DNV·GL

Evaluation of the Kent, Surrey and Sussex Public Health Practitioner Registration Support Scheme Fast Track Route

June 2016

Contents

Acknowledgements **3**

Terminology and acronyms used in this report **4**

Executive summary **5**

1. Introduction **10**

1.1 The UK Public Health Practitioner Registration Support Scheme 10

1.2 The Kent, Surrey and Sussex Practitioner Registration Support Scheme (KSSPRS) 12

2. The fast track route **16**

2.1 Overview 16

2.2 Resourcing and governance 17

2.3 The fast track pilot 19

3. The evaluation **20**

3.1 Aims of the evaluation 20

3.2 Evaluation methodology 21

3.3 Evaluation timeline 23

3.4 Limitations 23

4. Evaluation findings **25**

4.1 Governance 25

4.2 Practitioners 28

4.3 Facilitators 33

4.4 Assessors 34

4.5 Verifiers 38

4.6 Managers 41

5. Answering the evaluation questions **45**

6. Conclusions and recommendations **50**

7. References **52**

8. Appendices **53**

Acknowledgements

Prepared by the healthcare team at DNV GL UK – Aileen Orr and Karen Lewis.

We wish to thank Laura Bush and Emma Lacey of Kent County Council for their guidance and support throughout this evaluation process.

We are grateful to all stakeholders who gave their time for interviews, and offered their opinions in an open and honest manner. There was consistency in the opinions shared and everyone we interviewed demonstrated a passion for, and a commitment to, the overall aim of streamlining the registration process for public health practitioners.

Healthcare Team,
DNV GL Healthcare UK

Terminology and acronyms used in this report

C&G	City and Guilds
CPD	Continuing Professional Development
DH	Department of Health
HCPC	Health and Care Professions Council
KCC	Kent County Council
KPI	Key Performance Indicator
KSSPRS	Kent, Surrey and Susses Practitioner Registration Support Scheme
MOU	Memorandum of Understanding
PDG	Portfolio Development Group
PHE	Public Health England
PHSKF	Public Health Skills and Knowledge Framework
UKPH	The UK Public Health Register
WTE	Whole Time Equivalent

Assessor	Assessors are appointed by the UKPHR following satisfactory completion of mandatory initial training for a period of three years. It is an unpaid voluntary role and assessors are required to independently assess applications for verification (and probable subsequent application for admission to the UKPHR) against the UKPHR's public health standards for practitioner registration, including requirements for clarification or resubmission of evidence.
Practitioner	The term "public health practitioner" is used to describe about 10,000 members of the core public health workforce who work in various areas of public health, including health improvement, health protection, and health and social care quality. Public health practitioners work in many places and in many specialty areas of public health.
Verifier	Verifiers are appointed following satisfactory completion of initial training by the UKPHR. It is a voluntary unpaid role and verifiers are appointed for an initial term of three years. Verifiers are required to verify applications that have been previously assessed.

Executive summary

Public health practitioners have since 2011 had the option of registering with the UK Public Health Register (UKPHR). Individuals wishing to apply for practitioner registration and individuals wishing to apply need to go through a quality assured local assessment scheme.

Since 2011, the UKPHR has been operating pilot schemes for practitioner registration in a range of locations across the UK. Each registration scheme is based on a geographical area of the UK. Currently, there are only eleven such schemes in the UK and public health practitioners must work in the region the schemes cover in order to participate.

The scheme operated by Kent County Council (KCC) is one such scheme and since its inception in 2011 it has supported 44 practitioners to work towards professional registration with the UKPHR. In addition, more than 60 public health consultants, specialists and senior managers have been trained as verifiers, assessors or mentors.

The performance of the scheme has been monitored via a number of methods including seeking feedback from practitioners, assessors and verifiers. This feedback suggested some changes to the scheme one of which was the need to have a more intensive programme. Some practitioners reported that current route to registration was taking too long and this impacted on their work and home life. As a result a shorter more intense route was introduced; this would become known as the fast track route to registration.

KCC committed to piloting the fast track route in 2015/16 and decided to commission an external evaluation of the scheme.

Evaluation process

The primary aim of the evaluation was to assist in identifying the value of offering a fast-track operating model as a route to registration.

Additional aims stipulated by KCC were as follows:

- To measure the effectiveness of the fast-track route to Practitioner Registration through the success rate and effective use of the practitioners time;
- To provide a detailed overview of those who have participated in the fast-track route to registration; of their motives, commitment and their experiences' of this route;
- To explore the entire process for all those involved in supporting and delivering the scheme. This would include the effectiveness of the lock down sessions, assessment and verification;
- Identifying best practice and weaknesses in relation to the delivery of the fast track sessions;
- Improving decision making and investment;
- Value for money and worth.

The evaluation adopted a mixed methods methodology capturing both quantitative and qualitative data. Most information was generated via interviews with stakeholders. In total 45 interviews were carried out with practitioners, managers, facilitators, assessors and verifiers.

Key findings

11 public health practitioners participated in the fast track route to public health registration and 90% of them contributed to the findings of this evaluation. This group of staff identified issues with the standard route for registration and chose the fast track as this suited their needs and learning style much better. In contrast to the standard route the fast track route offered practitioners:

- Structure;
- Clear deadlines;
- Focused approach with 1:1 support;
- Dedicated time to complete work;
- Shorter timeframe for completion.

Their experience of the fast track route was a very positive one with minimal suggestions for improvement. The majority of fast track practitioners valued the shorter timeframes associated with this route and it was cited as one of the reasons for choosing this option for registration. Practitioners felt keeping momentum over a longer period of time was difficult to manage and most practitioners felt greater enthusiasm for the fast track route with a shorter and more intense period of study and concentration.

Managers of fast track practitioners reported favourably on this route stating that it allowed them to plan work more effectively as they knew the exact timeframes involved. This was in contrast with the standard route where time was more of an unknown quantity. Time was the major benefit cited by managers and despite the considerable organisational benefits associated with this, managers were very clear that they would support staff choosing either route. What was most important to them was that the chosen route matched well with the individual's learning style to ensure that there would be a successful outcome.

Support by KCC for the administration arrangements of the programme was appreciated by the facilitators and is recommended to continue. Facilitation of the programme is a key aspect in preparing the practitioners for the work required to gain registration and for managing their expectations. Their role is instrumental in the success rate of those following the fast track route and appears to have a direct influence on their perceptions of support and encouragement received during this journey. Feedback regarding the role of the facilitator was extremely positive and practitioners felt well informed and supported during the formal sessions as well as out of hours.

All programmes have some positives and some challenges. It appears however that the positives in the case of the fast track route far outweigh the areas of challenge, although as with any process sometimes the strengths can also be the weaknesses if taken to the extreme.

'Time' was identified as the greatest benefit to the practitioners as it allowed them to complete the registration process in a concentrated period of time where work and life commitments could be managed. 'Time' was also identified as a weakness in the process for some of the assessors in completing their role as this almost exclusively needed to be completed outside of their normal working day and on top of a full time job.

Another strength identified for the fast track route was the role of the facilitator. Their input was greatly appreciated by the practitioners and appeared to be an influencing factor of them committing to and completing the programme.

Use of the e-portfolio was also identified as a strength as this allowed a transparency to be available regarding the progression of the portfolio through the system.

One of the weaker areas of the process appeared to be around the consistency of the assessors' role. Practitioners and verifiers raised this as an area for improvement. There are a number of assessors in post who agree and commit to completing a minimum of two portfolio assessments in a 12 month timeframe. From the feedback this does not appear to be occurring. Arrangements around assessor activities needs to be tightened up to be assured that processes are being followed and consistency in scoring are being achieved. Further guidance for assessors to follow is advised so high standards of practitioner work can be encouraged and maintained.

Conclusions

The stakeholders interviewed for this evaluation have provided consistent positive feedback on the fast track route to practitioner registration. There is strong support for the route with it being viewed as a good alternative to the standard route for those practitioners that have a learning style that is conducive to tight deadlines.

This evaluation has produced evidence to suggest that the fast track route is meeting practitioners' needs. Job advertisements are increasingly requiring practitioners to hold registration and employers are now including this requirement within practitioners' personal development plans. There is therefore clear motivation for practitioners to achieve registration status quickly and efficiently.

The fast track route pilot has been well managed and this evaluation has evidenced that practitioners have been well informed about this route and have valued the tight deadlines and 1:1 support offered via the fast track route. Practitioners expressed some frustration about the assessment process and there is a need to improve communication between practitioners and assessors, particularly when delays are anticipated. Managers of practitioners have provided positive feedback although there is some feedback to suggest that they would welcome more upfront information about the fast track route and the time requirements.

Those involved in supporting the fast track route (facilitators, assessors and verifiers) have also provided positive feedback stating that they too find the tight deadlines easier to work to. Time was however voiced as a continual limitation for those in the voluntary assessor and verifier roles. It is often difficult for them to review more than one or two portfolios per year and this may be impacting on knowledge of and familiarity with processes.

It is clear from the evidence, and from stakeholder feedback, that the fast track route has been made possible through the specific focus and investment of KCC. The time spent on developing the route and associated resources such as the e-portfolio systems has been positively recognised by stakeholders. Without this, it seems unlikely that the fast track route would have succeeded.

Recommendations

The overriding recommendation from the evaluation is that the fast track route should be continued. It provides a good alternative for those practitioners who have a learning style that lends itself to pre-defined and short timelines. It is hoped that KCC will continue with the fast track route and that the UKPHR will consider implementing in other regions.

There was some stakeholder feedback to suggest that improvements can be made to the fast track route to further strengthen and streamline processes. These have been captured as recommendations throughout the report and for

convenience are summarised below. It is hoped that KCC will review these and put in place an action plan for those recommendations that they wish to address.

Table of Recommendations	
Recommendation 1	Publish lockdown session agendas on the website.
Recommendation 2	The scheme co-ordinator should ensure that facilitators are maintaining registration sheets in accordance with the terms of the service specification.
Recommendation 3	The scheme co-ordinator in conjunction with the facilitators may wish to consider the introduction of a more specific question set to evaluate the lockdown sessions.
Recommendation 4	The scheme co-ordinator should ensure that reporting mechanisms are developed for all fast track KPIs and that performance is regularly monitored.
Recommendation 5	Dates for the fast track route should be advertised and published as early as possible in the year to facilitate work planning.
Recommendation 5	The requirement to attend all six lockdown sessions in person should be reviewed. Some practitioners have successfully participated in the sessions on a virtual basis and opening this option to others may increase interest in the scheme.
Recommendation 7	Practitioners appreciate the opportunity to work with peers allowing them to learn and share experiences. Consideration should be given to including set time for this on the lockdown sessions.
Recommendation 8	It is suggested that a case study be developed demonstrating how good communication can be achieved between assessors and practitioners and the advantages of this.
Recommendation 9	Review the most appropriate time of year to hold lockdown sessions. This should be done in consultation with practitioners and their managers and assessors.
Recommendation 10	KCC should review the ways in which practitioners and other groups can contact them with queries. When there is likely to be a delay in responding due to annual leave or other reasons out of office messages should state this and if possible provide an alternative contact.
Recommendation 11	Monitor numbers of portfolios being assessed by each assessor. Limit the numbers of assessors in post to allow at least two portfolios to be assessed over a 12 month period.
Recommendation 12	Identify a minimum requirement for attendance on the network calls and monitor assessor compliance
Recommendation 13	Consider having an agreement with assessor managers to allow protected time for network meetings/calls. Those unable to prioritise this and demonstrate continued engagement should be removed from the list.
Recommendation 14	Publish additional step by step guidance for assessors.
Recommendation 15	Ensure the timescales for turnaround of the commentaries allows for feedback to be offered ahead of additional work needing submission
Recommendation 16	Consider increasing the time between clarification feedback and the next lock down days, to ensure consolidation of learning and reduce repeat clarifications
Recommendation 17	Review the frequency and content of assessor training to ensure that it is continuing to meet all needs.
Recommendation 18	Identify a process to be assured that verifiers are able to maintain competence in the process.
Recommendation 19	Provide alternative opportunities for communication between assessors and verifier groups to provide support

Recommendation 20	Prepare a briefing pack for managers describing the standard and fast track routes and likely time commitments for staff. Outlining the individual and organisational benefits of both routes would assist with decision making.
Recommendation 21	Provide information on which learning styles the fast track and standard routes are most suited to.
Recommendation 22	KCC should liaise with C&G regarding when the e-portfolio is updated. Ideally any routine maintenance on the e-portfolio is not carried out during fast track programmes and that all users are notified in advance.

Limitations

Very few limitations were identified as part of this evaluation with most being minor. These are listed below:

- The number of participants in the evaluation was lower than expected. Responses from those that did participate were very consistent suggesting that others may have responded in the same way. Nevertheless it would have been good to have more involvement from some groups and in particular assessors and verifiers.
- No mentors were interviewed as part of the evaluation process. Whilst the role of the assessor and the mentor were clearly delineated within the guidance documents getting feedback from this support group may have provided a different dimension to the evaluation.
- There was some difficulty in identifying fast track or standard route practitioners at the verification stage. Whilst a limitation for the evaluation it provides assurance that the process for verification is fair and equal for all.

1. Introduction

1.1 The UK Public Health Practitioner Registration Support Scheme

The UK Public Health Register (UKPHR)

The UKPHR is an independent, dedicated regulator for public health professionals in the United Kingdom, providing professional regulation to public health specialists and public health practitioners from a variety of backgrounds, all of whom have a common core of knowledge, and skills. The purpose of the UKPHR is to provide public assurance for the provision of a competent workforce that contributes to a high quality public health service to deliver those objectives.

Since 2003, the UKPHR has provided public protection by ensuring only competent public health professionals, at specialist level, are registered and that high standards of practice are maintained. In April 2011, the register opened for practitioners. Since that time a total of 195 public health practitioners from England, Scotland and Wales have attained professional registration.

Public health specialists and consultants are strategists or senior managers or senior scientists. They require skills in all three main domains of public health (health protection, health improvement, healthcare public health), but in practice they may specialise in one area.

The term "public health practitioner" is used to describe about 10,000 members of the core public health workforce who work in various areas of public health, including health improvement, health protection, and health and social care quality. Although they work in different areas, what public health practitioners have in common is the level of public health skill and knowledge that they possess. Public health practitioners work in many places and in many specialty areas of public health. They may support healthy lifestyle programmes, for example helping individuals and groups to stop smoking and take more exercise. They may work in local communities or in public health teams specialising in health protection, for example working on immunisation programmes and screening. They may also play an important role in national and local health campaigns.

Registration

Whilst registration with the UKPHR is not mandatory for public health practitioners more and more employers are requiring this and are assisting their staff in achieving this. The UKPHR however does not accept direct applications from individuals wishing to apply for practitioner registration and individuals wishing to apply need to go through a quality assured local assessment scheme. After completion of assessment the application is referred to a regional verification panel who will then make recommendations on eligibility for practitioner registration direct to the UKPHR Registration Panel. Health Education England's Prevention and Public Health Action Plan (February 2015) encourages all public health practitioners to have the opportunity to join the UKPHR and is actively supporting the establishment of support schemes to achieve this.

Practitioners wishing to gain registration are required to produce a portfolio of evidence demonstrating their competence against the UKPHR Practitioner Standards (Appendix A). These were developed by the UKPHR through extensive national consultation and are based on the Public Health Skills and Knowledge Framework (PHSKF). The standards have been framed around four areas of practice. They concern adherence to an ethical framework and a

general understanding and application of public health with a focus on public protection: they do not cover all the competencies public health practitioners may require in specific posts.

The four areas of public health practice are:

1. Professional and ethical practice – this should be at the heart of everything a public health practitioner does
2. Technical competencies in public health – covers the essential knowledge and skills that all public health practitioners need to have
3. Application of public health competencies to public health work – this relates to the specific functions undertaken by public health practitioners
4. Underpinning skills and knowledge – needed by all public health practitioners to act effectively and achieve improvements in population health and wellbeing.

Assessment and verification of the practitioner's portfolio of evidence against these standards is a prerequisite for registration.

The Department of Health (DH) confirmed in January 2015 that the Health and Care Professions Council (HCPC) would become the statutory regulator of public health specialists who are not doctors or dentists. The UKPHR has therefore been focussed on making significant progress in registering public health practitioners in order to be satisfied that there is a sustainable future for the register after public health specialists' registration has transferred to HCPC. Public Health England (PHE) confirmed that it would support the UKPHR to ensure that the development of the practitioner workforce is not affected by the transfer of public health specialists to HCPC during this period.

The assessment and verification process

Practitioners are assessed as meeting the UKPHR practitioner standards by locally appointed but UKPHR trained assessors and on the recommendation of the local UKPHR supported Verification Panel. Assessors and verifiers are the custodians of the standards of practice and their roles are of the utmost importance.

The process for meeting the standards is summarised in Figure 1.

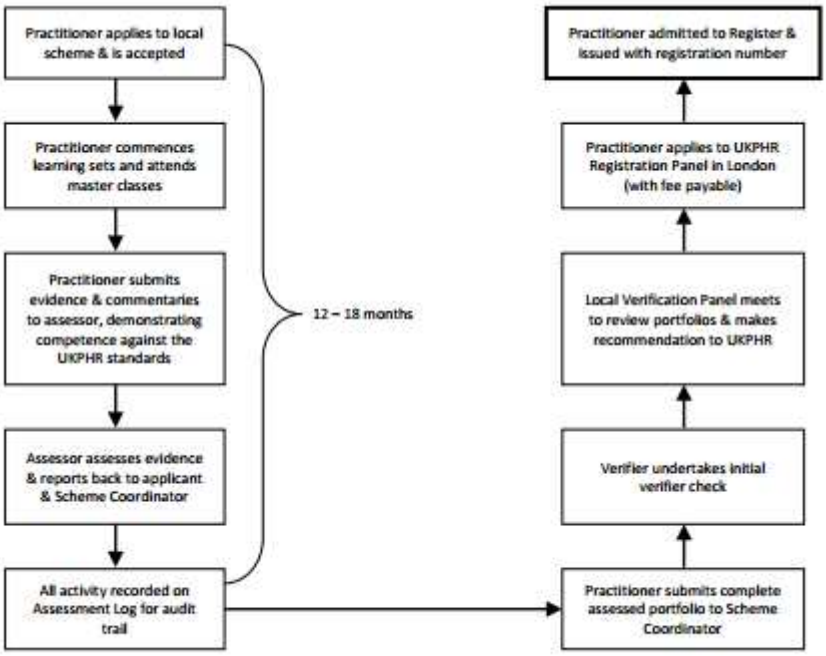


Figure 1 - UKPHR Practitioner Registration Process

Local assessment schemes

Since 2011, the UKPHR has been operating pilot schemes for practitioner registration in a range of locations across the UK.

Each registration scheme is based on a geographical area of the UK. Currently, there are only eleven such schemes in the UK and public health practitioners must work in the region the schemes cover in order to participate. The eleven schemes are shown in green in Figure 2.

Public health partners and employers within each locality have been instrumental in providing the resources to set up the local schemes. Partners have included NHS, public health agencies, local authorities and higher education institutions. In England, since the 2012 health reforms, Health Education England and PHE have become significant participants.

Figure 2 - Locations with UKPHR practitioner registration schemes

Local schemes accept responsibility for resourcing administration and coordination, recruitment of assessors and verifiers, identification of, recruitment of and support for practitioners who wish to register and operating the systems necessary to support the registration process.

UKPHR accepts responsibility for quality assuring the system, training local schemes' assessors and verifiers to the requisite standard, maintaining systems for registration of practitioners and supporting practitioners and local schemes.

Currently there is no process in place for practitioners to register that do not have a scheme operating within the geographical area that they are employed.

1.2 The Kent, Surrey and Sussex Practitioner Registration Support Scheme (KSSPRS)

The Kent, Surrey and Sussex Practitioner Registration Support Scheme (KSSPRS) was formed in April 2013 to provide practitioners in the region with a pathway to attain professional registration with the UKPHR. The KSSPRS was created by merging the Kent and Medway pilot scheme with the Surrey and Sussex scheme. The scheme is hosted by Kent County Council (KCC) on behalf of the six Directors of Public Health across Kent, Surrey and Sussex and the PHE Centre Director.

Between 2013 and 2015 the KSSPRS functioned using a single standard operating model which would become known as the "standard route to registration". This is discussed further below.

KSSPRS resourcing

The scheme is jointly funded by the six Directors of Public Health, the PHE Centre Director and Health Education Kent, Surrey and Sussex. A scheme coordinator was originally employed until 31 March 2016 (0.4wte) to provide strategic oversight and lead on the implementation of the KSSPRS. At the time of writing this report this has been extended to June 2018. A project support officer is employed until 30 June 2016 (0.6wte) to lead on a variety of administration tasks for the KSSPRS. Both posts are hosted by the Public Health Team at KCC.

The locally devolved assessment and verification process relies on public health consultants, specialists and senior managers to act in a voluntary capacity as assessors and verifiers. At the time of writing this report the number of individuals active in these roles was:

- 32 assessors;
- 18 verifiers; and
- 23 mentors.

A dedicated website was established (http://www.kpho.org.uk/workforce-development/practitioner-registration) to provide information for practitioners on the KSSPRS. The website includes:

- Information on joining the scheme;
- resources for practitioners, mentors, assessors and verifiers;
- e-portfolio resources;
- dates of events.

KSSPRS led the development of an e-portfolio system and since its launch in March 2013 two further schemes (Wessex and North East and North Central London) have purchased the system. The e-portfolio system supports practitioners to develop and collate their evidence-portfolios which can then be uploaded for review by assessors. The system allows for easy communication between practitioners and assessors. A 2014/15 annual report from the KSSPRS indicated that the majority (88%) of practitioners in Kent, Surrey and Sussex used the e-portfolio system to submit their portfolio for assessment during 2014/15. Responsibility for updating the e-portfolio lies with City and Guilds (C&G).

Joining the KSSPRS

The eligibility criteria for public health practitioners to join the KSSPRS are as follows:

- They must be currently employed (or volunteering) in a relevant role in Kent, Surrey or Sussex;
- They must have at least two years public health experience working at level 5 (the level of autonomous practice) or above (but below specialist/consultant level) on the Public Health Knowledge and Skills Framework;
- They must have commitment from line managers for active support and encouragement. This is demonstrated through the signed application form and includes allocated time off to attend formal learning sessions and additional relevant continuing professional development (CPD) events arranged through the programme.

Prior to applying to join the KSSPRS, practitioners are first required to attend an introductory day facilitated by the UKPHR. The introductory day provides an overview of the-portfolio building process, the steps involved in assessment and verification and the support available to become a registered public health professional with the UKPHR.

Practitioners that attend the introductory day have up to 12 months to apply to join the scheme. Once this timescale has exceeded, practitioners need to attend another introductory day before being able to submit an application to join the scheme.

The standard route

Once accepted onto the scheme, practitioners are supported in producing a portfolio of evidence to demonstrate competence against the practitioner standards. When planning a portfolio, practitioners begin by identifying at least 3 key pieces of work they have undertaken, primarily within the last three years, and map that work against the standards and indicators. A portfolio consists of a number of commentaries with their associated supporting evidence, a commentary being the practitioner's account of their role in a piece of work, which is linked to the standards and indicators being claimed. The number of commentaries in a portfolio therefore reflects the number of pieces of work from which evidence has been derived.

The support available to practitioners includes the following and is provided for a 24 month period:

- 8 Portfolio Development Groups (PDGs);
- Access to a range of master classes to support the attainment of knowledge in critical competencies e.g. Ethical and Legal Decision Making in Public Health, Reflective Practice;
- E-portfolio account (optional);
- An assessor;
- A verifier; and
- A mentor (where possible).

Practitioners are expected to submit a completed portfolio for verification within 12 months of being assigned an assessor.

This process is summarised in Appendix B.

Monitoring the performance of the KSSPRS

Between 2011 and 2014 the KSSPRS supported 44 practitioners to work towards professional registration with the UKPHR. In addition, more than 60 public health consultants, specialists and senior managers were trained as verifiers, assessors or mentors.

During this time the performance of the scheme was monitored via a number of methods including seeking feedback from practitioners, assessors and verifiers. In addition an external evaluation was commissioned. Based on this feedback the 2014/15 KSSPRS Annual Report suggested that the following changes were required to further develop and strengthen the scheme:

- Pilot a fast track model for assessment and verification;
- Implement workshops to focus specifically on understanding the process; self-assessment against the standards; commentary writing and linking evidence, prior to joining portfolio development groups;
- Recruit and train a further 16 assessors and 13 verifiers;
- Improve data monitoring and reporting to practitioner leads by submitting quarterly progress reports and raising concerns on performance and attendance for follow-up action;
- Develop and implement a mentoring programme to support practitioners to attain practitioner registration (recruitment of mentors, training, matching and on-going support);

- Increase the value placed on practitioner registration within the public health system in Kent, Surrey and Sussex such as encouraging practitioner registration to be included in relevant job descriptions and within service specifications for commissioned services, using the standards to carry out skills audits and training need assessments; understanding impact on practice; and
- Recognise and celebrate the success of practitioners who attain professional registration and explore next steps around CPD and further development to maintain standards and support professional career aspirations within public health.

Of most relevance to this report is the introduction of a fast track route and this is explored further below.

The fast track route

The fast track route was developed based on feedback from practitioners participating in the standard route to registration. Some practitioners reported that they were losing momentum following the standard route and were of a personality type that would benefit from a more intensive programme.

There were two main reasons for the standard route being less successful. Practitioners often left the programme following receipt of feedback from their first commentary. The majority of practitioners have completed education to Master's degree level yet experienced difficulty in completing the commentaries in the style required. Where 'clarification' of the commentary is required practitioners perceived this as a negative and often lost momentum and enthusiasm for the programme. Other practitioners were reported to have left the course following external, family or work commitments.

A proposal was therefore put forward for the development and implementation of a fast track route. This is explained further in section 2 of this report.

2. The fast track route

2.1 Overview

This process is summarised in Appendix C.

Following attendance at a UKPHR Introductory Day and a two day Commentary Writing and Mapping Workshop public health practitioners in Kent, Surrey and Sussex have the option of following a fast track or standard route to registration.

To be eligible to apply for the fast track applicants must also be able to demonstrate:

- Employment (or volunteering) in a relevant role in Kent, Surrey and Sussex;
- At least two years public health experience working at a minimum of level 5 (the level of autonomous practice) on the Public Health Skills and Knowledge Framework;
- Not currently assigned an assessor;
- Commitment from their line manager to release them practitioner to attend six portfolio lockdown days;
- Commitment by the practitioner to submit chunks of their portfolio for assessment on of the deadlines following each lockdown and to have the-portfolio signed off and ready for verification;
- Completed self-assessment form with no gaps;
- Completed commentary mapping grid detailing the titles of the commentaries and the indicators being claimed.

Once accepted onto the fast track route practitioners are required to attend a series of portfolio development groups (PDGs), which within the fast track route these are known as lockdown sessions. PDGs are closed groups, usually containing 8-12 practitioners and include a mixture of action learning, 1.1 individual support and portfolio writing. Led by a facilitator, group members develop their portfolio for assessment and work towards verification within the timescales set. Practitioners have access to six portfolio development groups over a three month period and attendance at all groups is mandatory. Table 1 provides a summary of the purpose of each lockdown session and the intended outputs.

Element	Purpose	Output
Portfolio Lockdown 1	Intensive support to practitioners to submit quality chunks of their portfolio for assessment via the e-portfolio system. The support will include action learning principles, 1.1's and portfolio writing time.	Understand how to use the e-portfolio system Have protected commentary writing time 1-2-1 support Have completed and submitted commentary 1 by set deadline date
Portfolio Lockdown 2	Intensive support to practitioners to submit quality chunks of their portfolio for assessment via the e-portfolio system. The support will include action learning principles, 1.1's and portfolio writing time.	Shared learning and feedback on commentary 1. Further understanding on what assessors are looking for. Aired problems and found solutions. Feedback on drafts Addressed clarifications Have protected commentary writing time 1-2-1 support Have completed and submitted commentary 2 by set deadline date

Final Portfolio Lockdown Writing all remaining commentaries & addressing any clarifications	Intensive support to practitioners to submit quality chunks of their portfolio for assessment via the e-portfolio system. The support will include action learning principles, 1.1's and portfolio writing time.	Plenary feedback on Commentary 2 submissions and clarifications. Share C3 draft problems in a small Action Learning group; and .

Table 1 – Purpose of and outputs from lockdown sessions

2.2 Resourcing and governance

Kent County Council (KCC)

As indicated under section 1.2 a scheme coordinator and project support officer were employed to lead and support the KSSPRS. Both posts are hosted by the Public Health Team at KCC and provide support for both the standard and fast track routes to registration.

Facilitators

PDG facilitators are private individuals contracted by KCC to facilitate the PDGs. Facilitators must:

- Be an accredited UKPHR assessor or an accredited UKPHR verifier;
- Possess sound knowledge of the principles of action learning / group facilitation demonstrated by a relevant training qualification;
- Have a minimum of three years' experience of successfully facilitating groups;
- Have a minimum of two years' experience at senior or advanced practitioner level in a multi-disciplinary public health role or be an existing registered public health practitioner with the UKPHR.

PDG facilitators are responsible for the entire preparation, administration (excluding organising venues) and facilitation of each PDG. They are also responsible for producing concise notes following each session. KCC identified that the key outputs for each session would be:

- Agenda;
- Notes of session including individual action plans;
- Completed register ;
- Completed evaluation forms;
- Date and venue of next session.

Facilitators are required to send these to the scheme coordinator within five working days following the date of each PDG. As part of their service, PDG facilitators are also expected to complete two full assessments a year (of two practitioners not assigned to their PDG) or verify two portfolios a year.

During the 2015/16 pilot of the fast track route there were two PDG facilitators in post.

Assessors

Assessors are appointed by the UKPHR following satisfactory completion of mandatory initial training for a period of three years. It is an unpaid voluntary role and assessors are required:

- To independently assess applications for verification (and probable subsequent application for admission to the UKPHR) against the UKPHR's public health standards for practitioner registration, including requirements for clarification or resubmission of evidence;
- To provide feedback and advice to applicants on the assessment of their evidence as specified in the UKPHR guidance for practitioner registration;
- To make recommendations on whether or not applicants should be registered to the appropriate Verification Panel, normally via the local scheme co-ordinator;
- To ensure that all deadlines are met;
- To participate in moderation and other quality assurance activities;
- To complete a minimum of two whole assessments per year. If this requirement cannot be met for any reason assessors will need to retrain.

During the 2015/16 pilot of the fast track route there were 32 assessors in post, with 10 of those providing support to the fast track route.

Verifiers

Verifiers are appointed following satisfactory completion of initial training by the UKPHR. It is a voluntary unpaid role and verifiers are appointed for an initial term of three years. Verifiers are required:

- To verify applications that have been previously assessed;
- To be available to discuss assessments at a meeting of the verification panel;
- To provide feedback and advice to assessors.

During the 2015/16 pilot of the fast track route there were 18 verifiers in post. At the verification stage no distinction is made between standard and fast track route applications and verifiers may review applications from either route.

Performance monitoring

The scheme coordinator monitors the performance of the scheme using a variety of methods. Primarily this is via key performance indicators (KPIs) covering evaluation of the lockdown sessions; practitioner retention rates; and timescales for the assessment and verification processes.

2.3 The fast track pilot

Overview of dates

During 2015/16 two lockdown PDG cohorts ran as follows:

	Cohort 1 - Kent	Cohort 2 – Surrey & Sussex
Commentary & Mapping Workshop 1	15th May 2015	25th September 2015
Commentary & Mapping Workshop 2	1st June 2015	16th October 2015
Applications for Fast Track Route	8th June 2015	23rd October 2015
Lockdown PDG 1	2nd /3rd July 2015	5th/6th November 2015
Lockdown PDG 2	6th/7th August 2015	10th/11th December 2015
Lockdown PDG 3	17th/18th September 2015	14th/15th January 2016
Portfolio signed off by assessor	25th November 2015	18th March 2016
Verification panels	14th December 2015	11th April 2016
Number of practitioners	5	6

Table 2 - Timeline for pilot fast track

3. The evaluation

At an early stage KCC made a decision to evaluate the overall effectiveness of the KSSPRS. In January 2016 they went out to tender to commission an evaluation that was well-designed, would be effectively carried out by the evaluation team and would provide findings which meet the needs of PHE.

The successful bidder would be asked to evaluate the delivery of the fast track scheme, lock down sessions, and the process of establishing the scheme.

In March 2016 DNV GL was commissioned as the evaluation partner. Established in 1864, DNV is an independent foundation with the purpose of safeguarding life, property, and the environment. In September 2013, DNV merged with GL to form DNV GL and is now one of the top three certification bodies in the world. It is a leading international provider of services for managing risk in maritime, oil and gas, food and beverage as well as healthcare. DNV GL is a knowledge-based organisation with over 16,000 professionals operating in over 100 countries.

DNV GL is the recognised healthcare leader in identifying, assessing and managing risk to mitigate harm to patients. DNV GL Healthcare UK has extensive experience of working in the health and social care sector and carrying out post occupancy and service evaluations.

3.1 Aims of the evaluation

The primary aim of the evaluation was to assist in identifying the value of offering a fast-track operating model as a route to registration.

Additional aims stipulated by KCC are as follows:

- To measure the effectiveness of the fast-track route to Practitioner Registration through the success rate and effective use of the practitioners time;
- To provide a detailed overview of those who have participated in the fast-track route to registration; of their motives, commitment and their experiences' of this route;
- To explore the entire process for all those involved in supporting and delivering the scheme. This would include the effectiveness of the lock down sessions, assessment and verification;
- Identifying best practice and weaknesses in relation to the delivery of the fast track sessions;
- Improving decision making and investment;
- Value for money and worth.

The primary audience for this evaluation is decision makers in Public Health across Kent, Surrey and Sussex and the PHE Centre.

3.2 Evaluation methodology

A mixed methods approach to the evaluation was proposed. At the outset of the project, an initial project meeting with was held with KCC staff to seek further information about the fast track pilot. At this meeting background information on the scheme was requested including descriptive information about the fast track route, funding arrangements, and background information about why it was established. Strategy, operational policies and procedures that governed the fast track route were also requested to enable the evaluators to better understand it and to offer comment on what can be changed or improved.

The background search was used to help inform the approach to both the qualitative and quantitative data analysis by helping to identify themes that might inform future fats track route improvement and development.

Having reviewed the data against the tender specification the evaluation team proposed that data would be collected as follows:

	Background Research		Quantitative				Qualitative		
	Stakeholder Discussion	Governance Documents	Practitioner Evaluation Form	KPI Reports	Practitioner Survey	Completed Key Outputs	Practitioner Interviews	PDG Facilitator Interviews	Scheme Co-ordinator Interviews
To measure the effectiveness of the fast-track route to Practitioner Registration through the success rate and effective use of the practitioners time	√		√	√	√	√	√	√	√
To provide a detailed overview of those who have participated in the fast-track route to registration; of their motives, commitment and their experiences' of this route					√		√		
To explore the entire process for all those involved in supporting and delivering the scheme. This would include the effectiveness of the lock down sessions, assessment and verification		√	√	√	√	√	√	√	√
Identifying best practice and weaknesses in relation to the delivery of the fast track sessions		√	√	√	√	√	√	√	√
Improving decision making and investment			√	√	√	√	√	√	√
Value for money and worth			√	√	√	√	√	√	√

Table 3 - Evaluation data collection tools

Qualitative data collection and analysis

Qualitative data was collected via a mixture of questionnaires and interviews and then analysed by the evaluators. The aims of the qualitative data collection and analysis were:

- To capture practitioners', facilitators' and co-ordinators' views of the fast track scheme
- To reduce the data from the interviews and identify:
  - Common viewpoints
  - Individual or alternative viewpoints
  - Common themes to be considered in the analysis
- To draw conclusions that are defensible, i.e. others reading the transcripts and completing the analysis steps below would make similar judgements

The information collected via these methods was analysed to:

- reduce the data from the interviews and identify:

- Common viewpoints
- Individual or alternative viewpoints
- Common themes to be considered in the analysis

- draw conclusions that are defensible, i.e. others reading the transcripts and completing the analysis steps below would make similar judgements

The approach to analysing the qualitative date was an inductive one; that is data captured during the interviews and questionnaires was analysed with little or no predetermined theory, structure or framework. Therefore the actual data itself was used to derive the structure of the analysis. This approach is comprehensive and time-consuming but is most suitable where little or nothing is known about the study phenomenon and is the most common approach used to analyse qualitative data.

It involves analysing transcripts, identifying themes within those data, and gathering together examples of those themes from the text so was ideal for this evaluation. The steps involved in the analysis process are listed below.

Evaluator role	Step	Activity
Individual evaluator analysing individual transcripts	1	Read and re-read the interview transcript and/or notes
	2	Extract significant words or phrases using our standard recording tool
	3	Define the meaning of each significant statement (ask: what was the point the participant was making?) using our standard recording tool
	4	Organise the formulated meanings into themes: refer from the themes back to the original data to ensure they are an accurate representation and to identify and note discrepancies
	5	Compare the themes with the findings from the background search (if relevant) Based on the themes extracted, classify the participant's responses and use example quotes to support that judgement
Individual evaluator summarising the transcripts they have analysed	6	Each individual evaluator should summarise their impression of the feedback received
Evaluators collectively comparing their findings and drawing conclusions	7	Collectively, the evaluators contrast and compare their findings
	8	Collectively, the evaluators summarise their assessment of the findings based on all the interviews
	9	Contrast and compare the interview findings with the governance review findings

Table 4 - Interview analysis methodology

All themes included in this report are anonymous so they cannot be linked to any individual or organisation. Where relevant, quotes have been attributed to a generic source – i.e. practitioner, facilitator, assessor, verifier, etc.

KCC supplied the evaluators with a contact list including details of facilitators, practitioners, managers, assessors and verifiers. This included practitioners on both the standard and fast track routes and their managers. It was felt that obtaining views across both routes would provide a more balanced viewpoint on the overall strengths and weakness of the fast track route. Due to the relatively small public health community involved in the evaluation a number of contacts were found on multiple lists making the overall number of staff available for contact smaller than it initially appeared. Information was sought from all contacts for each role they were involved in to ensure as much feedback was received as possible. This resulted in several requests for information being sent to the same individual. On

reflection this could have been managed differently and may have impacted on the number of respondents. It may have been better to identify individuals with dual roles at the outset of the evaluation and sent only one request for information.

The total number of individuals that were invited to contribute and actually contributed to the evaluation is as follows:

	Numbers Invited to Participate	Numbers that Participated	Percentage Participants
Facilitators	4	4	100%
Standard Route Practitioners	9	5	56%
Fast Track Route Practitioners	10	9	90%
Managers of Standard Route Practitioners	5	1	20%
Managers of Fast Track Route Practitioners	8	5	63%
Assessors	30	14	47%
Verifiers	18	7	39%
Totals	86	45	52%

Table 5 - Evaluation stakeholders

Quantitative data collection and analysis

The evaluators understood from the tender specification that data from the following sources would be available:

- An analysis of completed practitioner evaluation forms
- Completed key outputs
- KPI reports

Unfortunately not all of this information was available to the evaluators. Where it was available it has been analysed and included within the report.

3.3 Evaluation timeline

The evaluation was carried out over a twelve week timeline to provide sufficient time for stakeholders to respond to requests for information.

3.4 Limitations

A number of limitations were identified as part of this evaluation. These are listed below:

- The number of participants in the evaluation was lower than expected. Despite several reminders from the evaluators and KCC some individuals failed to respond to requests to participate in the evaluation. Responses from those that did participate were very consistent suggesting that others may have responded in the same way. Nevertheless it would have been good to have more involvement from some groups and in particular assessors and verifiers.
- Some participants had various responsibilities relevant to the fast track. For example some managers and facilitators were also assessors. Some interviews and comments therefore overlapped the various stages of the process.
- No mentors were interviewed as part of the evaluation process. Whilst the role of the assessor and the mentor were clearly delineated within the guidance documents getting feedback from this support group may have provided a different dimension to the evaluation.
- There was some difficulty in identifying fast track or standard route practitioners at the verification stage. Whilst a limitation for the evaluation it provides assurance that the process for verification is fair and equal for all.

4. Evaluation findings

4.1 Governance

Policy

At the start of the evaluation the evaluators asked to review key governance and background information supporting the scheme. In particular they asked the scheme co-ordinator for a strategy, operational policy or similar describing what the fast track route is, who has responsibility for it and what the overall aims and objectives are.

As the fast-track route is a support mechanism within the overall scheme it does not have a dedicated strategy. The scheme strategy is covered by a Memorandum of Understanding (MOU) between the UKPHR, KCC as the host organisation and the 6 directors of public health. This clearly outlines the responsibilities of KCC, partners and practitioner leads. This is supported by a service specification for the lockdown sessions and a fast track route flowchart. Together these documents provide sufficient detail on roles and responsibilities, aims and objectives and key processes. This is particularly important when there are a number of people involved in implementing processes, which as with the fast track scheme has the scheme co-ordinator, facilitators, assessors and verifiers.

Practice

In relation to the implementation of the fast track scheme the evaluators asked for the following information for each of the lockdown cohorts:

- Timescales for the fast track route pilot with key dates identified;
- Key outputs from the lockdown sessions as specified in the service specification – e.g. agendas, completed registers, completed evaluation forms.

Timescales for both lockdown cohorts were shared and in addition to including the dates of lockdown sessions, both included clear timescales for the submission to and return of portfolios by the assessors. It was pleasing to note that these dates are shared with assessors, verifiers and practitioners via email and assessor teleconferences. The dates are also available via the website and are communicated at all introductory days. The dates for the commentary writing and mapping workshops are on the introductory day application form which is signed by managers and practitioners. The dates for the fast track lockdowns are on the commentary writing and mapping booking forms which are signed by practitioners and managers.

Agendas for both lockdown cohorts were shared and it was clear that both followed the same approach with the same content. All were clear and provided sound advice on what practitioners needed to bring with them. Again consideration could be given to placing sample agendas on the website so that prospective applicants have a clear understanding of what will be covered.

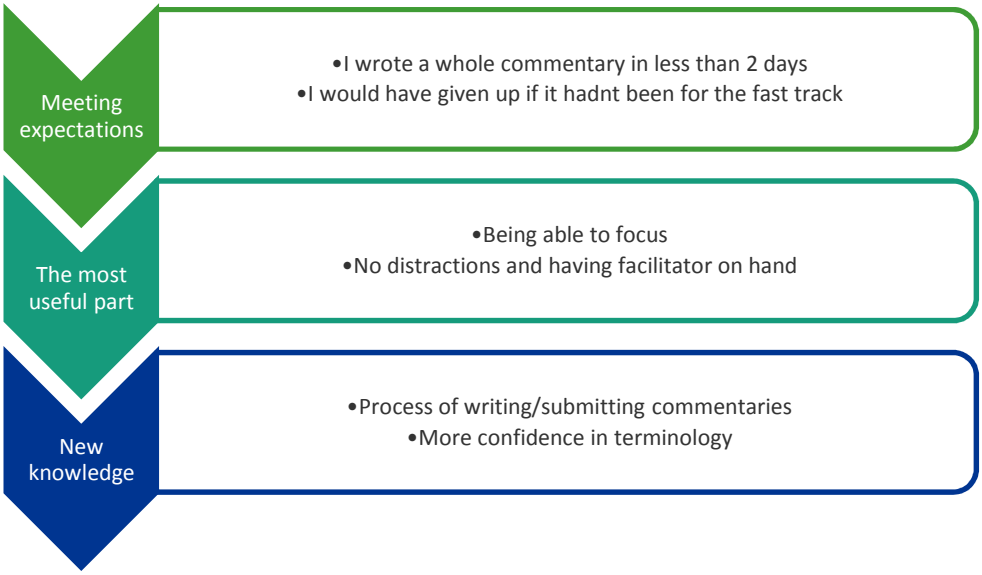
Registration sheets were also shared. For each cohort two out of three signed registration sheets were available. Most, but not all registration sheets clearly identified the date and location of the course. The scheme co-ordinator should ensure that facilitators are maintaining registration sheets in accordance with the terms of the service specification.

Completed evaluation sheets were available for both cohorts and therefore a total of 6 separate lockdown sessions. Summary evaluation reports were available for one of the lockdown sessions. In accordance with the terms of their

service specification facilitators should be producing these after each session and it was pleasing to note that this was being done. The evaluation forms were noted to be generic forms relevant to all public health practitioner development days and therefore they did not ask any specific questions on the lockdown sessions. The scheme co-ordinator in conjunction with the facilitators may wish to consider the introduction of a more specific question set.

A number of evaluation sheets were not fully completed although all practitioners attending a lockdown session had at least partially completed a form.

Overall feedback provided via the forms was very good with the majority of practitioners strongly agreeing that the fast track route is the way to go. No negative comments were received for any of the courses held.



Expectations were consistently managed with practitioners feeling supported by individual facilitators. One to one sessions and group discussions regarding the indicators and how they fit into commentaries were appreciated. Practitioners found benefit in the lockdown sessions to help keep motivation and interest in the-portfolio development.

Some comments were received regarding venues and timing of courses with a few practitioners feeling these could be improved.

During an interview with the fast track facilitator it transpired that a separate evaluation form is issued to practitioners. This includes some of the questions included within the generic public health practitioner development day form as well as more specific questions on the 1:1 support provided via the lockdown sessions. The facilitator shared a summary report including feedback from six practitioners. As with the more generic forms feedback was largely positive however there were a few comments about the timing of the lockdown sessions. "*Getting one in before Christmas was good but for the one after Christmas I would have preferred it a week/two later so I'd had chance to get back into work after the break and look at my portfolio again!*" and "*having the sessions this close really prompted me to keep going with the portfolio and not lose speed with completing it. I However, I think the Christmas session felt a bit rushed and even though logic would say we would have had more free time due to Bank Holidays / annual leave, I would have preferred a longer gap between sessions*". This was reiterated during interviews with practitioners and is discussed further under section 4.2.

Performance

In relation to performance of the scheme the evaluators asked for reports on the key performance indicators identified for the lockdown session facilitators. As identified in section 2.2 the service specification for facilitators states that they will be monitored against the following key performance indicators (KPIs):

1. At least 80 percent good or excellent on the Likert scales (1-5) on the lockdown evaluation forms;
2. Minimum attendance level of 95 percent on the lockdown sessions;
3. Minimum practitioner retention rate of 85 percent;
4. Minimum of 75 percent of practitioners submitting for assessment and verification on time;
5. Quality of practitioner applications submitted to an assessor.

KPI reports had not yet been produced by the scheme co-ordinator therefore to evaluate KPIs 1 to 2 the evaluators analysed the lockdown session evaluation forms that had been completed by the practitioners. Over the six lockdown sessions a total of 29 evaluation forms were returned. Figure 3 shows a high degree of satisfaction with the lockdown sessions with no-one disagreeing with the questions asked.

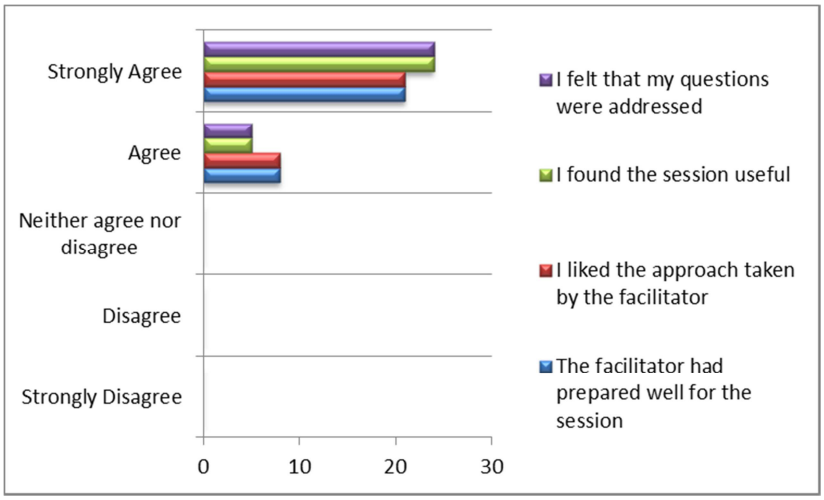


Figure 3 - Lockdown evaluation feedback

When asked how they would rate the overall lockdown session 72% said excellent and 28% said good. The attendance rate for cohort 1 was 100% at all sessions with cohort 2 achieving an average 95% attendance rate over the three lockdown sessions.

Information to support KPIs 3 and 4 was shared and indicated the following:

- The practitioner retention rate is 100%;
- In cohort 1 80% of practitioners submitted for assessment and verification on time and in cohort 2 the figure was 83%

There was no data to support KPI 5. The scheme co-ordinator should ensure that reporting mechanisms are developed for these and that performance is regularly monitored.

Summary Recommendations from Section 4.1

Recommendation 1: Publish lockdown session agendas on the website.

Recommendation 2: The scheme co-ordinator should ensure that facilitators are maintaining registration sheets in accordance with the terms of the service specification.

Recommendation 3: The scheme co-ordinator in conjunction with the facilitators may wish to consider the introduction of a more specific question set to evaluate the lockdown sessions. Ideally the separate evaluation form used by facilitators should be combined to ensure that practitioners only have to complete one form.

Recommendation 4: The scheme co-ordinator should ensure that reporting mechanisms are developed for all fast track KPIs and that performance is regularly monitored.

4.2 Practitioners

Evaluation participants

Practitioners that had participated in the standard and fast track route were asked to participate in the evaluation by having a telephone interview with an evaluator. Contact details for 11 fast track practitioners were shared with the evaluators. All 11 were initially contacted via e-mail and asked if they would be willing to be interviewed. One of the practitioners was on maternity leave and therefore not available to participate in the evaluation. Nine (90%) of the remaining ten practitioners responded to say that they would be happy to participate.

Contact details for nine standard route practitioners were provided. Despite repeated e-mails only five practitioners (56%) responded. Four of these were interviewed and one provided written responses to the interview questions. The questions asked at interview are included in Appendix D. A summary of the practitioners' comments and feedback is provided below. Where standard route practitioners have provided feedback that is relevant to the evaluation this is included.

Choosing a route to registration

Of the nine fast track practitioners interviewed six reported that they had originally enrolled and started on the standard route to registration. They had common reasons for transferring to the fast track most of which centre around a lack of progress within the standard route which they believed was due to:

- Lack of structure;
- Lack of deadlines;
- Too many different learning styles amongst the practitioners;
- Different levels of readiness amongst the practitioners.

For those who hadn't yet sampled the standard route they were attracted to the fast track as they felt it would fit better with their individual learning style "*I am a completer/finisher and just like to get on with things so the fast track was much more appealing to me and my style of learning*". Through attendance at the initial UKPHR Introductory Day and the subsequent two day Commentary Writing and Mapping Workshop practitioners were also assured that they had the "*work experience and knowledge necessary*" for the fast track route.

All practitioners reported that their managers were extremely supportive in their choice of route and had no concerns about the tight deadlines. Most practitioners stated that it was a requirement of either their job description or personal development plan that they become registered and that this led to greater management support.

When asked if they received sufficient information on the fast track to enable them to make a decision most practitioners responded favourably. They advised that written information was provided by KCC and that they were able to ask questions of managers and colleagues who were familiar with the process. One practitioner stated that they were asked to make a decision on route at the end of the UKPHR Introductory Day and felt that they should have been warned of this in advance. This view was not shared by others who stated that they had a longer time period in which to make a decision. One standard route practitioner who would have liked to have joined the fast track route stated that "*dates could have been shared sooner… not 3-4 weeks before the route started. This did not allow enough time to make changes to diaries*".

As identified in section 4.1 dates for the fast track route should be advertised and published as early as possible in the year. This will allow practitioners and their managers to plan their work around the lockdown sessions and other fast track commitments.

The lockdown sessions

The lockdown sessions are an integral part of the fast track route and attendance at six is mandatory for all practitioners. Despite this requirement two of the nine practitioners interviewed did not attend all six sessions. One practitioner reported that they only attended one day of each two day block (so three days in total). The travelling distances to the venue made attendance difficult and the practitioner stated "*I do not need to be in the same room to complete the work. I am self-motivated so found it easier to allocate the second day to work at home. Didn't miss any subjects in fact I found it more of a distraction to be in the workshop*". The other practitioner was only able to attend 4½ days due to family commitments and reported that as "*this is self-directed learning I was able to cover the stuff outside of the sessions.*"

The requirement to attend all six days may need to be reviewed. Certainly if some practitioners are allowed to participate virtually the option should be opened up to others and may result in increased participation in the scheme. Two of the standard route practitioners interviewed would have liked to have participated in the fast track route but were unable to do so as they would have missed some sessions.

Fast track practitioners were asked to identify the most useful topic covered or learned during the lockdown sessions. Responses were varied with the following being highlighted as particularly useful:

- The rules on how to write and submit commentaries;
- The reflective nature of the work and discussions;
- The step by step instructions on how to use the e-portfolio system;
- The 1:1 sessions with the facilitator.

Three practitioners commented that they would have appreciated more time to work with colleagues during the lockdown sessions. It was felt that there was shared learning across commentaries that was perhaps being missed by practitioners not having more time to work together.

It may be useful to optimise time in the sessions for better peer support. It was not really an action learning set. We did contact each other outside of the lockdown session but it was perhaps a missed opportunity to have professional discussions that could then have been used as evidence. Everyone struggled with ethics and this could have been covered here. There was no time factored for this but perhaps that wasn't what was intended.

During the lockdown sessions all fast track practitioners had benefitted from 1:1 sessions with the facilitator. Everyone was extremely complimentary about the sessions commenting that the facilitator was very enthusiastic and supportive. There were no restrictions on what could be asked and practitioners were able to contact the facilitator outside of the lockdown sessions. Practitioners commented favourably on the fact that the 1:1 sessions took place during lockdown days stating that this made planning easier and avoided the need for additional time.

Assessment and verification

The practitioners were asked to share their experiences of the assessment and verification processes. The views expressed were shared by both fast track and standard route practitioners. Half of all practitioners interviewed had experienced delays with the assessment process with the assessors in some instances taking over a month to feedback.

Those who had not experienced any delays with the assessment process reported that they had good communication links with the assessor.

The assessor was really good. I spoke to her first and we agreed dates. She then blocked time in her diary so that she would be ready to assess my work when it arrived. She e-mailed me at the start of the process and offered time to discuss the process. I took her up on that and we were able to plan our diaries. I am really pleased that I did that and would suggest that everyone should take advantage of that.

Some practitioners felt that they needed more clarity over what evidence would be agreed as sufficient. There was a sense that this varied between assessors and therefore was not a consistent or reliable process. These comments are not unusual where there is external scrutiny of work but it is apparent that better communication is required between practitioners and facilitators.

The benefits of the fast track route

Fast track practitioners highlighted a number of benefits to participating in the fast track route. Given that a significant proportion of them had originally participated in the standard route many of the benefits that they cited were based on this past experience. Their perceived benefits centred on what they believed were the strengths of the fast track over the standard route.

Practitioners saw the major benefit as being the short time period, reporting that they appreciated "*having dedicated time and working to clear deadlines*" and "*the fast track makes it more of a priority and makes you get things done. When you are busy and your role could be changing you don't want to be doing things on and off for a two year period*". The clear deadlines it was felt helped to keep practitioners motivated and on track. Practitioners also reported that the

It was good to be involved in something clear cut.

- The standard route was really quite woolly.

Clear timescales for getting things done.

- Everyone was working to different timescales on the standard route

The fast track allows you to focus.

- With the two year standard route you would leave everything to the last minute.

deadlines fitted in with a home life balance in that home and work commitments could be planned for and worked around.

Fast track practitioners also reported positively on the lockdown sessions stating that it was beneficial to work with people from the same organisation and in other roles. This brought in an element of peer working that was much appreciated by all. The 1:1 support from the lockdown facilitators was seen as being invaluable not only to ensuring that work was completed on time but also in helping practitioners direct their efforts to producing evidence based commentaries.

All practitioners commented that the programme enabled them to reflect on their practice and help them to validate what they do on a day to day basis. "*As someone who does not have a background in public health it has given me more confidence and helped me to realise that I know more than I thought I did*" and "*the whole course made me more reflective about what we do as public health practitioners and why. I am now doing another course and I have been able to use some of my portfolio evidence on that course*".

The disadvantages of the fast track route

Fast track practitioners were extremely complimentary about the fast track route and struggled to identify any disadvantages. Three practitioners identified the timing of some lockdown sessions as a potential problem. The Surrey and Sussex lockdown sessions ran in November, December and January with practitioners stating that to run over the Christmas holiday period was not ideal. Practitioners stated that this caused difficulty in collating evidence as colleagues were not available to assist and in some cases assessors were on leave "*I met the deadlines but my assessor had leave that I was not informed about*". Practitioners also stated that they were at their busiest in the run up to Christmas and to have the competing pressures of the fast track did result in some unnecessary anxiety and pressure. All practitioners agreed that the summer months would be better.

Four practitioners voiced again their frustrations with the assessment system "*when work was not returned on time it meant I lost momentum*". This led to work piling up towards the end of the programme and again resulted in additional pressure.

Three practitioners stated that the gap between the lockdown sessions was too narrow. "*There was a huge amount of work during the lock down days. If I had completed the course during a busier work period I wouldn't have managed*". With only being one month apart practitioners reported that it was difficult to complete the work required in addition to meeting work commitments. There were suggestions that lockdown sessions should be six to eight weeks apart however practitioners recognised that this would in effect negate the purpose of the fast track route.

There would be some merit in reviewing the timings of lockdown sessions and the scheme co-ordinator would be advised to consult with practitioners and managers as to the most appropriate times of year. This of course will need to be balanced with the availability of assessors.

What would you change?

Leaving aside comments already made fast track practitioners were asked if there were any changes that they would make to the fast track route. One practitioner commented that the programme generated a huge number of words when compared to post graduate degree courses. He felt that there was a lot of repetition in commentaries and questioned whether clearer guidance could be produced to eliminate some of this repetition.

Another practitioner mentioned that at times it was difficult to make contact with "*the people in KCC running the scheme*". There was some frustration that they were slow at responding to queries with the suggestion being that voice and e-mail messages should indicate if they are out of the office. This was reiterated by other groups.

Recommending the fast track route to others

All nine fast track practitioners that participated in the evaluation stated that they would recommend it to a colleague. This however was qualified with the statement that it "*would depend on the person as the fast track is not suitable for everyone and will depend on their learning style*".

Several practitioners stated that they felt registration should be made compulsory for all practitioners. Some stated that the standard route may provide a better option for new practitioners as it would allow more time to assimilate evidence.

Summary Recommendations from Section 4.2

Recommendation 5: Dates for the fast track route should be advertised and published as early as possible in the year to facilitate work planning.

Recommendation 6: The requirement to attend all six lockdown sessions in person should be reviewed. Some practitioners have successfully participated in the sessions on a virtual basis and opening this option to others may increase interest in the scheme.

Recommendation 7: Practitioners appreciate the opportunity to work with peers allowing them to learn and share experiences. Consideration should be given to including set time for this on the lockdown sessions.

Recommendation 8: It is suggested that a case study be developed demonstrating how good communication can be achieved between assessors and practitioners and the advantages of this.

Recommendation 9: Review the most appropriate time of year to hold lockdown sessions. This should be done in consultation with practitioners and their managers and assessors.

Recommendation 10: KCC should review the ways in which practitioners and other groups can contact them with queries. When there is likely to be a delay in responding due to annual leave or other reasons out of office messages should state this and if possible provide an alternative contact.

4.3 Facilitators

Contact details were provided of four facilitators who had provided support to cohorts of practitioners following either the standard route for practitioner registration or the fast track route. All four facilitators were contacted as part of the evaluation to provide an insight into the facilitator role. Not all facilitators were involved in the fast track route from a facilitator perspective although all had some involvement with this registration route, three as an assessor and one as a verifier and were able to share some valuable experience.

The facilitators were asked to either complete a questionnaire or be interviewed as part of the evaluation process. All four facilitators chose to be interviewed and one additionally completed the questionnaire (Appendix E)

The facilitators were all independent contractors providing services and working on behalf of KSSPRS. Not all of the facilitators were currently undertaking this role within the Kent, Surrey and Sussex area but all had experience of this recently as all four facilitators also worked in other areas of the country undertaking this role. It was felt that "*Kent Surrey and Sussex were leaders in the field*".

Facilitator requirements

All four facilitators had extensive careers and experience of facilitating programmes with three of the four completing the registration route themselves. All facilitators had commenced or completed at least one course over the past 12 months. Structured processes were in place to follow with regard to agendas, programme content, completion of registers, and evaluation forms.

Feedback without exception was excellent with regard to the role of the facilitator. Each programme collected written feedback which either met or exceeded the expectations of the practitioners. Comments from practitioners relating to the facilitators included:

"Really enjoyed the two days and things make a lot more sense"

"I have really found these two days beneficial and feel I have made huge progress"

"Thanks so much for the fast track. I know that without it I would have given up!"

"Feeling confident"

"Assistance from the facilitator was invaluable"

"I've made the progress I wanted with support"

"Availability of facilitator to answer questions"

Facilitator process

Preparation for the programmes is all done ahead of the commencement dates, and the days are run in a similar format by all facilitators. Part of the introductory day outlines the different routes available and practitioners are requested at the end of this day to decide whether to follow the fast track route or the standard route.

Commentary and mapping days are then held to support the practitioners in understanding how to map their commentaries to the indicators and to share experiences. Lockdown sessions provide dedicated time for the practitioners to write commentaries with the guidance and support of the facilitators. This format is greatly appreciated by practitioners as described in section 4.1. Facilitators also felt the sessions were well prepared and did not have any suggestions for improvement regarding the content.

4.4 Assessors

KCC provided contact details of 32 assessors who were requested to take part in the evaluation. All assessors were contacted by email and asked to complete a questionnaire and indicate whether they were happy to be interviewed as part of the process. The assessor questionnaire is found at Appendix F. A two week timeframe was originally given for the questionnaires to be completed and returned to the evaluation team. A gentle reminder was sent to encourage greater participation followed by a further chasing email to ask for feedback following the closing date for completion. KCC also encouraged assessors to complete the questionnaires in an attempt to increase feedback.

Out of the 32 assessors that were initially contacted a total of six questionnaires were completed and returned. In addition to the returned questionnaires eight assessors indicated that they were happy to be contacted for a telephone interview, one of which had already provided written feedback in the form of the questionnaire. Five of the eight assessors indicating they were happy for a telephone call were interviewed and additional comments collected. Two of the assessors were also being interviewed as managers and one other when contacted regarding a suitable interview time later declined.

In total feedback was received from 14 (47%) assessors with almost half of them providing comments that allowed themes to be drawn for the evaluation.

Four of the contact details received 'bounce backs' and alternative email addresses could only be found for two of these. Two were therefore effectively removed from the list. One respondent sited "*new job pressures*" as the reason for not wishing to be involved in the evaluation.

A further five assessors who responded to the email correspondence but declined to complete either the questionnaire or take part in an interview, did so stating that *"whilst they were on the assessor list they had not yet assessed a portfolio"* or *"had not involvement or experience of the fast track route so had nothing to offer"*.

The remainder of the assessors provided no response to the evaluation team.

Assessor requirements

All but one of the assessors who participated in the evaluation were fairly new to assessing fast track route-portfolios and had been completing this on average for approximately one year, although their experience of assessing standard route-portfolios was generally much longer. One assessor only assessed portfolios of those practitioners following the standard route due to engagement in other parts of the fast track route. A further assessor was also involved in the standard route only as due to other commitments they were unable to work to the shorter timescales required by the fast track route.

There is a requirement from the UKPHR for assessors to commit to completing at least two portfolios per year. From the assessors who took part in the evaluation it was clear this requirement was not being met. Half had only completed one-portfolio over a twelve month period, some having only completed one a year for a number of years.

It was generally felt that any conflict of interest in the assignment of portfolios for assessment was well managed with any previous close contact between assesse and assessor being assigned to an alternative assessor when a potential conflict was raised.

Guidelines for assessor consistency

When questioned regarding the training undertaken to become an assessor most identified initially that they "*had been through the registration process themselves*"' and then supported this with "*I attended the two day training provided by KCC*". Only one assessor commented on the content or usefulness of the training stating that both the initial and regular training was useful and represented a good opportunity to engage with colleagues. Most assessors were explained that they felt their previous experience had provided them with a good knowledge base to complete this role. One assessor provided no response regarding the training question; another couldn't remember what training they had completed and a further assessor acknowledged that they had not had time to update their training knowledge due to work commitments.

One assessor proffered the comment "*training for assessors is good although it is challenging as there is a large geographical area to cover and most people do this in their own time*".

As part of the maintenance of assessor competencies regular virtual network meetings were available and a number of assessors commented on this, however most of the comments were relating to the fact that they had "*not been able to join in the call*" rather than commenting on how useful this was. During these meetings it was advised that "*sample commentaries are worked on together*". This provides the ability to have a consistency in approach and for calibration to occur.

The facilitators who link with the assessors and worked in different parts of the country felt that "*the training offered in Kent Surrey and Sussex is much better than elsewhere*". They did however also state "*refresher training is provided for one day every year for every assessor. This needs to be more frequent as sometimes there is a long gap between assessments and not everyone can always attend the day*". It would appear from this that whilst processes are in place to allow assessors to maintain and update their assessing skills these are not always incorporated into assessors' diaries due to competing priorities.

A number of practitioners identified variances in the consistency of assessors and this has been discussed under section 4.2 of the report. Some verifiers also raised this as a comment, see section 4.5.

Assessor guidance is provided in the Framework and Guidance document for assessors to follow when assessing a portfolio. This was discussed as part of the interviews in less detail than the process followed by verifiers and appears to be more open to interpretation and was partially reflected in the time taken to complete a portfolio assessment. Obviously this will depend on the quality of the work submitted but may also be influenced by the skills of the assessor, familiarity of the process and the amount of detail gone into.

There is a considerable variation in the time spent on each portfolio per assessor. Some assessors identified the different parts in the process and broke down the amount of time spent on each part of it. The total hours taken to complete the whole-portfolio are shown for simplicity. Assessors also identified that it depended on the number of clarifications required per commentary and all without exception were returned to practitioners for additional work to be completed. It was this back and forward process that appeared to increase the time needed to be spent.

One of the assessors has developed some additional guidance for assessing 'Building your Portfolio for Public Health Practitioner Registration' and is currently in the process of getting this published. It would appear from the comments received and the variances identified that this would be a useful document to add to the documentation supporting this process.

Finding the time to assess

Managing my day to day role and the time it takes to assess is difficult

Gaps between assessments make it difficult to get back into the swing of things

Difficult to prioritise assessor role within the local authority with reducing budgets and time constraints

Too many clarifications

Work and home commitments

Challenges for Assessors

The main challenge identified by assessors was time. Most assessors commented that they "*enjoyed the role*" and that it often complemented their other work. They did however recognise that it impacted on their paid work and home commitments and that this was increasingly becoming a problem within the local authority setting with the changes occurring to funding and general job expectations.

One assessor did however identify that it was sometimes difficult to refocus to remember the assessor role when long gaps between assessments occurs and may account for some of the variations in time spent on assessing by different assessors.

Assessors also acknowledged it was difficult to allocate time to attending the network group meetings as most of their work as an assessor was completed outside of 9 – 5 hours.

3-4 hours
4-6 hours
6 hours

2 days
3 days

5-7 days

The benefits of the fast track route

Whilst the assessor role is identical for the standard route and the fast track route, assessors did on the whole prefer to assess fast track portfolios. "*It is a quicker process and helps you and the practitioner to stay focused*" and "*they are generally better prepared*". From an assessor point of view the benefits of the fast track route are therefore very clear. Comments generally fitted into the following areas of the process and were very positive.

Tight deadlines are known in advance of the work requiring completion therefore both the assessor and practitioner can plan ahead. This is less apparent with the standard route as more flexibility is shown with the timelines and so means things can become significantly delayed. "*By having the dates in advance the assessor can determine if they can support in the time frames required*". One assessor identified that the practitioners on the fast track route were "*more likely to use the e-portfolio and this helped track progress and was easier to read than paper documents*".

Use of the e-portfolio should be encouraged to allow easier monitoring of the registration process and greater transparency. Not all assessors were aware of the access levels to the learning assistant and also commented "*that it was 'down' occasionally over the weekends*" which impacted on their ability to meet some deadlines as this is when most of their time is allocated to complete the role.

The disadvantages of the fast track route

Disadvantages to the fast track route for assessors were minimal, although primarily matched the advantages with 'time' being sited on a few occasions. There was tighter timescales so less opportunity to make adjustments to the deadlines.

One assessor came across a specific disadvantage "*I was assessing a fast track portfolio at the same time as a standard route-portfolio. The fast track material was of a much higher quality, much higher, in fact, than is really required for practitioner level. This made it difficult to be objective for the standard route-portfolio, which was of a significantly lower standard than the fast track portfolio, but actually sufficient (generally speaking) for practitioner level registration*". One other assessor identified similar observations and suggested that some practitioners "*were aiming too high*" and felt they were "*putting additional pressure on themselves when a pass was all that was required*". This in turn was making the assessor role more complex than it needed to be.

Another assessor commented that there is "*insufficient time to consolidate learning between lock down days*" This was discussed as similar clarifications were raised in subsequent commentaries implying that learning was not occurring, however on discussion with the practitioner it was more 'time related', "*they simply hadn't had the comments back before having to write and submit their next piece*".

Suggested changes to the fast track route

Assessors were asked to consider what if any changes would be useful to make to the current process. Whilst most were very happy with the process in place some did suggest useful comments which should be taken into consideration. These included:

- "*advertising the dates for fast track applications to assessors a year in advance to allow for time to be scheduled*"
- "*longer time between clarification feedback and the next lock down days, to ensure consolidation of learning and reduce repeat clarifications*"
- "*assessor training needs to be improved, they need it more often*"

Most of the comments about the fast track programme were very supportive of what was in place and assessors on the whole felt that a choice should be offered as it was difficult to ensure all practitioners were able to work at the same rate which would then impact on the role of the assessor. Assessors recognised that both standard and fast track routes achieved the same outcome but that the fast track route provided more support for those who wished to complete the process quicker. "*It is great for those practitioners working above level 5 and who have evidence available*".

Summary Recommendations from Section 4.4

Recommendation 11: Monitor numbers of portfolios being assessed by each assessor. Limit the numbers of assessors in post to allow at least two portfolios to be assessed over a 12 month period.

Recommendation 12: Identify a minimum requirement for attendance on the network calls and monitor assessor compliance

Recommendation 13: Consider having an agreement with assessor managers to allow protected time for network meetings/calls. Those unable to prioritise this and demonstrate continued engagement should be removed from the list.

Recommendation 14: Publish additional step by step guidance for assessors.

Recommendation 15: Ensure the timescales for turnaround of the commentaries allows for feedback to be offered ahead of additional work needing submission

Recommendation 16: Consider increasing the time between clarification feedback and the next lock down days, to ensure consolidation of learning and reduce repeat clarifications

Recommendation 17: Review the frequency and content of assessor training to ensure that it is continuing to meet all needs.

4.5 Verifiers

Contact details were provided for 18 verifiers. Four questionnaires were completed and returned and a total of four interviews were conducted. The assessor questionnaire is found at Appendix G. One respondent completed both the questionnaire and provided feedback as part of the interview process. Response rates of 7 (39%) in total were lower than originally anticipated.

One email 'bounce back' was received with no alternative address being available, and two verifiers expressed that they *"didn't feel they had enough experience to add any value"*.

Of those verifiers who did provide feedback either by questionnaire or telephone interview it was clear all of them valued the role they undertook in assisting public health practitioners to become registered. This role is undertaken primarily in the verifiers own time and all were committed to providing a service to support the registration process.

The verifiers informed the evaluator that they found it difficult to identify if the-portfolios being reviewed as part of their role were from the fast track route or the standard route to registration. As this point of the process it would appear that the same verifying procedures are undertaken making it difficult to differentiate from standard and fast track candidates. Whilst this is a limitation for the evaluation it provides some assurance that the verifying process is equal and fair to all.

Verifier requirements

All of the verifiers had been completing the role for less than two years with some only recently taking up the role and so had not yet completed a full verifying process from start to finish. One verifier advised *"I have been an assessor for a number of years this was the natural progression as the next stage in this process to become a verifier"*.

All verifiers came to the role with a wealth of previous public health experience. In addition to this experience training was provided when they took up the post and was completed by all, with two verifiers advising that they had also had update training.

Verifier Practice

Verifiers were asked how many portfolios they were reviewing per year and whilst there are no minimum requirements most advised that it was two to three per year with one verifier advising that with new work commitments they *"now only have capacity for one a year"*. Consideration should be made to how skills can be maintained if the process is followed infrequently.

To understand the work involved in the verification process the question was asked regarding length of time taken to verify each portfolio. This varied considerably and ranged from two to twelve hours. One verifier commented that the "*verifier role was primarily a 'back stop position' and provides a 'light touch' to be assured that the process the assessor has followed has been rigorous*". There was a concern that some indicators are duplicated and overlapping which results in practitioners often writing the same thing but in different ways. KCC may wish to review this further and provide feedback to the UKPHR.

For fast track practitioners the verifier reviews the e-portfolio using a checklist and then submits it/or group of portfolios to the panel with a recommendation that they are to be approved. Verifiers who advised that the e-portfolio review was taking the longest length of time commented that *"it depended on the number of clarification/amendments in the-portfolio"*. *"Gaining familiarity with the e-portfolio system"* was also cited as a reason for an increased time taken for verification process. Practitioners on the standard route have a choice to submit their portfolio electronically or via the e-portfolio system. Verifiers stated that paper portfolios took longer to review as it could be difficult to cross-reference the huge amount of evidence.

Some frustration was reported with the e-portfolio system which could on occasion fail. One verifier had experienced delays in getting a response from KCC which then impacted on time available to prepare for the verification panel. Whilst only raised by one verifier this has been reiterated by other staff groups and KCC should review how and queries are responded to. This was raised as a recommendation under section 4.2.

The main challenges identified by the group of verifiers was the *"time and capacity"* it took to complete the work as this was primarily completed out of office hours in their own time. This was always easier to complete when "*the assessor was thorough"* and links back to the earlier comment about this being the 'back stop' position. Some verifiers felt they were on occasion also assessing the portfolio. *"Assessor consistency does vary although this is not always a bad thing"* as it allows for some variation in style. *"Some assessors are a little more detailed than others and can need to be reminded that they are in an assessing role and not one of a mentor. This is drummed into them during training and frequently reinforced so should not be occurring".* Some verifiers did feel that more consistency would help with their role.

It was felt that the verifier role of reviewing the portfolio was a lot less time consuming and demanding than the assessor role which goes into the detail of what is required however "*both were very lonely roles*". Support was generally provided by the KCC coordinator and was very much appreciated.

Verifiers were complimentary about the role of the moderator on the verification panel stating that they "*make sure the benchmark is set at the right level*".

The benefits of the fast track route

As previously identified when the portfolio reaches the verification stage it is inconsequential as to the route that has been taken for the practitioner to reach this stage. Verifiers did however echo the feelings of other staff involved in the registration route that on the whole "*the shorter time frames allowed the individuals to remain focused*". They also felt "*there was more support offered*" although this was not clarified regarding how this support would be provided.

It was also easier to arrange a verification panel for more practitioner portfolios than the standard route where delays in this part of the process were inevitable.

The disadvantages of the fast track route

As discussed previously the impact of the verifier on the route taken by the practitioner is unimportant. Verifiers did however support findings by other staff groups to identify that the main disadvantage was one of competing priorities for time but for the verifiers this was applicable across both routes.

Summary Recommendations from Section 4.5

Recommendation 18: Identify a process to be assured that verifiers are able to maintain competence in the process.

Recommendation 19: Provide alternative opportunities for communication between assessors and verifier groups to provide support

4.6 Managers

Evaluation participants

Managers of standard and fast track route practitioners were asked to participate in the evaluation; initially by completing a questionnaire. Contact details for nine managers of fast track practitioners were shared with the evaluators. All nine were contacted via e-mail and asked to complete the questionnaire included in Appendix H. One of the managers reported that she had been on maternity leave whilst her staff member participated in the fast track route and therefore felt that she would not be able to answer the questions. Five (63%) of the remaining eight managers completed the questionnaire. The other three had repeat requests for information from the evaluators and KCC but failed to provide a response. The five managers who returned the questionnaire provided very detailed responses to the questions and it was therefore felt that follow up interviews were not necessary.

Contact details for eight managers of standard route practitioners were provided. Two of these had left their respective organisations and one was the scheme co-ordinator; due to her close involvement in the evaluation it was decided to omit her from the feedback exercise. The remaining five were contacted via e-mail and asked to complete the questionnaire included in Appendix H. Despite repeated requests for information only two (40%) managers responded.

A summary of the managers' comments and feedback is provided below. Where managers of standard route practitioners have provided feedback that is relevant to the evaluation this is included.

Choosing a route to registration

All six managers reported that they were involved in helping their staff member make a decision on whether to opt for the standard or fast track route to registration. In all cases this involvement was primarily of a supportive nature with all managers supporting their staff member's choice of route.

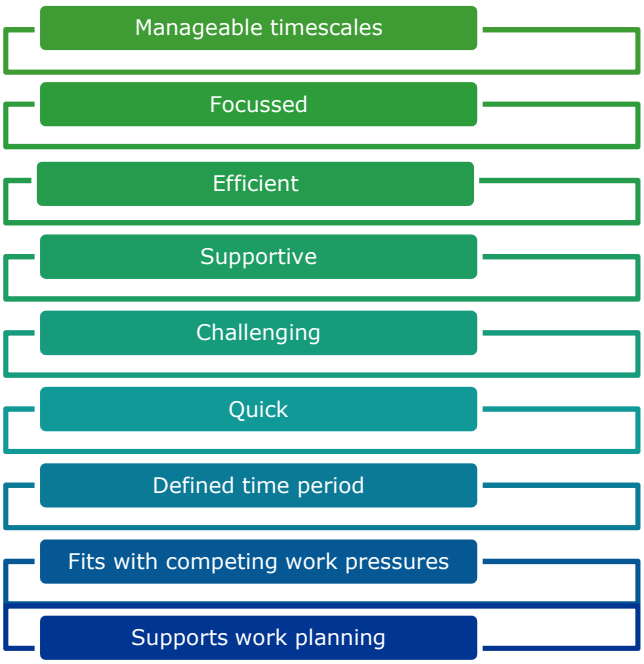
When asked what information they had received to help to inform the decision making process all stated that this had come directly from their staff members. *"…….supplied information on what the requirements of the fast track route were, the time commitments and what was needed from line manager. This was discussed in supervision sessions and agreed as part of PDP process*" and "*the commitment and dates were clear from the outset which for planning work is much easier to manage*".

When asked whether they received enough information about the routes three managers confirmed that they had "*I feel as a manager I received enough information; it appeared the staff member did also. We were also able to plan work in advance with the pre-committed dates given*". The remaining three felt that not enough information had been shared in advance of the decision making process and that it would have been helpful to have received this directly from KCC. "*I don't think enough information was provided. Hopefully things have improved now that the fast track round has been completed a couple of times now. Perhaps a brief information paper regarding the benefits of each approach may be*

helpful for managers who are considering supporting staff in achieving registration?" This was a suggestion echoed by others with managers having a shared feeling that it is essential to know how much time will be involved and how many days staff will need to be released for. Managers felt this was crucial for planning especially for those with small teams.

Managers were asked to explain their reasons for supporting their staff member's choice of route. For those with staff on the fast track route three managers reported that their staff had previously been enrolled on the standard route. Frustrations with a perceived lack of structure on the standard route and the longer timescales for completion led to staff wanting to change to the fast track. "*We discussed my member of staff's frustrations with the standard route and agreed that the fast track route was likely to suit better*".

For others the decision was based on the staff member's learning style "*the Fast Track route was chosen because it was felt that the format suited my member of staff's way of working better - the structure, deadlines and being able to protect time to complete commentaries during the lock-down days*". This was true also of the standard route "*(he) had initially been interested in the fast track route but decided against it. He was concerned about the fast track route due to the number of meetings that were required. He would have had a two hour journey to each one and felt that was time that could be better spent on writing his commentaries. He also felt that he would be better writing his commentaries on his own than during the lockdown sessions*".



It wasn't however solely individual needs that influenced decision making but also the needs of the business. Managers reported that with the nature and pace of change within their organisations knowing staff would be registered within a shorter period of time was hugely beneficial. "*The timing of the fast track partly fell in a quieter period of work for us so the combination of this and her preference for rapid completion meant that the fat track was the best option*".

The benefits of the fast track route

The managers that provided feedback on the fast track route highlighted a number of benefits. The words most frequently used to describe the benefits are listed below. Most managers felt that the shorter but more intense programme suited their staff's individual learning styles. There was also a shared belief that the shorter timescales complemented business requirements.

"*The staff member and I discussed which option might work best for her both as an individual and in terms of our work. The nature and pace of change within our organization means that a shorter more intense option is generally more viable for business planning and ensuring the right support is available for staff to be successful in the process, however this was not the presiding factor for selecting it, it just so happened this was also the preferred method for the staff member*".

Managers felt that the fast track was more manageable as having a clear and defined time period meant that workloads and competing priorities could be more effectively managed. Planning for the fast track was felt to be more viable in terms of anticipating both changes within the organisation and planning work. Managers know exactly what is expected of their staff, when the deadlines are and when they will be attending lock-down days. "*Having the dates up front made it easy to manage, the nature of our work means we have an element of flexibility if we know in advance what is required. In fact the fast track approach made it much easier to plan as we are planning over a shorter period of time*".

Managers felt that staff participating in the fast track route would use less work time to complete their registration. "*Here study days are granted on a 'per month' basis, so people will need to use their own time to meet deadlines beyond the study leave allocation which helps contain the pressure on work time*". Managers reported that financial situations within their organisations meant that roles and people were constantly changing. The fast track it was felt allowed managers to provide more support as opposed to the more protracted standard route. Overall managers stated that the fast track route made practitioners hone their practice and competencies and apply themselves better. In times of change and restructuring it was widely recognised that registered practitioners would be able to evidence a high degree of competency. "*We have a lot of people with degrees but those that have been through this process will be able to demonstrate real competence. It is really important for us to demonstrate what public health practice is and how rigorous it is. There has been so much attention on us as a profession and so much negative publicity that this can only help*".

In commenting on the fast track route managers based their feedback on their knowledge and experience of the standard route. Some had been through the standard route themselves whilst other had or were supporting staff members through the standard route. "*The fast track route may work for some but not others. It really depends on how people work. The benefits will be there if it fits your learning style and you are happy to work within a tight framework. At the end of the day one size doesn't fit all and I think it is important to have a choice of routes*". This comment was however qualified with most managers stating that competency achieved via either the fast track or standard route was equally valid.

The disadvantages of the fast track route

Managers were asked to describe any disadvantages that they perceived with the fast track route. All six reported that given that the scheme is still in its infancy there were as yet no known disadvantages but that the intensive nature of the programme might add "*additional short term pressure*" to individuals. This in turn could have a knock on effect on work and might negatively impact on individuals' ability to meet work commitments and deadlines.

One manager commented that to some extent both routes "*sound over-complicated*" qualifying this with the belief that "*insufficient information is shared with practitioners in advance*". Simplifying the process, providing clearer information and sharing key messages in advance may help practitioners decide on the best route and the overall benefits of participating.

Recommending the fast track route to others

All managers that were interviewed said that from a management perspective they would prefer for staff to undertake the fast track route. There was however a shared understanding that the fast track route would not suit all staff and that a decision to participate would depend upon the individual's learning style. All managers stated that if an individual

was highly organised, self-motivated and able to work to tight deadlines then the fast track would be perfect for them. "*The staff member works well under pressure and needs to keep a focus so the more intense but shorter approach suited her preferred learning style and approach*." Managers felt that it would be helpful to publish information on the different routes and the learning styles that they were most appropriate for. This might prevent some staff starting off on the wrong route.

One manager commented that during the process it became clear that although practitioners are expected to adhere to and meet time requirements and deadlines the same level of rigor is not applied to assessors. "*Before supporting others through the programme I would be clear with them that this has been the experience of this current applicant and the level of stress and concern it caused, to ensure they are fully informed*". Other managers expressed some concern about delays with assessments and this is something that should be investigated further by the scheme co-ordinator. This is discussed further under section 4.2.

Summary Recommendations from Section 4.6

Recommendation 20: Prepare a briefing pack for managers describing the standard and fast track routes and likely time commitments for staff. Outlining the individual and organisational benefits of both routes would assist with decision making.

Recommendation 21: Provide information on which learning styles the fast track and standard routes are most suited to.

5. Answering the evaluation questions

Can the effectiveness of the fast track route to practitioner registration be measured through the success rate and effective use of the practitioners' time?

Success can be measured in a number of ways. Registration numbers and attrition rates will give one perspective of success however practitioner opinions on the fast track route will also provide another view point of how successful the pilot programme has been.

The majority of fast track practitioners valued the shorter timeframes associated with this route and it was cited as one of the reasons for choosing this option for registration. Practitioners felt keeping momentum over a longer period of time was difficult to manage and most practitioners felt greater enthusiasm for the fast track route with a shorter and more intense period of study and concentration. The organisation of the fast track route enabled practitioners to commit to dates that were set well in advance and therefore allowed them to manage work and life commitments accordingly. This shortened timeframe helped practitioners to focus effectively to produce a portfolio of evidence that mapped to their work using the necessary indicators, within the necessary time constraints for applicability.

Commitment to completing practitioner registration is voluntary and requires focus, energy and determination to ensure time is managed effectively and efficiently during this process. Practitioners opting for the fast track route are generally experienced public health practitioners who have a wealth of knowledge to draw on when completing their portfolios. The fast track route enables them to collect the relevant information and evidence together in a logical way to demonstrate their ability to practice at this level. Formal registration acknowledges this performance level and allows them to consolidate their experience over a shorter time frame, with support and guidance.

This faster more condensed route to registration therefore allows practitioners to be able to use their time more effectively.

Managers of fast track practitioners reported favourably on this route stating that it allowed them to plan work more effectively as they knew the exact timeframes involved. This was in contrast with the standard route where time was more of an unknown quantity. Time was the major benefit cited by managers and despite the considerable organisational benefits associated with this managers were very clear that they would support staff choosing either route. What was most important to them was that the chosen route matched well with the individual's learning style to ensure that there would be a successful outcome.

Who has participated in the fast track route to registration and what were their motives, commitment and experiences of this route?

11 public health practitioners have participated in the fast track route to public health registration and 90% of them contributed to the findings of this evaluation. This group of staff identified issues with the standard route for registration and chose the fast track as this suited their needs and learning style much better. In contrast to the standard route the fast track route offered practitioners:

- Structure;
- Clear deadlines;

- Focused approach with 1:1 support;
- Dedicated time to complete work;
- Shorter timeframe for completion.

Their experience of the fast track route was a very positive one with minimal suggestions for improvement. Practitioners felt supported during the process and appreciated the tight structure of the planned programme. Having pre-set dates to work to, allowed better time management for practitioners and a more acceptable work life balance overall. The shorter timeframe to complete the collection, mapping and writing of commentaries to demonstrate competence suited the staff group that chose this route. The main aim of the fast track route for practitioners appeared to be to maximise their learning and to complete the journey within a short timeframe that had least impact on their day to day life activities both at work and at home. This staff group appeared to be better at focusing for short intervals with a clear goal and direction in mind. Commitment for this short period of time was strong and assessors and verifiers commented that the standard of work completed was high for this group of practitioners.

Practitioners appreciated the recognition this achievement afforded them and felt it would be useful in future in making them more employable in the public health arena.

Some of the standard route practitioners that were interviewed stated that they would have liked to participate in the fast track but were unable to do so as they could not commit to all lockdown sessions. On interviewing the fast track practitioners it appeared that there was some flexibility over this with some being able to participate in the sessions virtually. These practitioners reported favourably on this and did not feel disadvantaged in anyway; if anything they found it easier to write their commentaries away from the discussions that took place during the lockdown sessions. KCC may therefore want to review its stance on mandatory attendance at all lockdown sessions as it is apparent that practitioners can achieve the same overall outcome without full attendance at lockdown sessions.

How effective has the fast track route been for those involved in supporting and delivering the scheme?

Feedback is overwhelmingly supportive of the fast track route by all of those involved in the process from the facilitator, to the assessor and verifier and most importantly to the practitioners. The fast track route will not suit all individuals however for those that are prepared to commit time and energy over a short timescale to deliver a portfolio of evidence to support their public health experience it would appear to be a sensible route to choose.

Support by KCC for the administration arrangements of the programme was appreciated by the facilitators and is recommended to continue. Some of the venues were however not that popular with practitioners due to poor heating controls and perhaps should be investigated before booking again in the colder months. Some practitioners' reported that this had affected their concentration levels on the lockdown days. Venues with parking facilities and easy access to public transport were however appreciated as parking and access is a concern for many if travelling to an unfamiliar area.

Timing of programmes should be considered and earlier publication of dates would assist assessors in being able to commit to completing their role and manage their other commitments.

Facilitation of the programme is a key aspect in preparing the practitioners for the work required to gain registration and for managing their expectations. Their role is instrumental in the success rate of those following the fast track route and appears to have a direct influence on their perceptions of support and encouragement received during this journey. Feedback regarding the role of the facilitator was extremely positive and practitioners felt well informed and supported during the formal sessions as well as out of hours. Many commented that "*they couldn't have done it without them*". This shows a huge amount of trust and respect for the facilitators in guiding them down the right path.

Sharing of information initially on the fast track route and communication with practitioners was reported to be good in the first instance. However some of the practitioners and the assessors would have appreciated greater support from KCC with regard to answering queries within a shorter response time when undertaking the fast track route. Changes to personnel in post and gaps in employment may have impacted on efficiencies in this area.

Verifier involvement and use of the verifier panel appears to be managed more efficient process for practitioner portfolios on the fast track route. Whilst the role of the verifier is identical irrespective of registration route taken, the logistics of convening a panel for review is more efficient for those on the fast track route. Establishing dates in advance and committing to completion in these timescales creates a more structured process for arranging the final verification panel decisions. Having a number of portfolios reaching the conclusion phase at the same time also allows more effective use of time.

What strengths, weaknesses and best practice have been identified in relation to the delivery of the fast track route?

All programmes have some positives and some challenges. It appears however that the positives in the case of the fast track route far outweigh the areas of challenge, although as with any process sometimes the strengths can also be the weaknesses if taken to the extreme.

'Time' was identified as the greatest benefit to the practitioners as it allowed them to complete the registration process in a concentrated period of time where work and life commitments could be managed. 'Time' was also identified as a weakness in the process for some of the assessors in completing their role as this almost exclusively needed to be completed outside of their normal working day and on top of a full time job.

Another strength identified for the fast track route was the role of the facilitator. Their input was greatly appreciated by the practitioners and appeared to be an influencing factor of them committing to and completing the programme. The support offered by this small group of professionals both within the structured timetable and outside of this was something that enabled the practitioners to focus and concentrate their energies in the right direction. Clear guidance was provided to support them during the mapping and commentary workshops to allow them to select and reference the correct pieces of work. Lockdown sessions then provided the practitioners with 1:1 sessions with the facilitators that were highly rated and appreciated. Their knowledge and openness to share this was one of the things that was commented on frequently during the interviews with the practitioners.

Use of the e-portfolio was also identified as a strength as this allowed a transparency to be available regarding the progression of the portfolio through the system. This system however also had some weaknesses attached as the

system was not as robust as it could be and was reported to be 'down' for maintenance and repair when it was most needed over the weekend when assessors and practitioners were most likely to access it. Further consideration should be made to addressing this weakness to allow greater use of the technology to track work progress.

One of the weaker areas of the process appeared to be around the consistency of the assessors' role. Practitioners and verifiers raised this as an area for improvement. There are a number of assessors in post who agree and commit to completing a minimum of two portfolio assessments in a 12 month timeframe. From the feedback this does not appear to be occurring. In addition to this it was unclear how many assessors were joining in the network groups to update their knowledge and be part of a calibration process. Arrangements around assessor activities needs to be tightened up to be assured that processes are being followed and consistency in scoring are being achieved. Further guidance for assessors to follow is advised so high standards of practitioner work can be encouraged and maintained.

Has the fast track route resulted in improved decision making and investment?

It is difficult to state with any certainty that the fast track route has resulted in improved decision making. This ultimately depends on whose decision making might be improved as a result of the fast track. All stakeholders interviewed, reported that it is the process of becoming registered that is improving practitioners' knowledge and competence. It could be assumed that this would have a positive impact on decision making at work but there is no tangible evidence to support this. Practitioners certainly reported that the process had made them more reflective of their own practice and that for many they had improved confidence levels as a result of completing the registration process. This is worth of further study but would need to be looked at in the context of both the fast track and standard routes to registration.

In relation to investment, both managers and staff have responded favourably to the fast track stating that it enables effective work planning. The fact that it is condensed into a shorter time period with clear defined dates has allowed managers to plan for staff absences thus ensuring continuity in service. Whilst this has resulted in managers favouring the fast track route over the standard route there is recognition that it will not suit all learning styles and that the standard route is a much needed alternative.

Stakeholder feedback on the fast track route has been extremely positive and this in itself may aid decision making by KCC to continue with this route and for UKPHR to consider expanding this route in other regions.

Can the fast track route demonstrate value for money and worth?

Part of the fast track route process is funded by KCC, however a considerable amount of time and effort is invested by assessors and verifiers on a voluntary basis to support the development and progression of colleagues. In this regard the fast track route would appear to be very cost effective as not all parts of the process need to be taken into consideration from a financial view point. Should arrangements change for assessors and verifiers and payment be needed for their time and expertise this may well need to be reviewed.

Value for money in terms of worth is however very different and this can be measured by the number of practitioners following the pathway and becoming successfully registered. Recognition of a skill or expertise is at the heart of this

registration process and so for the individuals and their managers this is something that can be readily acknowledged. Managers' support of the fast track route was high as they clearly valued the skills of their employees and found the recognition part of this a vital step in acknowledging the practitioners position.

From an individual perspective the value of completing the registration process was measurable in terms of personal achievement but also in terms of current and prospective work opportunities.

It would appear from all viewpoints that the fast track route is demonstrating value.

6. Conclusions and recommendations

The stakeholders interviewed for this evaluation have provided consistent positive feedback on the fast track route to practitioner registration. There is strong support for the route with it being viewed as a good alternative to the standard route for those practitioners that have a learning style that is conducive to tight deadlines.

This evaluation has produced evidence to suggest that the fast track route is meeting practitioners' needs. Job advertisements are increasingly requiring practitioners to hold registration and employers are now including this requirement within practitioners' personal development plans. There is therefore clear motivation for practitioners to achieve registration status quickly and efficiently.

The fast track route pilot has been well managed and this evaluation has evidenced that practitioners have been well informed about this route and have valued the tight deadlines and 1:1 support offered via the fast track route. Practitioners expressed some frustration about the assessment process and there is a need to improve communication between practitioners and assessors, particularly when delays are anticipated. Managers of practitioners have provided positive feedback although there is some feedback to suggest that they would welcome more upfront information about the fast track route and the time requirements.

Those involved in supporting the fast track route (facilitators, assessors and verifiers) have also provided positive feedback stating that they too find the tight deadlines easier to work to. Time was however voiced as a continual limitation for those in the voluntary assessor and verifier roles. It is often difficult for them to review more than one or two portfolios per year and this may be impacting on knowledge of and familiarity with processes.

It is clear from the evidence, and from stakeholder feedback, that the fast track route has been made possible through the specific focus and investment of KCC. The time spent on developing the route and associated resources such as the e-portfolio systems has been positively recognised by stakeholders. Without this, it seems unlikely that the fast track route would have succeeded.

There is some stakeholder feedback to suggest that improvements can be made to the fast track route to further strengthen and streamline processes. These have been captured as recommendations throughout the report and for convenience are summarised below. It is hoped that KCC will review these and put in place an action plan for those recommendations that they wish to address. A template action plan is included in Appendix I.

Table of Recommendations	
Recommendation 1	Publish lockdown session agendas on the website.
Recommendation 2	The scheme co-ordinator should ensure that facilitators are maintaining registration sheets in accordance with the terms of the service specification.
Recommendation 3	The scheme co-ordinator in conjunction with the facilitators may wish to consider the introduction of a more specific question set to evaluate the lockdown sessions.
Recommendation 4	The scheme co-ordinator should ensure that reporting mechanisms are developed for all fast track KPIs and that performance is regularly monitored.
Recommendation 5	Dates for the fast track route should be advertised and published as early as possible in the year to facilitate work planning.

Recommendation 5	The requirement to attend all six lockdown sessions in person should be reviewed. Some practitioners have successfully participated in the sessions on a virtual basis and opening this option to others may increase interest in the scheme.
Recommendation 7	Practitioners appreciate the opportunity to work with peers allowing them to learn and share experiences. Consideration should be given to including set time for this on the lockdown sessions.
Recommendation 8	It is suggested that a case study be developed demonstrating how good communication can be achieved between assessors and practitioners and the advantages of this.
Recommendation 9	Review the most appropriate time of year to hold lockdown sessions. This should be done in consultation with practitioners and their managers and assessors.
Recommendation 10	KCC should review the ways in which practitioners and other groups can contact them with queries. When there is likely to be a delay in responding due to annual leave or other reasons out of office messages should state this and if possible provide an alternative contact.
Recommendation 11	Monitor numbers of portfolios being assessed by each assessor. Limit the numbers of assessors in post to allow at least two portfolios to be assessed over a 12 month period.
Recommendation 12	Identify a minimum requirement for attendance on the network calls and monitor assessor compliance
Recommendation 13	Consider having an agreement with assessor managers to allow protected time for network meetings/calls. Those unable to prioritise this and demonstrate continued engagement should be removed from the list.
Recommendation 14	Publish additional step by step guidance for assessors.
Recommendation 15	Ensure the timescales for turnaround of the commentaries allows for feedback to be offered ahead of additional work needing submission
Recommendation 16	Consider increasing the time between clarification feedback and the next lock down days, to ensure consolidation of learning and reduce repeat clarifications
Recommendation 17	Review the frequency and content of assessor training to ensure that it is continuing to meet all needs.
Recommendation 18	Identify a process to be assured that verifiers are able to maintain competence in the process.
Recommendation 19	Provide alternative opportunities for communication between assessors and verifier groups to provide support
Recommendation 20	Prepare a briefing pack for managers describing the standard and fast track routes and likely time commitments for staff. Outlining the individual and organisational benefits of both routes would assist with decision making.
Recommendation 21	Provide information on which learning styles the fast track and standard routes are most suited to.
Recommendation 22	KCC should liaise with C&G regarding when the e-portfolio is updated. Ideally any routine maintenance on the e-portfolio is not carried out during fast track programmes and that all users are notified in advance.

7. References

Public Health Practitioner Standards for Registration; undated; UKPHR website

Framework and Guidance for Applicants Assessors Verifiers, December 2013; UKPHR

UK Public Health Skills and Knowledge Framework, March 2013; Health Education England website

Kent, Surrey and Sussex Public Health Practitioner Registration Support Scheme; ANNUAL REPORT 2014/15

KSS Public Health Practitioner Registration Support Scheme Service Specification: FAST TRACK PILOT 2015/16; Undated

KSS Practitioner Registration Support Scheme Fast Track Elements Model Output; April 2015

KSS Practitioner Registration Support Scheme 2014/16 Memorandum of Understanding

Public health practitioner registration - Policy briefing, August 2015, UKPHR

8. Appendices

.Appendix A – UKPHR Standards

Appendix B – KSSPRS Standard Route Flowchart

Appendix C – KSSPRS Fast Track Route Flowchart

Appendix D – Practitioner Interview Questions

Appendix E – Facilitator Questionnaire

Appendix F – Assessor Questionnaire

Appendix G – Verifier Questionnaire

Appendix H – Manager Interview Questions

Appendix I – Template Action Plan

Appendix A – UKPHR Standards

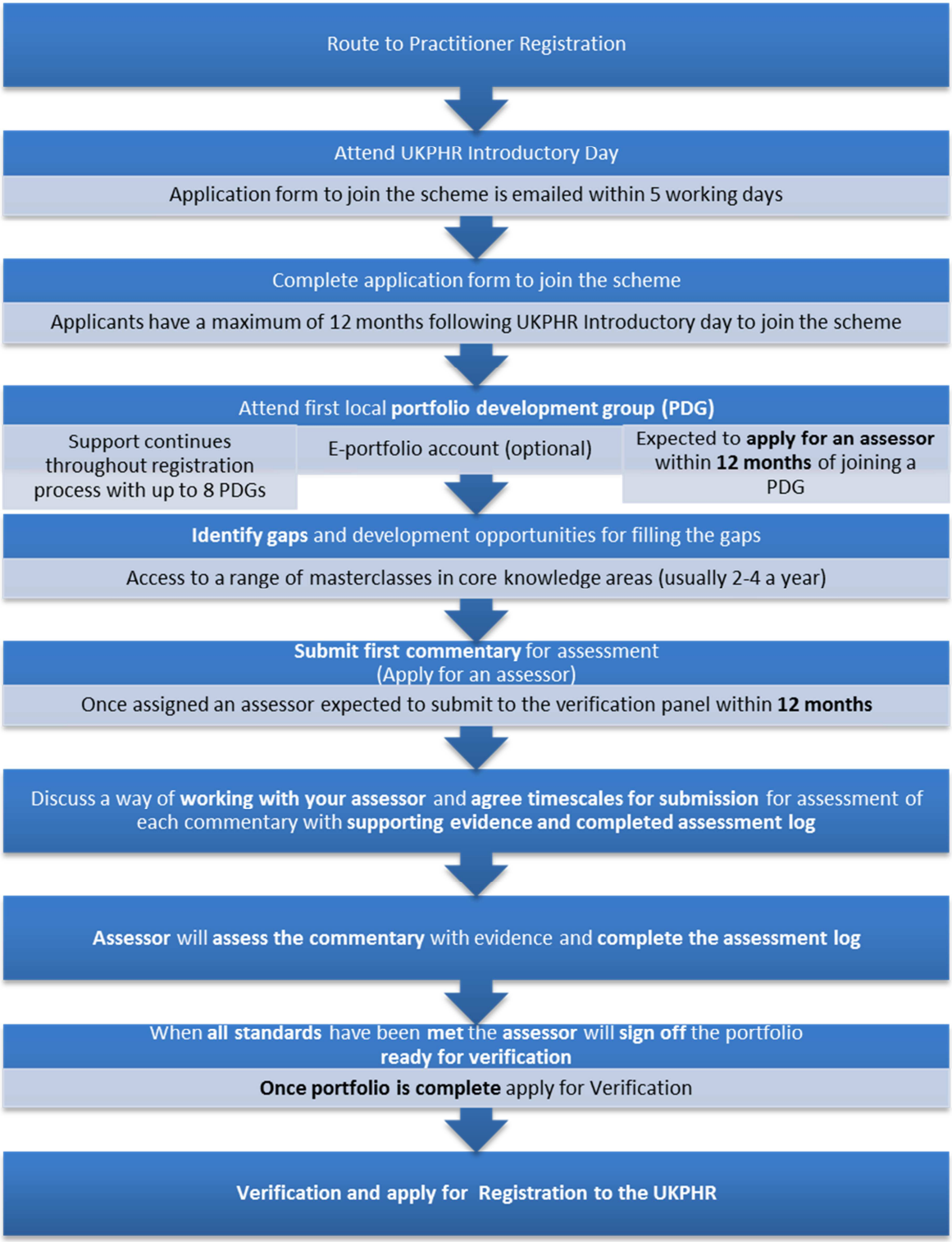
AREA 1	STANDARD	INDICATOR
Professional and Ethical Practice	1. Recognise and address ethical dilemmas and issues – demonstrating	a) knowledge of existing and emerging legal and ethical issues in own area of practice
		b) the proactive addressing of issues in an appropriate way
	2. Recognise and act within the limits of own competence seeking advice when needed (links with 4a)	
	3. Act in ways that: (links with standard 9 and ethical frameworks)	a) acknowledge and recognise people's expressed beliefs and preferences
		b) promote the ability of others to make informed decisions
		c) promote equality and value diversity
		d) value people as individuals
		e) acknowledge the importance of data confidentiality and disclosure, and the use of data sharing protocols
		f) are consistent with legislation, policies, governance frameworks and systems.
	4. Continually develop and improve own and others' practice in public health by:	a) reflecting on own behaviour and practice and identifying where improvements should be made
		b) recognising the need for, and making use of, opportunities for personal and others' development
		c) awareness of different approaches and preferences to learning
		d) the application of evidence in improving own area of work
		e) objectively and constructively contributing to reviewing the effectiveness of own area of work.

AREA 2	STANDARD	INDICATOR
Technical competence in Public Health	5. Promote the value of health and wellbeing and the reduction of health inequalities - demonstrating:	a) how individual and population health and wellbeing differ and the possible tensions between promoting the health and wellbeing of individuals and the health and wellbeing of groups
		b) knowledge of the determinants of health and their affect on populations, communities, groups and individuals
		c) knowledge of the main terms and concepts used in promoting health and wellbeing
		d) knowledge of the nature of health inequalities and how they might be monitored
		e) awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing
	6. Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group - demonstrating:	a) knowledge of the importance of accurate and reliable data / information and the anomalies that might occur
		b) knowledge of the main terms and concepts used in epidemiology and the routinely used methods for analysing quantitative and qualitative data
		c) ability to make valid interpretations of the data and/or information and communicate these clearly to a variety of audiences
	7. Assess the evidence of effective interventions and services to improve health and wellbeing – demonstrating:	a) knowledge of the different types, sources and levels of evidence in own area of practice and how to access and use them
		b) the appraisal of published evidence and the identification of implications for own area of work
	8. Identify risks to health and wellbeing, providing advice on how to prevent, ameliorate or control them - demonstrating:	a) knowledge of the risks to health and wellbeing relevant to own area of work and of the varying scale of risk
		b) knowledge of the different approaches to preventing risks and how to communicate risk to different audiences.

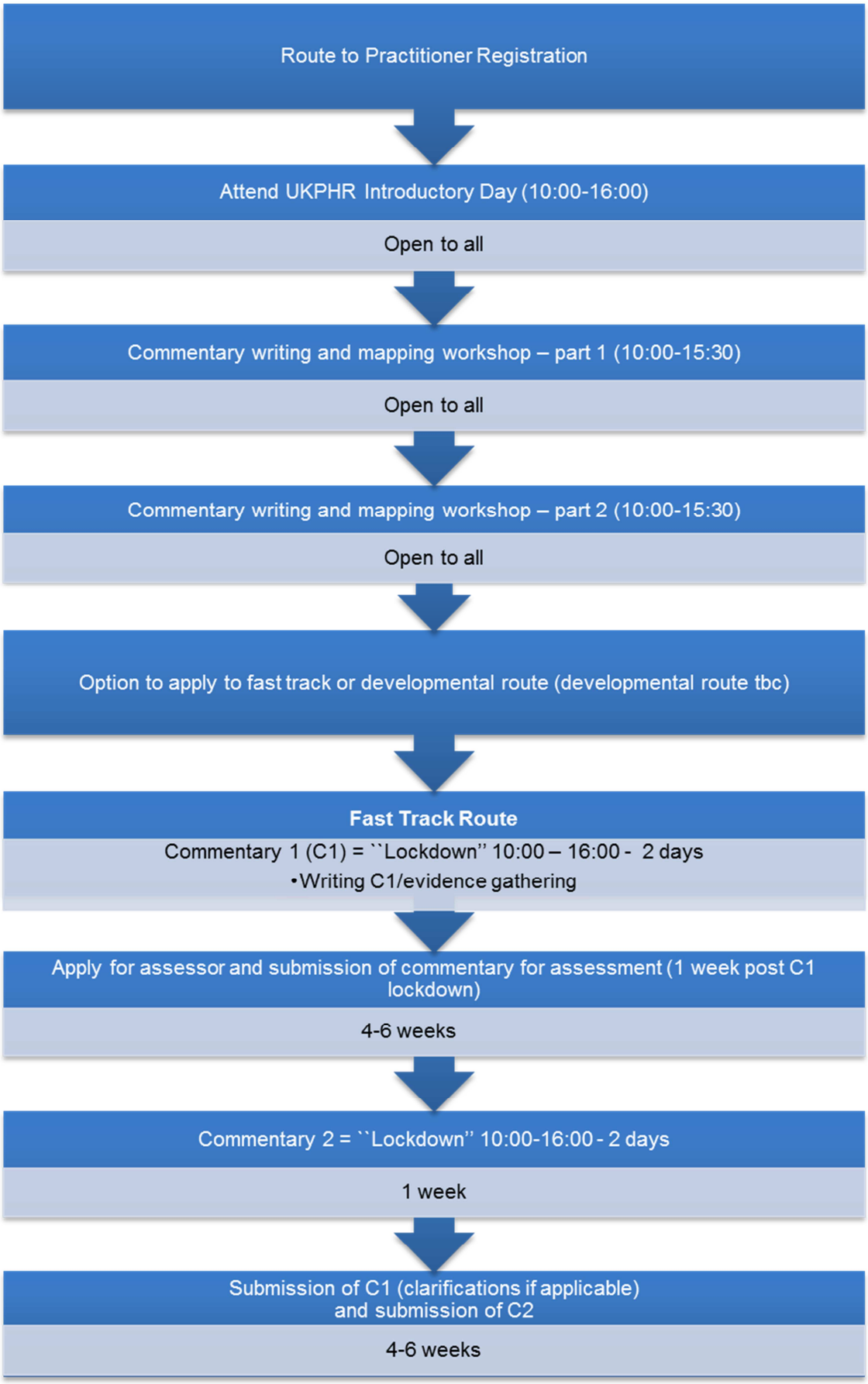
AREA 3	STANDARD	INDICATOR
Application of technical competence to public health work	9. Work collaboratively to plan and / or deliver programmes to improve health and wellbeing outcomes for populations / communities / groups / families / individuals – demonstrating:	a) how the programme has been influenced by: I. the health and wellbeing of a population II. the determinants of health and wellbeing III. inequalities in health and wellbeing IV. the availability of resources V. the use of an ethical framework in decision making/ priority setting.
		b) how evidence has been applied in the programme and influenced own work
		c) the priorities within, and the target population for, the programme
		d) how the public / populations / communities / groups / families / individuals have been supported to make informed decisions about improving their health and wellbeing
		e) awareness of the effect the media has on public perception
		f) how the health concerns and interests of individuals groups and communities have been communicated
		g) how quality and risk management principles and policies are applied.
		h) how the prevention, amelioration or control of risks has been communicated

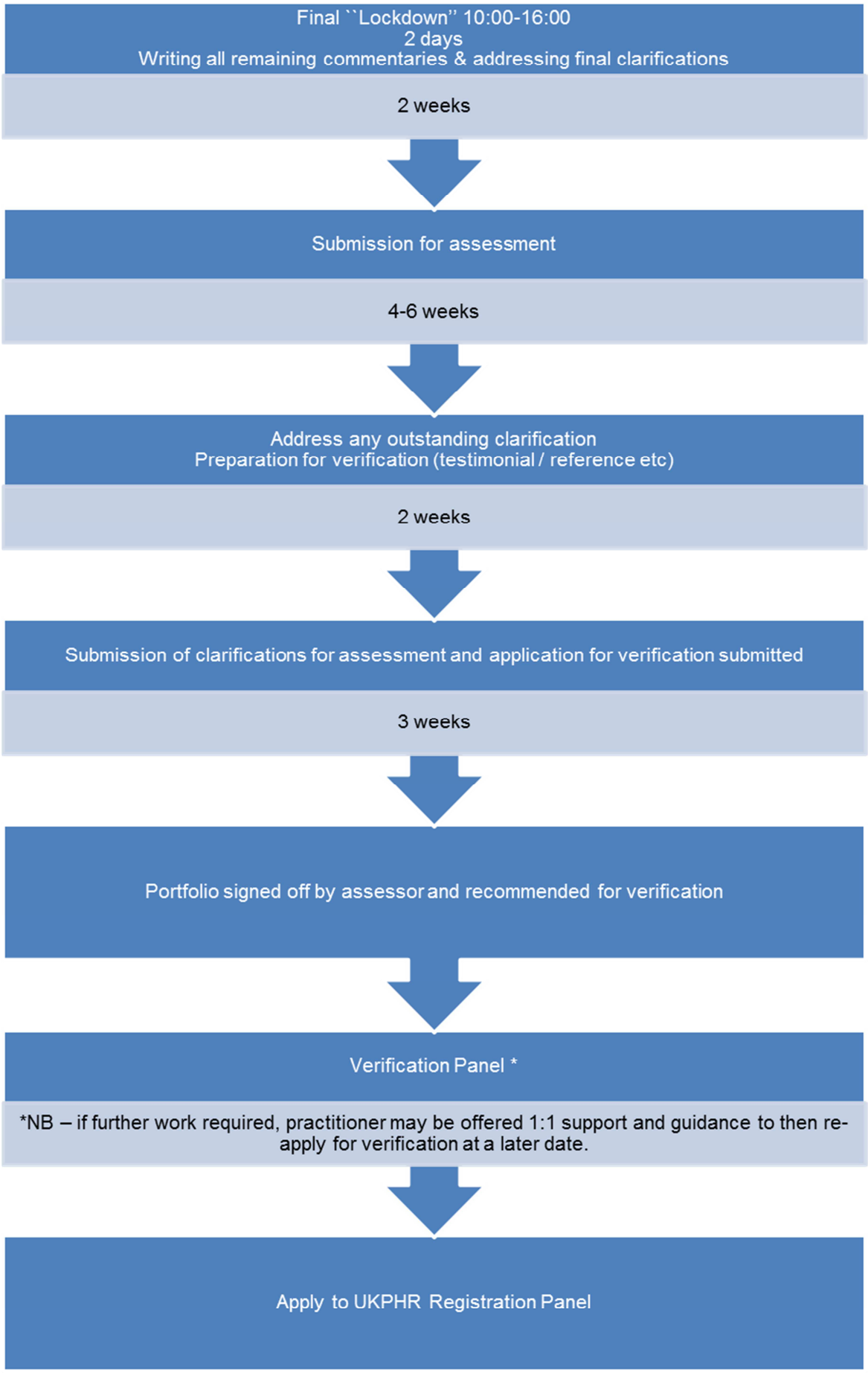
AREA 4	STANDARDS	INDICATOR
Underpin-ning skills and knowledge	10. Support the implementation of policies and strategies to improve health and wellbeing outcomes – demonstrating:	a) knowledge of the main public health policies and strategies relevant to own area of work and the organisations that are responsible for them
		b) how different policies, strategies or priorities affect own specific work and how to influence their development or implementation in own area of work
		c) critical reflection and constructive suggestions for how policies, strategies or priorities could be improved in terms of improving health and wellbeing and reducing health inequalities in own area of work
		d) the ability to prioritise and manage projects and/or services in own area of work
	11. Work collaboratively with people from teams and agencies other than one's own to improve health and wellbeing outcomes – demonstrating:	a) awareness of personal impact on others
		b) constructive relationships with a range of people who contribute to population health and wellbeing
		c) awareness of: I. principles of effective partnership working II. the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes III. the different forms that teams might take
	12. Communicate effectively with a range of different people using different methods	

Appendix B – KSSPRS Standard Route Flowchart



Appendix C – KSSPRS Fast Track Route Flowchart




Final ``Lockdown'' 10:00-16:00
2 days
Writing all remaining commentaries & addressing final clarifications
2 weeks
Submission for assessment
4-6 weeks
Address any outstanding clarification
Preparation for verification (testimonial / reference etc)
2 weeks
Submission of clarifications for assessment and application for verification submitted
3 weeks
Portfolio signed off by assessor and recommended for verification
Verification Panel *
*NB – if further work required, practitioner may be offered 1:1 support and guidance to then re-apply for verification at a later date.
Apply to UKPHR Registration Panel

Appendix D – Practitioner Interview Questions

Questions for fast track practitioners	
1.	How easy was it for you to book onto the Fast Track programme?
2.	Why did you decide to go down the Fast Track route for registration?
3.	What information did you receive to help make that decision?
4.	How long did the process take for you to become registered?
5.	How easy was it for you to negotiate time off work to complete it?
6.	Did you attend all six sessions?
7.	If no, how easy was it for you to cover the topics missed?
8.	What was the most useful thing you learnt during the workshops?
9.	How many 1:1 sessions did you have?
10.	How useful were the 1:1 sessions? Please tell us what you thought.
11.	How long did it take for your portfolio to be assessed?
12.	What communication did you have with the portfolio assessor during this time?
13.	Did your portfolio go straight to verification or was additional work required?
14.	If additional work was required were you given sufficient time to complete this?
15.	Do you feel you were fully informed of where your portfolio was during the assessment and verification stages?
16.	What do you feel are the benefits of the Fast Track route for registration?
17.	Do you see any disadvantages with the Fast Track route?
18.	If yes, what are they?
19.	Are there any changes you would make to the programme?
20.	If yes, what are they?
21.	Would you recommend this route to a colleague?

Questions for standard route practitioners	
1.	Why did you choose the standard route to registration?
2.	Please explain your reasons for selecting the standard route?
3.	Were you aware of the fast track route to registration?
4.	If you answered NO please go to question 6.
5.	What were your reasons for choosing the standard over the fast track route?
6.	Do you feel that you received enough information about the fast track route? If no please state what other information you would have liked?
7.	What benefits do you see to completing the standard route, against the fast track route for registration? Please describe any specific organisational benefits.
8.	What disadvantages do you think there are to completing the standard route compared to the fast track route? Please describe any specific organisational disadvantages.
9.	How easy has it been for you to attend the PDG in the standard route? Please explain your answer.
10.	Would you recommend this route to other staff? Please explain your answer.

Appendix E – Facilitator Questionnaire

	Fast Track Facilitator Questions
1.	How long have you been facilitating on the Fast Track registration route?
2.	What training did you have to become a facilitator?
3.	How easy is it for you to maintain your skills?
4.	How many programmes have you run?
5.	How did you get in involved in this?
6.	How much preparation time does each programme take on average?
7.	How much protected time do you get to facilitate the programme?
8.	How many assessments have you completed this year?
9.	Are you involved in the verification process?
10.	If yes how much time does this take on average?
11.	Is there any administration support for the programme?
12.	If no, would you see this as a benefit and why?
13.	In your experience why do most people choose the Fast Track route?
14.	Have you had any practitioners start the course and then fail to complete it?
15.	If yes, what were their reasons?
16.	What benefits do you see to completing the Fast Track route, against the normal route for registration?
17.	Are there any disadvantages to completing the Fast Track route?
18.	Are there any changes you would like to see to the process?

Appendix F – Assessor Questionnaire

Fast Track Assessor Questions	
1.	How long have you been assessing portfolios on the Fast Track courses
2.	What process did you go through to become an Assessor?
3.	How many portfolios do you assess in a year?
4.	How long does each portfolio take to assess?
5.	How many times have you had to return a portfolio for clarification?
6.	What challenges do you face in completing this role?
7.	In your experience why do most people choose the Fast Track route?
8.	What benefits do you see to completing the Fast Track route, against the standard route for registration?
9.	What disadvantages do you think there are to completing the Fast Track route compared to the standard route?
10.	Can you suggest any changes you would like to make to the Fast Track route?

Appendix G – Verifier Questionnaire

Fast Track Verifier Questions	
1.	How long have you been verifying portfolios on the Fast Track courses?
2.	What process did you go through to become a Verifier?
3.	How many portfolios do you verify in a year?
4.	How long does each portfolio take to Verify?
5.	How many practitioners have you had to fail?
6.	What challenges do you face in completing this role?
7.	In your experience why do most people choose the Fast Track route?
8.	What benefits do you see to completing the Fast Track route, against the standard route for registration?
9.	What disadvantages do you think there are to completing the Fast Track route compared to the standard route?
10.	Can you suggest any changes you would like to make to the Fast Track route?

Appendix H – Manager Interview Questions

Questions for managers of fast track practitioners
11. Why did your staff member choose the Fast Track route?
12. Were you involved in that decision making and if so please explain your reasons for selecting the Fast Track route?
13. What information did you receive to help inform the decision making process?
14. Do you feel that you received enough information about the Fast Track route? If not please state what other information you would have liked?
15. What benefits do you see to completing the Fast Track route, against the standard route for registration? Please describe any specific organisational benefits.
16. What disadvantages do you think there are to completing the Fast Track route compared to the standard route? Please describe any specific organisational disadvantages.
17. How easy has it been for you to release staff to participate in the Fast Track route? Please explain your answer.
18. Would you support other staff who may wish to participate in the Fast Track route? Please explain your answer.

Questions for managers of standard route practitioners
1. Why did your staff member choose the standard route to registration?
2. Were you involved in that decision making and if so please explain your reasons for selecting the standard route?
3. Were you aware of the fast track route to registration when your staff member opted to participate in the standard route?
4. What were your / your staff member's reasons for choosing the standard over the fast track route?
5. Do you feel that you received enough information about the fast track route? If not please state what other information you would have liked?
6. What benefits do you see to completing the standard route, against the fast track route for registration? Please describe any specific organisational benefits.
7. What disadvantages do you think there are to completing the standard route compared to the fast track route? Please describe any specific organisational disadvantages.
8. How easy has it been for you to release staff to participate in the standard route? Please explain your answer.
9. Would you support other staff who may wish to participate in the standard route? Please explain your answer.

Appendix I – Template Action Plan

Recommendation Number	Summary of Recommendation	Proposed Action	Responsibility	Time Frame	Progress Indicators	Outcome and Close Date
Recommendation 1	Publish lockdown session agendas on the website.					
Recommendation 2	The scheme co-ordinator should ensure that facilitators are maintaining registration sheets in accordance with the terms of the service specification.					
Recommendation 3	The scheme co-ordinator in conjunction with the facilitators may wish to consider the introduction of a more specific question set to evaluate the lockdown sessions.					
Recommendation 4	The scheme co-ordinator should ensure that reporting mechanisms are developed for all fast track KPIs and that performance is regularly monitored.					
Recommendation 5	Dates for the fast track route should be advertised and published as early as possible in the year to facilitate work planning.					
Recommendation 5	The requirement to attend all six lockdown sessions in person should be reviewed. Some practitioners					

	have successfully participated in the sessions on a virtual basis and opening this option to others may increase interest in the scheme.	
Recommendation 7	Practitioners appreciate the opportunity to work with peers allowing them to learn and share experiences. Consideration should be given to including set time for this on the lockdown sessions.	
Recommendation 8	It is suggested that a case study be developed demonstrating how good communication can be achieved between assessors and practitioners and the advantages of this.	
Recommendation 9	Review the most appropriate time of year to hold lockdown sessions. This should be done in consultation with practitioners and their managers and assessors.	
Recommendation 10	KCC should review the ways in which practitioners and other groups can contact them with queries. When there is likely to be a delay in responding due to annual leave or other reasons out of office messages should state this and if possible provide an alternative contact.	

Recommendation 11	Monitor numbers of portfolios being assessed by each assessor. Limit the numbers of assessors in post to allow at least two portfolios to be assessed over a 12 month period.	
Recommendation 12	Identify a minimum requirement for attendance on the network calls and monitor assessor compliance	
Recommendation 13	Consider having an agreement with assessor managers to allow protected time for network meetings/calls. Those unable to prioritise this and demonstrate continued engagement should be removed from the list.	
Recommendation 14	Publish additional step by step guidance for assessors.	
Recommendation 15	Ensure the timescales for turnaround of the commentaries allows for feedback to be offered ahead of additional work needing submission	
Recommendation 16	Consider increasing the time between clarification feedback and the next lock down days, to ensure consolidation of learning and reduce repeat clarifications	
Recommendation 17	Review the frequency and content of	

	assessor training to ensure that it is continuing to meet all needs.	
Recommendation 18	Identify a process to be assured that verifiers are able to maintain competence in the process.	
Recommendation 19	Provide alternative opportunities for communication between assessors and verifier groups to provide support	
Recommendation 20	Prepare a briefing pack for managers describing the standard and fast track routes and likely time commitments for staff. Outlining the individual and organisational benefits of both routes would assist with decision making.	
Recommendation 21	Provide information on which learning styles the fast track and standard routes are most suited to.	
Recommendation 22	KCC should liaise with C&G regarding when the e-portfolio is updated. Ideally any routine maintenance on the e-portfolio is not carried out during fast track programmes and that all users are notified in advance.	