Public Health
Kent & Medway

Evaluation of the
Practitioner Registration
Support Scheme - 2nd cohort

Total Improvement Process Ltd
September 2012
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introduction
1.1 Background to the practitioner registration support scheme across England and Wales

1.1.1 Background to the scheme

The UK Public Health Register (UKPHR) promotes public confidence in specialist public health practice in the UK through independent regulation.

One of the key functions of the UKPHR is to publish a register of competent professionals, underpinned by standards that are set and promoted for admission to the register. To facilitate this process, in 2006 the UKPHR was commissioned through the English Department of Health, the Welsh Assembly Government, the Scottish Government and the Department of Health and Social Services and Public Safety, to take forward the development of public health practitioner registration.

In England, ‘Healthy Lives, Healthy People’ was published in 2010, and was followed by a consultation on developing the healthcare workforce. To coincide with this drive for quality, the UKPHR supported pilot ‘Local Assessment Schemes’ to look at opening a regulatory pathway for public health practitioners by April 2011. The assessment schemes supported were:

• NHS Kent and Medway
• Public Health Wales
• NHS South Central
• NHS West Midlands

Each scheme was developed in ways which were bespoke to the individual health communities, with the common thread that all candidates taking part were assessed against the Public Health Practitioner Standards.

These Standards are underpinned and informed by The Public Health Skills and Career Framework, which complements the national occupational standards (NOS) for public health, and the NHS Knowledge and Skills Framework (NHSKSF), as well as a number of other related frameworks. This cross-cutting framework approach ensures that the registration scheme will reflect the standard of work, skills and knowledge expected across all levels of the public health workforce, and across all sectors working in public health.

The learning and best practice from each of the pilot and continuation schemes will be reviewed by the UKPHR, in order to assess the implications for the function of the Register, particularly in light of recent changes in the infrastructure of Public Health. This will enable the UKPHR to develop a coherent framework for taking forward practitioner registration and potentially influence the development of the DH Workforce Development Strategy.
1.2 Introduction to the scheme

The Public Health Practitioner Registration Support Scheme in Kent and Medway is managed by the Kent and Medway Public Health Workforce Development Co-ordinator. The scheme aims to:

‘support public health practitioners in developing a portfolio of evidence against the PH Practitioner Standards in order to gain recognition of competence at Level 5 and registration through the UKPH Register (UKPHR).’

The scheme is aimed at:

- Practitioners, not specialists
- The health improvement workforce (including environmental health officers)
- Practitioners who do not have any other registers / professional bodies to join
- Practitioners who want to feel confident / competent to do their job

Kent and Medway NHS has developed the scheme to work with practitioners to complete portfolios of evidence of competences, mapped against the Public Health Practitioner Standards. Practitioners are offered support through peer learning sets and assessment processes, to collate evidence which demonstrates their competence against the standards.

The pilot phase of the scheme was run in 2011, with all of the eight practitioners who participated in the pilot successfully completing the scheme and verification process.

The second cohort of seventeen practitioners was recruited in September 2011, alongside a further eight assessors. It is this second phase that provides the focus of this scheme evaluation report.
1.3 Evaluation of the Kent and Medway practitioner registration support scheme - 2nd cohort

1.3.1 Evaluation of the pilot scheme
Total Improvement Process Ltd were originally commissioned in 2011 to undertake the evaluation of the pilot phase of the scheme. The evaluation report included a detailed background and context to the scheme development, scheme outcomes and emergent learning.

1.3.2 This evaluation report
In 2012 Total Improvement Process Ltd were asked to evaluate the 2nd cohort of the scheme in Kent and Medway. Evaluation questionnaires were used as the evaluation tool to gather information from practitioners, assessors and verifiers, as well as a series of telephone interviews. This data has been used to build an evaluation report around the following objectives:

Box 1: Objectives of this Evaluation
- To provide an overview of the outcomes of the scheme and the experiences of practitioners: the time taken to complete, their motives, commitment and their experiences to date;
- To explore the process for all those involved in supporting and delivering the scheme;
- To compare and contrast the outcomes and experiences of the pilot scheme, compared with the 2nd cohort;
- To identify barriers and challenges within the scheme;
- To highlight the benefits of the scheme and emergent learning in terms of growth and sustainability.

1.3.3 Evaluation methodology
Total Improvement Process Ltd is a specialist Evaluation Consultancy providing a wide range of evaluation services across the public, private and third sector. Three of our team of consultants and associates were involved in the evaluation process:

Tim Sims
Evaluation Director
Tim is a European expert in action-centred evaluation of projects for the UN in Serbia, Council of Europe and European Commission. He led the recent UK Evaluation Society national conference.

Robyn Peel
Consultant
Background in operational and project management, and experience of working in a variety of public and third sector organisations. Robyn specialises in programme development, systems and processes.

Suryiah Evans
Consultant
Suryiah has a background in statutory and third sector senior management. She specialises in community sector regeneration and development, educational programmes and accreditation, and integrated community strategy planning.
The TIP evaluation team used summative evaluation principles, and a variety of methods to bring a fresh eye and new perspectives to the scheme’s progress and challenges, following on from the evaluation of the pilot scheme. These methods comprised:

- Surveys administered electronically, one designed for practitioners and one designed for assessors and verifiers.
- Interviews with practitioners and assessors
- Analysis, interpretation of data and report writing

1.3.4 Emerging learning
The Practitioner Registration Support Scheme is still in its very early stages. The purpose of this evaluation report is to highlight the learning and good practice that is emerging from the scheme, so that strengths can be built upon and any changes to the scheme can be considered for the next cohort.

1.3.5 Report structure
This report has been structured to reflect responses provided by practitioners, assessors and verifiers in the evaluation surveys, as well as the evaluation objectives (Box 1, page 3):

- Emergent learning
- Understanding what motivates people to join the scheme
- Recruitment and documentation
- Learning sets
- The assessment process
- Support processes
- Time investment
- Benefits of the scheme
- Outcomes of the scheme
- Future of the scheme

1.3.6 Report data
Data and information for this report was gathered through evaluation surveys and interviews with practitioners, assessors and verifiers. The surveys generated the following response rates:

<table>
<thead>
<tr>
<th>Role on the Scheme</th>
<th>No. Survey Respondents</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners</td>
<td>13</td>
<td>93%</td>
</tr>
<tr>
<td>Assessors</td>
<td>10</td>
<td>71%</td>
</tr>
<tr>
<td>Verifiers</td>
<td>5</td>
<td>71%</td>
</tr>
</tbody>
</table>

1.3.7 Abbreviations
The following abbreviations are used throughout this report:

- PH: Public Health
- UKPHR: United Kingdom Public Health Register
- NOS: National Occupational Standards
- NHSKSF: NHS Knowledge and Skills Framework
emergent learning
2.1 emergent learning from the practitioner registration support scheme - 2nd cohort

Recruitment, retention and completion rates in this scheme stand out as very strong. It is now opportune for the foundations of the scheme to be strengthened in light of what has been learned, to make the process and experience more positive for practitioners.

The level of managerial support for this scheme is a leading feature. Nurturing this, identifying the benefits of registration and disseminating them across the workforce is a key challenge for the sustainability of the scheme.

The scheme has grown quickly and feedback suggests that documentation and guidance needs to be updated to provide a robust framework for it to operate more effectively and efficiently.

The assessment process is working quite well and there is a strong message that assessors highly value the support they receive through their group meetings and from the Workforce Development Co-ordinator.

The scheme support structure is quite strong but the time commitment for practitioners and assessors is considerable. Consider introducing mentors to reduce time investment and contribute to the sustainability of the scheme.

Learning sets have demonstrated the potential to provide valuable support to practitioners in completing their portfolios. Restructuring them to embed consistent approaches to portfolio building and to utilise time effectively, would be beneficial.
Recruitment, retention and completion rates in this scheme stand out as very strong. It is now opportune for the foundations of the scheme to be strengthened in light of what has been learned, to make the process and experience more positive for practitioners.

Supporting 86% (12 out of 14) practitioners to successfully complete their portfolios in a 6-month period is a striking achievement for the scheme. Currently the feedback from participants is that the process is hard work, but they recognise they are part of a new initiative that needs to ‘bed-in’.

Both the pilot scheme and this second cohort has provided some valuable emerging learning in terms of how the foundations of the scheme can be strengthened to make the process and experience more positive for practitioners.

The ‘positive PR’ will be increasingly important as the scheme develops and grows, particularly to increase organisational momentum to support a scheme that nationally recognises the quality of public health practitioners at a time when there is so much uncertainty about the future of health services across the UK.

The learning appears to centre on:

→ Updating the scheme documentation and guidance to give more clarity about expectations, format and milestones

→ Reducing the variation between assessors around timeliness and quality of feedback

→ Monitoring the time spent by assessors on assessment and exploring any differences

→ Giving consideration to strengthening the support process by adding a viable mentoring structure, which will also have the added benefit of reducing assessor time investment.

→ Restructuring learning sets, again to ensure consistency in messages to practitioners and utilise the time for maximum benefit.

→ Growing the valued management support that practitioners state they have received, and translating this into generating data about the benefits of the scheme to disseminate more widely.

→ Continually reviewing the impact of the scheme on individual

It is this emergent learning that has shaped the key evaluation headlines and subsequent recommendations for cohort 2 of the Kent and Medway Practitioner Registration Support Scheme, which are detailed in this section of the evaluation report.
The scheme has grown quickly and feedback suggests that documentation and guidance needs to be updated to provide a robust framework for it to operate more effectively and efficiently.

Feedback through the evaluation survey and interviews suggests that practitioners and assessors feel that the scheme documentation needs to be improved in order to make the whole process clearer and more streamlined; and analysis of the data reveals that most of the ‘issues’ about the scheme highlighted, were linked to confusion about the documentation and associated systems.

High quality, branded and clear documentation and guidance will provide a strong identity and robust framework for all those involved in managing and participating in the scheme.

We also anticipate that it will have the added benefit of generating credibility among organisations involved in public health workforce management, and help grow scheme momentum.

To strengthen the scheme framework, consider a review of the documentation to develop a ‘complete pack’ containing:

- Clear expectations of practitioners, and what they can expect in terms of support
- The commitment required from participants, including approximations of time
- Information about how to evidence competences and exemplars of relevant evidence
- Commentary exemplars and presentation
- Flow-chart of the scheme process
- Diagram of the management & support structure
- Role descriptions of assessors, verifiers, the Workforce Development Co-ordinator and mentors if applicable
- Timeline with milestones and assessment dates
- Any contractual agreements

The scheme support structure is quite strong but the time commitment for practitioners and assessors is considerable. Consider introducing mentors to reduce time investment and contribute to the sustainability of the scheme.

Overall, practitioners reported that they feel well supported by their line managers, assessors and the Workforce Development Co-ordinator. However, concerns about practitioner and assessor time investment in this scheme is a recurring theme, and a number of assessors feel that this is because they are slipping into a mentoring role.

The credibility of the scheme depends on assessors being seen as impartial, and assessors taking on the role of mentor to someone whose portfolio they are assessing could threaten that credibility.

If the scheme is to continue on a voluntary basis and if it is to be sustainable, a review of the support process and adding a secondary support structure through the provision of mentoring could be considered.

To strengthen the support structure and reduce assessor time commitment, consider:

- Reviewing the possibility of adding a mentoring system to the support structure
- Test the feasibility of mentoring in terms of recruitment, training, matching, and support for mentors; and weigh up the cost benefits against the time commitment that will be required by assessors as the scheme grows.
Learning sets have demonstrated the potential to provide valuable support to practitioners in completing their portfolios. Restructuring them to embed consistent approaches to portfolio building and to utilise time effectively, would be beneficial.

Practitioners reported that the learning set facilitators and the peer support they gained from attendance were generally good, but they would like the agenda and content to improved and put forward a number of suggestions for future cohorts.

These suggestions include taking a more structured approach to the learning set; ensuring the facilitator is a trained assessor; separating learning sets for people at different stages of the programme; and focusing on a more comprehensive overview of competences.

The assessment process is working quite well and there is a strong message that assessors highly value the support they receive through their group meetings and from the Workforce Development Co-ordinator.

Both assessors and verifiers feel well supported and their feedback suggests that they are very committed to the scheme, despite the time commitment.

Practitioners feel the support they receive from assessors is generally effective, but would like to see an improvement in consistency of approach and timely assessments.

The assessor support meetings are highly valued, and assessors report that they are taking the opportunity to review portfolios with other assessors to gain different perspectives and consistency in quality.

To strengthen the agenda and content of learning sets, you may want to consider:

- Restructuring the learning sets to allow time for both formal action learning and informal time to work with peers on their portfolios
- Providing assessor training for learning set facilitators to ensure that practitioners receive consistent messages about how to develop and complete their portfolios
- Formatting the learning set programme in a structured way, with a set agenda and outcomes to be achieved, and flexible time to accommodate individual portfolio work
- Review and implement some/all of the suggestions for improvements to learning sets put forward by practitioners

To strengthen the assessment process further, you may want to consider:

- Reviewing the possibility of adding a mentoring system to the support structure
- Weighing the pros and cons of creating an assessment pool; potential advantages of increased consistency, credibility and sustainability need to be weighed against possible risks against assessor motivation and UKPHR assessment requirements
The level of managerial support for this scheme is a leading feature. Nurturing this, identifying the benefits of registration and disseminating them across the workforce is a key challenge for the sustainability of the scheme.

Feedback from practitioners suggests that the level of managerial support for this scheme is highly valued, and this support and awareness of appears to have grown in comparison to cohort 1. We think that much of this is due to the commitment and enthusiasm of the Workforce Development Co-ordinator.

Whilst practitioners report that the process is hard and takes a considerable amount of time and commitment, they feel ultimately that the outcome of gaining registration and being recognised as a professional within the ‘Public Health Community of Practice’, makes the process worthwhile.

Achieving organisational buy-in, within and beyond the NHS and Local Authorities, and raising awareness of the value of registration is a key challenge for this scheme, particularly in light of current changes across Public Health.

The scheme is still in its very early stages. It has been developed in the face of restructuring, uncertainty and confusion nationally about the future of the Public Health Service. There have been plenty of competing demands on the time of those who have led the scheme, and on those who have worked on and in it.

As the scheme progresses into the next cohort, it is in a position where it needs to ‘prove it’s worth’ at localised levels, before data can be analysed by the UKPHR and a collective case for organisational buy-in can be presented, and momentum can be gained.

The advice for the PH Workforce Development Co-ordinator in Kent and Medway from the assessors and verifiers was ‘keep doing what you are doing’. We see strong reasons to follow that advice.

Building on these foundations is the next challenge at a time a reshaped Public Health Service emerges from a turbulent transition amid many potential risks to the public. Making the scheme sustainable in a different landscape, with a new national workforce strategy is what now needs to be the focus.

As next steps, we suggest that:

- The leadership of Kent and Medway Practitioner Registration Support Scheme works with us to use the evaluation data collected to co-create an analysis of the sustainability issues facing the scheme, and what can be done to make it resilient over the next few years.
- Strengthening relationships with local authorities, the voluntary and private sector public health employers to attract more practitioners from these sectors onto the scheme
- Linking and embedding the scheme with other Skills for Health initiatives
- Planning further outcome evaluation into at least the next three years
scheme outcomes
emergent learning and practice from understanding what motivates people to join the scheme

3.1.1 What motivates people to join the registration scheme?
In light of national changes in the structure of public health, the motivating factors for the second cohort of practitioners joining the registration support scheme have changed slightly in comparison to cohort 1.

The first cohort offered more mixed responses for their motivation, ranging from professional development, credibility, raising standards and personal professional development in relation to job security.

The motivation for the second cohort focused more on ‘proving competence’ and positioning themselves professionally, perhaps in preparation for an uncertain future in public health:

“I felt that having registration would add credibility to my role…”

“…I wanted to use this as an opportunity to prove my practical experience on the job.”

“To be on the register and to be seen as a professional in public health.”

Evaluation interviews revealed that the motivation for assessors and verifiers to join the scheme remains very much the same as during the cohort 1 programme. This motivation centres on a respect for the drive and commitment of the Kent and Medway Workforce Development Co-ordinator, and wanting to be part of a scheme that contributes to raising standards across public health.
3.2 emergent learning and practice from
the practitioner support scheme
recruitment and documentation

3.2.1 How were people recruited to the scheme?
Evaluation of cohort 1 scheme in 2011 highlighted that recruitment processes were strong, but recognised that recruitment would need to be broadened ‘beyond the NHS’ to reflect the national changes in the public health infrastructure.

The Kent and Medway Workforce Development Co-ordinator used the same three tier approach that had been used during the cohort 1 programme, to recruit verifiers, assessors and practitioners for the second cohort:

Recruitment of verifiers
Registered Public Health Specialists in good standing, recruited following the satisfactory completion of training provided by the UKPHR. A total of 7 verifiers are now recruited to the scheme.

Recruitment of assessors
Assessors, although not necessarily registered public health professionals, needed to demonstrate their ability to meet the role specified and satisfactorily complete training provided by the UKPHR. A total of 14 assessors are now recruited to the scheme.

Recruitment of practitioners
Applications to join the scheme were invited from practitioners who could demonstrate:

• A minimum of two years public health experience, usually at level 5 or above;
• Self-assessment against the Public Health Practitioner (Draft) Standards
• A broad range of relevant experience with only a few gaps;
• Commitment to completing the portfolio in the timescale specified;
• Commitment from the line manager for support and allocation of 8 CPD days.

Applications were assessed and offers to join the scheme over a six month fast-track process were made to successful candidates.

3.2.2 2nd cohort recruitment results
A total of 17 practitioners applied to join the second phase of the Kent and Medway Practitioner Registration Support Scheme in September 2011. 14 of these applicants were recruited to the scheme, and 12 of them went on to successfully complete their portfolios in March 2012.

Diagram: Practitioner Recruitment Process
3.2.3 How effectively is the application process working?

As the scheme has developed and grown over the last year, potential issues with the application process and subsequent scheme documentation have become evident. A comparison of evaluation survey results between the cohort 1 programme and the second cohort, where practitioners were asked to rate elements of the application process, further highlights these issues:

<table>
<thead>
<tr>
<th>Ratings of Application Process</th>
<th>1st Cohort</th>
<th>2nd Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to application pack</td>
<td>87%</td>
<td>36%</td>
</tr>
<tr>
<td>Information contained in application pack</td>
<td>87%</td>
<td>73%</td>
</tr>
<tr>
<td>Ease of completing application form</td>
<td>50%</td>
<td>45%</td>
</tr>
<tr>
<td>Support received completing application</td>
<td>50%</td>
<td>37%</td>
</tr>
<tr>
<td>Notification of next steps</td>
<td>75%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Survey respondents and interviewees indicated a lack of clear guidance at the application stage; unclear expectations and timescales; multiple versions of application information that was confusing; and a lack of clarity about designated support, as their main concerns with the application process. A number of respondents also felt that completing the application form was very time consuming, and they were unsure about how to phrase or present information against the competences, and perhaps would have benefited from more support to do this.

Whilst the evaluation interviews with 2nd cohort assessors and practitioners reinforced the survey findings, there was also a recognition that the scheme is still in its initial stages and the background systems required to provide its foundations are continually developing.

The Public Health Wales scheme has experienced similar issues with the application process as their programme has grown. Our evaluation recommendation across both the Wales and Kent and Medway schemes will centre on sharing this learning and reacting to valuable practitioner feedback, in order to review the application process in preparation for forthcoming cohorts.

“The initial application process was quite confusing—many of us were unsure exactly when we needed to apply as there were different dates for different cohorts and these weren't always clearly communicated. I also felt it would have helped me if I’d known of someone I could ask for advice or support from when completing the application form, I was often unsure of how much detail to add and exactly how to set out the information required. The forms also changed a couple of times...”

“We had a couple of versions of the application packs, and in addition we seemed to receive a lot of documents on different emails, so it was fairly confusing...”
3.2.4 How effective is the scheme paperwork / documentation?

The evaluation surveys and interviews revealed that practitioners and assessors on the second cohort of the scheme feel that improvements to documentation could be made in order to make the whole process more streamlined.

It appears that some of the issues with the scheme documentation centre on a number of guidance and standards revisions that were being issued by the UKPHR, which led to confusion amongst practitioners and assessors at the beginning of the scheme:

“There was confusion at the beginning about what standards we should be using. There seemed to be different versions of the standards – they had reviewed them and brought out new ones.”

Both practitioners and assessors suggested that they would benefit from a greater understanding of the guidance, competences, commentary and evidence requirements, and definitive timescales at the start of the scheme. A number of survey and interview respondents suggested that a series of templates and examples of commentaries would be helpful in ensuring all candidates are clear from the offset:

“For me a better way to learn would have been to spend more time to really understand the competences and the evidence that was required. We spent a lot of time producing evidence that wasn’t proper evidence.”

Practitioners also indicated that spending time on gaining clarity about the scheme documentation at the beginning may lessen the need to seek support from assessors, and free up time during learning sets:

“If the paperwork had been really clear you would spend a lot less time in learning sets.”

“...now we have had so many go through, instead of spending learning sets discussing ‘what a commentary should look like’, you will have a template, and then just use it.”
3.3 emerging learning and practice from the practitioner registration support scheme learning sets

3.3.1 How effective were the learning sets?

Facilitated learning sets are held routinely for practitioners throughout the duration of the scheme. The learning sets aim to help practitioners build evidence against the competences, and gain support and ideas from their peers. 80% of evaluation survey respondents indicated that they had attended at least two learning sets, and 40% had attended between three and five learning sets over the six month period of the scheme.

Feedback from practitioners responding to the evaluation survey and through interviews suggests that the learning sets held for the second cohort were not as useful as practitioners had hoped. Practitioners felt that there were issues around spending too much time discussing individual commentaries that were not relevant to the whole group; that there were conflicting messages between the facilitators approach to commentaries and the assessors; and insufficient time was allocated to commentary writing during the sessions. This feedback is reflected in the second cohort practitioners ratings of elements of the learning sets:

“Learning sets always had different people each time so we had to keep recapping the basics, the conversation would drift regularly onto work related topics rather than the actual portfolio. Issues in the scheme still seemed to be being ironed out so often the facilitator would not know what exactly was required by the panel...”

“Whilst it was useful to gain insight from peers, the learning sets weren’t always useful as attendees seemed to be at different stages of the programme, so this meant that content was often repeated. Having said that, the facilitator was very knowledgeable and approachable, so I would sometimes contact her outside of a learning set to ask any questions that we hadn’t had time to cover...”

<table>
<thead>
<tr>
<th>Ratings of Learning Sets</th>
<th>1st Cohort</th>
<th>2nd Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda and content of learning sets</td>
<td>62%</td>
<td>30%</td>
</tr>
<tr>
<td>Peer support</td>
<td>87%</td>
<td>60%</td>
</tr>
<tr>
<td>Timings of learning sets</td>
<td>87%</td>
<td>60%</td>
</tr>
<tr>
<td>Location of learning sets</td>
<td>62%</td>
<td>80%</td>
</tr>
<tr>
<td>Learning set facilitator</td>
<td>100%</td>
<td>80%</td>
</tr>
</tbody>
</table>

-14-
3.3.2 What were the main benefits of the learning sets and how could they be improved?

Despite the issues raised about the learning sets by the practitioners, many of them who responded to the evaluation survey felt that they were beneficial to:

- Develop an understanding of the process
- Discuss commentary format
- Gain peer support and bounce ideas around
- Learn to evidence criteria

“Peers looking at work before it was submitted to the assessor was very useful - it gave me more confidence that the work I was submitting was of the highest quality possible. I could make corrections before submitting work to the assessor.”

“To bounce ideas off others. Also by looking at work others did, I gained a clearer understanding of the process. It was also useful discussing different approaches to the work.”

Practitioners suggestions for improving the learning sets have been gathered from the evaluation survey and interviews. They have been grouped into 9 main areas:

- Separate and smaller learning sets for people at different stages of the programme, and everyone in the learning set working towards a portfolio
- Facilitator keeps the group focused and positive, in order to avoid discussions about work issues and not give people a platform to complain
- The facilitator is also a trained assessor, and they liaise with other assessors regularly so that information given to practitioners is consistent
- Limit the number of learning sets and set up people with mentors or a buddy to help practitioners complete their commentaries/portfolios
- Spend less time on an individual’s piece of work, and instead design more generalised learning sets to benefit all practitioners attending
- More structured day to avoid repetition and re-capping, and the structure is communicated so that everyone knows what is expected and will be covered
- All practitioners on the scheme agree to be committed to attending the learning sets and are held accountable for doing the work they said they would
- Better overview of competences and their interpretation at the outset, and time allocated to competences and the portfolio within the learning set
3.4 emerging learning and practice from the scheme assessment process

3.4.1 How effectively is the assessment process working for practitioners?
Feedback from practitioners through the evaluation survey indicates that the assessment process is working quite well, and similar to the pilot programme, practitioners ratings of different elements of the assessment process mainly range from good to excellent:

<table>
<thead>
<tr>
<th>Ratings of the Assessment Process</th>
<th>1st Cohort</th>
<th>2nd Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support received to complete portfolios</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Assessors approachability</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>Communication channels</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Assessors knowledge of the scheme</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Assessors knowledge of the practitioners work area</td>
<td>62%</td>
<td>70%</td>
</tr>
</tbody>
</table>

When asked to rate how the assessment process works overall, 60% of practitioners felt it was working very well / well, and 30% rated it as satisfactory. Some issues were highlighted with assessment delays, but this was mainly due to assessor role changes or a recognition that assessors were busy in their day to day roles.

90% of survey respondents did not know their assessor prior to joining the scheme, and whilst the main form of communication between practitioners and assessors was email, 80% of respondents stated that they also had face-to-face contact.

“The assessor was clear, focused and supportive within their assessment role. She went out of her way to accommodate the tight timescales.”
3.4.2 How effectively is the assessment process working for assessors?

Out of the 11 assessors who responded to the evaluation question, 54% (6 respondents) indicated that they assessed one practitioner, 27% (3 respondents) assessed two practitioners, and 9% (1 respondent) assessed three practitioner portfolios.

Assessors reported that contact time (face to face; telephone and email) with each practitioner ranged between 1-10 hours, with a frequency of contact averaging at 3-6 times over the 6 month period of the scheme.

Assessors invested between 5 and 40 hours of their time to assess each practitioner portfolio, and most assessors indicated that most of this portfolio assessment time was invested during working hours:

<table>
<thead>
<tr>
<th>Assessors Responding to the Survey</th>
<th>Practitioner 1</th>
<th>Practitioner 2</th>
<th>Practitioner 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor 1</td>
<td>11 hours</td>
<td>5 hours</td>
<td>15 hours</td>
</tr>
<tr>
<td>Assessor 2</td>
<td>30 hours</td>
<td>10 hours</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 3</td>
<td>15 hours</td>
<td>10 hours</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 4</td>
<td>10 hours</td>
<td>2 hours</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 5</td>
<td>16 hours</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 6</td>
<td>6 hours</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 7</td>
<td>40 hours</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 8</td>
<td>40 hours</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 9</td>
<td>6 hours</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 10</td>
<td>40 hours</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Assessor 11</td>
<td>10 hours</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Overall, 73% of assessors who responded to the evaluation survey felt that the assessment process was working well or very well.

A number of concerns were raised about the amount of time the assessment process takes, as well as assessors feeling that their roles were drifting into that of a mentor. However, assessors also highlighted that each candidate is very different and requires different levels of support.

“I enjoyed it - I enjoyed learning about the work being carried out in another area, and the challenge of providing the practitioner with clear and concise assessment against the standards, that they could use.”

“The assessment process is different for each practitioner. Depending on the readiness of the applicant and the quality of the portfolio submitted....I appreciate that some applicants like to test the water to see if what they have is hitting the mark...”
emerging learning and practice from feedback about the scheme support processes

3.5.1 The support structure

The support structure for this second cohort of the scheme remains very similar to the cohort 1 programme, although there was a pending staffing change in the role of the Workforce Development Co-ordinator after cohort 2 had completed their portfolios. However, one significant change is that eight practitioners opted voluntarily to seek the support of a mentor. In the main, the mentors were the practitioners line managers, and they did not receive any formal mentor training in relation to the scheme.

3.5.2 Support from line managers

A key feature for the second cohort of practitioners on the scheme appears to be the support provided by line managers, with 100% of practitioners who responded to the evaluation survey indicating that they were very well or well supported by their line manager.

82% of survey respondents also reported that the scheme was linked to their PDP/appraisal, which is a major leap forward for their employing organisation and helps to ensure that line managers are kept up to date with the progress practitioners are making on the scheme as well as any issues they are experiencing.

“My manager at the time was very proactive in helping me to develop my skills and knowledge. She also helped me when I felt a bit lost towards the end, by enabling me to clarify my thoughts.”

“My then line manager was supportive from the beginning, believing that registration was a necessity for my new role with the Public Health Directorate and gave me continued support throughout the portfolio working time.”

“My manager was supportive of the process and allowed me time to complete in the working day.”

<table>
<thead>
<tr>
<th>Support received from line managers</th>
<th>% of 11 practitioner survey respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release to attend learning sets</td>
<td>100%</td>
</tr>
<tr>
<td>Release to attend master classes</td>
<td>82%</td>
</tr>
<tr>
<td>Support to gather evidence</td>
<td>82%</td>
</tr>
<tr>
<td>Time in work to complete portfolio</td>
<td>45%</td>
</tr>
<tr>
<td>Item on supervision agenda</td>
<td>36%</td>
</tr>
<tr>
<td>Linked to PDP / appraisal</td>
<td>82%</td>
</tr>
</tbody>
</table>
3.5.3 **Support from employing organisations**

73% of practitioner survey respondents indicated that they felt very well or well supported by their organisation to undertake the scheme. The feedback suggests that most of this positive support is due to the encouragement of individual line managers, rather than an awareness of the scheme at higher levels in the organisation.

“...because the programme was relatively new, no-one seemed to know whether the registration at the end would make a difference to our credibility and professional status within our day-to-day work....”

“The organisation was covertly supportive.”

3.5.4 **Assessor support groups**

91% of assessors felt very well or well supported in their role and the evaluation survey results and interviews reveal that they are keen to continue to be involved. The assessor support groups appear to be a crucial element of support and there were indications that joint/sample assessments might be an effective way of developing consistency, quality and confidence in the assessment role.

“It is essential that we keep the workshops/learning sessions with assessors. If I don’t have that constant reminder and questioning, it would make me not as good.”

“...I think it was useful to have the opportunity to do a joint assessment and to benchmark your own work against someone else.”
3.5.5 Access to mentoring

61.5% of practitioners who responded to the evaluation survey had voluntarily opted to appoint a mentor to support them during the scheme. In most cases, the mentor was also the practitioner’s line manager, three of whom were also undertaking the scheme at the same time.

Whilst this is a positive and supportive structure for practitioners, without a more formal mentoring system where mentors are trained in the scheme processes, there is a risk that practitioners and their appointed mentors will ‘muddle through together’.

Feedback from practitioners through the evaluation survey suggests that most of them who did not access voluntary mentoring felt it wouldn’t be beneficial, and around 30% of respondents did not answer any of the survey questions around mentoring. However, the subject of mentoring remains an issue in the scheme, particularly in relation to the amount of time assessors are spending in the mentoring role, which is prolonging the assessment process and blurring the role of the assessor.

“The practitioner I had didn’t have a mentor and it was hard to separate out the role of mentor and assessor. I know I crossed that line on numerous occasions...”

“If there is a weakness in the scheme it is that some of the applicants don’t have mentors. One of the applicants, if she had a mentor, it would have made her life a lot easier.”

“I think it is really important that practitioners have mentors”
The evaluation survey asked practitioners to outline their understanding of the assessors role. In the main, the role was well understood but a number of role descriptions put forward suggest that some practitioners view their assessors in a dual role of assessing and mentoring.

Practitioners interviewed as part of the evaluation process all had some sort of mentoring relationship arranged, but this was not formalised or consistent throughout the entire programme. They all believed that having a formal mentoring relationship would be beneficial, and recognised that the person in this role would need to be someone they feel comfortable with in order to develop a robust mentoring relationship.

Interviewees suggested that mentors should be someone who has either gone through the process and ideally trained as an assessor, as this would ensure there was consistency in the information that practitioners are receiving and that they have a thorough understanding of the scheme:

“It is really important that mentors have the insights, and that they have been through the process or understand exactly what is needed. Otherwise it can become quite subjective and you could get conflicting information from your mentor and assessor.”

“When I moved into my new role I had a mentor and I found having one was really helpful. She was trained as an assessor, and really understood what was needed.”

The scheme in Wales has recently introduced a formalised mentoring element of the support structure to their Practitioner Registration Support Scheme. However, they are currently using the same ‘allocated assessor’ as the Kent and Medway scheme, which can open the door for practitioners to seek support and validation from assessors which is too opportunistic to resist.

As a result, the evaluation team have recommended that an ‘assessment pool’ process is introduced, not only to reduce individual contact with assessors, but also to ensure that the quality of assessment is consistent and that assessors can play to their strengths in certain subject areas. This system is similar to the suggestions put forward by the Kent and Medway assessors, of having dual approaches to assessment in the support group environment.
emerging learning and practice from the time investment required from assessors and practitioners

3.6.1 What time investment is required by practitioners to complete their portfolio?

Feedback from practitioners through the evaluation questionnaire suggests that practitioner estimates of their time investment in cohort 2 of the scheme has increased substantially in comparison to estimates by cohort 1, with practitioners estimating an investment of around 158 hours each (an increase of around 200%).

As a cost-benefit analysis, when practitioners were asked to indicate what they felt the main personal costs were in participating in the scheme, time was the overwhelming response, with 70% of respondents feeling the time invested had impacted on their home and working life.

“Took time away from my work responsibilities.”

“[Scheme organisers need] to be honest with people going through, that it takes a very long time to complete…”

Diagram: Retrospective estimates of time investment by verifiers, assessors and practitioners

<table>
<thead>
<tr>
<th>Hours Invested in Building Portfolios</th>
<th>Number of Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50 hours</td>
<td>4 Verifiers</td>
</tr>
<tr>
<td>50-99 hours</td>
<td>5 Assessors</td>
</tr>
<tr>
<td>100-200 hours</td>
<td>11 Assessors</td>
</tr>
<tr>
<td>Over 200 hours</td>
<td>13 Practitioners</td>
</tr>
</tbody>
</table>

Cohort One

4 Verifiers invested an average of 4hrs each verifying 8 portfolios

5 Assessors invested an average of 10hrs each assessing 8 portfolios

8 Practitioners invested an average of 42hrs each completing applications & portfolios

Cohort Two

4 Verifiers invested an average of 2hrs each verifying 5 portfolios

11 Assessors invested an average of 57 hrs each assessing 15 portfolios

13 Practitioners invested an average of 158 hrs each completing applications & portfolios
Whilst the comparable time estimates given by practitioners to complete the scheme appear to have increased, it is likely that they are more realistic than estimates provided by cohort 1; and evaluators found that the practitioner time estimates equate to those provided by practitioners on the Wales scheme.

3.6.2 **What time investment is required by assessors?**

Increases in the assessor time investment estimates compared to cohort 1 are far more significant, and the estimates of hours spent assessing portfolios have risen by nearly 500%.

Assessor feedback suggests that this is because they are ‘slipping’ into a mentoring role and/or working alongside the practitioner to understand the requirements of the scheme. One assessor felt that as much as 50% of their time was spent mentoring.

“...I felt that my role drifted at times into being a mentor and this was why so much time was given to my practitioner and also why so many clarifications were necessary...”

However, there was also recognition that the scheme is in its early stages, and assessors are still familiarising themselves with the requirements of their role.

“I probably did an awful lot more than I needed to, but it is probably me, rather than the process. Because you are dealing with someone’s work, I want to give it sufficient time to evaluate it. Evaluating the work against the framework does require thought and judgement.”
emerging learning and practice from feedback about the benefits of the scheme

3.7.1 What do practitioners think are the main benefits of participating in the scheme?

Echoing their motivations for joining the scheme, practitioners indicated that they feel the main benefit of participating centres around professional positioning by ‘proving competence’ and credibility by gaining recognition for their practice through registration. Improving knowledge and practice, confidence in their role and sharing experiences with colleagues were also viewed as key benefits.

“To be able to formally acknowledge my Public Health skills and competences.”

In the evaluation survey, when practitioners were asked what it would mean to them to be registered, responses ranged from pride in achieving recognised standards; confidence in adding to their list of qualifications; and perhaps ‘security’ of credibility and respect in positioning themselves as public health professionals among their peers.

“It adds respect and credibility to my profession. Where once we were perhaps less professionally respected, I feel that ensuring all public health practitioners are professionally registered will make us more of a recognised and respected workforce amongst our peers in other settings, eg. hospitals, schools.”
3.7.2 To what extent do participants think that their involvement in the scheme has made any positive difference to their confidence as a public health practitioner?

80% of the 10 practitioner survey respondents felt that the scheme had made a positive difference to their confidence as a public health practitioner to a great or good extent.

“A great extent
30%
A good extent
50%
A little extent
10%
Not at all
10%

“As I did not have a background in Public Health, it has taken a while for me to realise that my teaching experience is valid and that my skills are useful and appropriate. I now know that I am capable of continuing my career in Public Health.”

“I am confident when training other PH teams and feel I have respect in the PH field and have an updated Job Description and role name change reflecting registration and my PH role.”

3.7.3 What do assessors and verifiers think has worked really well on the scheme?

Feedback from assessors and verifiers through the evaluation survey reveals that there were four key elements of the scheme that they felt worked really well:

• The assessor support group meetings with opportunities to discuss portfolios and review commentaries
• The assessor training provided
• The verifier panel meetings
• The management of the scheme by the Workforce Development Co-ordinator

Both assessors and verifiers also felt that the UKPHR information and training provided was useful, and indicated that the support practitioners receive as part of the scheme is very good.
emerging learning and practice from the outcomes of the cohort 2 scheme

3.8.1 What were the outcomes for practitioners?
12 of the 14 practitioners who participated in the second cohort of the Kent and Medway Practitioner Registration Support Scheme successfully completed their portfolios and will join the UKPH Register.

90% of practitioners indicated that the scheme met or partially met their expectations, and feedback suggests that whilst the process takes considerable time and commitment, the majority of practitioners feel the outcome of being registered and recognised within the Public Health field, makes the effort worthwhile.

“Although the process was like giving birth without the baby, it is worth sticking at it to recognise our competence.”

90% of practitioners who responded to the evaluation survey suggested that they would definitely or likely recommend the scheme to colleagues, and a number of practitioners felt that the scheme would be useful to introduce to those starting out in their career at the earliest stage possible.

“...I also feel it should be shown to those just starting in their career so they can put that into practice straight away and can use it to assess the skills they have or need to gain.”

3.8.2 What were the outcomes for assessors and verifiers?
Feedback from the evaluation survey indicates that there is a sense of pride among assessors and verifiers in relation to involvement in this pioneering scheme, and they feel it is making a positive different to the way the Public Health workforce is viewed and recognised.

“We have been very successful in registering 22 people to date through very tight schedules.”

100% of assessors and verifiers stated that the scheme had met or exceeded their expectations; 87% stated that they would recommend the scheme to a colleague who is considering an assessor or verifier role; and 93% stated they would recommend the scheme to a practitioner.
emerging learning and practice from feedback about the future of the scheme

3.9.1 Would assessors and verifiers be willing to stay in their role for the next cohort?

80% of assessors and verifiers responding to the evaluation survey stated that they would like to stay in their role for the next cohort, and the remaining 20% said ‘maybe’ due to potential work changes or impending retirement. In their feedback, both assessors and verifiers demonstrated a passion for the development of the local public health workforce, a desire to learn and commitment to maintaining standards in public health, which they feel this scheme contributes towards.

“This would depend on whether I think they embrace the principles of practitioner development within the process as well as the rigour of assessment and will rise to the challenge and be prepared to give it the time...”

3.9.2 What impact will the scheme have in the Public Health workplace?

A number of practitioners, assessors and verifiers reflected on the long-term impact of the scheme during the evaluation process. Whilst they recognise the scheme is still in it’s initial stages, some question the benefits to the workplace as a whole while it is operating at such localised levels and on such a small scale.

“I get great satisfaction from seeing practitioners grow in knowledge, skills and confidence. The assessment process helps them to identify their own gaps and focus their PDP’s. I think it is important to improve public health practice at all levels and make it safer, more evidence-based and more effective. I have also learned a lot from my experience, and this has enriched my own portfolio of knowledge and skills.”

Whilst 87% of assessors and verifiers stated that they would recommend taking on this role to colleagues, they recognised that it is very important that the person has the time to do it, as well as a commitment to practitioner development.

“We need to look at what the benefit to the workplace is for this process. This needs to be clearly documented.”

“It is a huge cost in staff time, and we need to look at that. We have to be realistic in expectations...”
3.9.3 What do assessors and verifiers think needs to be done differently?
Assessors and verifiers were asked to name up to three things that need to be done differently. Responses throughout varied greatly, however just over 30% of the total responses indicated that introducing a mentoring framework to the scheme would be beneficial.

<table>
<thead>
<tr>
<th>Assessor &amp; Verifier Responses</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st Response</td>
</tr>
<tr>
<td>Mentors for practitioners</td>
<td>4</td>
</tr>
<tr>
<td>Examples of good work / templates</td>
<td>1</td>
</tr>
<tr>
<td>Raise the profile of the scheme</td>
<td>1</td>
</tr>
<tr>
<td>Shorter training for UKPHR registered assessors</td>
<td>1</td>
</tr>
<tr>
<td>Learning set support &amp; stricter guidelines</td>
<td>1</td>
</tr>
<tr>
<td>Streamline &amp; collate guidance / paperwork</td>
<td>1</td>
</tr>
<tr>
<td>Improved screening of candidates</td>
<td>1</td>
</tr>
<tr>
<td>Group assessment</td>
<td>0</td>
</tr>
<tr>
<td>Clarity around expectations of time</td>
<td>0</td>
</tr>
<tr>
<td>Better documentation of the process</td>
<td>0</td>
</tr>
<tr>
<td>Properly funded co-ordinator post</td>
<td>0</td>
</tr>
</tbody>
</table>

“Insist that practitioners have a mentor and that they informally sign off summary sheets before submission to the assessor.”

“More commonality in the presentation of portfolios...”

3.9.4 Would practitioners be willing to act as an assessor or mentor when they have completed the scheme?
60% of practitioners responding to the evaluation survey stated that they would be willing to act as an assessor or mentor, and 20% said ‘maybe’. The remaining practitioners were concerned with the time commitment that would be required and how this might impact their work.

“I have offered to be a mentor... I would be happy to train to become an assessor with my new managers approval.”
3.9.5 What advice would practitioners, assessors and verifiers give to the scheme organisers?

Many respondents to this evaluation question reiterated what a good job the Workforce Development Co-ordinator is doing and recognised this crucial role in driving the scheme forward.

All respondents offered comprehensive advice for scheme organisers based on their experiences. This information, combined with information from assessors and verifiers about what needs to be done differently, deserve consideration by the Workforce Development Co-ordinator prior to the next phase of the scheme.

**Advice from Practitioners**

- Don’t take on more than one portfolio to assess.
- Continue to develop the e-portfolio.
- Continue the assessor support meetings locally.
- More clarity for practitioners about what is required and how to demonstrate competence.
- Make more efficient use of support for assessors—agreeing agendas and issues to be discussed in advance of support group meetings.
- Encourage more ‘buddying’ of assessors (joint assessments).
- Eventually develop something similar for advanced practitioners.
- Communicate benefits and processes widely.
- Maintain strong local networks.
- Make the assessor training simpler and shorter.
- Ensure that applicants are up to the required standard—better passporting.
- Think of the long game and encourage the collection of evidence from the beginning of candidates careers in Public Health.

**Advice from Assessors and Verifiers**

- Make everything as clear as possible.
- Encourage applicants to start as early as possible and keep everything!
- Remind people that this is giving public recognition to our work.
- I needed more structure...something like a flow-chart for visual learners might help.
- Try to be as clear and concise as possible—try not to keep changing criteria, dates, paperwork etc.
- Keep learning sets well ordered and concise with a set, structured content.
- Ensure at the outset that sufficient time is allocated to clearly identifying the interpretation and expectations of the competences.
- The application for registration needs to be clearer .
- Add a 12 month option to complete.
- Make sure that health managers have full knowledge of the importance of the programme, particularly those who don’t sit within PH teams.
- Attend study days to promote the programme where possible.
- Be honest with people that it takes a very long time to complete, maybe give more time to complete with goals set along the way.
Acknowledgements
Total Improvement Process Ltd would like to thank all those who have co-operated during the evaluation process, and contributed to this report.

Disclaimer
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