EAST OF ENGLAND

Practitioner Registration Scheme

**FAQs**

*Please note that the primary source of guidance for practitioner registration is in the UKPHR Framework and Guidance for applicants, assessors and verifiers (Dec 2013), and the Supporting Information document – both of which can be found at the bottom of this page:* [*http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/*](http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/)

**1. Can part-time workers have more than 2 years to complete the registration process?**

No, not really because 2 years is adequate for all to prepare and submit a portfolio. The limiting factor is usually insufficient knowledge/experience to generate sufficient evidence. Co-ordinators can help with specific problems but any longer and currency of evidence may be an issue (see next Q&A for currency of evidence).

**2. What is the requirement for currency of evidence?**

Fifty per cent of your items of evidence must be within 3 years of your date of registration ie: at the end of the assessment process.

**3. How much evidence can be drawn from recent/current work (for example, if, because of last year’s reorganisation, past evidence has been lost)?**

It is often easier, and more helpful in professional development, to collect evidence during current projects. Current projects ought to give you an abundance of evidence for meeting the standards.

**4. What happens to me if a job change takes me out of the local scheme’s area during the process?**

All the local schemes have an arrangement that the scheme which accepted you will keep you so that you can continue to build your portfolio and achieve registration. However, if you are moving to another area with a local scheme, the two schemes’ coordinators will discuss with you whether a transfer is possible.

**5. How much is UKPHR’s annual registration fee?**

£95

**6. Where can I find the PHSKF (Public Health Skills & Knowledge Framework)?**

You can find it on PHORCaST’s website <http://www.phorcast.org.uk/page.php?page_id=313>

and Levels 4,5 and 6 are contained in UKPHR’s Framework and Guidance, Annex 2

**7. How many practitioners will be able to attend the first introduction day?**

The first cohort will comprise 25 practitioners. Once this first cohort is established, more cohorts can be set up and no maximum number has been set for these future cohorts yet.

**8. What is your advice if I already have evidence that may be useful later when I am accepted onto a cohort?**

Your evidence will be usable so you should keep it safe and use it when you build your portfolio.

**9. What are the selection criteria for selecting the 25 practitioners for the first cohort (because clearly there are more than 25 people interested in joining the scheme)?**

For cohort 1 we will be looking for those practitioners who comfortably meet the threshold of Level 5 and above, and/or who have a rich source of experience from which to draw evidence.

**10 . Do verifiers have to be recruited externally (i.e. from outside the scheme’s area)?**

No, verifiers are recruited from East of England, which covers a large area. Verifiers will be subject to clear rules on conflict of interest. This aspect of quality assurance is overseen by the Moderators, who are external.

**11. What work has UKPHR done to engage with employers in England, for example local authorities and the Association of Directors of Public Health?**

UKPHR engages in all the national forums where public health partners meet and sits alongside the LGA (and its equivalents in N. Ireland, Scotland and Wales) and the ADPH.

UKPHR has regular meetings with these stakeholders and shares conference platforms with them. UKPHR has its own, widely drawn, Consultative Forum which includes these stakeholders and many others. UKPHR is conscious of the need to engage with individual employers (including local authorities and Public Health England) to ensure that practitioner registration and its benefits is understood.

**12. In order to achieve Advanced Practitioner status, will it be necessary to be a registered practitioner?**

In the two pilots of Advanced Practice about to commence in Wales and West Midlands, practitioner registration is a pre-requisite to achieving Advanced Practitioner status.

**13. How extensive must a portfolio be?**

Guidance is given on the minimum evidence and commentaries required in portfolios. Portfolios may be submitted on paper or electronically. East of England scheme will be offering e-portfolios from the outset as they offer advantages in terms of ease of use and reference, transfers between practitioners and their assessors and maintaining confidentiality.

**14. Are there any costs to practitioners other than the registration fee?**

The local scheme will meet all the costs of the process locally, including any master classes and other work to fill gaps in skills and knowledge. UKPHR charges a one-off administration fee of £25 on first registration alongside the annual charge of £95 (i.e. a total of £120 in the first year only).

**15. Is it possible to use evidence that is confidential in portfolios?**

There must be no breach of confidentiality in any of the material contained throughout the portfolio. 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 of the indicator on confidentiality (3e). The identifiable information should be removed.

**16. Can my portfolio be submitted for assessment from outside a cohort?**

Yes, if an assessor is free to assess it. This will depend on agreement between you, your coordinator and an assessor.

**17. Are any costs incurred in attending any of the development training arranged by the local scheme?**

Currently, it is intended that all relevant costs will be met by the scheme.

**18. If my work is specialised, might the assessor be unable to understand it?**

It is your responsibility to explain how the work you are describing meets the relevant standard. If there is an aspect of your work that the assessor does not understand, the assessor will contact you to discuss it.

**19. How many ‘gaps’ should we expect to have?**

It is less about how many, and more about what is required in order to fill the gaps. There may be knowledge gaps or gaps in skills/experience – requiring different approaches. It may be helpful to discuss this with a line manager/supervisor if you think you need to access development opportunities.

**20. What constitutes ‘evidence’?**

 Evidence is anything that ‘proves’ the practitioner’s role in the activity being described, their contribution, source of knowledge, actions, etc., and evidence can take any form eg: emails, policies/protocols authored by the practitioner, reports, reflective piece, minutes of meetings, videos, recorded observation, etc.

**21. Are there any networks for specific professions for support e.g. other Information Analysts who are on the Register?**

Practitioners will be supported in their portfolio building through the provision of portfolio development support groups. If during these groups it becomes evident that some practitioners require specific input from another source, then this will be fed back to the scheme coordinator and this can be provided eg: from an Information Analyst who currently assesses portfolios, or a recently registered Analyst. However, the standards have proved to be widely applicable, and very robust in the breadth of their application.

**22. How much work can be submitted electronically? (? 50/50)**

The East of England scheme will be using an e-portfolio package and all applicants will be encouraged to submit their portfolios via the e-portfolio. This will require all of the work to be uploaded electronically into the system.

**23. If a piece of work has more than one author, how do we demonstrate our own involvement?**

You may have a manager or team leader who can provide a testimonial that explains your involvement in the production of the document, or email correspondence that tracks or talks about your contributions.

**24. Does each sub indicator have to have Knowledge, Understanding and Application? How do we evidence the understanding of knowledge effectively?**

Every indicator has to be addressed in relation to knowledge, understanding and application. Often the understanding is demonstrated through the narrative in the commentary where the applicant explains what they learned from the source of their knowledge in relation to the indicator under discussion, and how the knowledge was applied in this piece of work.

**25. How much reflective evidence do you need to do per question (dissertation or paragraph)?**

Each commentary will have a reflective piece at the end where the practitioner looks back on the piece of work they have described and discussed. The length of the reflection could depend on the complexity of the work, its relative success or otherwise, and what has been learned. It would generally be paragraphs rather than pages.

The portfolio is not like an exam or an academic assessment so the term ‘question’ does not really apply. Applicants are asked to demonstrate their competence against a standard or an indicator, and this is demonstrated through their knowledge, understanding and applicant.

**26. Are there plans for more experienced individuals to go straight to Advanced Practitioner - particularly people with an advanced academic background (e.g. PHD/ Civil Service level 8)?**

The current proposals for Advanced Practitioner accreditation require individuals to already be registered as a practitioner. As the portfolio is about ‘fitness to practice’ an advanced academic background would need to be supported by relevant work experience across the breadth of the standards.

**27. How much do workshops cost?**

The current plans are that all development opportunities offered through the scheme will be free to applicants. Attendees may have to bring their own lunch though!

**28. How do you maintain your registration if you move into a more specialised role?**

It depends what is meant as more specialised. If it is a specialised area of public health then ongoing CPD would support the maintenance of registration. This question may need further discussion with perhaps an example.

**29. Can it just be a relatively small piece of work or intervention? e.g. a family or community?**

The size/scale of the piece of work is only as relevant as the amount of evidence that the piece of work can generate against the indicators.

**30. Clarification over the differences between knowledge and understanding?**

Knowledge can be sourced from a range of places eg: academic lectures, formal training, books, e-learning, on the job, department-led workshops, etc. and may be presented in a theoretical context. The understanding is where the applicant explains to the assessor how the knowledge identified relates to the specific requirements of the indicator under discussion – which requires the applicant to understand what the indicator means, and what the most relevant knowledge base would be to demonstrate that indicator.

**31. Standard 5 – What is meant by ‘main terms’ and what is sufficiently good and/or acceptable evidence? E.g. do I have to list or describe the main terms and concepts used in promoting health or wellbeing? (5c) do you actually want to see that I know the main terms, like an exam question?**

There is a glossary of terms for practitioner registration in the Supporting Information document that can be found on the UKPHR website [*http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/*](http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/)

The portfolio should not be like an exam question, but the assessor would need to be assured, through the presentation of the portfolio and accompanying evidence, that the applicant understands what the main terms are and what they mean. This would need to be explicit through one form or another.

**32. How would you demonstrate anecdotal evidence?**

You many need to request confirmation through an email, or a testimonial from a senior member of staff. Sometimes, if the evidence is not forthcoming, applicants may need to find a different example in their work which they can evidence more easily.

**33. How narrowing focused can the evidence be? Can commentaries all be about one project?**

Commentaries can be about one project, or one part of a project. You will be supported in the planning and mapping of your portfolio through the portfolio development groups, and you will also learn more about what is required through the Induction Day.

**34. Quality of evidence (i.e. is one email enough, how many pieces of evidence do you need, or can you use one piece of (good) evidence)?**

As you develop your portfolio you will come to recognise what will be required to demonstrate the different indicators – in relation to your chosen piece of work. You can use the same piece of evidence for several indicators – if it can demonstrate what is required, but you will need to discuss the different parts of the evidence in relation to each of those indicators, and signpost the assessor to the relevant parts.

**35. How do you demonstrate the evidence – do you need to write it down?**

Evidence can come in many forms, but more often than not it is written evidence. A video may not be ‘written down’, but the applicant would need to explain to the assessor what it is about the video that demonstrates the indicator being claimed against that evidence.

**36. Does it need to be evidence based practice/certificates, if application then needs to be assessed?**

This question is not entirely clear – but sources of knowledge need to be clear, certificates support achievement but may not give specific detail of modules/sessions attended. The appropriate choice of evidence to demonstrate application will show how well the indicator has been understood, and the recognition of the relevant underpinning knowledge.

**37. Why isn’t there a minimum number of years’ experience required?**

There can be differences in the scope and breadth of experience that individuals might acquire over time, depending on their role and capacity, and the development opportunities that have been available to them. The important factor is that applicants have sufficient experience to generate sufficient evidence to demonstrate all 48 indicators.

**38. Are wider determinants of health recognised?**

The wider determinants feature clearly in the standards. Work that is particularly geared around the wider determinants will generate appropriate evidence, depending on methodology.

**39. Can you fail this? – Has anyone failed before?**

Individuals don’t tend to ‘fail’, however, some applicants may have their assessments put on hold if they are struggling to identify the appropriate evidence, understand the indicators, manage the process, or manage their time. This is usually done in a supportive manner in dialogue with the supporting line manager, with a plan to address the problems and identify development opportunities. They can then return to the assessment process later. Some practitioners withdraw from the process voluntarily for a variety of reasons.

**40. Are there any worked examples of commentaries we can see that are good practice, explaining why it is good?**

Commentaries will be looked at during the Induction Day. Draft commentaries are also discussed in the portfolio development groups. Portfolios are considered to be highly personal and confidential and so ‘real’ commentaries are only used in controlled environments eg: training sessions, with the full consent of the authors. They are not available on-line or circulated electronically.