


Public Health Practitioner Assessment Log

To be completed by the applicant, assessor and verifier

March 2019

Name of practitioner:	
Summary of portfolio by applicant [list of commentary titles]:	<p>This portfolio covers the management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p><u>Main pieces of work:</u></p> <ul style="list-style-type: none">• Incident management• Liaison with a variety of stakeholders• Report writing• Poster presentation at conference• Contributing to journal publication for the incident <p>Strategic work with the local authority as a result of the incident</p>

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NOTES ON COMPLETING THE ASSESSMENT LOG

Evidence and assessment is needed for **each standard**.

- Notes for completion by the applicant:

List the **titles** of your commentaries and evidence for each standard in the column headed “*Applicant Evidence*” with clear signposting of where the evidence may be found within the portfolio.

- Note for completion by the assessor:

Complete the columns headed “Assessment outcome” and “Assessor’s comments”.

- If you **accept** the evidence indicate this with an **A** and date the column
- If **clarification** is required, indicate with a **C** and the date
- Where the evidence is inadequate, indicate that **resubmission** is required with an **R** and date.

Under the assessor’s comments column please indicate how you reached your decision, briefly explaining how the evidence has met the standard. In other words, answer the question (briefly) “*this evidence meets the standard because...*”, and mention how knowledge, understanding and the application of knowledge have been evidenced.

In order to maintain a full audit trail, a new assessment decision following a request for clarification or resubmission must be listed in addition to the original decision (rather than overwriting it) and dated accordingly. E.g. “C” 23/9/11, A 28/10/11.

Once the portfolio has been fully assessed you need to complete the assessor section “Overview of Portfolio” before submission for verification.

Please ask your scheme co-ordinator for the example assessment log for further explanation.

- Notes for completion by the verifier:

Complete the column headed “Verifier Check” and complete the verifier proforma near the beginning of the assessment log.

SECTION 1: ASSESSOR OVERVIEW OF PORTFOLIO – to be completed by the assessor once the portfolio has been assessed

Applicant:	
Assessor:	

Overview of Portfolio: (including list of standards that required clarification or resubmission)	<p>On the first page only the commentary title, not a description is needed.</p> <p>The first commentary is extremely well organised with evidence clearly labelled and well referenced. Some of the screenshots are not legible and it would be helpful for future evidence submissions to ensure that all the required text in the evidence is readable electronically. The work presented is appropriate for the level being claimed.</p> <p>A detailed assessment of the currency requirements has not been undertaken by assessors at this point. It is very helpful to have the evidence dated on the log, this practice should continue and should keep a track of the currency requirements during the remainder of the portfolio development.</p>
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Have the currency requirements for evidence been met?:

Yes ☐ No ☐

50% of items of evidence within 5 years of registration

Signature:	Print name:	Date:

SECTION 2: VERIFIER COMMENTS ON PORTFOLIO – to be completed by the verifier once the portfolio has been verified

Name of Verifier:	
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Is the assessment log fully completed for each standard? Have you ticked and dated the verifier check column?:

Yes ☐ No ☐

Does the portfolio appear to be the applicant's own work?:

Yes ☐ No ☐

Does clarification and resubmission evidence appear to be sufficient?:

Yes ☐ No ☐

Have any observations been carried out?:

Yes ☐ No ☐

For which standards have you sampled the evidence:	
Overall view of portfolio & additional comments:	

Signature:	Print name:	Date:

SECTION 3: MODERATION – to be completed by the moderator if portfolio is moderated

Name of Moderator:	
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Has a moderation been carried out?:Yes ☐ No ☐

If Yes, please state if full or partial moderation and standards moderated	
Date of moderation	

Assessor: Under assessment outcome indicate whether the evidence submitted was accepted **(A)** required clarification **(C)** or resubmission **(R)** and date

Practitioner Standards	Applicant Submission (titles of commentary and evidence)	Assessment outcome (date)	Assessor's comments (date)	Verifier check (date)
1. Practising professionally, ethically and legally				
1.1. Comply with statutory legislation and practice requirements in your area of work.	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <ol style="list-style-type: none"> 1. EV 1.1 - <i>NMC Code of Professional Conduct</i> 4.2, 4.3, 5, 13.5, 18, 21.4 2. EV 1.2 - General Data Protection Regulation (May 2018) (replaces Data Protection Act 1998) 3. EV 1.3 - NHS Caldicott principles (1997, revised 2013) 4. EV 1.4 - PHE personal information charter (2013) 5. EV 1.5 - <i>Responsible for Information mandatory training</i> (30/11/2017) 6. EV 1.6 - <i>Faculty of Public Health Workshop "Public health ethics and values and how they inform a public health approach"</i>. (July 2016) 	21.3.19 C	<p>Appropriate legislative and practice requirements for health protection work has been identified including nursing code of conduct, public health legal duties and data protection (Ev 1.1 – 1.4). Mandatory training in data protection appropriately identified and attendance evidenced (Ev 1.5-1.7).</p> <p>CLARIFICATION However, insufficient detail has been provided on course content.</p> <p>Practitioners own role in applying the knowledge is not clear</p>	

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	<p>7. <i>EV 1.7 - Adults safeguarding mandatory training (22/06/2015)</i></p> <p>8. <i>EV 1.8 - Screening letters (10/04/2017)</i></p> <p>9. <i>EV 1.9 - Non-screening letters (10/04/2017)</i></p>			
<p>1.2. Use an ethical approach in your area of work, identifying ethical dilemmas or issues arising and how you address them.</p>	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <p>1. <i>EV 1.5 - Responsible for Information mandatory training (30/11/2017)</i></p> <p>2. <i>EV 1.6 - Faculty of Public Health Workshop "Public health ethics and values and how they inform a public health approach". (July 2016)</i></p> <p>3. <i>EV 1.7 - Adults safeguarding mandatory training (22/06/2015)</i></p> <p>4. <i>EV 1.8 - Screening letters (10/04/2017)</i></p> <p>5. <i>EV 1.9 - Non-screening letters (10/04/2017)</i></p>	21.3.19 C	<p>Knowledge identified is appropriate and the commentary demonstrates an understanding of this standard.</p> <p>CLARIFICATION However, insufficient detail has been provided on course content (Ev 1.7 and 1.10) and the evidence does not demonstrate that the practitioner identified and addressed ethical dilemmas in this incident therefore personally applied this knowledge and understanding in practice.</p>	

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	<p>6. <i>EV 1.10 - MSc Health Promotion and Public Health (01/03/2005)</i></p> <p><i>EV 1.11 - RCN TB case management guidance and cohort review (March 2012)</i></p>			
1.3. Act in ways that promote equality and diversity				
1.4. Act in ways that value people as individuals.				
1.5. Act in ways that recognise people's expressed beliefs and preferences.				
1.6. Act within the limits of your competence, seeking advice when needed.	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <ol style="list-style-type: none"> 1. <i>EV 1.1 - NMC Code of Professional Conduct 4.2, 4.3, 5, 13.5, 18, 21.4</i> 2. <i>EV 1.11 - RCN TB case management guidance and cohort review (March 2012)</i> 3. <i>EV 1.12 - Weekly clinical review meeting discussion (21/06/2017)</i> 	21.3.19 A	<p>The commentary and evidence demonstrates knowledge (Ev 1.1 and 1.11) and understanding of when to seek advice in the context of health protection cases which is an appropriate public health context.</p> <p>Evidence has been provided (Ev1.12) of the practitioner having applied this knowledge through taking appropriate multidisciplinary and senior advice on an incident which was complex and less familiar to her.</p>	
1.7. Continually develop own practice by reflecting on your behaviour and role,				

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identifying where you could make improvements.				
1.8. Contribute to the development and improvement of others' public health practice.				

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Practitioner Standards	Applicant Submission (titles of commentary and evidence)	Assessment outcome (date)	Assessor's comments (date)	Verifier check (date)
2. Using public health information to influence population health and well-being				
2.1. Identify data and information requirements to deliver the public health function demonstrating use of epidemiological terms and concepts.				
2.2. Manage data and information in compliance with policy and protocol, demonstrating awareness of data confidentiality and disclosure.	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <ol style="list-style-type: none"> 1. EV 1.1 - NMC Code of Professional Conduct 4.2, 4.3, 5, 13.5, 18, 21.4 2. EV 1.2 - General Data Protection Regulation (May 2018) (replaces Data Protection Act 1998) 3. EV 1.3 - NHS Caldicott principles (1997, revised 2013) 4. EV 1.4 - PHE personal information charter (2013) 5. EV 1.5 - Responsible for Information mandatory training (30/11/2017) 	21.3.19 C	<p>The practitioner has appropriately provided some knowledge and practice guidance relating to data and information (Ev 1.1 to 1.4) and has redacted PCD from her evidence.</p> <p>CLARIFICATION However, insufficient detail has been provided on course content (Ev 1.5 and 1.7).</p> <p>The evidence does not demonstrate that the practitioner personally applied this knowledge and understanding in practice.</p>	

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	<p>6. <i>EV 1.6 - Faculty of Public Health Workshop "Public health ethics and values and how they inform a public health approach". (July 2016)</i></p> <p>7. <i>EV 1.7 - Adults safeguarding mandatory training (22/06/2015)</i></p> <p>8. <i>EV 1.8 - Screening letters (10/04/2017)</i></p> <p><i>EV 1.9 - Non-screening letters (10/04/2017)</i></p>			
2.3. Obtain, verify and organise data and information, showing awareness of potential data anomalies.	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <p>1. <i>EV 1.13 - PEDANT Epi training and content (02/02/2017)</i></p> <p>2. <i>EV 1.14 - Current NICE TB guidance (13/01/2016)</i></p> <p>3. <i>EV 1.15 - Previous NICE TB guidance</i></p> <p>4. <i>EV 1.16 - Poster presentation with slides on data from screening at the school</i></p> <p><i>EV 1.17 - Screening incident report (discussion section)</i></p>	21.3.19 C	<p>The poster demonstrates that the practitioner, as the author, obtained and organised information.</p> <p>CLARIFICATION However, there is no evidence of awareness of data anomalies or data verification in the poster or the discussion section of the report submitted. Clarification of the role of the practitioner in the work described is needed</p>	

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<p>2.4. Demonstrate how health inequalities are identified and monitored</p>	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <ol style="list-style-type: none"> 1. EV 1.6 - Faculty of Public Health Workshop "Public health ethics and values and how they inform a public health approach". (July 2016) 2. EV 1.10 - MSc Health Promotion and Public Health (01/03/2005) 3. EV 1.17 – Screening incident report (discussion section) 4. EV 1.18 – #PHEHealthMatters# 5. (a resource for professionals providing data, tools and interventions to help tackle key public health issues) (20/10/2016) 6. EV 1.19 – Email with link to epidemiological profile for a specific ward within the borough (20/11/2017) 7. EV 1.20 - Clinical team discussion decision not to 	<p>21.3.19 C</p>	<p>Evidence on the identification of health inequalities has been provided (especially Ev1.18, 1.19)</p> <p>CLARIFICATION However, insufficient detail has been provided on course content (Ev 1.10) and the practitioner should demonstrate her personal role to show that her knowledge and understanding of the monitoring of health inequalities have been applied in practice.</p>	
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	<i>extend screening (21/11/2017)</i>			
2.5. Interpret and present information using appropriate analytical methods for quantitative data.				
2.6. Interpret and present information using appropriate analytical methods for qualitative data.				

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3. Assessing the evidence for public health interventions and services				
3.1. Access and appraise appropriate evidence of effectiveness for public health interventions or services.				
3.2. Apply evidence to plan delivery of effective public health interventions or services.				
4. Protecting the public from health risks while addressing differences in risk exposure and outcomes				
4.1. Demonstrate how risks to health and wellbeing are identified, prevented or controlled.				
4.2. Demonstrate how individual and population health differ, and describe the possible tensions which may arise when promoting health and wellbeing.				

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Practitioner Standards	Applicant Submission (titles of commentary and evidence)	Assessment outcome (date)	Assessor's comments (date)	Verifier check (date)
5. Implementing public health policy and strategy				
5.1. Support the implementation of policies or strategies to improve health and wellbeing and reduce health inequalities.				
5.2. Demonstrate how your work is influenced by an understanding of the impact of the wider determinants of health.	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <ol style="list-style-type: none"> 1. EV 1.6 - Faculty of Public Health Workshop "Public health ethics and values and how they inform a public health approach". (July 2016) 2. EV 1.17 – Screening incident report (discussion section) 3. EV 1.18 – #PHEHealthMatters# 4. (a resource for professionals providing data, tools and interventions to help tackle key public health issues) (20/10/2016) 5. EV 1.19 – Email with link to epidemiological profile for a 	21.3.19 C	<p>CLARIFICATION REQUIRED Insufficient detail has been provided on course content</p> <p>Evidence needs elaboration on how the work was influenced by understanding of the impact of wider determinants</p>	

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	<p><i>specific ward within the borough (20/11/2017)</i></p> <p><i>EV 1.20 - Clinical team discussion decision not to extend screening (21/11/2017)</i></p>			
<p>5.3. Critically reflect on and make suggestions for how public health policies or strategies could be improved.</p>	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <ol style="list-style-type: none"> 1. EV 1.6 - Faculty of Public Health Workshop "Public health ethics and values and how they inform a public health approach". (July 2016) 2. EV 1.10 - MSc Health Promotion and Public Health (01/03/2005) 3. EV 1.14 - Current NICE TB guidance (13/01/2016) 4. EV 1.21 - Faculty of Public Health masterclass on accessing, appraising and applying the evidence (June 2016) 5. EV 1.22 - The Collaborative TB strategy for England 2015-2020 (January 2015) 	21.3.19 C	<p>The commentary and evidence show that the practitioner is able to critically reflect on improvements to strategies and suggestions made are described clearly.</p> <p>CLARIFICATION However, insufficient detail has been provided on course content (Ev 1.10) and there is insufficient evidence placing the practitioner in the role of having made suggestions in practice. (The meeting note which should do this is dated November 2019)</p>	

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	<p>6. <i>EV 1.23 - Latent TB testing and treatment for migrants: a practical guide for commissioners and practitioners (June 2015)</i></p> <p>7. <i>EV 1.24 - Meeting organised with local authority public health (11/10/2018)</i></p> <p>8. <i>EV 1.25 - Incident report extract (25/07/2018)</i></p> <p>9. <i>EV 1.26 - Copy of emails re data analysis for publication (03/12/2018)</i></p> <p>10. <i>EV 1.27 - Meeting notes from discussion with local authority public health consultant (19/11/2018)</i></p>			
6. Collaborating across agencies and boundaries to deliver the public health function.				
6.1. Show how organisations, teams and individuals work in partnership to deliver the public health function.	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <p>1. <i>EV 1.10 - MSc Health Promotion and Public Health (01/03/2005)</i></p>	21.3.19 C	<p>CLARIFICATION</p> <p>There is insufficient detail on course content (Ev 1.10, 1.28 and 1.29) as it applies to this standard and the practitioner should clarify how her personal involvement demonstrates that she has applied this understanding in practice.</p>	

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	<p>2. <i>EV 1.28 – Diploma in Nursing (24/11/1999)</i></p> <p>3. <i>EV 1.29 – NMC revalidation evidence (07/02/2017)</i></p> <p>4. <i>EV 1.30 - Evidence of collaborative working - acknowledgements in incident report (25/07/2018)</i></p>			
<p>6.2. Demonstrate how you work collaboratively with other organisations to improve public health.</p>	<p>Commentary 1: Management of a complex TB incident in a primary school with a focus on risk assessment, multi-agency partnership, collaboration and communications.</p> <p>Evidence:</p> <p>5. <i>EV 1.10 - MSc Health Promotion and Public Health (01/03/2005)</i></p> <p>6. <i>EV 1.28 – Diploma in Nursing (24/11/1999)</i></p> <p>7. <i>EV 1.29 – NMC revalidation evidence (07/02/2017)</i></p> <p><i>EV 1.30 - Evidence of collaborative working -acknowledgements in incident report (25/07/2018)</i></p>	21.3.19 C	<p>Being cited as an acknowledgement in a report is insufficient evidence to show how partnership working has been understood and applied.</p> <p>CLARIFICATION There is insufficient detail on course content (Ev 1.10, 1.28 and 1.29) as it applies to this standard and the practitioner should clarify how her personal involvement demonstrates that she has applied this understanding in practice</p>	
<p>6.3. Reflect on your personal impact on relationships with people from other teams or agencies when working collaboratively.</p>				

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

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Practitioner Standards	Applicant Submission (titles of commentary and evidence)	Assessment outcome (date)	Assessor's comments (date)	Verifier check (date)
8. Communicating with others to improve health outcomes and reduce health inequalities				
8.1. Communicate public health information clearly to a variety of audiences.				
8.2. Communicate the health concerns and interests of local people to influence service provision.				
8.3. Demonstrate awareness of the effect the media can have on public perception of health and wellbeing.				

Assessor: Under assessment outcome indicate whether the evidence submitted was accepted **(A)** required clarification **(C)** or resubmission **(R)** and date