

East of England UKPHR Practitioner Scheme

Evaluation Report May 2020

Executive Summary

Since the inception of the East of England scheme in 2014, ensuring an accessible scheme with high quality support and guidance for stakeholders has been a priority and each year numerous consultations and evaluations have taken place of individual deliverables to inform, enable and guide improvements.

UKPHR registration is still relatively new to the public health workforce, only in 2019 was full UK access to registration available for practitioners and there is still some way to go before registration is universally recognised as an essential career step and supported by all employers.

While regional schemes have an important role in advocating for UKPHR registration, much still needs to be done nationally by UKPHR to ensure scheme coordinators have the right promotional materials and there is universal messaging and support at national level from the key statutory bodies, HEE and PHE.

The East of England scheme continues to lead the way in terms of innovation and redevelopment, supporting new schemes and piloting new ways of working as well as contributing to the ongoing review of UKPHR registration.

For 2020/21, the method of delivery of support for practitioners is changing and more use will be made of online resources and support options. This will enable funds to be invested in the development of additional learning opportunities and CPD workshops to ensure the scheme is not only providing the opportunity for practitioners to gain registration but is also contributing to the upskilling and development of the whole public health workforce.

There are a number of recommendations identified by this evaluation process, listed overleaf and detailed in each relevant section. The next steps will be to review, plan and implement these to ensure the continued improvement, ease of access to and development of the practitioner workforce in the East of England

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1. Background

The East of England scheme was established in December 2014 and the first 2 cohorts¹ of practitioners began developing portfolios in Spring 2015.

The processes and support offered at the time were developed using the recommendations from the evaluations of the pilot schemes and from the UKPHR document Setting up a Scheme (UKPHR, 2014). Guidance was provided by Claire Cotter and UKPHR Lead Moderator Cerilan Rogers. The Head of School of Public Health (Alistair Lipp) commissioned Alix Sheppard (Health Talks Ltd), as an external provider of the scheme coordination role. Although scheme coordination has remained consistent, there have now been 5 different UKPHR Moderators.

A launch event was held in Newmarket (December 2014), with good representation from employers and the scheme has since benefitted from continued support from the regional employers, the DPH network, PHE and the voluntary sector with regards to embedding practitioner registration into the practitioner workforce.

Both PHE and the ADPH have contributed financially to delivering the scheme in previous years, which shows the level of commitment to developing a registered workforce.

As in other regions, the East of England public health workforce has seen many changes in the last 5 years with all local authority teams undergoing at least one major restructure and several more than one. This leads to a degree of instability in the workforce, practitioners report feeling undervalued and pressurised, however the restructures have led to an increase in the number of job descriptions which feature UKPHR registration as a “desirable” attribute. Several public health service contracts are now being delivered by provider organisations and there is still inequality in the number of practitioners applying for registration from provider organisations versus statutory- ratio approx. 1:10.

Within the scheme, emphasis has always been placed on encouraging the wider workforce to engage with registration, people new to public health roles and those working in non-statutory organisations. The word cloud below shows the variety of job roles from all practitioners engaged with the scheme since 2015 although it should be remembered that practitioner job titles often include a wide variety of roles and projects.

¹ Cohort: Group of 8-12 practitioners commencing portfolio development together



Quality assurance of each process has been carried out regularly to ensure the scheme is meeting the needs of each group of stakeholders. Each training event for practitioners, assessors and verifiers has been reviewed and any changes required implemented for the following year. Overall feedback forms have been sent and received for each practitioner completing the process and gaining registration and, again, this has influenced the development of the scheme. A financial review has been undertaken informally and the scheme has consistently provided value for money and costs less to deliver than other regional schemes, with an equitable number of practitioners gaining registration. The numbers of practitioners applying has never exceeded capacity, practitioners often had to wait for a new cohort to join but capacity is dictated by the number of available assessors and verifiers- rather than imposed limitations for other reasons.

In 2017 UKPHR began a review of practitioner registration and following the implementation of a number of the recommendations and a regional consideration of the feedback from stakeholders, the East of England scheme has a number of operational differences to other schemes and by evaluating these in comparison with the previous processes and support offered, enables this report to measure the effectiveness of these changes and make recommendations for future development.

1.1 Scheme structure

All UKPHR practitioner schemes have a similar structure in terms of personnel and stakeholders, although the support offered to practitioners by each scheme varies. The key personnel and stakeholders are identified below:

Scheme Coordinator (0.4 WTE)

Administrator (0.2 WTE)

External portfolio development/training support

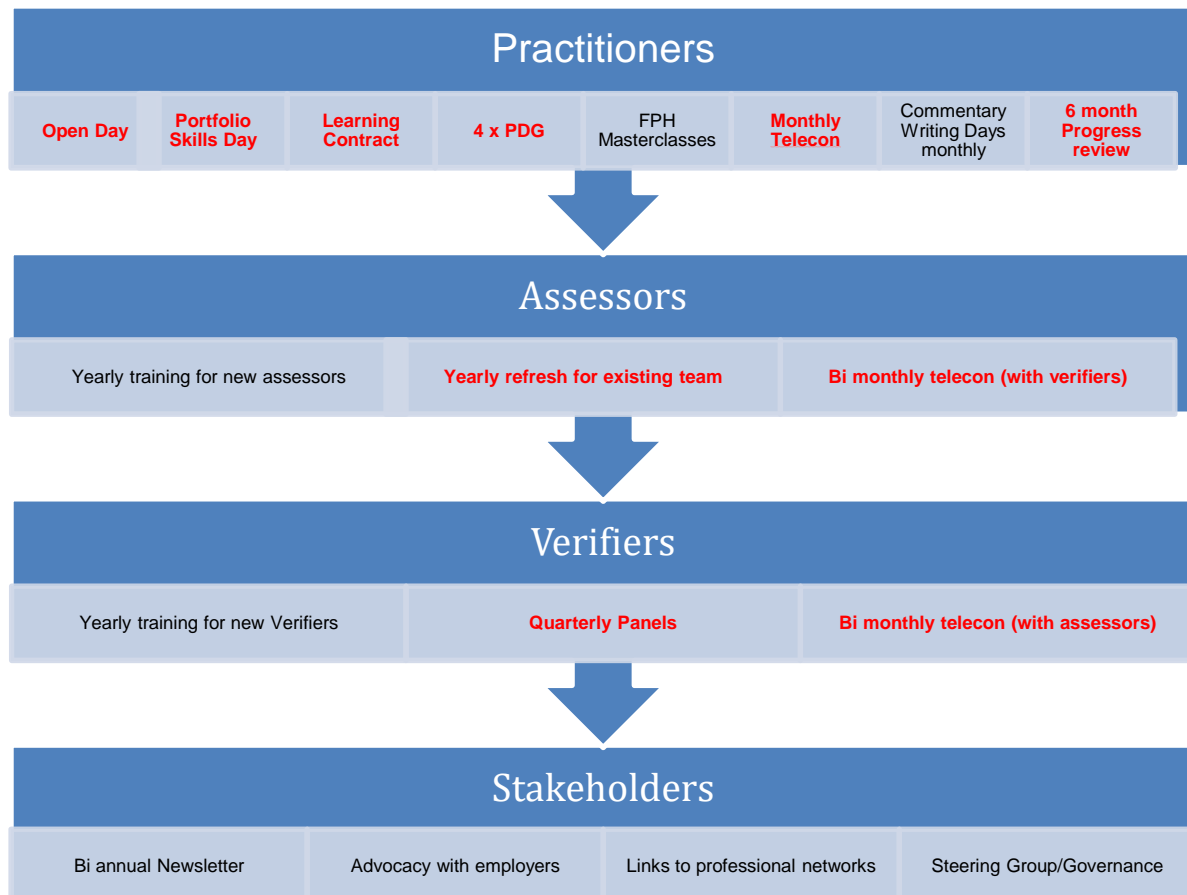
Practitioners

Assessors/Verifiers

Employers

HEI and other professional bodies

The diagram below shows the support offered by the scheme to the main stakeholders and includes a virtual KHub platform group for practitioners and assessors/verifiers. **Red font** indicates mandatory aspects of each role.



In addition to this, the scheme coordinator has an active role with UKPHR, linking with the national scheme coordinator network and contributing to the review of practitioner registration by Chairing the task and finish group, established to carry out this piece of work. This enables the East of England scheme to lead the way with new initiatives and influence UKPHR Board decisions which affect practitioner schemes.

Administrative processes have been streamlined over the last few years to reduce the administrative requirements. This has meant that the scheme is well placed to continue with a “business as usual” approach during the Covid- 19 outbreak as many processes are already carried out remotely.

This includes:

- Online application process (previously paper applications were posted to the scheme)
- Monthly teleconferences (previously face to face meetings)
- Bi-yearly bulletin for employers (reduce travel to network meetings)
- Development of online training for use of e portfolio (previously a face to face session)
- Flexible working times of Coordinator to take into account the part time nature of some stakeholder roles (previously set-days were allocated which did not suit all)
- Dates for online/teleconference meetings and face to face training planned a year in advance to enable stakeholders to plan diaries
- Establishment of KHub platform for each stakeholder group for updates and workforce relevant information, such as CPD opportunities and events

This evaluation reviews the scheme support up to March 2020. From April 2020 the scheme will be using a different model of delivery with less reliance on face to face delivery of support and a year-round programme of recruitment.

1.2 Evaluation methodology

The logic model can be seen in **Annex A** and this report has been structured within the 4 key areas below:

Stakeholders: Practitioners

- a) Induction, training and support (E1, E1a)
- b) Progress reporting (E4)
- c) Feedback on completion (E2)

Stakeholders: Assessors

- a) Training and support during the role (E5)

Stakeholders: Verifiers

- a) Training and support during the role (E5)

Scheme Coordination and administration

- a) Advocacy and links with system leaders (E6)
- b) Communications for stakeholders (E2, E4 and E9)
- c) Quantitative reporting (E8)
- d) Effective use of resources (E7, E2 and E4)

The evaluation uses qualitative and quantitative data and a list of the data collection tools (E1-E9) can be found in **Annex B**.

Some of these feedback mechanisms have been in place for some time and the results have been used to improve the scheme each year (E1, E2) and the rest have been developed specifically for this evaluation.

1.3 Limitations

Telephone interviews with existing practitioners and assessors were planned during March 2020, however owing to the Covid-19 response, many practitioners have an increased workload and it is not felt appropriate to take up time with non-urgent enquiries. There is, however, enough feedback from completed practitioners (E2 and E4). An additional Survey Monkey questionnaire (E1a) was sent to all current practitioners as well as those who have completed in 2018 and 2019 as they were allocated the same support system. Practitioners completing prior to 2018 had a different level of support offered to them, so the comparison would have skewed the results.

Engagement with assessors is always a challenge as many undertake the role as an addition to their main job and must carry out assessment in their spare time. However, the number of responses was enough to gain valuable insight (10 assessors and 2 verifiers) which has also been shared with UKPHR to inform the review implementation group to improve processes.

Survey Monkey was used as a method of collecting information, however this will not be used again ever.

Consultation with employers was scheduled for March 2020, however the outbreak has resulted in a delay and subsequent low response rate (n=3) so further work to gain employer feedback is recommended*.

This evaluation has been carried out by the Scheme Coordinator with critical peer support from a public health colleague to ensure objectivity is maintained.

**Recommendation 1: Additional engagement with employers (in collaboration with UKPHR at national level) to review perceptions and identify needs.*

2. Findings

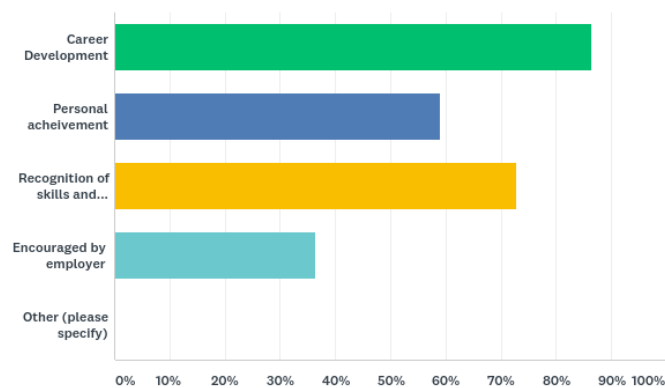
2.1 Practitioners' profile

The survey (E4) was sent out to all practitioners currently developing portfolios (n=24) and 22 responses were gained.

There are several different reasons for practitioners wishing to gain UKPHR registration, shown on the chart below. Respondents could tick all the statements which apply, and the majority highlighted "Career Development" and "Recognition of Skills" as the main reasons.

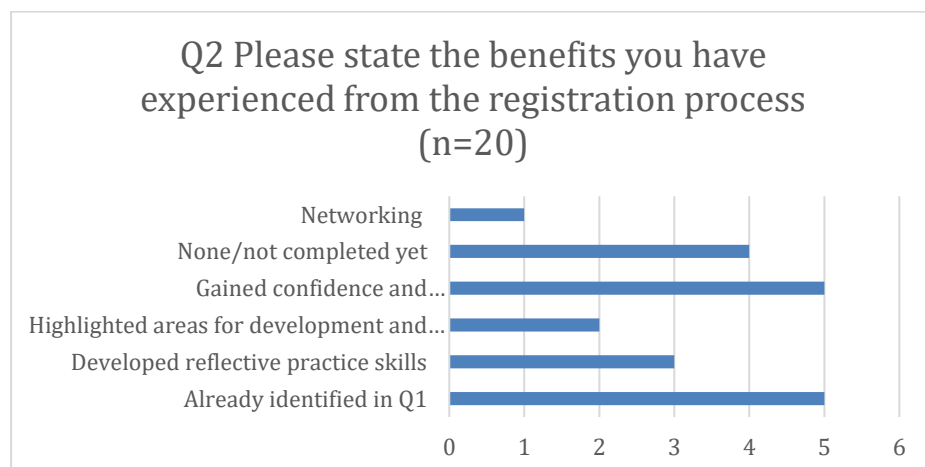
Reviewing the applications of all practitioners to date, 55% have MSc Public health level

Q1 Please consider your reasons for applying for registration. Tick all that apply



qualifications already and the remaining 45% have either non-public health degrees or no formal accredited learning but extensive experience in the sector.

This is supported by the responses to Q2 "Please state the benefits you have experienced from the registration process." This was a free text answer and the responses have been grouped thematically below.



Some additional comments from the paper questionnaire sent to practitioners on completion (E2) where the same question is asked.

“To meet other colleagues and share in the experience of registration as well as learning about my own strengths and development needs which has helped me reflect on my own role within Public Health.”

“Encouraged me to really use public health principles and knowledge in my day job”

“Encouraged me to think more about targeted CPD, making sure I allocate time in a very busy work schedule because it’s important to keep learning”

2.2 Training and Support for practitioners

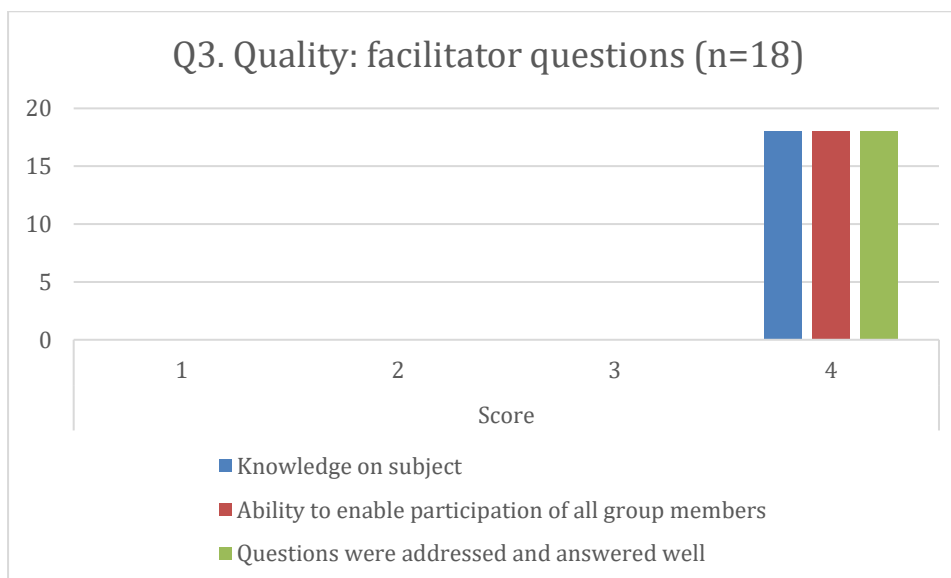
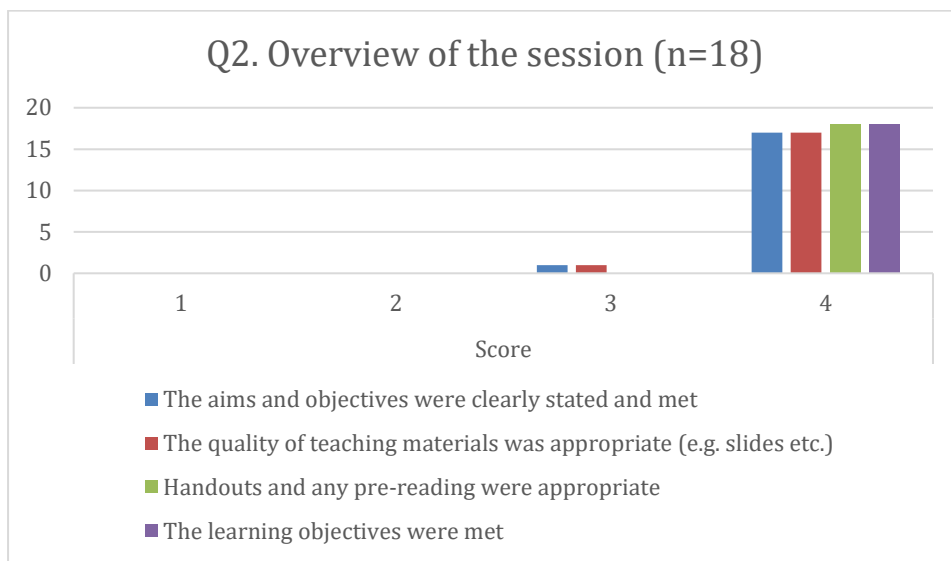
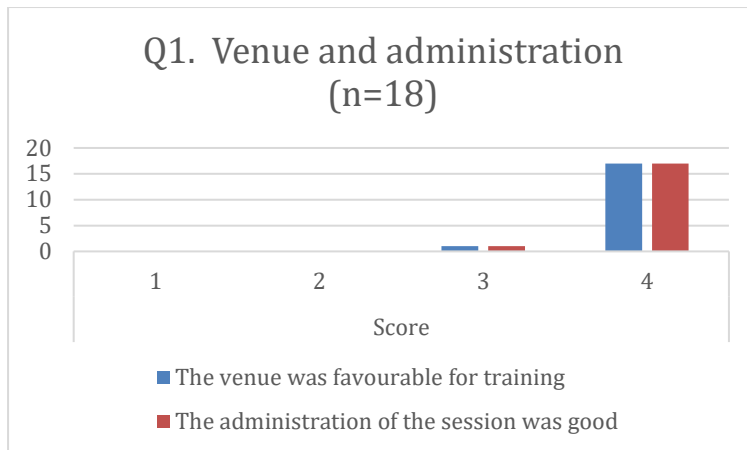
These consist of several elements, each of which are evaluated individually. Practitioners commence with an Induction (renamed in 2019- Portfolio Skills) workshop and the feedback is shown below from the most recent two sessions delivered during 2019². These are delivered by the Scheme Coordinator and subsequent Portfolio Development groups are delivered by external facilitator Sally Cray (see section 2.3 for feedback on these sessions).

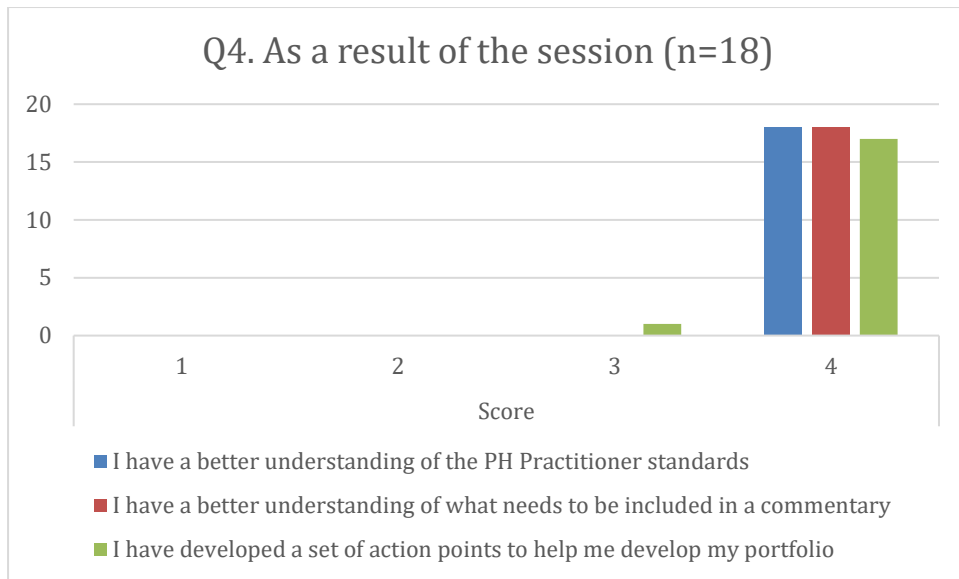
Most questions offered a four- point rating option “For all below questions please rate using the score range from 1 to 4, *1 for a negative score, 4 for a positive score*”

The results are incredibly positive, and it should be remembered that this session has been trialled and improved over the last 5 years to reach this point.

The content and activities of this induction are now used for the twice- yearly sessions and have been shared with other schemes. It is recommended that practitioners complete the UKPHR Online Introductory session prior to attending, so they can focus on the more practical portfolio development skills during the session.

² Sessions are now delivered online via the Zoom platform. Up to 10 practitioners can attend.





Question 5 “Overall, how would you rate the session?” 100% of participants rated the session as “Excellent”

Free text responses to question 6

Practical tips on how to start
Use support network
Clarity on what is required for the portfolio
Understanding the UKPHR Standards
Learning what the assessors are looking for (K, U and A)
How to write a commentary
Facilitator had good knowledge of the subject areas and very engaging.
Understand how to write a commentary.
Viewing commentary from the assessor’s point of view
How to address standards
Tips on how to take the portfolio step by step
Met the peer group

Questions still outstanding

In the last 2 workshops there have only been two comments in this field:

“Need to know how to gain the support of my line manager” and

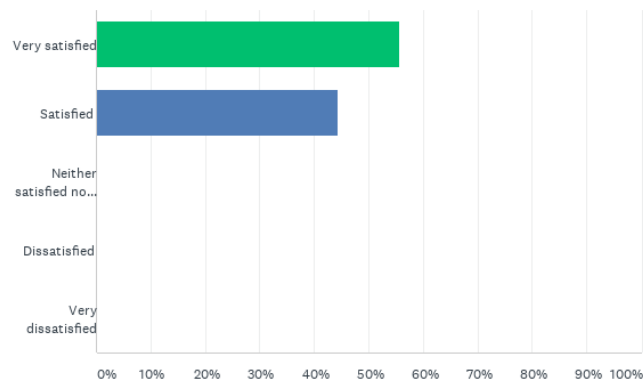
“Still unsure if I have the time to complete” both of which were taken up with the individuals concerned*.

**Recommendation 2: Develop a guide to inform line managers on how to support practitioners*

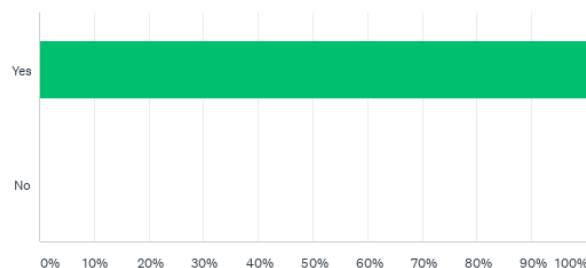
E1a Additional information request

Further information was requested from practitioners relating to specific areas of the support process in April 2020. A Survey Monkey questionnaire was sent to all 18 practitioners currently developing portfolios and 10 responses were gained. The results can be seen below.

Q1 Overall have you been given enough support and guidance to help you to develop your portfolio for UKPHR registration?



Q2 Think about the first workshop you attended (Open Day, Induction or Portfolio Skills workshop). Did it help you to understand the requirements and the process for gaining UKPHR registration?



Q3 *At the start of the process, could we do more to help you to commence portfolio development?*

Please state what this could be.

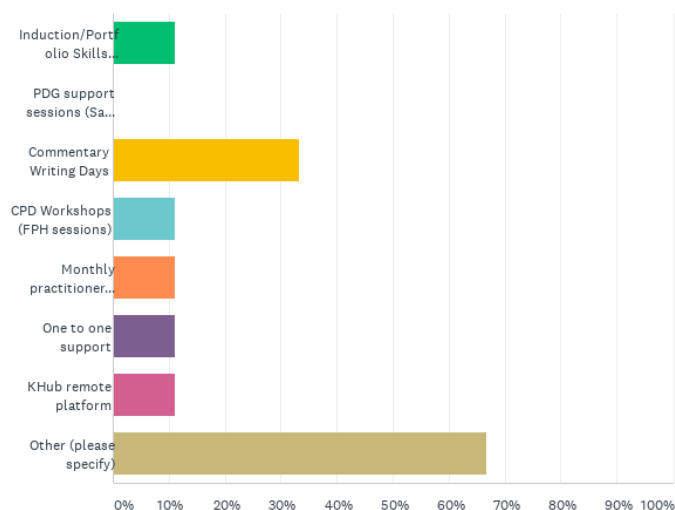
- The pre-assessment that the practitioner carries out to determine whether skills were met was not respectful of the detail required by UKPHR. More information to outline the level of expectation is needed*

- No, I think all the information provided and Sally’s support was excellent. Maybe next time someone who had passed and completed could do a mini presentation on their work and how they found the process.
- Advice was slightly mixed depending on person
- I think tailoring portfolio and commentary development according to the types of experience within the job role and pointing out the areas where the particular indicator or related indicators could feature in terms of a practical example would be beneficial to help participants get started more reassuringly³.
- Not really, it is all very clearly set out in the supporting documents - perhaps more information about what constitutes as knowledge acquisition evidence, or maybe evidence in general.⁴
- Yes, clearer instruction on the types of evidence we require to gather and how this will build into a portfolio

The suggestions made in these responses have been used to develop the online resources currently being piloted.

**Recommendation 3: Revise self- assessment form with other scheme coordinators*

Q4 Which elements of the support and training offered by the scheme could be improved?



Comments:

³ This is discouraged by UKPHR but example commentaries are shown

⁴ Addressed in online resources

KHub This feels very separate. Another log- in to remember etc (see section 4.4)

One to one support Although there were various support systems, I felt there was not much one to one support available outside of commentary or PDG sessions. (see section 4.4)

General With the increased usage of online technologies for maintaining contact these approaches could be utilised more fully for mini groups of practitioners coming together to compare commentary approaches like the Commentary Writing Days. Similarly, 1-2-1 support could use this opportunity and CPD workshops where people could access these remotely*

N/A - feeling really supported throughout this process

**Recommendation 4: Ensure all practitioners are aware of all the support- as these suggestions are already provided*

Question 5 How supportive is your line manager? All 9 respondents reported full support from their line manager.

Q6 Any other comments?

- The UKPHR team [regional scheme] are very supportive. Thank You.
- none (x2)
- No - found it an excellent course and highly relevant to my job. Can see the long-term benefits also.
- I have just seen in the latest UKPHR newsletter promotion of the UKPHR registration competency within Job descriptions via twitter # I think this is a good idea alongside small bitesize communications to Managers and Heads of Service within LA and other NHS and Public Health arenas to explain in a nutshell why it is good for staff skilling up and good organisationally.
- N/A - really enjoying the process so far

2.3 External Support

Faculty of Public Health Accredited Practitioner Programme

A series of six workshops with optional accreditation open to public health employees who wish to:

- Engage with a programme of accredited CPD to further their knowledge and skills
- Gain knowledge and understanding about public health e.g.: those who have recently moved into public health from another discipline/area of work
- Consider UKPHR practitioner registration in the next few years
- Develop their portfolio for UKPHR practitioner registration

These workshops are commissioned yearly and have consistently evaluated well in the East of England and nationally. The majority of the attendees are either engaged in or considering UKPHR registration (89%) and all said they would recommend the course to a colleague.

The workshops are evaluated externally by FPH both as individual sessions and as a whole programme and any recommendations for change are implemented the following year. Following the publication of the revised UKPHR standards, the workshops have been redesigned for the 2020 delivery- currently on hold due to Covid 19.

A total of 6 practitioners have undertaken the additional assessment to gain the Skills for Justice accredited Level 6 certificate, and it is recommended that this element is retained for future delivery as more practitioners are applying to the scheme with no formal public health qualifications.

External support provided by Sally Cray

Cohorts 1-9 were offered 4 full day Portfolio Development Group sessions as well as the more informal commentary writing days and teleconference support.

Learning from the feedback of each cohort has influenced subsequent deliveries but the key points from the most recent cohort is outlined below.

Practitioner views captured at the end of the Final PDG in February 2020 by Sally Cray, PDG facilitator

1. PDG's have been really useful
 - Clarifying requirements and helping us to make sense of the standards
 - Sharing examples so that we know what's expected
 - Being in it together and sharing our work and the challenges and questions that arise
2. Protected time on the commentary writing days has been helpful
 - Some of us prefer to work from home and others value coming together
3. Access to advice and having our draft work critiqued has been invaluable
4. Appreciate the flexibility when we've needed it e.g. to adjust submission dates when we've needed to – good not to feel judged
5. Deadlines are helpful but it has been frustrating when a lack of assessors has meant we've had to wait longer than anticipated to get our commentaries assessed
6. The requirement for objective evidence of Knowledge and the guidance concerning keeping knowledge up to date has been problematic. Under the old standards self- reflective pieces were acceptable, whereas now we have to provide objective evidence of how we know what we know. Many of us have taken the opportunity to undertake additional on-line learning and it is hard to evidence this

3. Assessors and Verifiers

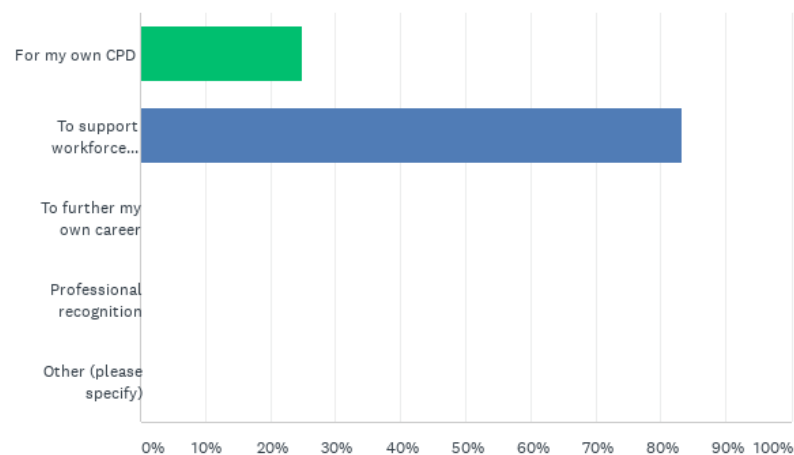
To date the scheme has trained a total of 38 assessors, 18 are still actively assessing portfolios. The maximum number of portfolios assessed by any assessor is 5 and the role is usually carried out for around 2.5 years before the assessor becomes inactive, usually citing work pressures as a reason not to continue. This is consistent with many voluntary positions; the volunteer workforce is usually more transient and requires a regular round of recruitment and training to keep the required level of assessor/verifier capacity.

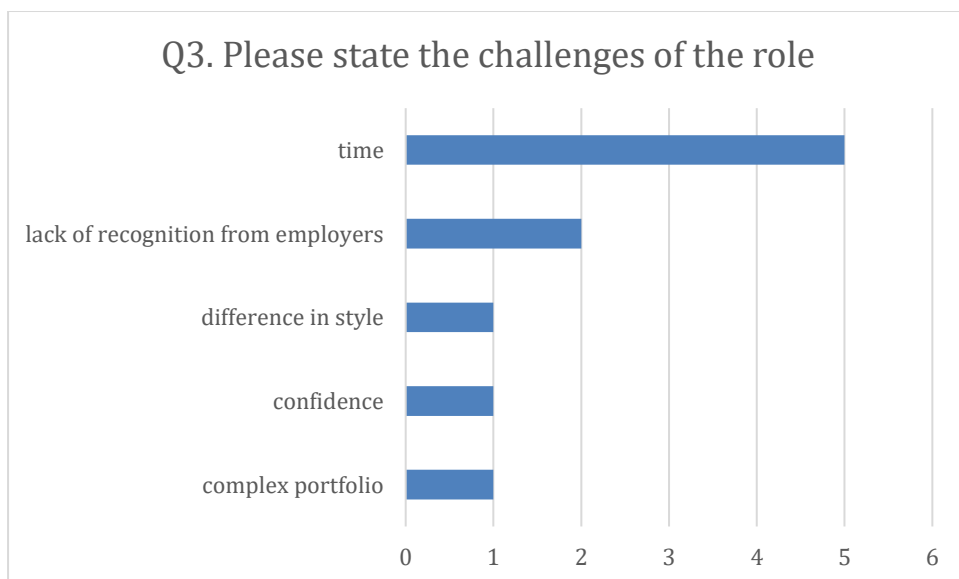
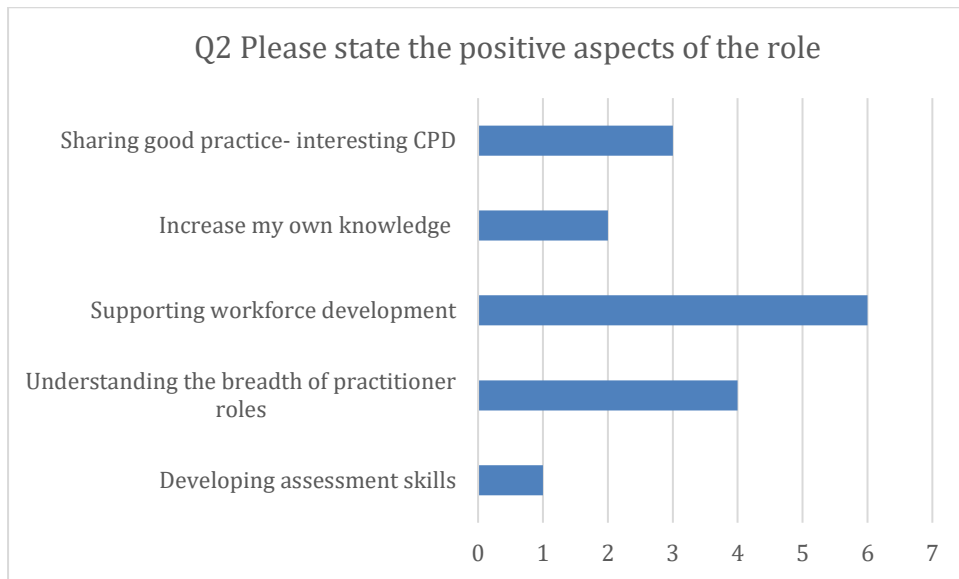
In the last 2 years, the number of people applying to take on the assessor and verifier roles has reduced which poses a significant problem to the capacity of the scheme. This has been raised on numerous occasions with UKPHR and is a national issue.

There were 12 responses to the survey from a combination of verifiers and assessors. Two of the verifiers had previously acted as assessors so had perspective from both roles.

Consideration was given to arranging the responses thematically, however there is a level of detail in each response which could potentially be lost so some responses have been shown as a list.

Q1 Please tell us your MAIN reason for carrying out the assessor/verifier role





Verifiers had a different view (n=2)

Sufficient notice to verify a portfolio. No slack in verifier capacity*.

Time to read and verify. Not enough notice for some meetings

The burden was quite a challenge as an assessor but is less so as a verifier. Main issue is juggling competing demands with consultant role

**Recommendation 5: Recruit more verifiers through employer engagement activity*

Q4 Are you supported by your employer? How?

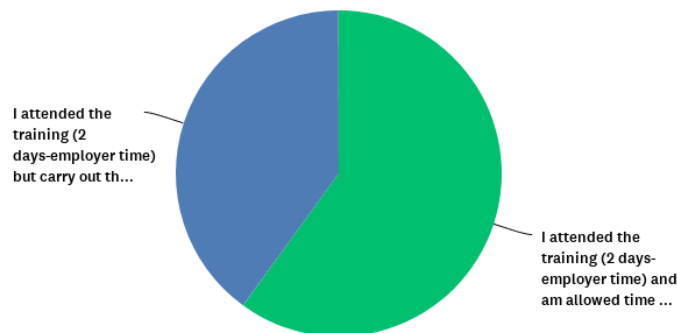
There were 3 options:

I attended the training (2 days- employer time) and am allowed time in work hours to assess/verify (8 people)

I attended the training (2 days-employer time) but carry out the role in my own time (4 people)

No- I have carried out the role in my own time

Q4 Are you supported by your employer? How?



Comments:

Although I am allowed time in work hours to assess my deadlines and portfolio areas are not adjusted to reflect this.

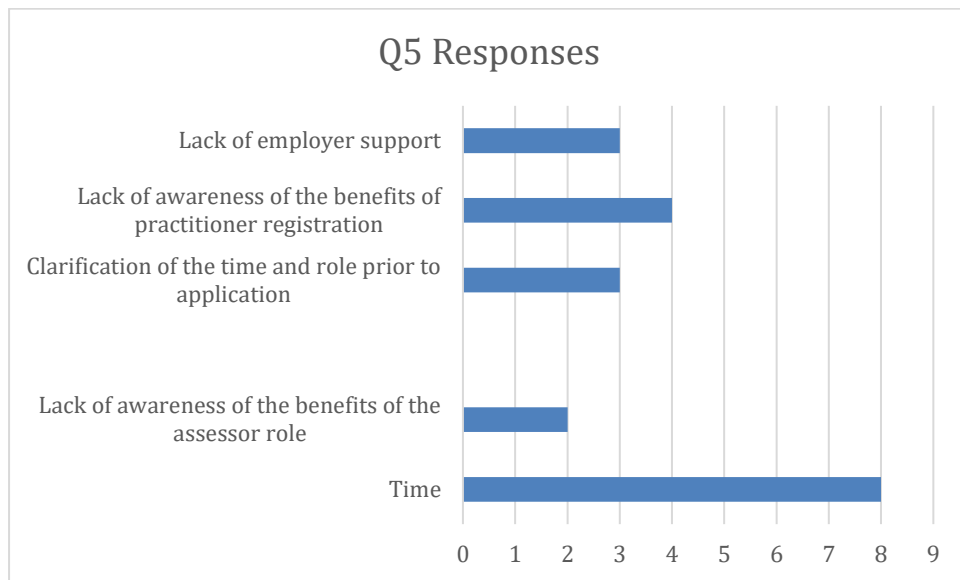
Mixture of my own time and work time depending on how busy my teaching schedule is as this takes priority

I attended the training and my employer is supportive but it has not been possible with a busy diary to find the time during work hours and so I've carried out verification in my own time.

However, time within working hours is not always possible therefore some assessing is in my own time

Q5. Nationally, all schemes are currently struggling to recruit assessors and verifiers. Please tell us why you think this is the case- and what we can do to change it

This was a free text question and many responses had multiple points. These have been arranged below with each point included. n=8



These responses have been shared with UKPHR as all are relevant to the development of national support and recognition for the assessor role.

** Recommendation 6: Add requirement to become an assessor into application form at start of portfolio development. Suggest that UKPHR make this part of the registration requirement*

Q6 How can we make the assessor/verifier role more attractive?

All suggestions have been shared with UKPHR and the Scheme Coordinator is currently working with UKPHR on a programme of employer engagement to highlight the benefits of practitioner registration as well as the review of practitioner registration specifically in relation to the assessor and verifier roles*

**Recommendation 7: Continue work with UKPHR on employer engagement and roll out materials when available to EofE employers and senior leaders*

Q6 Responses. These have not been thematically arranged as there is a level of detail which may be lost.

Professional recognition or payment
As above more information about the benefits especially to health visiting teams who are already in a different public health register so they may not see how beneficial this would be for them to support
Integrate into the core delivery of training/CPD. Take out the expectation that people are anticipated to use their own time for undertaking role - people have little own time. Pairing/or three assessor group so you can have quick informal email chats with queries and build relationships which an open Forum may not help with especially when issues are nuanced.
Perhaps some quotes/case studies of what the role has meant to existing assessors/verifiers and the impact the scheme has on practitioners and workplaces.
Get it [the role] acknowledged by PHE and LAs. get PHE to put out a note saying all eligible staff should be applying; or be an assessor or verifier. raise the profile
Agreement for protected time within working hours Encourage registered practitioners to undertake the role Possible CPD session for registered practitioners close to registration date to explain assessor role/look at assessment process
Make it a bit easier to navigate the portfolio and less time consuming [x 2]
Offer CPDs or registration fee exemptions [x3 people agreed with this] or perhaps give assessors a different UKPHR reg code to identify them as assessors?

In summary, the high attrition rate of assessors and low rate of recruitment suggests much more needs to be done at a national level to support assessors and ensure they have protected time and the recognition for the role. There are however, some regional recommendations:

** Recommendation 8: Communication to all employers on a regular basis, highlighting the work of the assessors (named) in recognition of their work*

Recommendation 9: Consider creating an assessor “buddy” system to offer additional mutual support

Recommendation 10: Encourage more registered practitioners to undertake the role- by adding it as a “requirement” to their application to the scheme

Recommendation 11: Increase the profile of the role as a CPD/development opportunity to improve employer willingness to allocate time for assessors to carry out the role

4. Scheme Coordination

1.1 Advocacy and links with system leaders

During the first 3 years of the scheme, the scheme coordinator met with the public health teams of every employer in the region giving talks about practitioner registration and answering questions. As more practitioners became registered, and assessors/verifiers joined the scheme, these became the advocates for practitioner registration, offering advice and information and disseminating information about the scheme to colleagues. Updates and bulletins are sent via KHub networks, LKIS, ADPH, HEE Scholl of Public health and the PHE workforce lead as well as by all scheme stakeholders- practitioners, assessors and verifiers.

There is still inequity in the uptake of registration between statutory and provider organisations although the scheme has offered support and advice on writing the requirement for UKPHR registration into service specifications which has now been shared by UKPHR nationally.

“I am developing my portfolio as I see it as a positive step in my public health career. However, I am doing it all in my own time at evenings and weekends as my employer does not see it as essential to my role” Provider employee- wishes to remain anonymous

However, the response from one person “we need more capacity in the region to get people through [registration]” shows that potentially some employers are not aware that the scheme has not had any capacity issues for some time. There is a limited number of assessors and verifiers but this has not yet resulted in any practitioners being turned away.

The responses to the employer questionnaire highlight the need to do more work with this stakeholder group. There is a lack of understanding about the support offered by the scheme (one person incorrectly said there were no CPD opportunities) as well as the confusion on capacity described above*.

** Recommendation 12: Consider a “Scheme Relaunch” to raise the profile and inform employers*

4.2 Quantitative reporting

Detailed records have been kept of practitioner progress since the commencement of the scheme. In line with UKPHR policy, the information of practitioners is kept for 6 years but the quantitative analysis spreadsheet is anonymised for recording purposes.

The key aspects for measurement are:

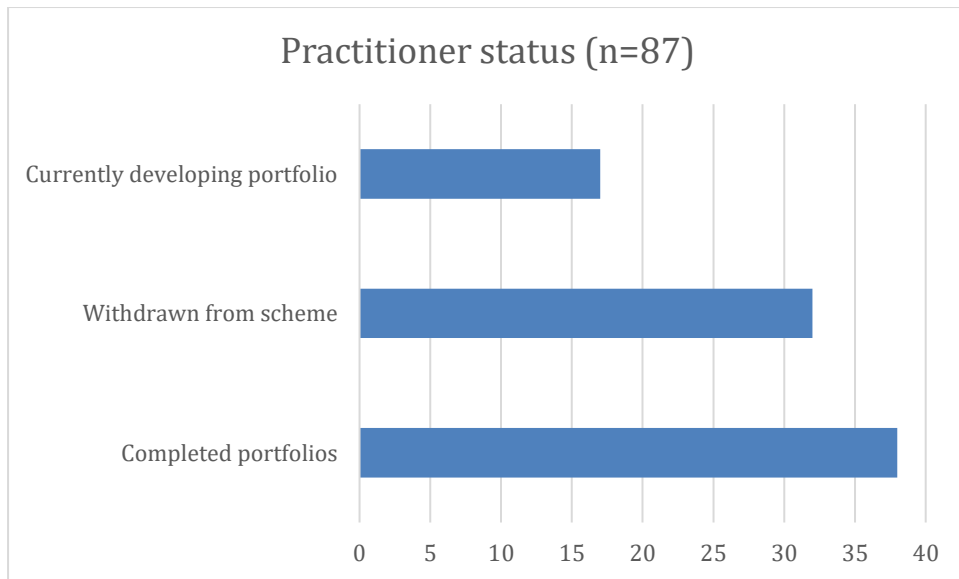
- Number of practitioners commencing portfolios (date of commencement is the Induction Day)
- Length of time taken to submit each commentary
- Completed portfolios
- Registered practitioners

In total 87 practitioners have been accepted onto the scheme since it was launched and of these, 39 have successfully completed portfolios and been recommended for UKPHR registration by the verification panel.

There are, however, only 28 practitioners currently registered with UKPHR which suggests that some people have either chosen not to become registered or have let their registration lapse. This has been raised with UKPHR as it is a common occurrence for other regional schemes*.

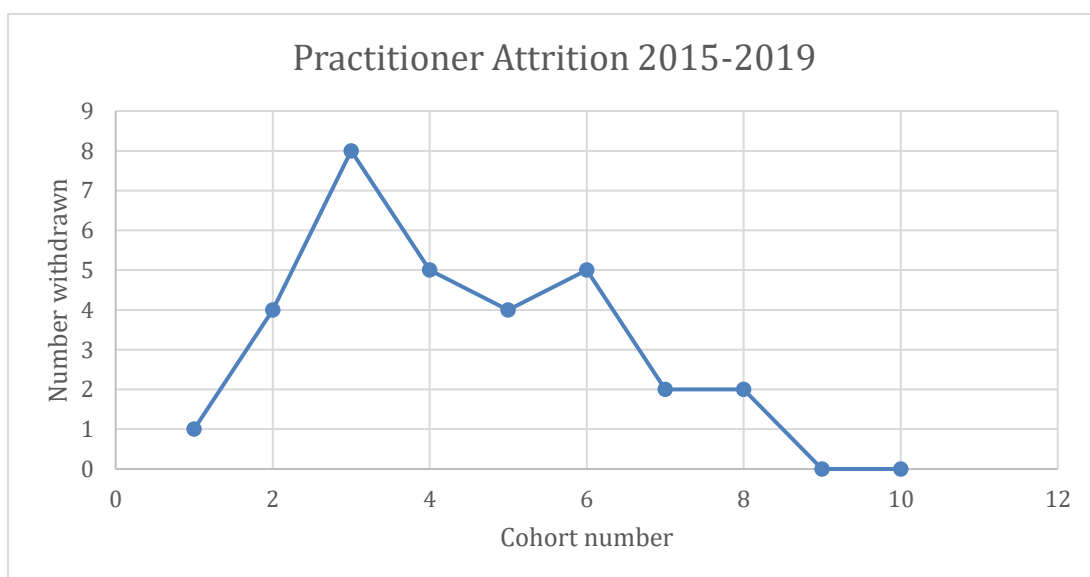
When calculating attrition, it should be recognised that for the purposes of this evaluation, practitioners are deemed to have withdrawn if they are no longer in regular contact with the scheme. There have been a number of cases whereby practitioners are still working on portfolios and re-engage with the scheme at a later date, citing lack of employer support/illness or family issues. Different schemes also use different measures to calculate attrition, however the generally accepted attrition rate is 25% nationally.

**Recommendation 13: Raise this issue with the UKPHR Board as it needs further research at national level*



The two cohorts taken onto the scheme in 2017 had high attrition rates- 50%. There was no obvious reason for this, the support given to both cohorts was the same as for previous cohorts and there was no clear theme in their exit responses- a variety of reasons from job pressures to family issues and illness.

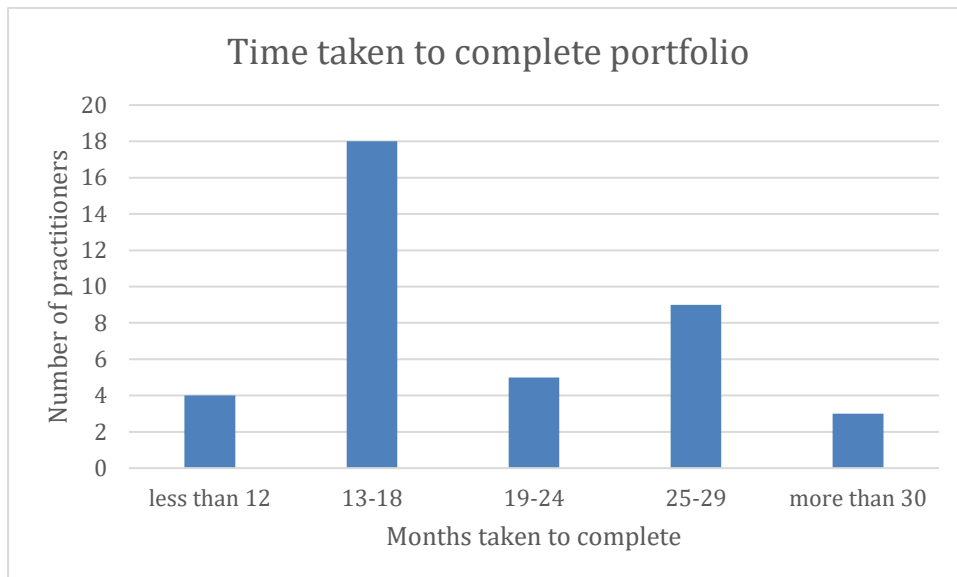
In 2018 the Open Day was introduced to make practitioners more aware of what they were signing up to and the Development cohort established for practitioners who were keen to begin the portfolio process but unsure if they were able to commit the time. Since these changes were implemented, the attrition rate has dropped to 9% (2 practitioners out of 22) as practitioners are better prepared for the rigours of the process and understand the requirements prior to application.



Time taken to complete a portfolio

Again, there are no national figures for comparison as regions calculate the time taken using different parameters. In the East of England, the Induction day is the date of commencement and the verification panel date as the date of completion. It should be remembered that there can be a delay of up to one month for a verification panel to become available.

Of the 39 practitioners who have completed portfolios, the range is between 11 months and 33 months however, those practitioners taking longer than 18 months have consistently had extenuating circumstances and the additional time has been negotiated on a case by case basis. The average time taken by all 39 practitioners is 19.7 months, however when those with extenuating circumstances recorded are removed from this calculation, the average time taken is 14.7 months.



Reviewing the time taken to complete each stage is also an important measure to identify further support which can be offered at a given stage to improve progress.

Average time to complete each stage:

Commentary 1: 7.3 months (range 3-23 months)

Commentary 2: 3.5 months (range 1-7 months)

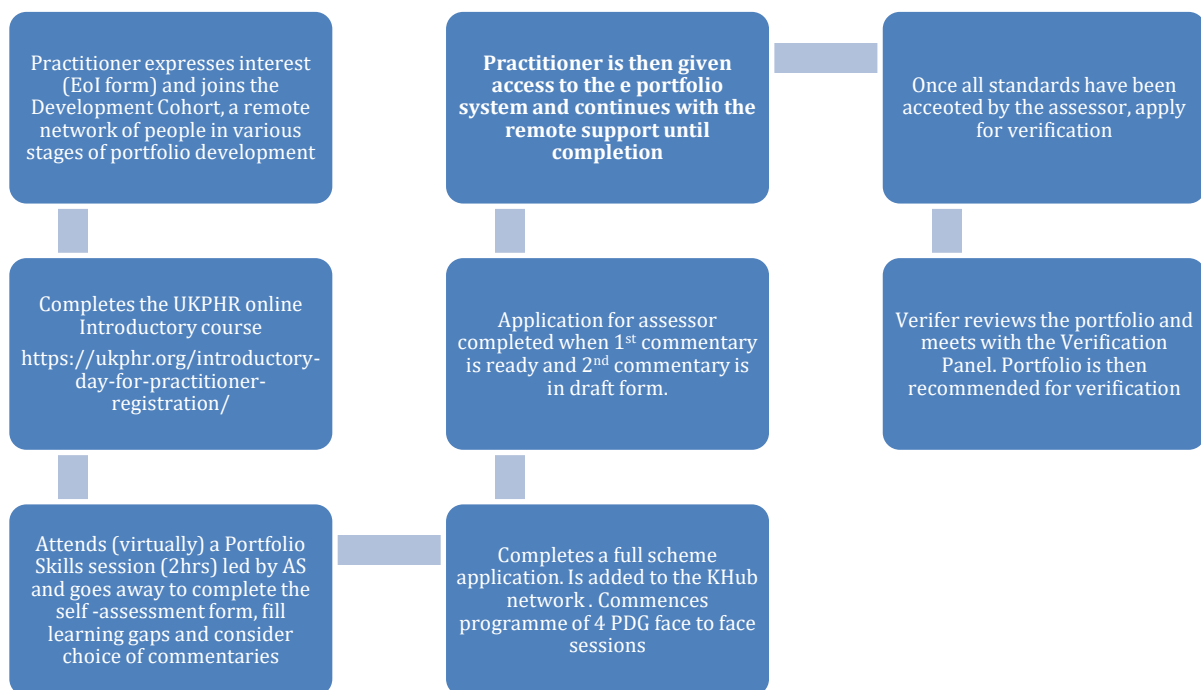
Commentary 3: 2.9 months (range 0-7 months)

The findings are consistent with the level of support offered at each stage.

For those practitioners who requested additional time to complete, the reasons were (in order of frequency):

1. Change of job role (this may reflect the lack of support by the new organisation)
2. Maternity leave
3. Illness

Giving practitioners more time to prepare for engaging with a cohort has proved to be a successful way of reducing attrition. On average practitioners are in the Development Cohort for up to 12 months, in which time they are able to fill learning gaps and plan commentaries.



The system above relies on externally commissioned portfolio development support. As the scheme has developed, better internal support systems have been established and feedback from the consultations recorded in this document have been implemented.

4.3 Scheme costs

Costs for delivery of the 2019/20 scheme are shown below.

Breakdown 2019/20:

		Costs
Scheme Coordinator fees	0.2WTE	£ 25,609.72
Administrator costs	0.1WTE	£ 5,399.00
FPH workshops inc accreditation		£ 12,180.00
UKPHR fees		£ 6,201.00
External PDG support		£ 4,965.80
	Total	£ 54,355.52

This includes the FPH accredited workshops, which it should be remembered are open for the whole workforce and not just those engaged with the registration programme. Development and revision of processes has been a large part of the Coordinator role this year and this is reflected in the proposed costs for 2020/21 after the planned changes have been implemented. There will be more opportunity to deliver CPD sessions with the remaining funds as less time will be spent directly supervising practitioners.

Proposed costs 2020/21

		Costs
Scheme Coordinator fees	0.2WTE	£ 25,000.00
Administrator costs		£0 Not required as processes now online
FPH workshops inc accreditation		£ 12,180.00
UKPHR fees		£ 6,201.00
External PDG support		£0 not required as support online
	Total	£ 43,381.00

Considering the costs of the scheme to the outputs, is more complex than simply calculating the cost versus the number of registered practitioners. The emphasis for regional schemes has been placed on the development of practitioners rather than registration and it is suggested that this is measured in a different way for the future*. The majority of the scheme coordinator time is responding to queries from practitioners, assessors and the wider workforce and administration has been greatly reduced with the increased use of online forums and communications.

***The number of accredited CPD places provided during 2018/19 and 2019/20
300 (25 practitioner places on 12 FPH CPD workshop sessions)***

***There have been 5 Scheme Open Days and 4 Portfolio Skills workshops attended by
67 practitioners. 24 teleconferences were held to support practitioners.***

***Eight new assessors were trained and three new verifiers. 10 assessor/verifier
teleconferences were held to support assessors and verifiers.***

It is envisaged that the cost savings for the next financial years are used to provide additional CPD workshops for the whole practitioner workforce, improving public health skills and knowledge as opposed to funding portfolio development support which is now provided online and by the Scheme Coordinator.

** Recommendation 14: Review evaluation method to measure workforce development*

4.4 Communication

Communication with stakeholders both internal to the scheme (practitioners/assessors/verifiers) and external (employers/HEI's/statutory bodies) is a vital aspect of the scheme which has been evaluated separately owing to the importance of the efficacy.

From the feedback described in sections 2.2 and 3, there are some recommendations to improve internal communications. Some practitioners are unaware of how to access one to one support from the scheme coordinator (see recommendation 4). There were also suggestions to make better use of online platforms for delivery of support and this has been implemented as a result of the Covid 19 outbreak.

As more practitioners become registered, it has the effect of encouraging more practitioners from the same employer to engage. This is further developed when registered practitioners act as informal mentors and this role has potential for further development as an advocate* For assessors, improving communication regarding the requirements of the role upon commencement and also strengthening the links between assessors to provide “buddy” support.

Khub (www.khub.net) is used to disseminate updates and communicate with the different stakeholder groups. There are 2 relevant to internal stakeholders and they host important documents, chat forums and message boards relevant to each group; Practitioners and Assessors/Verifiers. During this evaluation, a poll was used to test whether all practitioners were engaged and using the group. 100% of practitioners responded, showing good engagement, however during the recent assessor/verifier videoconference, most attendees reported not using the forum and not being confident doing so.

There are several areas for improvement with the external stakeholder network, identified from the 3 responses gained from the Employer survey. The three points relating to communication are listed below:

- Respondent is unaware of the CPD opportunities for practitioners and the wider workforce
- Respondent is under the impression that there is a limitation on the number of practitioners who have been able to apply
- Employers unclear about how best to support practitioners

Communication with the statutory bodies, ADPH, HEE and PHE is good, and the scheme makes use of these networks to disseminate information. Having a structured system of reporting to the wider workforce would be beneficial, through social media, training networks and bulletins.

There are several recommendations to improve communication:

** Recommendation 15: Video of assessor discussing role requirements to be developed for the website*

Recommendation 16: Develop Assessor mentor or buddy role

Recommendation 17: A yearly comms plan is established to ensure regular updates are shared with professional networks.

Recommendation 18: Review use of KHub for assessors/verifiers

Recommendation 19: Registered practitioners (and assessors/verifiers) are given structured guidance on how to support and advocate for practitioner registration in their workplaces

5.1 Review against Logic Model outcomes

Outcomes	
Short term	Status
Practitioners, assessors and verifiers have skills and knowledge to complete/support the portfolio process	Achieved.
Training offer helps to engage the workforce and offer accredited CPD	Achieved.
Practitioners gain UKPHR registration within 2 years of applying to the scheme	63% of practitioners completed to date have done so within 24 months
Prior to becoming eligible to apply, practitioners complete a period of preparation for registration	Currently 37 practitioners considering registration
Team of skilled assessors who can offer prompt high-quality assessment to practitioners when needed	Team of 18 assessors, 12 are currently active ^{*5}
Team of skilled and engaged verifiers who can adequately support the needs of the scheme in respect of the demand for verification panels	Team of 3 verifiers, none currently active*
Engaged with all stakeholders with effective comms networks	Partially achieved
Able to offer support and guidance as required to practitioners, assessors and verifiers.	Achieved
Clear and effective processes for all workstreams	Achieved- but under review with new scheme structure from Apr 2020

⁵ Covid-19 has led to a reduction in this number

Medium-longer term	Status
<p>Practitioner registration universally recognised as a necessary and vital step in developing the public health workforce. (E4)</p> <p>The assessor and verifier roles are recognised as a good way to develop the senior workforce skills. (E6)</p>	<p>Incomplete- a national issue but will be addressed locally as well</p> <p>Incomplete- a national issue but will be addressed locally as well</p>
<p>Practitioners become assessors once they have completed registration</p> <p>Clear progression and development opportunity offered on entry to a career in public health (E4)</p>	<p>Incomplete</p> <p>Incomplete</p>
<p>Assessor representation from each employer in the EofE region to advocate for UKPHR registration and support practitioners</p>	<p>Partially Achieved</p>
<p>Verifier representation from each employer in the EofE region to advocate for UKPHR registration and support practitioners and assessors.</p> <p>Strategic level advocacy to ensure practitioner registration is available to the whole workforce.</p>	<p>Partially Achieved</p>
<p>All practitioners in EofE able to engage and be supported to gain UKPHR registration.</p> <p>Scheme recognised as part of the workforce development offer for the PH workforce</p> <p>Resources used effectively – scheme is good value for money (E8)</p>	<p>Partially achieved</p> <p>Partially achieved</p> <p>Partially achieved</p>

5.2 Recommendations

Recommendation 1: Additional engagement with employers (in collaboration with UKPHR at national level) to review perceptions and identify needs

Recommendation 2: Develop a guide to inform line managers on how to support practitioners

Recommendation 3: Revise self- assessment form with other scheme coordinators

Recommendation 4: Ensure all practitioners are aware of all the support- as these suggestions are already provided

Recommendation 5: Recruit more assessors/verifiers through employer engagement activity

Recommendation 6: Add requirement to become an assessor into application form at start of portfolio development. Suggest that UKPHR make this part of the registration requirement.

Recommendation 7: Continue work with UKPHR on employer engagement and roll out materials when available to EofE employers and senior leaders

Recommendation 8: Communication to all employers on a regular basis, highlighting the work of the assessors (named) in recognition of their work

Recommendation 9: Consider creating an assessor “buddy” system to offer additional mutual support

Recommendation 10: Encourage more registered practitioners to undertake the role- by adding it as a “requirement” to their application to the scheme

Recommendation 11: Increase the profile of the role as a CPD/development opportunity to improve employer willingness to allocate time for assessors to carry out the role

Recommendation 12: Consider a “Scheme Relaunch” to raise the profile and inform employers

Recommendation 13: Raise this issue with the UKPHR Board as it needs further research at national level

Recommendation 14: Review evaluation method to measure workforce development

Recommendation 15: Video of assessor discussing role requirements to be developed for the website

Recommendation 16: Develop Assessor mentor or buddy role

Recommendation 17: A yearly comms plan is established to ensure regular updates are shared with professional networks.

Recommendation 18: Review use of KHub for assessors/verifiers

Recommendation 19: Registered practitioners (and assessors/verifiers) are given structured guidance on how to support and advocate for practitioner registration in their workplaces

Annex A

Inputs	Outputs	Outcomes	
		Short term	Medium-longer term
<p>Training:</p> <p>For portfolio skills or assessor/verifier role ----- For CPD to address knowledge gaps</p>	<p>High quality training provided to ensure practitioners understand the portfolio process assessors and verifiers have the skills and knowledge to carry out role with confidence (E1, E4, E5) ----- Commissioned FPH workshops (externally evaluated) Links provided to other sources of knowledge</p>	<p>Practitioners, assessors and verifiers have skills and knowledge to complete/support the portfolio process</p> <p>Training offer helps to engage the workforce and offer accredited CPD</p>	<p>Practitioner registration universally recognised as a necessary and vital step in developing the public health workforce. (E4) The assessor and verifier roles are recognised as a good way to develop the senior workforce skills. (E6)</p>
<p>Stakeholders:</p> <p>Practitioners</p>	<p>Closed learning sets ("cohorts") of practitioners completing portfolios with the aim to gain UKPHR registration within 2 years (E2, E4 and externally evaluated by PDG provider) Development Cohort of practitioners considering application, twice yearly portfolio workshops and support to attend FPH workshops (E3) KHub network for communication and bi- monthly teleconferences (E4)</p>	<p>Practitioners gain UKPHR registration within 2 years of applying to the scheme</p> <p>Prior to becoming eligible to apply, practitioners complete a period of preparation for registration</p>	<p>Practitioners become assessors once they have completed registration</p> <p>Clear progression and development opportunity offered on entry to a career in public health (E4)</p>
<p>Stakeholders:</p> <p>Assessors</p>	<p>Yearly training for new assessors/ bi-yearly refresh for current (E5 and evaluated by UKPHR) Remote support for individuals when required (E5) KHub network for communication and bi- monthly teleconferences (E5) Coordination and allocation, liaison with practitioners, verifiers and moderators as required (E5) Advocacy on behalf of assessors with employers to ensure their role is valued (E5)</p>	<p>Team of skilled assessors who can offer prompt high-quality assessment to practitioners when needed</p>	<p>Assessor representation from each employer in the EofE region to advocate for UKPHR registration and support practitioners</p>
<p>Stakeholders:</p> <p>Verifiers</p>	<p>Yearly training for new verifiers (E5 and evaluated by UKPHR) Remote support for individuals (E5) KHub network for communication and bi- monthly teleconferences (E5) Coordination and allocation, liaison with practitioners, assessors and moderators as required (E5)</p>	<p>Team of skilled and engaged verifiers who can adequately support the needs of the scheme in respect of the demand for verification panels</p>	<p>Verifier representation from each employer in the EofE region to advocate for UKPHR registration and support practitioners and assessors. Strategic level advocacy to ensure practitioner registration is available to the whole workforce.</p>
<p>Scheme Coordination and administration</p>	<p>(E2-E6) Links to partner organisations, HEE, PHE and regional employers via local and national networks Communication system in place for stakeholders Strong links with UKPHR to contribute to development of practitioner registration Compliance with UKPHR regulatory requirements Clear recruitment process Support and guidance for stakeholders</p>	<p>Engaged with all stakeholders with effective comms networks Able to offer support and guidance as required to practitioners, assessors and verifiers. Clear and effective processes for all workstreams</p>	<p>All practitioners in EofE able to engage and be supported to gain UKPHR registration. Scheme recognised as part of the workforce development offer for the PH workforce Resources used effectively – scheme is good value for money (E8)</p>

Annex B

Area	Method
E1 Training feedback forms	1. Portfolio Skills workshops/Open Day 2. FPH report from commissioned training
E2 Practitioner feedback forms after registration	Paper questionnaires
E3 Request for feedback from DevCo practitioners	Survey Monkey questions
E4 Request for feedback from existing practitioners	Survey Monkey sent Oct 2019 Telephone interview TBC Poll on KHub (also checks engagement with this comms platform)
E5 Request for feedback from assessors and verifiers	Survey Monkey sent Oct 2019 Telephone interview TBC Poll on KHub (also checks engagement with this comms platform) Replaced with discussion during video conference.
E6 System leader and Employer feedback	Survey monkey and paper questionnaire sent to employers via DPH network, PHE Workforce lead and internal stakeholders
E7 Quantitative data from scheme	Cost analysis of delivery options in final report Review of geographic location and employer type in final report Practitioner: Applications to the scheme, attrition, time taken to register Assessor: Number of assessors, number of portfolios assessed, length of time in the role Verifier: length of time in the role