to achieve yet, then please think again. You may be better waiting for the new system.

¹ Dictionary definition of leader = person who rules, guides or inspires others and has a high degree of influence and or control of resources

2. I am eligible for this defined specialist route, but I have not started to compile my portfolio

Be mindful of the closure date for the defined specialist route. It is imperative that you have read all of the documents from the UKPHR website, see para4. It is important that **you speak to a colleague who is a UKPHR defined specialist registrant** to get a good understanding of the processes.

We are mindful that it can take a considerable length of time for you to put together your portfolio. In the past, UKPHR was often not aware of your application until the time when the portfolio was submitted for assessment. UKPHR then cannot check your eligibility and advise you on the best route. So please check first with UKPHR about your eligibility before doing much work on your portfolio. This is especially important with the new equivalence route starting.

3. Writing an effective portfolio for the defined specialist route

It is really important to submit a portfolio that is well developed and conforms to the guidance in this document to prevent future delays. UKPHR is trying to ensure that assessments are conducted as quickly as possible. Insufficiently developed portfolios, or portfolios from applicants not working at the appropriate level hinder the efficiency of the UKPHR assessment system causing delays and more work for both UKPHR **and you** as the applicant.

4. Before you start the portfolio

Please download the following documents from the link below and ensure you understand them:

- Defined specialist portfolio application form
- Guidance for defined specialist applicants
- Defined specialist assessment proforma

5. Is there any support available?

As UKPHR is a regulatory body, it cannot provide a formal mentoring programme to support those who are compiling a portfolio for submission. We encourage applicants to seek out colleagues who have past experience of the process and/or speak to senior colleagues such as the PH regional workforce lead, the Training Programme Director in your region or find out whether any informal peer support network has been formed in your region or your employer organisation. A local public health workforce development lead may be able to provide advice of support available in your area.

We are aware of support networks in East of England, Yorkshire & Humber, London and Scotland as of January 2018.

6. What does a portfolio consist of?

Applicants are required to submit to UKPHR *4 identical hard copies of a portfolio*.

Currently, portfolios are paper-based.

Clear signposting and an easy-to-navigate portfolio are essential. This will not only prevent delays in assessment but also allow assessors to gain a clear understanding of how you demonstrate each competency.

Applicants should ensure there is a full and clear explanation of how the work described meets all the words of the competency, noting that the assessment process will focus on the detail provided in the

narrative. The evidence provided to support the claim should be relevant to the competency, demonstrate your own work and easy for the assessor to navigate.

Quality of evidence is preferred over quantity. All evidence must demonstrate the applicant's personal role. Pieces of work in which the applicant has supervised others may be included as evidence but there must be a clear description of the role and responsibilities of the applicant in this work and of the guidance given to those supervised, with supporting evidence.

You will need to ensure that each copy of your portfolio has the following:

- Completed application form
- CV
- Current job description
- A description of your arrangements for CPD
- A Personal Development Plan
- An assessment proforma
- The *Know How & Show How* matrices – examples available on our website
- A reference from someone familiar with your current work who is a PH colleague senior to you, ideally the DPH or equivalent
- A testimonial in support of the portfolio from a senior PH colleague
- Knowledge evidence and narrative
- Show How summaries (including extended summaries for higher level claims) and evidence
- Certified copies of qualifications and membership of professional bodies
- If applicable, a certified copy of marriage certificate if any documents are in a different name

In addition to 4 copies of the portfolio, you must:

- Email the assessment proforma in MS Word format to UKPHR
- Make payment of the portfolio assessment fee of £510 via the following methods:
Cheque: made out to Public Health Register
BACS: Lloyds Bank, Public Health Register, 00875203, 30-94-87
- Submit one additional copy of the original signed application form

7. Where do I submit my portfolio?

Portfolios and any subsequent clarifications and/or resubmissions must be submitted to the address below. Our offices are open Monday to Friday, 9:00 till 4:30pm.

UKPHR, Suite 18c, McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR

8. Scoring

All 51 Know How competencies must be achieved. These are not scored.

All 16 core Show How competencies must be achieved at generalist level; each being awarded 1 point.

A total of **32** points must be achieved across the core and non-core Show How claims. This is achieved by a combination of the following:

- 1) Claiming select non-core Show How competencies at generalist level and therefore 1 point **AND**

2) At least one Show How (non-core or core) must be achieved at higher level, which is awarded 2 points. You are not recommended to make a high number of higher level claims, a minimum of one must be achieved and on average, 3-4 are claimed.

You must make clear which claims are being claimed at higher or generalist level, assessors cannot decide this. You must make this clear within your matrix, assessment proforma and summaries.

All the *ethical management of self* competencies must be achieved but these do not carry any point scores.

9. Assessment proforma

Please send a copy of your electronic assessment proforma to UKPHR at register@ukphr.org alongside submission of your portfolio.

Remember to complete the first page with your name, job role and higher level competencies claimed.

Within the main body of the proforma, you must complete column 2, titled 'evidence'. This directs the assessors to the pieces of evidence and summaries you are asking them to consider when assessing that particular competency.

Please retain a copy of the assessment proforma as you will be required to update the evidence column and submit upon any requests for clarification and/or resubmission.

Please refrain from amending the format of the proforma.

10. Evidence Matrices

You **must complete the matrices** for both the *Knows How and Shows How* competencies, outlining which piece of evidence and summary is being used to demonstrate each competency. This **must be updated** with each clarification or resubmission of evidence and therefore we recommend you retain the electronic versions. Please see examples on our website.

11. Tips for the Know How competencies

It is important that you read and understand each competency and explicitly address **each word** of the competency. Demonstration of knowledge acquisition needs to be very clear as assessors cannot make assumptions.

The level required for knowledge is Masters level however this does not need to be acquired via a Masters course.

Submitting evidence of attendance of a course is not sufficient to demonstrate knowledge acquisition because individual curricula vary. Evidence of attendance of a course must be supported by corroborative evidence in the form of module descriptors, curriculum, course objectives and/or course materials whichever precisely confirm each word of the competency being claimed.

You must demonstrate that knowledge has been acquired, not necessarily applied; the latter is demonstrated in the Show Hows. Exceptionally, assessors can be directed to Show Hows for supporting evidence of knowledge acquisition, but this needs to be explicitly referenced for that competency.

Reflective notes can be used to complement evidence to demonstrate current knowledge.

Assessors cannot judge or mark an academic piece of work and hence you are not recommended to submit entire theses nor simply reference a single document for Knowledge competencies without clearly signposting relevant evidence i.e. which page for each Know How.

The following Know Hows are expected to be current, i.e. to have evidence within the last 10 years. KH1, 5, 9, 10, 11, 12 (application and effectiveness of screening), 15, 16, 18, 20, 21, 22, 25, 27, 28, 29, 30, 31, 33, 35, 36, 37, 38, 39, 40, 41, 43, 44, 47, 49, 50 and 51.

If you submit evidence of attendance on courses more than 10 years old for the above, you will be expected to demonstrate current and relevant learning outcomes or provide evidence of top-up courses. For any reorganisation / legal competencies this will be within the time since the last reorganisation / review so maybe shorter and some are UK specific.

12. Tips for the Show How competencies

Show How competencies which you are claiming at generalist level (1 point) are assessed at the level of a newly qualified consultant who has completed the 5-year specialty training programme and is working unsupervised.

For all claims, it is crucial that you clearly describe your own role and demonstrate, authorship and involvement in pieces of work through the provision of evidence. You must make clear to the assessors how the piece of work and evidence you submit is demonstrating that you have met **each word of the competency**.

It is important that the evidence is easy to navigate, and it is recommended that where appropriate you highlight relevant points in your evidence to help the assessor find the specific piece of information which supports your claim, e.g. a decision noted in a set of minutes. It is more important to cite clear evidence that supports your claims rather than a lot of evidence that does not support your role **clearly**.

Each piece of work should be submitted as a commentary or summary, referencing evidence. The evidence must cite you as author or your role clearly or produce other evidence that you did the work you are claiming. The evidence must be listed accurately in the matrix and on the proforma. Any formal qualification is not automatic adequate evidence without sufficient detail in relation to explicitly meeting the competency.

It is possible to demonstrate more than one competency from one piece of work. The focus is always on the words of the competency and how it has been met. You must **clearly and precisely signpost the evidence** to the competency. The assessors will not do this for you.

A summary should aim to contain the following:

- The competency (or competencies) addressed and at which level (generalist or higher)
- Aims and objectives
- Clear description of your individual role and responsibility within the work relating this to each word of the relevant competency
- Context for the work
- Methodology and approach
- Key results and outcomes
- Reflection on learning from the experience, again reflecting the competency /ies being claimed.
- Evidence that is being referenced.

It is preferable to focus the description of a competency, from one piece of work or as few pieces of work as feasible, rather than referencing the same competency several times throughout different summaries.

13. Tips for Higher Level Show How competencies

You must explicitly address the higher level criteria set out below:

1. *Providing and being recognised for highly specialised expert advice and professional support to others, reflecting advanced theoretical and practical knowledge, in your area of higher level practice*
2. *Proactively driving forward and initiating action in complex situations, services or functions in your area of higher level practice, requiring analysis and comparison of a range of options, and overt integration of theory, evidence and practice*
3. *Taking a high degree of independent responsibility and decision-making for complex programmes and/or partnerships in your area of higher level practice, from identification and development to implementation, delivery and evaluation*
4. *Formulation of both short-term and long-term strategic plans within your area of higher level practice, involving uncertainty and with considerable breadth (e.g. across organisational boundaries, within a complex and changing strategic environment) or depth/complexity (e.g. a specialised function) of scope as appropriate*

The following criteria may also be useful in assessing higher level claims, although in and of themselves they may not discriminate adequately between generalist and higher levels.

5. *Providing and receiving highly complex, sensitive or contentious information in a hostile, antagonistic or highly emotive atmosphere*
6. *Providing strategic direction to others*
7. *Management of substantial budgets and/or staff and/or networks with multiple partners*

N.B. Applicants do not need to meet all these criteria – this will depend on the balance between depth (e.g. provision of highly expert advice) and breadth (e.g. wide geographical coverage, organisational complexity) in the evidence submitted.

It is possible to demonstrate higher level competence from only one piece of work if it is substantial and complex. Several projects or programmes are not necessarily required; the higher level competence is either demonstrated or not and is not dependent on the **quantity** of evidence.

Please note, international or national level work cannot automatically be cited as higher level work, nor does evidence from doctorates. Such evidence needs to clearly demonstrate how the competency has been met and at a higher level. It is demonstration that the higher level criteria are met through the pieces of work referenced that is the requirement.

Higher level competency does not necessarily need to be demonstrated from a lengthy piece of work, it can be demonstrated from work carried out over a relatively short period time if it is substantial and complex enough to meet higher level criteria and some is current i.e. within the last 5 years.

You must demonstrate that you are the “go to” person for the competency claimed at higher level, regionally, nationally or organisation-wide. This means your reference, testimonial or evidence confirms external acknowledgement of skills at that level.

An extended summary should aim to contain the following:

- Aims and objectives
- Clear description of your own leadership role and the role of relevant others in the work (for example, those directly line managed/supervised/worked with/engaged)
- How you acquired the knowledge skills and experience to fulfil the competency, *the developmental pathway*

- Context for the work
- Methodologies and approach
- Key results and outcomes which should include major outputs such as:
 - *substantial change in policy*
 - *substantial change in practice*
 - *introduction of new knowledge, for example via peer reviewed publication, which will have a major impact*
- Reflection on the work which should include:
 - *management of complex and/or highly political situations and how they were resolved*
 - *ways in which experience in the particular area gained at a senior level over a period of time has added to the level and substance of what was achieved*
 - *your learning from the experience of that work, which can include things that went “wrong”*
- Accompanying evidence, which for the extended summaries, will need to reflect recent work.

Extended summaries with clear developmental pathways are essential for all higher level competencies. You will be expected to be in pivotal roles in the pieces of work presented in support of higher level claims.

Some elements of the evidence for higher level claims needs to be current i.e. in the past 5 years. Evidence of ongoing and developmental work over several years is acceptable, if you illustrate your individual role.

For SHG Screening and immunisation: when claimed as a higher then this can be higher in one aspect and generalist in the other, as it is unlikely an applicant will achieve higher in both aspects.

14. The most common issues that assessors have with portfolios are

- Lack of clear objective evidence of role of the applicant.
- Each word in the competency is not addressed.
- Poor navigation between the competency and its evidence. You are likely to irritate the assessor if they have to struggle to understand where and how your evidence fits the competency. Your portfolio may be returned as unassessable, see p 10. Using a clear referencing system and page markers for your evidence is highly recommended.
- Timing of some of the learning and work. For example, understanding the arrangements for health protection prior to 2013 is insufficient given the major reorganisation in England, so this would apply to both know how's and show how's claimed if you are based in England.
- Readability: using a readable font size (e.g. not less than Arial 11) and helpful layout of the summary e.g. use of paragraphs and appropriate headings are all helpful for the assessor.

15. Comments from registrants include:

- Clarify understanding of competencies e.g. with previous registrant before starting.
- Spend less time chasing past evidence if difficult and instead move forward to do refresher course/ top up training/ private study.
- Avoid doing portfolio in a period of great change.
- Self-evaluation and self-reflection are an essential part of the process.

“If you don’t feel comfortable doing this or other people reading your work, been questioned about why you did something or reliving old ground we strongly recommend that you do not embark on this process”

- Avoid spending time putting together all your know how’s at the beginning.

“Tempting to do the easy bit – by the time you have written all your show how’s you will be much more informed and confident about putting this together. I spent a lot of time at the beginning putting all my know how evidence together and then had to come back to it again”

- Find your evidence as you write your Show How’s.

“As painful as it is, DO NOT try to find it at the end. Put it in an electronic folder as you go along, including working out your reference number. You won’t want to re-read it again and try to think about what evidence you were referring”

- Get someone to proof read everything.

16. References and testimonials

References and testimonials in support of applications should be from senior public health professionals i.e. with a clear strategic role or reporting to a senior decision making body. They must be written on letter-headed paper, dated and signed with the author’s professional public health registration number.

The relationship between the author and you should be clear and not from someone who is your junior.

Writers of references and testimonials may be contacted directly by UKPHR to provide confirmation if there is any doubt.

The testimonial will focus on the quality of evidence submitted in the portfolio (therefore they will have read your portfolio), will support your application for specialist registration and will state that, to the best of the writer’s knowledge, the applicant is working at public health specialist level or has the ability and competence to do so. If the former (you are working at public health specialist level), the writer must confirm that you have a strategic role and/or you report to a strategic decision making body such as a Board. If the latter (you have the ability and competence to work at public health specialist level), the author must confirm that you are working at a very senior professional level, with some of that in the UK at least.

Testimonials cannot be accepted as evidence alone; they are used to validate other evidence or in addition to validate where otherwise not documented. Testimonials for specific competencies must be very specific to the competency being claimed. They should not be used for know hows.

The reference will refer to your personal qualities and abilities and must confirm your fitness to practise as a public health specialist.

17. Confidentiality

If assessors witness a breach of confidentiality in your portfolio, you will be required to redact the material constituting the breach. The breach of confidentiality will also result in an automatic requirement of a resubmission of KH47 - even if the assessors had already accepted your KH47 evidence.

18. CPD

In signing your application, you are agreeing to abide by UKPHR's Code of Conduct, which includes CPD standards. You are also declaring that you are aware of the CPD requirements for continued registration, you agree to undertake learning appropriate to your practice at specialist level and you will maintain a CPD log with suitable evidence, including reflective comment.

You are also declaring that you are aware that you must produce evidence of compliance with CPD requirements in support of your 5-yearly revalidation and if and when requested by UKPHR for auditing purposes.

It is recommended that you refer to UKPHR's Code of Conduct and the revalidation policy and guidance for specialists on [UKPHR's website](#).

Assessors will be looking for evidence of CPD and reflective practice in a number of ways:

- In the application form applicants must describe their current CPD arrangements in Public Health. This should be up-to date and linked to a personal development plan. It is ideal if the applicant is a member of a formal CPD programme relevant to Public Health.
- Information in the CV should reflect recent learning activities relevant to their professional development at the Public Health specialist practice level.
- There is sufficient evidence throughout the portfolio, with CPD and reflective activity included in the evidence summaries and development summaries (especially for Higher Claims) to fulfil EMS 5 "reflective learning e.g. through CPD and personal development plan".

19. How long will it take to be assessed?

The uncertainty created when the Department of Health considered transferring specialist registrants to the Health and Care Professions Council (HCPC) register resulted in a big increase in the number of portfolios submitted to UKPHR for assessment under the defined specialist route. In addition, UKPHR's own decision to review routes to register for public health specialists, and the consideration of a new equivalence retrospective portfolio route, also caused more people to submit defined specialist portfolios to UKPHR for assessment. A number of recent portfolios have not been from applicants working at the right level, which causes delays and consumes time for both applicants and assessors and may not result in registration.

We are greatly assisted by a group of senior public health professionals who voluntarily provide our assessment capacity. Each portfolio is assigned to 2 assessors and currently you can expect to wait 6 to 12 months for your portfolio to be assigned to 2 assessors. UKPHR has successfully increased the number of assessors through a programme of recruitment, training and development, which is ongoing,

Where this delay causes problems for applicants, we will on request issue letters to confirm the current status of portfolios, for example for prospective employers.

Once portfolios are allocated to 2 assessors, the initial assessment period is approximately 2 months on average. Length of time to achieve registration varies between applications for the reasons discussed in the next section.

20. What are the possible assessment outcomes?

It is very rare for applicants to achieve registration following initial assessment. In most cases, you should expect to receive notice that the Registration Panel, on the assessors' advice, requires you to provide some clarifications and/or resubmissions.

Assessors' recommendations are discussed at monthly Registration Panel meetings, in the presence of a UKPHR Moderator who is responsible for Quality Assurance. These meetings are chaired by one of our Registration Panel Chair's and are attended by other specialist portfolio assessors. When the Registration Panel is ready to recommend that you be admitted to the register, this recommendation goes to our Registration Approvals Committee, which is chaired by UKPHR's Registrar.

For reasons of fairness, we send all notifications to applicants on the day of the Registration Approvals Committee's meeting, whether they be admission to the register, clarifications and/or resubmissions are required.

Outcomes can vary from:

- All claims have been achieved and the applicant is **registered**.
- The Registration Panel recommends **moderation** of the entire portfolio or for select competencies.
- The portfolio is deemed **unassessable** where the Panel feel that the applicant is working at the right level, but the portfolio cannot be assessed in its current form. This is usually due to poor navigation or narrative.
- The portfolio is deemed a **complete return** when the Panel feel that the applicant is not working at the right level.
- **Clarifications** are required. These will be listed in the outcome letter and applicants can have a telephone discussion with one of their assessors to discuss these in further detail, within 10 days of the letter being sent. The applicant then has 2 months from the discussion date to submit the clarifications. A clarification requires further explanation or additional evidence from work already submitted against that competence. Additional work can be used and you as an applicant will submit an updated matrix and assessment proforma.
- **Resubmissions** are required. These will be listed in the outcome letter and applicants can request a telephone discussion with one of their assessors. The applicant then has 18 months from the date of the notification letter to submit the resubmissions. If a further resubmission is requested for the same competency, applicants must submit within the original 18 months provided. Resubmission means completely new work is given as evidence, hence the length of time is longer. You must submit an updated matrix and assessment proforma.

If clarifications or resubmissions are requested from you

- The telephone call with the assessor will brief you on what the problems are but not how to solve them.
- However, if you feel it will be difficult to provide the right type of evidence required, then you may opt to resubmit i.e. provide a completely new piece of work. You must tell the office as this allows you to have 18 months to present the new evidence from the telephone call.

21. What happens if I do not submit my clarifications and/or resubmissions in time?

If you do not submit your clarifications in time, they automatically revert to resubmissions to allow you 18 months to submit. We will provide you a letter notifying you of this new deadline.

If you do not submit your resubmissions within the allotted time, you are technically out of time. The Registration Approvals Committee, chaired by the Registrar will ultimately decide whether you are provided additional time. The committee may decide not to provide additional time and your assessment will no longer proceed.

If you decide not to proceed further with submitting clarifications and/or resubmissions, please notify us via email so that we can notify your assessors and stop your assessment. We hope this will not be the case!

Many registrants say it takes over your life for a couple of years, but at the end you feel far more confident as a PH specialist in your knowledge and experience. So, stick with it if being on the register is right for your career path.

Checklist for Defined Specialist applicants

Feb 2018

You are advised to use this checklist before submission to ensure that your application is complete, and to help you present your portfolio to best advantage.

1. Portfolio (four identical copies) including:	Y/N
CV	
Current job description	
Completed application form	
A description of arrangements for CPD	
A Personal Development Plan	
The assessment proforma (see Section 4 below)	
The <i>Know How & Shows How</i> matrices, fully completed	
A reference from a senior public health colleague (see Section 4 below)	
A testimonial in support of the portfolio from a senior public health colleague (see Section 4 below)	
Know How evidence and narrative (see Section 5 below)	
Show How summaries (including extended summaries for higher level claims) and evidence (see Section 6 below)	
Certified copies of qualifications and membership of professional bodies	
If applicable, a certified copy of marriage certificate of Deed Poll documentation if any documents or evidence are in a different name	
2. Application form	
One original copy – separate from portfolios ensuring that declaration is signed	
Portfolio assessment fee	
3. Assessment proforma – emailed in Ms Word format to register@ukphr.org	
Points claimed (from Shows How section only) add up to 32	
Higher claims specified	
Evidence column completed	
Copy retained for your own use to update and resend upon request for clarifications/resubmissions	
4. Testimonials and References	
Are these on letter-headed paper?	
Have they been signed (typed in signatures are not acceptable) by the author, showing their job title and professional public health registration number and dated	
Is the relationship between yourself and the author clear?	
5. Know How Summaries and Evidence	
Have you included attendance certificate and course content or relevant evidence where appropriate?	
Have you signposted the assessor to clearly labelled evidence?	
Have you cross-checked between the citations in the summary, the assessment proforma and the matrix to ensure consistency?	
6. Show How Summaries and Evidence	
Have you stated at the beginning of a summary which competencies are being claimed?	
Have you included a developmental pathway within an extended summary for all higher level claims?	
Have you signposted the assessor directly to the specific evidence that demonstrates the competency you are claiming?	
If you have used testimonial evidence to support a specific claim, do they meet the requirements in Section 4 above? And are they competency specific?	
Have you cross-checked between the citations in the summary, the assessment proforma and the matrix to ensure consistency?	

