

South West of England Public Health Practitioner Registration Scheme

Evaluation

Public Health Bristol

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Summary of Findings

Overall, the evaluation of the South West of England (SWoE) Practitioner Registration Scheme has found that the scheme is valued by both practitioners and their line-managers. Most practitioners would recommend that others take up the scheme in the future. Improvements to further refine the scheme were suggested.

Many respondents identified that they had joined the scheme to improve their career prospects and some suggested that practitioner registration should be included in personal specifications for public health job roles, to embed the importance of the scheme and to acknowledge that the scheme was a guarantee of quality in practice.

Attrition once participants are established on the scheme has been mainly due to difficulties in personal lives. This scheme is designed such that people need to work in their own time to complete their portfolio and therefore difficult personal situations inevitably pose a challenge.

What is valued and is working well?

It is perceived that undertaking the scheme provides assurance that practitioners are working to a national standard of consistency, safety, quality, improvement and accountability.

The good relationships between the whole team involved in the scheme were highlighted as a strength. These relationships were actively developed by the coordinators and facilitator. The willingness of all involved who volunteer their own time to enable practitioners to develop and be accredited for their work was recognised.

Another strength of the scheme, valued by respondents, was the variety of support offered. Not all practitioners took full advantage of all the support on offer, but those who did found it useful. In particular they praised the distance support from the facilitator and coordinator, probably because this support was shaped to their individual needs and concerns.

Employers (line-managers) valued the continuing professional development opportunities for staff participating in the scheme. They identified the benefits for staff as being: the assurance that staff were working to an agreed standard, enhanced quality of work, knowledge of standards, understanding and practice of PH competences, opportunities for new contacts and reflective practice for practitioners, resulting in more self-aware staff.

The South West scheme provided more distance support from a facilitator than other schemes. This was highlighted by the facilitator as being necessary and beneficial to practitioners, enabling critique of work, support with the submission of the first commentary and discussion of the clarifications received back from the assessors. The facilitator also felt that the protected time available for practitioners to attend the portfolio development days was essential. The necessary flexibility in how these days were used reflected the different needs of individual practitioners. Responses from the practitioners confirmed the facilitator's views.

Only a few verifiers responded to the evaluation, however, those who did were positive about the scheme.

What could be changed or improved?

The scheme was originally designed to have a maximum of sixty four practitioners however only a total of thirty six practitioners were recruited. This may suggest that the original target was too ambitious and that future cohort size could be reduced.

People found out about the scheme mostly through traditional Public Health channels, from managers and from Public Health networks. It may be that advertising more widely to the wider public health workforce would identify more prospective candidates, for instance from Trading Standards and community public health nurses.

Responses indicated that the current selection process results in the recruitment of some inappropriate participants. Modification of this process is needed to ensure appropriate selection and reduce initial attrition.

The time taken by practitioners to complete a portfolio was a frequently raised issue, with 30% of respondents spending more than 40 hours a month working on their portfolio. Several respondents felt that the time commitment needed to complete the portfolio should be emphasised from the outset, to set expectations for the workload.

There appeared to be two main groups of practitioners: those ready to produce a portfolio based on existing work from the start, and those needing specific training in order to complete some of the competencies. The two groups might need different completion timetables, and the provision of regional Masterclasses might also assist the training needs of some practitioners.

Several participants found that life-events interfered with their ability to engage with the requirements of the scheme. About half the practitioners wanted portfolio completion time to be extended. This would mean that after the initial development groups (where the agenda would cover topics that supported everyone) the facilitator would need to adjust the support she provided so that it was tailored more for each individual practitioner.

A flexible approach to recruitment was taken which enabled practitioners from older cohorts who had dropped out to re-engage. Whilst all of these are still active, they do not get intensive support, which was highlighted as a weakness.

The coordinator identified that it was challenging to recruit assessors and verifiers. It may be helpful to offer this role to those who complete the scheme, as the desire to 'give something back' was mentioned as a motivator by assessors. This would ensure an opportunity for CPD for scheme participants.

There was enormous variation in the amount of time it took assessors to read the commentaries. This may reflect the amount of experience each had in assessing practitioner's portfolios, as the fastest were the most experienced. This needs monitoring as too great a time commitment may lead to loss of assessors.

Recommendations

- The scheme is reduced in size in future
- The time commitment needed to complete the scheme is further emphasised to practitioners during the recruitment phase
- The scheme recruitment phase is lengthened to capture all possible candidates
- Selection criteria and processes are explored and applied uniformly across the region
- The scheme is advertised more widely to the wider public health workforce to identify further prospective candidates
- Previous cohort participants who have not completed the scheme are encouraged to re-engage and are fully supported
- The scheme runs for two years to enable practitioners to cope with adverse life events which interfere with completion; this would enable a more personally tailored approach when necessary
- Masterclasses on core competencies are developed
- Each area agrees to ensure that practitioner status is seen as a desirable element in person specifications.
- There is written guidance for practitioners and assessors about expectations and timelines to help them establish their relationship
- Assessors are recruited from practitioners who have completed their portfolio

1. Purpose of the evaluation

The South West of England (SWoE) Public Health Practitioner Scheme Board has commissioned this evaluation of the South West of England Practitioner Registration (SWoEPR) scheme. The evaluation will assist the funders in ascertaining the effectiveness and value of the scheme and help them decide whether they will continue to support the project. This evaluation includes data describing the scheme and an appraisal of the strengths and weaknesses of the scheme.

2. Background

The SWoEPR scheme was established in 2015. The purpose of the scheme is to validate the competency of practitioners at level 5 and above of the Public Health Knowledge and Skills Framework 2016, formerly the Public Health Skills and Careers Framework 2008. Practitioners are supported to submit a portfolio of evidence to demonstrate competency against the UK Public Health Register (UKPHR) Practitioner accredited standards and indicators which are aligned to the Framework. The practitioner's portfolio goes through a rigorous assessment and verification process, and once the portfolio has been accepted by the UKPHR the practitioner can register with them on their national register as accredited practitioners.

The SWoEPR scheme covers 10 Local Authority areas. It is based on the pre-existing West of England practitioner scheme which included Bristol, B&NES, and South Gloucestershire. In 2015, this area was expanded to include Wiltshire, Plymouth, Somerset, Torbay, Devon, North Somerset, and later Cornwall. The scheme is coordinated by Bristol Public Health Department. The funding comes from the West of England scheme and the South West Public Health Workforce Development Group (Health Education England/HEE funds). The scheme is reaching the final phase for the current cohorts (cohorts 4 and 5), with 3 months remaining before completion in March 2017.

The scheme was designed to be managed by a scheme coordinator. Over the past two years there have been two temporary coordinators and one permanent coordinator.

There are a total of 11 practitioner schemes across the UK including the East Midlands, East of England, Kent & Surrey & Sussex, North Central & East London, Thames Valley, Public Health Wales, Wessex, North East & West Midlands, South West and Scottish Boards. The schemes vary in the way in which they operate, as well as the support they offer to practitioners.

3. Scheme roles and scheme support for practitioners

The role of the assessor is to assess the practitioner portfolios against UKPHR standards, to ensure the commentaries and evidence support the applicant's claims and make representations to the Verification Panel. The assessor provides feedback to the practitioner and provides a supporting Assessor Log for the Verification Panel's attention.

The role of a verifier is to verify practitioner portfolios that have been assessed to ensure that UKPHR standards have been met and the correct process has been followed by the

practitioner and assessor. This will assure the accountability and consistency of the local scheme through an internal audit trail.

The help available to support practitioners complete their portfolio includes that provided by the scheme facilitator, the scheme coordinator, mentors and practitioners' assessors. They can also receive help with mastering the use of the City & Guilds' eportfolio from that organisation.

Practitioners attend Portfolio Development Group workshops which are led by the facilitator. In these workshops, the practitioners start by planning and mapping out commentaries and later workshops sessions provide help to develop practitioners' commentary writing skills, in order for them to complete their portfolios and understand the assessment and verification process. The facilitator provides distance 1-1 support during this developmental phase.

The scheme coordinator provides 1-1 distance support via email and telephone to practitioners and coordinates administration arrangements. Monthly teleconferences with practitioners are also provided to support progress on the scheme. Additionally, mentoring support is provided by volunteers to support practitioners develop their portfolios.

The scheme coordinator also provides 1-1 distance support via email and telephone to both assessors and verifiers and he organises monthly teleconferences to enable their meetings. Buddying support is available whereby experienced and inexperienced assessors/verifiers are matched, so that guidance and support is provided to ensure consistency of approach to the portfolios. Mentoring can be recommended by assessors in cases where the practitioner is struggling with certain aspects of the assessment to assist with their progress.

4. Evaluation Methodology

This evaluation takes a process evaluation approach as the scheme has not yet finished, utilising mixed-methods and combining quantitative and qualitative data. The evaluation considers the following elements of the Practitioner Registration Scheme:

- The reach of the scheme across the South West, and the sign up rate
- Practitioner satisfaction with the scheme
- Whether the various types of support provided was valued or not by the practitioners, including practitioner development groups, 1:1s, mentoring support, eportfolio. Additionally, the quality of the support provided by the assessors, facilitator and coordinator is considered.
- Assessors and verifiers experiences and perceptions
- Employers' experiences and perceptions

5. Methods and Limitations

Descriptive data collected by the coordinator during the course of the scheme was made available, which included numbers of practitioners, their location and any attrition.

Feedback from people involved in the scheme was gathered using specially designed questionnaires. The questionnaires, delivered by SurveyMonkey, were developed by the evaluation officer, working with the coordinator, manager, and evidence lead for Public Health Bristol. Separate questionnaires were developed for practitioners, assessors, verifiers and employers of practitioners.

The questionnaires included closed multiple choice questions and free text questions in order to gather richer information.

The practitioners recruited to Cohorts 4 and 5, assessors, verifiers and employers were emailed and asked to participate in the evaluation, with a link through to the appropriate SurveyMonkey questionnaire. Practitioners who had joined the scheme late (Fast Track /people from previous cohorts within the West of England Scheme who were active again) were excluded from the evaluation as they were not members of the established cohorts in the SWoE scheme, and could not receive full support.

The current coordinator emailed the practitioners to ask permission to share information about the barriers they had faced in the scheme which was information that he held in confidence. These barriers were then anonymised and grouped so that the evaluation could benefit from this lived experience.

Data relating to the coordinator's experiences were collected by notes taken by an independent interviewer during a 1 hour and 30 minutes semi-structured interview. The coordinator also provided a personal reflection of his experiences. Data relating to the facilitator's experiences were also collected by interview, but no personal reflections were provided.

The quantitative SurveyMonkey questionnaire responses from all respondents were collated and analysed independently.

The qualitative analysis of the SurveyMonkey free text responses was undertaken by two separate evaluators working independently. After coding the text to identify themes, the two analyses were checked and merged by an independent third person who produced the final copy.

Qualitative analysis of interview data adopted a realist approach. Content analysis of the two sources of data from the coordinator was undertaken and identified issues triangulated. Similarly, content analysis was used to identify key issues emerging from the facilitator's interview.

Limitations

It should be noted that there are several limitations relating to the methods utilised in this evaluation:

- The use of an online questionnaire via SurveyMonkey meant that the respondents were self-selected. Opinions of practitioners who did not respond are not captured and they may have different views from those who did reply.
- Respondents may have felt obligated to participate as the survey was carried out whilst the registration process was in progress, although the invitation to take part stressed that involvement was entirely voluntary and if practitioners decided against participation then this would not affect the support they received, or their progress in the scheme.
- The timing of the survey may have adversely affected the response rate as it took place during the busiest and most stressful phase of the scheme for practitioners, assessors and verifiers.
- Whilst interviews would have been preferable in order to gather richer data, due to the large area covered by the SWoE scheme and the limited time available, qualitative data was largely restricted to that gained from open ended questions in the surveys
- The evaluation was carried out retrospectively which impacts on the ability to fully capture participant experience
- Job changes by practitioners and their line-managers reduced the number of line managers who could comment knowledgeably about the scheme or why the practitioner was participating.
- As there were three coordinators during the time-line of the scheme, it is difficult to ascertain which phase of the scheme is being referred to in responses.

The evaluation was undertaken by a team in Public Health Bristol, which limits objectivity and introduces possible bias in the results. Attempts were made to mitigate risk of bias, such as ensuring those directly involved in scheme delivery collated and analysed numerical data only, with no involvement in the collection and analysis of qualitative data, the discussion or the recommendations.

6. Findings

In total, 32 practitioners, 23 assessors, 8 verifiers and 36 employers of practitioners were included in the evaluation and responses were received from 18 practitioners (56%), 14 assessors (61%), 3 verifiers (38%) and 6 (17%) employers.

6.1 Reach of the Scheme. The SWoEPR scheme was established to reach a maximum of 64 practitioners. It was originally envisaged that this would consist of a single cohort split into north and south groups to cover the region with no more than 28 participants from the West of England and no more than 36 from the new areas.

Recruitment took place in October and November 2015. Sixteen practitioners expressed an interest and attended an introductory workshop in December 2015. This became Cohort 4, following on from Cohorts 1-3 from the subsumed West of England Scheme. Another round of recruitment was undertaken in January and February 2016 and a further 20 practitioners came forward who attended an introductory workshop in March 2016. This became Cohort 5. Four practitioners decided not to proceed after the introductory workshop, leaving 15 in Cohort 4, and 17 in Cohort 5. There are 6 practitioners from the West of England and 26 from the new areas. Both cohorts will run until March 2017.

After recruitment was complete, 4 practitioners from original West of England cohorts came forward and asked for support and another 3 people who had missed both recruitment phases, but whose line-managers argued strongly were very ready to complete a portfolio also came forward. They were given reduced support as they had already missed sessions and had very limited time to complete.

Table 1 shows the geographic spread of the practitioners.

Table 1: Participants from each area as of 11/12/2016				
Area	Cohort 4 January '16	Cohort 5 April '16	Older Cohorts 1-3 2013-2015 Active	Fast Track July '16
South Glos	2	1	0	0
B&NES	0	0	1 (C1)	1
Bristol	0	3	3 (C3)	0
Wiltshire	1	0	0	1
Torbay	3	1	0	0
Devon	2	1	0	0
Somerset	3	0	0	1
North Somerset	0	1	0	0
Cornwall	0	5	0	0
Plymouth	3	4	0	0
PHE	1	1	0	0
Total	15	17	4	3

As fewer practitioners signed up than had been estimated, the plan to run north and south groups was abandoned and all practitioners met together in Exeter.

6.2 Practitioner general satisfaction with the scheme

Of those who responded, 5 practitioners were from Cohort 4 and 7 from Cohort 5. Six practitioners were not sure in which cohort they fell. Fourteen of the respondents were currently active in the scheme and 4 had left the scheme.

When asked if they were likely to encourage a colleague to take part in the scheme, 13 (72%) of practitioners said they would encourage colleagues to participate. The breakdown is as follows:

- Extremely likely 5 (28%)
- Likely 8 (44%)
- Unlikely 3 (17%)
- Did not know 2 (11%)

6.3 Practitioner feedback on value of the scheme

Nine (50%) of the practitioners felt that the scheme was very valuable, 6 (33%) moderately valuable and the remaining 3 (17%) were not sure.

The main benefits respondents considered of portfolio development and practitioner registration were for improved job prospects, although some respondents felt that job opportunities were restricted and were uncertain about whether registration was generally a requirement for jobs.

“I have no formal qualification, by completing the UKPHPR and creating a portfolio of my work, I am hoping this will allow me to apply for PH jobs or continue my education to degree level. Currently it seems that the PHPR is not required for posts, I am unsure if this will change in the future.”

One respondent had secured employment in a Public Health role ahead of registration.

Other benefits frequently mentioned were around registration providing evidence of competency and a standard of practice in public health for consistency, safety, improvement, quality and accountability. One responded said,

“Raising the profile of, ensuring safe and quality in practice”,

whilst another commented,

“Strong, competency skills based workforce from membership”

However, one respondent did not identify any benefits from registration and had the view that registration will not be relevant/important in the future.

"I remain to be convinced of the benefits! It is very hard work, rather dull, & at a time when PH career opportunities are increasingly limited, & the Govt's privatisation ideology leads to neoliberal values dominating eg employ cheap staff, maximise shareholder returns, who cares about registers??!!"

Most practitioners had been made aware of the scheme through colleagues and managers. Others had found out through external publicity such as the Peninsula Public Health bulletin, presentations and Public Health networks.

Clearer information on the time commitment and work requirements were the main focus of most respondents' comments about the recruitment process.

"More detail should be given on expectations, time scale, and time frame for completing a commentary."

One respondent felt the application form to be unclear and lengthy and another thought the process failed to identify appropriate candidates, commenting that:

"...better selection may reduce attrition."

Other comments included the lack of clarity from employers about whether they would allow staff to take part in the recruitment process.

"it got rather confusing as the senior bosses both here and in the Council seemed to keep changing their mind about what they wanted to happen locally."

The recruitment process was considered to be straightforward by two respondents, with one commenting:

"staff were extremely helpful with the process, it was very simple"

Respondents' main motivation for joining the scheme was to enhance their career opportunities and many also joined for personal growth or to evaluate and demonstrate their current competencies.

"To improve my access to Public Health Sector employment in the future and to gain confidence in my abilities and skills"

Others felt it important for the future:

"it's the future of public health practitioning"

Professional considerations in terms of achievement of standards of work in public health and membership of UKPHR were less common reasons given. Some respondents joined because they were asked or it was recommended.

"Basically I was asked to (in effect instructed, it would have caused great tension to decline)"

6.4 Practitioner Feedback about support activities

Introductory Days: 17 (95%) of the practitioners participated in the Introduction Day and they were asked how they rated the day. All found it of benefit, the breakdown was:

- Excellent 3 (18%)
- Good 7 (41%)
- Satisfactory 7 (41%)

Time commitment: Practitioners were asked how much time they spent each month on developing their portfolio:

- 10 (60%) spent less than 20 hours a month, with 5 (30%) spending 0-10 hours and 5 (30%) spending 10-20 hours.
- 5 (30%) spent 41 hours or more a month, with 3 (18%) spending 41-50 hours, 6% (1) spending more than 50 and 1 (6%) spending 'days and days'.
- One respondent reported that the amount varied from very few hours a month to 20-40 hours in active times.
- One was unclear about time spent

This illustrates that some can commit large amounts of time while others are much more restricted.

Views on the time for completion were divided, with a fairly even split between those respondents who thought the time given was realistic and adequate and those who thought more time is needed. Some respondents expressing satisfaction with completion time did qualify this by saying that this depended on the right level of support at the beginning:

"I think with the right information and support early on its ok"

and some did refer to problems with the time available to complete the portfolio with work and home-life demands:

"The completion time rushes up on you when managing full time work and home life, the time given is possible and the portfolio development days were most beneficial for me as it gave me time away from work pressures".

Barriers mentioned by those respondents who thought more time was needed included personal circumstances, work-life balance and lack of time to work outside full-time work,

"Inadequate - I am unable to work on portfolio during work time and I work full time. My work is very intense and demanding meaning that I need to rest and recuperate during my spare time so I have very little spare time to work on portfolio."

Portfolio Development Planning workshop: This Workshop is the first stage of Portfolio Development Group sessions for Practitioners. The Facilitator explains each of the indicator requirements, and provides a template for Practitioners to list evidence submission in

developing a portfolio plan. Fourteen (78%) of the practitioners attended the Portfolio Development Planning workshop; all those who attended found it a positive experience, the breakdown was:

- Excellent 5 (36%)
- Good 6 (43%)
- Satisfactory 3 (21%)

Portfolio Development Days: Seventeen (95%) of the practitioners had taken part in the Portfolio Development Days. They were asked how they rated the days. Most rated the days as good to excellent and one was dissatisfied. The breakdown was:

- Excellent 6 (32%)
- Good 8 (41%)
- Satisfactory 2 (12%)
- Poor 1 (6%)

Distance support from the Facilitator: 15 (83%) of the practitioners received distance support from the Facilitator, with 11 (61%) getting both telephone and email support. Three (17%) respondents did not receive any distance support from the Facilitator.

Of those who did receive this distance support, 93% found it useful and 7% were not sure, the breakdown was:

- Excellent 10 (67%)
- Good 4 (27%)
- Not sure 1 (7%)

Distance support from the Coordinator: The distance support function of the Coordinator includes managing and coordinating all of the Scheme arrangements with Practitioners, Verifiers, Assessors and the Facilitator. Fourteen (78%) of the practitioners received one-to-one distance support from the Coordinator either by telephone or email or both, whilst 4 (22%) did not use this support.

Of those who did use the distance support from the Coordinator, 13 (93%) found it positive and 1 (7%) was not sure. The breakdown was:

- Excellent 8 (57%)
- Good 3 (21%)
- Satisfactory 2 (14%)
- Not sure 1 (7%)

City & Guild's Technical Support: Four practitioners (24%) practitioners received technical assistance from City & Guilds to master the e-portfolio. All of those who took advantage of this support found it useful.

Mentoring support: Seven (39%) practitioners received mentoring support from a scheme mentor. All of these found the experience beneficial; 5 (71%) finding it excellent, 1 (14%) finding it good and 1 (14%) finding it satisfactory.

Practitioner Teleconferences: Five (28%) practitioners took advantage of the teleconference opportunities to talk to other practitioners and the coordinator. They all found this a good (4) or satisfactory (1) experience.

Assessment: Eleven (61%) practitioners had had a commentary assessed by an assessor, 7 (39%) had not. Of those who had been assessed 1 (9%) found it an excellent experience, 7 (64%) a good experience, 2 (18%) a satisfactory experience and 1 (9%) a poor experience.

Verification: One respondent (6%) had already progressed to Verification by the panel. This person is ahead of the scheme timeline.

Practitioners' suggestions for improving the scheme tended to focus on changes in support to include tailored support for individual learning needs, increased peer and supervision support and extending the support for longer.

"Increased supervision may be of benefit and lasting throughout the allocated time. (Facilitator) was fantastic but the support has finished at a critical time for many."

One respondent felt a face-to-face meeting with the assessor was needed to help in relationship-building and another wanted a clearer indication of tasks and timeframes.

Other suggestions included changes to group learning arrangements such as more real life examples of commentaries and workshops to help with indicators. Cynicism was expressed on the assessment process for subjectivity by one respondent and portfolio development days for the lack of group work by another respondent.

"Portfolio days were a bit of a waste of time. Thought they were for discussion and sharing but turned into a silent retreat..."

Two respondents had no suggestions and considered the scheme to have met their needs successfully.

"I do not have any improvement suggestions as the framework for portfolio support was very good and effective."

When asked if there are any other aspects of the practitioner registration scheme or their experiences of it that they felt were not covered in the previous questions practitioners brought up a wealth of diverse comments. Many expressed concerns about the time needed for an unexpected high-workload, especially in the light of shifting work commitments, family circumstances and their impact on ability to complete the portfolio.

"I would recommend that anyone signing up to the next cohort is clear about the time involved in writing the commentaries and bringing the portfolio together. Whilst I felt I would have the time work commitments changed significantly for me....",

with another commenting

“I see Scheme publicity talks about 12 standards you have to meet - well actually it's 48 essays you have to write, with 'evidence'...”

However, the value of the scheme and the desire for the scheme to be widely recognised and publicised was stressed by several respondents, although it was also considered by some that the time they have invested in the scheme will not be of benefit professionally.

“I really value the UKPHR practitioner scheme however I do not feel the time invested will not be recognised by my team or potentially other teams who do not know what the scheme represents or the level of work involved. It is a lot of work to gain a 'basic' public health badge that is not required by many working at higher levels within public health. More advertisement of what UKPHR practitioner status means amongst public health teams and definitely amongst wider local authority decision makers would help. I hope it will become a standard across the board but given tighter council budgets, I do not see this being the case.”

There were several suggestions given for changes to scheme provision, many by the same respondent, which included tailored individualised support, earlier allocation of assessor, more support early on, more sharing between practitioners and more workshops around the topics.

“I think there needs to be a more support early on, as the process takes a while to get your head around. I am the first in my organisation and have made all the errors possible, however I am now able to support my colleagues going through this. I think I would have liked a few more workshops around the topics.”

Summary of self-reported feedback from 12 practitioners leaving the scheme is listed in Table 2. The facilitator and coordinator have received good feedback regarding the support provided, with one practitioner requesting referral to a later cohort, suggesting a positive experience on the scheme. Portfolio development, information and support received were identified by one of the practitioners as being comprehensive.

Table 2: Self-reported feedback from practitioners leaving the scheme to the coordinator - Attrition records
1. Facilitator and coordinator thanked for their support
2. Left for personal reasons. Requested referral to later Cohort next year
3. Portfolio Development Group good idea. Input from manager and facilitator support comprehensive, and information received comprehensive
4. Coordinator and facilitator thanked for their support and time
5. Support from the scheme is great

6. Thank you for support and encouragement to coordinator
7. Thank you for support and efforts to coordinator
8. Thank you to coordinator for support
9. Thanked coordinator for communications and assistance throughout, and offer of mentor support

6.5 Assessor and Verifier feedback

Fourteen of the 23 assessors participated in this evaluation. The most common reason for respondents to become assessors on the scheme was to support workforce development in public health; also supporting practitioners in their career progression was given as a reason.

“To help develop the future public health workforce and support people's career development”.

Two respondents had been through a Public Health registration process themselves and wanted to give something back. Some respondents also became assessors for personal benefit such as to gain new learning and for career development. Two respondents became assessors for additional income, with one stating that they continued after finding out there was no payment as they considered it worthwhile for workforce development reasons.

“The training and carrying out the assessment is a useful update for around PH practice for me and a useful challenge. I did however think I was going to be paid for it when I first did the training! I have continued, doing it in my own time because it is useful to improve the knowledge and skills of PH Practitioners”.

Other individual reasons stated include because of a request/expectation from their manager, due to already being an NVQ assessor and considering it complimentary to that role and as an opportunity to find out about practitioner practice.

The most frequently stated benefits respondents considered from practitioner registration centred around providing recognition and evidence – of knowledge, competency, skills, experience, work already completed and in terms of having a recognised qualification. Additionally it was felt that registration not only recognises, but increases their skills and knowledge. Quality assurance of practitioner work/practice to others and working to a set standard were also mentioned. One respondent said,

“Increased awareness of standards of good public health practice, improving the quality of practice, assurance of the quality of the work undertaken by practitioners.”, whilst another commented “a good way to recognise work already done and reduces the need for formal training, helps identify gaps in skills and adds quality assurance to the public health workforce”.

One saw the scheme as reducing the need for formal training and one as a way to show CPD between roles. It was thought that practitioners could use the experience to explore different topics to complete their portfolio and speak to colleagues in other organisations, placing practitioners in a wider professional body of public health.

Two respondents specifically mentioned registration as being important to career development, although one felt that registration needs to be incorporated into person specifications.

“I think the full benefits are just escalating. There are and always have been great benefits to PH from their increased skills and knowledge gained from completing the portfolio and it also benefits the individual in gaining a better understanding of PH. It is only just however reaching a stage where it benefits their career progression - more jobs need to include it in their JDs”.

Portfolio assessments undertaken by assessors: in the past year 6 (43%) assessors have assessed one portfolio, 2 (14%) have assessed two, and 2 (14%) have assessed three portfolios. Three (21%) are in the middle of assessing their first portfolios and 1 (7%) has yet to start.

The time spent on each portfolio varies:

- 3-4 hours 2 (14%)
- 5-6 hours 1 (7%)
- 7-8 hours 2 (14%)
- more than 10 hours 1 (7%)
- 15 hours 1 (7%)
- more than a day and a half 1 (7%)
- 3 days 1 (7%)

Others measured their time by the length of time it took to complete a commentary, one reporting taking 20 minutes for each commentary and another taking 4-6 hours for each commentary

When asked if they received buddying support only one assessor did, and that person rated the support as good.

“I think it is a useful scheme, but didn’t feel that I personally needed to use it”

92% (11) of assessors took part in assessor teleconferences and they were all positive about the experience. Assessors found the assessor teleconferencing useful in addressing their areas of uncertainty, to pick other assessors’ brains and to exchange ideas and problem solve. One made the point that assessing can be an isolated job without these conferences.

“These really help in exchanging ideas and knowledge and solving problems. Without these assessing can be quite an isolated job”.

Difficulties identified included technical problems, difficulty in hearing others speak and it being hard to have good discussions. Despite these problems, some found teleconferencing preferable to travelling to a meeting. One assessor was unaware of the teleconferencing so had not taken part.

Nine (75%) assessors received one-to-one distance support from the Scheme Coordinator; 1 by telephone, 6 by email and 2 by both methods. The assessors were asked to rate the support they got from the Coordinator this was rated as excellent by 2 (22%) and good by 7 (78%).

Assessors found the distance support from the Coordinator useful, one saying that phone and email support was essential at various times and for certain queries. It appears that this support has improved for one assessor with a change in Coordinator.

There were a wide range of suggestions given to improve the scheme. Increasing promotion of the scheme was a key suggestion.

“It needs to be more widely promoted as I am confident that there are those in other professions who are interested but who may not receive the support from their line managers.”

Some suggestions were for structural changes such as clarity about the purpose of the scheme and standardisation of the scheme.

“I wonder if there is a way of standardising the scheme a bit more, so it is clear at the start to candidates and assessors the timescales, e.g. so everybody is working to the same time scales... E.g. if you want to work towards X verification, then you need to have Commentary 1 in by X dates, respond to feedback by Y date, submit C2 by X date etc... but have it standard for ALL candidates, to push them along, and allow both candidates and assessor the ability to plan to undertake the work”

Improvements to technological arrangements and training were among the other suggestions given:

“.. better use could be made of technology and virtual groups of assessors for support together with webinar”,

as well as a re-appraisal of the repetitive and similar wording of competencies to streamline them. One assessor felt that being paid for out-of-hours work would be beneficial. The issue of the inclusion of practitioner registration within person specifications was raised, as was extension of the scheme.

“For line managers to appreciate what a valuable scheme it is I would like the scheme expanded to advance practitioner then onto specialist route”.

Verifiers feedback

Three of the eight verifiers took part in this evaluation. Only one of them had verified a portfolio in the last 12 months. Two of them had experience in verifying portfolios: one took on average 1-2 hours, the other took 3-4 hours. One of the verifiers had received buddying support from the Scheme, and rated it as good. Two of the verifiers had received distance support from the scheme coordinator by phone and email and rated the support as good.

The main reason verifiers took on the role was to support the Practitioner scheme, to contribute to the development of the PH workforce and encourage the embedding of standards into practice. One had felt obliged to take on the role as there was no one else available locally.

Verifiers stated clear benefits from the scheme, including the recognition of the achievements of staff, and protecting the population by ensuring that PH standards were promoted and assessed, providing a professional qualification, assisting career progression, proof of competence, CPD provision and the chance to network with peers.

“The practitioner workforce is the largest element of the specialist PH workforce. The majority of practitioners are extremely dedicated to public health, many do not seek huge career progression, but they do want to feel valued, noticed and professionally regarded. Practitioner registration can offer this. It also frames the work within a set of core values and competencies, and provides a framework for CPD and professional development.”

The verifier with experience of taking advantage of a buddy system found it very helpful to be able to ask a more experienced verifier questions.

Verifiers appreciated PHE standing in when there was a gap between coordinators early in 2016. It was noted that in order for the support to be effective there needs to be good quality teleconference facilities.

There were no suggestions for improving the scheme. One Verifier noted that covering the South West region can be a challenge from a communications point of view, but it is the only way forward from a cost effectiveness perspective. Another Verifier found the process rewarding and supportive.

6.6 Employer feedback

Six of the thirty two employers contacted participated in the evaluation. Two employers found out about the scheme through colleagues and two through public health networks.

One employer was informed about the scheme by their manager and another had completed the scheme elsewhere so was already aware of it.

Reasons for employers agreeing that their staff members could join the scheme focused on supporting the professional development of staff, recognising it as a personal development and learning opportunity. The benefits of regulation of standards for practitioners were seen.

“I believe that there should be standards for staff at practitioner level to aspire to and then to achieve recognition for. This will help us to have confidence in the standards operating in the workforce. And it provides an opportunity to support the development of existing staff.”

Other reasons were for the quality of learning on offer; the opportunity for improving career prospects, and because the staff member wanted to join the scheme.

The employers were asked how they rated the value of practitioner registration: 4 (67%) rated it as very valuable, 1 (17%) as moderately valuable and 1 (17%) was not sure of the value.

Benefits employers gain from staff members joining the practitioner registration scheme were considered to be the assurance that staff were working to an agreed standard, enhanced quality of work, knowledge of standards, understanding and practice of PH competences, opportunities for new contacts and reflective practice for practitioners making for more self-aware staff.

Benefits employers felt their staff members had in participating in the scheme included issues around time commitments, recognising that some workers will complete the scheme quickly and others more slowly depending on circumstances.

“Some have struggled to find the time to complete their portfolios whereas others have completed very quickly. It depends on their level of past experience and competing factors.”

Covering work when staff are on the course was raised as an issue. One employer had an issue which had arisen when the previous Coordinator was in role and commented that his concern had been fully addressed by the current Coordinator.

All the employers indicated that staff participation in the scheme has been aligned to internal personal development plans.

When asked how likely they were to encourage another staff member to participate in the SWoEPS, 3 (50%) said extremely likely, 1 (17%) said likely, and 2 (33%) did not know.

Four employers gave suggestions for improvements to the scheme and for two of these it was more about registration as a whole rather than issues with the scheme per se, commenting on a need to promote and encourage the registration programme and to link registration with recruitment.

“I am happy with the way the scheme has operated and the support that staff have been given. We need to raise awareness of the registration programme. We now specify practitioner registration as 'desirable' in practitioner recruitment.”

One employer considered that the amount of work required for individual commentaries is excessive and not equitable with other registration schemes nationally. Flexibility in completion dates to allow for unforeseen changes in circumstances was suggested.

6.7 Barriers to completion and attrition

Barriers to progress

The coordinator and facilitator have monitored and tracked practitioner progress on the scheme during the time-line of the cohorts. Self-reported difficulties and barriers to progress have been recorded for evaluation. See Table 3 for details.

Cohort 4 reported six incidents impacting on portfolio development amongst the 15 practitioners; 4 of these were due to job and employment difficulties.

Cohort 5 practitioners reported high incidents of personal difficulties, with over two thirds of practitioners suffering from bereavements (6), Job/employment difficulties (3), and serious illness (3).

Table3: Self-reported barriers to progress	
Cohort 4	Cohort 5
4 Job/Employment	6 Bereavements
1 Medical condition	3 Job/Employment
1 Other – Personal difficulties	3 Serious illness
Total- 6 of the 15	Total- 12 of the 17

Attrition

Table 4 highlights attrition from the scheme. In Cohort 4, three of the fifteen practitioners and in Cohort 5, nine of the seventeen practitioners left the scheme (as of 28/12/2016).

Table 4: Attrition in the Cohorts				
Cohorts	Recruited	Attrition	Remaining	% Attrition
4	15	-3	12	20%
5	17	-9	8	53%
Fast Track & Older Active Cohorts	7	-2 (Fast Track)	5	29%

Table 5, below, summarises the self-reported reasons for leaving the scheme. One of the practitioners in Cohort 4 self-reported a terminal family illness. Cohort 5 reported more incidents of life events which led to practitioners leaving the scheme; reasons included family issues, illness and relocation.

Table 5: Self-reported reasons for leaving the scheme			
Cohort 4 (15)	Cohort 5 (17)	Fast Track	Older Cohorts
1 Terminal family illness	2 Family bereavements	1 Personal commitment	None
	1 Stress	1 Employment	
	1 Surgery & employment		
	1 Family illness		
	1 Move to another area		

6.8 Coordinator and facilitator feedback

6.8.1. Coordinator:

Data from the interview with the Coordinator, together with his documented personal reflections, reveal issues relating to the scheme in general, as he perceives it from his position as Coordinator, and issues relating specifically to the Coordinator role.

The scheme in general: What is going well

The scheme Coordinator perceives that the SW PHP team members (himself, facilitator, mentors, assessors and verifiers) work together effectively, and good working relationships between each other have developed, facilitated by regular contact with each other.

Feedback received from practitioners about the support provided by these individuals has been good. A number of new initiatives have been introduced by the Coordinator to facilitate support for practitioners and these have been met positively. In his view, the PHSWOE Steering Group have been helpful in steering the scheme overall and other elements that he feels have contributed to the effective operation of the scheme have been setting clear targets and turn-around times for commentaries between practitioners and assessors. Aspects of the scheme that need to be retained are all related to support: PDG's and 1-1 distance support, mentor and buddying support and teleconferencing support.

What needs addressing

In common with other practitioner schemes, the availability of assessors and verifiers is raised as an issue. In a voluntary role, the competing demands on their time can cause delays and he feels that recruiting additional assessors would provide greater flexibility. Despite his lack of involvement in the recruitment process, due to timing of his recruitment to post, the Coordinator feels that there are problems with the application process, resulting in recruiting ill-prepared participants. His suggested solutions include a vetting process utilising a small group of senior PH professionals and planning commentaries supported by evidence at an early stage of recruitment which would determine advancement on to the scheme. He also suggests mandatory attendance of the workshop planning stage and managing the practitioners' expectations of time commitment before joining the scheme. Gaps in evidence should be dealt with through PDPs, with targets set from the outset, throughout the length of the cohort. Finally he believes that a 12-month completion timeframe is too short for some participants, who struggle and feel rushed and he suggests, in common with other practitioner schemes, a 18 – 24 month cohort length which may achieve a higher rate of completion, or cohort lengths matched to personal development needs. Other suggested improvements to the scheme relate to ways in which practitioners' knowledge gaps can be addressed such as through elearning and Master Classes at a regional level to share learning.

He feels that promotion and evaluation of cost-effectiveness of the scheme should be done at a national level by UKPHR, as well as addressing attrition rates and consistency across the scheme

The coordinator's role:

Important elements of the role

The Coordinator sees a key part of his role to be that of building and maintaining relationships between all those involved in the scheme and much of what he does is intended to facilitate this. He also considers support and motivation to be important, citing provision of mechanisms such as buddying, mentoring and teleconferencing to facilitate this.

Support in the role

Good guidance, advice and support from UKPHR (particularly the moderator and manager) and support from other coordinators via teleconferences and networking have all helped him in his role. The Coordinator also feels that his manager has been instrumental in not

only supporting him, but also in the development of the scheme, as have Board members. Regular, experienced admin support is seen as helpful.

Challenges in the role

Challenges he identified include getting to grips with and understanding the way in which the role had been undertaken in the past, with unclear, disorganised documentation and systems that needed updating. Geographical distances are highlighted as a barrier to regular contact and necessary relationship development, meaning reliance on emails and phone calls to the detriment of personal contact. Changes whilst in post in admin support have not been helpful. He has dealt with these difficulties via a combination of a new admin system and admin support, regular progress reports, teleconference meetings and 1-1 telephone discussions. He is considering use of online forums for the practitioners' benefit. However, he continually stresses the need for and importance of personal support, highlighting in particular the challenging life events of some practitioners, which have been difficult for him to support, and which need that personal contact. He has found it challenging at times to support all the practitioners.

6.8.2 Facilitator

Experience with the scheme

The Facilitator's motivation for her role stems from a passion for developing PH practitioners who come from a diverse range of backgrounds and skill-levels. She perceives this diversity as a rewarding opportunity to share knowledge and skills and she values seeing the practitioners grow in confidence. She sees her experience both as a previous scheme participant and in working with other schemes as important in understanding practitioners' challenges. She greatly values the relationship with the scheme Coordinator who she finds helpful, willing and tactful. She believes variability between assessors' work and expectations of the level of practitioners' work to be a particular issue and suggests her involvement in the assessor teleconferences could ameliorate this.

Support

The Facilitator has spent a greater number of hours supporting practitioners at a distance than others do in schemes elsewhere, but feels that it is necessary and that it is reflected in the successes of supported practitioners. She believes that the instant, individual feedback that her support provides is key in helping practitioners through the hurdles faced during the portfolio process and may prevent attrition. Allowing work to be critiqued, submission of the first commentary and receiving clarifications back from the assessors are the three hurdles she identifies. She recognises that all practitioners are individuals with different challenges and working styles and feels that extra support beyond that possible in group sessions is important.

Portfolio development group sessions

Provision of protected time outside the workplace is seen by the Facilitator (and practitioners, according to session evaluations) as the most important aspect of these sessions, which progress from didactic to problem-solving and quiet individual work time. The importance of individuals choosing to use (or not) the sessions to suit their own needs and circumstances is stressed, with distance support available to those who would rather not attend, or who are unable to.

Facilitator reflections

The Facilitator is very positive about the scheme and her involvement with it. She highlights the SW scheme model and the relationship she has with the Coordinator as particular strengths. She sees the successful registration status rate as demonstrating the success and cost-effectiveness of the scheme. The only difficulty raised is that of the late addition of five participants in one already full cohort which she felt caused her extra work in helping them catch up. It was unfair on other participants as it took time away from them and perhaps was unfair on the five additions as only one made good progress.

She makes several improvements which span the whole process. She suggests better initial screening of participants to avoid attrition, perhaps by the introduction of a process which reveals to potential participants the reality of the nature of the work involved and time commitment needed and which evidences their ability and commitment. This would assure appropriate cohort numbers who could be supported sufficiently and prevent wasting paid places. She also suggests improvements in how assessors, who come from a wide variety of backgrounds, work to increase standardisation, reduce variability and help with understanding roles. These include verifier feedback and annual refresher training. The facilitator cautions against implementing the national development toward elearning as she feels that would be detrimental to the practitioner experience and to the support provided.

6.9 Finance

Table 6, below summarises the stakeholder financial contribution to the scheme between 2015 and 2017 and the outlay.

Table 6: contributions over the period 2015-17.		
Organisation	Contribution 15/16	Contribution 16/17
Bristol	£16,787.00	£16,787.00
B&NES	£8,393.75	£8,393.75
South Glos	£8,393.75	£8,393.75
Sub - Total	£33,574.50	£33,574.50

SWPHWFDSG	£51,000
Total income over the 2 years	£118,149
Total outlay over the two years	£106,279

If all of the remaining members of Cohorts 4 and 5 (20) complete their practitioner portfolios then the cost per head of completion will be £5,313.96. If the remaining members of Cohorts 4, 5, the older cohorts and the fast track (25) complete their portfolios then the cost per head of completion will be £4,251.17.

7. Discussion

Feedback from practitioners and employers showed that the scheme is valued, that they would encourage others to join in the future, but that there are some adjustments that could be made to further improve it. Respondents highlighted that the scheme was valuable as it provided assurance that the practitioners were working to a national standard of consistency, safety, quality, improvement and accountability.

A strength of the scheme, underlined by both the coordinator and facilitator in their interviews and reiterated by responses to the practitioner questionnaire, is the good relationships between the whole delivery team. Good relationships and partnership work is vital as schemes such as this rely on voluntary support from assessors and verifiers. These good relationships are a key stone in the scheme and have been developed by the Coordinators and Facilitator and the willingness of the volunteers to give up their own time to enable practitioners to develop and be accredited for their work.

Another strength of the scheme highlighted by respondents is the variety of support on offer. This includes the Introductory Day (delivered by UKPHR), the portfolio development planning workshop, portfolio development days, distance support from the facilitator and the coordinator, City & Guilds technical support, practitioner teleconferences and mentoring. Not all practitioners took advantage of all of the support on offer, but those who did found it useful. In particular they praised the distance support from the facilitator and coordinator, probably because this support was shaped to their individual needs and concerns.

The scheme was designed to have a maximum of sixty four practitioners. However only fifteen people came forward in the first recruitment phase and a second phase had to be run to recruit further participants. This suggests that the original target was may have been too ambitious. Some Public Health departments asked if some very experienced staff could join the scheme as late entry fast track candidates. This resulted in two cohorts and a fast track cohort. Whilst this increased administration, this approach did enable later applicants to join. However most of the fast track practitioners did not thrive, diverting support effort to these later candidates and creating inequity between cohorts.

A flexible approach to recruitment enabled practitioners from previous West of England cohorts who had previously dropped out to restart their portfolios; all of these are still active although they do not get intensive support. To overcome this phased approach to recruitment the scheme could be set up a longer recruitment phase to gather all the available practitioners into one cohort.

Respondent found out about the scheme mostly through traditional Public Health channels, from managers and from Public Health Networks. It may be that advertising more widely to the wider public health workforce would identify more prospective candidates, for instance from Trading Standards and community public health nurses.

The present coordinator identified that there were difficulties in the hand-over from previous coordinators and this underlines the need for consistency in the delivery of the scheme.

The South West scheme provides more distance support from the facilitator than other schemes. This was singled out by the facilitator as being necessary and beneficial to practitioners. She identified this beneficial help as including critiquing work, support with the submission of the first commentary and discussing the clarifications received back from the assessors. The facilitator also felt that the protected time available for practitioners to attend the portfolio development days was essential, whether this was spent in teaching, problem solving or quiet individual time. Flexibility in how these days were used was needed to suit the different needs of individuals.

The time investment it takes to complete a portfolio was an issue raised by many respondents. Feedback from practitioners indicated that the time commitment needed to complete the portfolio was better emphasised from the outset, so that they were better prepared for the workload.

It seems likely that there are two types of scheme participants: those who are ready from the start to produce a portfolio based on existing work, and those who need some specific training in order to complete some of the competencies. These two groups might need different completion timetables, and the provision of regional Masterclasses might also assist the process for the practitioners with additional training for those who need it.

Several participants found that life interfered with the commitment they could give to commentary writing. Many reported going through difficult and challenging personal experiences within a few months of starting. About half the practitioners wanted the length of time given to them to complete their portfolios extended. This would mean that, after the initial development groups (where the agenda would cover topics that supported everyone), the facilitator would need to adjust the support provided, so that it was tailored for each individual practitioner.

Attrition has been mainly due to difficulties in their personal lives; these difficulties have included terminal illness or bereavements in the family, participant illness, illness in the family, and employment difficulties. Amongst those continuing within the scheme, barriers to progression were identified as bereavements, employment problems, and illness. This scheme is designed such that people need to work in their own time to complete their

portfolio and this highlights that people will run into completion difficulties when faced with difficult personal situations.

Respondents to this evaluation did identify that many had joined the scheme to improve their career prospects and some suggested that practitioner registration should be included in personal specifications for public health job roles. It was felt that this would signify the importance of the scheme and provides an acknowledgement that the scheme is a guarantee of quality in practice.

The coordinator identified that it was challenging to recruit assessors and verifiers. To recruit assessors it may be helpful to offer this role to those who complete the scheme, as the desire to 'give something back' was mentioned as a motivator by assessors. This would also ensure a further piece of CPD for scheme participants.

There was enormous variation in the amount of time it took assessors to read the commentaries, which may reflect the differing amount of experience they each had in assessing practitioner's portfolios. There was an association between this experience and commentary reading speed. This issue needs to be monitored as too great a time commitment may result in assessors no longer volunteering their time.

Employers valued the opportunities in continuing professional development that participation in the scheme gave their staff. They identified the benefits for staff as being: the assurance that staff were working to an agreed standard, enhanced quality of work, knowledge of standards, understanding and practice of PH competences, opportunities for new contacts and reflective practice for practitioners, resulting in more self-aware staff. Some did acknowledge that their employees had issues around the time commitment needed to complete the portfolio, with a more flexible approach to the time it takes to complete suggested.

8. Recommendations

Recommendations based on the discussion above include:

- The scheme is reduced in size in future
- The time commitment needed to complete the scheme is further emphasised to practitioners during the recruitment phase
- The scheme recruitment phase is lengthened to capture all possible candidates
- Selection criteria and processes are explored and applied uniformly across the region
- The scheme is advertised more widely to the wider public health workforce to identify further prospective candidates
- Previous cohort participants who have not completed the scheme are encouraged to re-engage and are fully supported

- The scheme runs for two years to enable practitioners to cope with adverse life events which interfere with completion; this would enable a more personally tailored approach when necessary
- Masterclasses on core competencies are developed
- Each area agrees to ensure that practitioner status is seen as a desirable element in person specifications.
- There is written guidance for practitioners and assessors about expectations and timelines to help them establish their relationship
- Assessors are recruited from practitioners who have completed their portfolio

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