

Frequently Asked Questions

Please note that you may also refer to the UKPHR website for further information about practitioner registration, <https://www.ukphr.org/>

Most questions and answers have been provided by Alix Sheppard from the East of England and East Midlands registration schemes.

1. What is Professional Regulation and why do public health professionals need to be regulated?

Professional Regulation is necessary to protect the public from individuals whose practice is below the required standard (incompetent) or unethical.

The main purpose of the regulation of professionals, including public health professionals, is to “protect, promote and maintain the health and safety of the public”. This is achieved by ensuring professionals are competent, sufficiently experienced and adhere to agreed standards of ethical practice.

2. 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 masterclasses, workshops and learning sets offered to fill gaps in skills and knowledge. UKPHR charges a one-off administration fee of £25 on first registration alongside the annual charge of £104 (i.e. a total of £129 in the first year only).

3. Can the registration process be submitted in more than 12 months?

Portfolio submissions have been accepted beyond 12 months on some other local schemes but this can be problematic to manage, for example this may tie up local assessors so they cannot be assigned to practitioners starting on the next cohort, leading to a shortage of support available. We consider 12 months to be sufficient time to complete this process particularly as candidates will be chosen on the basis that they have limited gaps in knowledge/experience and are therefore able to generate evidence for commentaries. Coordinators can help with specific problems but any longer than 12 months and the currency of evidence may be an issue. Any concerns about the 12 month submission period may be discussed with the Scheme Coordinator.

4. 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, perhaps in the next cohort. Some practitioners withdraw from the process voluntarily for a variety of reasons.

5. 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 e.g. emails, policies/protocols authored by the practitioner, reports, reflective piece, minutes of meetings, videos, recorded observation, etc.

6. 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. The identifiable information should be removed.

7. 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.

8. What is the requirement for currency of evidence?

Fifty per cent of your items of evidence must be within 5 years of your date of registration i.e. at the end of the assessment process.

9. 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 and areas of work. Current projects ought to give you an abundance of evidence for meeting the standards. However, the 50% rule (see 8 above), allows the practitioner to write about historic work. It is recommended that no more than one commentary is from work undertaken more than 5 years previously, with the remaining two (or more) commentaries depicting more recent work undertaken.

10. How extensive must a portfolio be?

Guidance is given on the minimum evidence and commentaries required in portfolios. The Yorkshire & Humber scheme requests that portfolios are submitted electronically and will be offering e-portfolio access from the outset as this provides advantages in terms of ease of use and reference, transfers between practitioners and their assessors and maintaining confidentiality.

11. 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 and document these gaps in your PDP during supervision / appraisal if you think you need to access development opportunities. The Yorkshire & Humber scheme offers CPD and Masterclass sessions for practitioners that may address gaps in learning.

12. How much do CPD and Masterclasses 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!

13. Can evidence be a relatively small piece of work or intervention? E.g. a family or community?

The commentary template asks the practitioner to give context to the work and describe your own role and this helps the assessor to understand how the work fits into a public health context and fully understand your role within the area of work undertaken. It is not a requirement that the practitioner leads on the work being described, although it is fine if you are / were the project lead.

14. Clarification over the differences between knowledge and understanding?

Knowledge can be sourced from a range of places e.g. 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.

15. How would you demonstrate anecdotal evidence?

You may 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.

16. 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 Support Groups, and you will also learn more about what is required through the Induction Day.

17. 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.

18. 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.

19. 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 34 indicators.

20. How long is the initial assessor training?

The Assessor training is 1.5 days. The first session is a full day, and the half day is a follow up a minimum of a week later. This is to allow for you to assess a commentary. This final session also includes a short interview with the moderator to check the potential assessors understanding of the role. This enables the Moderator to make a recommendation to UKPHR to accept the assessor formally.

21. How much time does it take to assess a portfolio?

This is dependent upon the number of standards the practitioner is attempting to claim through the Commentary and supporting Evidence. Your first assessment may take longer than the subsequent commentary assessments. Therefore this could take between 4 and 8 hours depending on the individual.

22. Can I mentor and assess at the same time?

Yes you can, providing you are not mentoring a practitioner you are assessing. Assessors generally make very good mentors as they are aware of the UKPHR practitioner requirements and can advise accordingly. Many assessors offer to mentor colleagues they work with, alternatively the scheme coordinator can allocate a practitioner to you for mentoring purposes.

23. How do I communicate with my practitioner?

Your main communication would be through the E-Portfolio records, however it would be good practice to feedback to the practitioner directly on your commentary assessment conclusions, this could most efficiently be achieved by email. Assessors cannot 'coach' a practitioner and therefore need to be careful how they communicate the results of an assessment to the practitioner. The assessor can communicate assessment decisions via the scheme coordinator or mentor of the practitioner if necessary. The assessor comments in the assessment log should provide clarity on what is required when a standard has not been accepted and signed off.

24. How am I assigned a practitioner?

The Scheme Coordinator will allocate assessors to practitioners. The key criteria here is that the assessor has no/little knowledge of the practitioner, therefore there would be dialogue to establish this was the position before an assessor and practitioner are matched. As the main assessment mechanism is the E-Portfolio, the assessor and practitioner do not need to be from the same area within the schemes footprint.

25. What if I need a second opinion on an assessment decision / who do I go to for guidance?

This could be arranged with another assessor in the first instance with the assistance of the Scheme Coordinator.

26. Is there an assessor support network?

Yes, there will be an assessor support network, and verifiers would also be invited to join this and receive the notes of the meeting. This will provide an opportunity to share learning experiences and to discuss challenges and determine solutions. Where Moderator support is required the Scheme Coordinator would take forward the groups query for a response.

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

There is an example commentary on the Yorkshire & Humber Programme webpage and commentaries will be looked at during the Induction Day and Portfolio Development Support Group sessions.

28. 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 e.g. 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.

29. 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.

30. 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.

31. How much reflective evidence do you need to do per commentary (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 application. The practitioner can submit a personal reflection as evidence against their understanding of acquired knowledge or against specific standards such as 'their impact on others'. Support will be given on when and where this is appropriate.

32. 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(s). If there is an aspect of your work that the assessor does not understand, the assessor will contact you to discuss it.

33. 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.

34. How many practitioners will be able to attend the Yorkshire & Humber Induction Day?

A cohort can comprise of up to 15 practitioners.

35. What if I can't make it to the Yorkshire & Humber Induction Day?

Practitioners are able to attend any Induction Day across the North of England schemes and therefore may attend the North East session or the North West session as alternatives.

36. What are the selection criteria for selecting the 15 practitioners (because there are more than 15 people interested in joining the scheme)?

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.

37. Do verifiers have to be recruited externally (i.e. from outside the scheme's area)?

No, verifiers are recruited from Yorkshire & Humber, 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 UKPHR Moderators, who are external.

38. 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 Local Government Association (and its equivalents in N. Ireland, Scotland and Wales) and the Associate Directors of Public Health.

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.

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

You can find it on PHORCaST's website:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/584408/public_health_skills_and_knowledge_framework.pdf