**UKPHR**

*Public Health Register*

Protecting the public – improving practice

# Public Health Practitioners Assessment and Registration

# Framework and Guidance for
## Applicants
## Assessors
## Verifiers

December 2013

This guidance is applicable to practitioners working in a range of settings, including local government, primary health care and the voluntary sector, whose titles may not include public health, for example, health improvement, health development, health intelligence, health promotion.

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# 1. Overview and principles

This document describes the framework and process for gaining registration with the UK Public Health Register (UKPHR) as a public health practitioner. It contains guidance for applicants, assessors and verifiers and should be read in conjunction with the Supporting Information document, which also includes application forms, assessment log and observation proforma.

Registration of public health practitioners protects the public by:

- providing quality assurance of the workforce to common and agreed professional standards
- providing quality control of the workforce by assessment.

Practitioners wishing to gain registration are required to produce a portfolio of evidence demonstrating their competence against the UKPHR Practitioner Standards. These have been developed by the UK Public Health Register (UKPHR) through extensive national consultation and are based on the Public Health Skills and Knowledge Framework (PHSKF). Assessment and verification of the portfolio against these standards is a prerequisite for registration.

This framework of standards for public health practitioners should become an integral part of the career development pathway and skills escalator, developing the public health workforce and supporting the most effective delivery of the health protection and health improvement agenda.

Adherence to the standards, assessment and verification processes, along with moderation and the other quality assurance processes of the UKPHR, ensures practitioners can apply directly to the UKPHR for registration, from locally based but nationally quality assured assessment schemes.

Applicants to the Register should be aware that, as with all regulators, registration with the UKPHR will incur an initial registration fee and an annual registration fee. The current fees are available on the UKPHR website.

## 1.1 Joining a local assessment scheme

Practitioners wishing to gain UKPHR registration must first apply to a local assessment scheme. There are a number of local assessment schemes in operation and prospective applicants should check the UKPHR website for information on the current availability of schemes.

Plans are underway to roll out practitioner schemes across the whole of the UK to ensure equitable access to public health practitioner registration. A UK wide group has been established and interested parties from areas outside current schemes are linking into this network to see how to develop schemes in their areas.

## 1.2 Benefits of UKPHR registration

Findings from independent evaluation suggest that the processes involved in practitioner registration are valued by practitioners, assessors, verifiers and, importantly, managers and employers.

Employers of practitioners who have taken part in local schemes noted their:

- greater strategic awareness
- enhanced ability to lead projects
- greater awareness of personal and professional development needs
- greater use of "public health language"
- ability to set their work within the framework of public health
- increased confidence in their role and ability.

Directors of Public Health saw the following advantages of employing a registered public health practitioner:

- a more standardised approach
- increased reflective thinking
- a safe foundation of skills and the ability to build on that foundation
- strengthened professional autonomy
- assurance of quality practice.

Key emerging benefits for practitioners of participating in local schemes and gaining registration included:

- recognition of their competence
- increased confidence and improved morale
- external validation of their work
- a sense of belonging to a wider community of practice defined by shared standards and core values.

## 1.3 Overview of assessment and verification processes

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

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the custodians of the standards of practice and their roles are of the utmost importance.

The process for meeting the standards can be briefly summarised as follows:
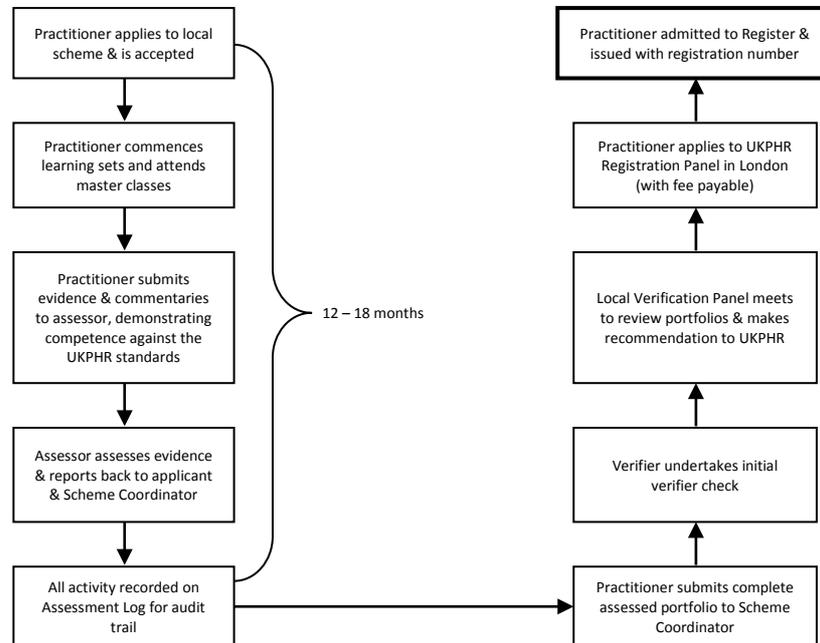


In addition to the training and support of assessors and verifiers, the UKPHR provides quality assurance including moderation. The process by which individuals are assessed must be both robust and consistent in maintaining standards, and proportionate to the risks posed to the public by the workforce. It should provide a system in which professionals, employers and the public can have confidence.

The assessment process should be supportive for the applicant and embedded as far as possible in existing infrastructures such as CPD, personal development planning and appraisal, providing a system that is sustainable into the future.

The assessment process should be transparent with a clear audit trail; to achieve this, the applicant, assessor and scheme coordinator share the **assessment log** [see **Supporting Information document**] as an open document between them.

The assessment log is the record of the progress and outcome of the assessment, and provides the audit trail. It is very important in both the

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assessment and verification processes and should be completed with care and attention to detail (see later sections).

Once the local Verification Panel has recommended the applicant for registration, the applicant has three months in which to apply to the UKPHR for registration.

More detailed information on the process is given in the flowchart on the next page. The local scheme coordinator remains involved throughout the process.

# Overview of the process for practitioner assessment

**APPLICANT**
Gathers evidence in a portfolio to demonstrate competence against the standards using the guidance and examples provided by the UKPHR.

**UKPHR**
Offers guidance on the standards for public health practitioners

**Local Scheme Coordinator** involved throughout

Iterative process of clarification and resubmission until assessor is satisfied standards have been met

Provides guidance and role specification for assessors

Provides training and on-going support for assessors and the assessment process

**ASSESSOR**
Skilled in assessing evidence submitted by applicants - successful completion of training is mandatory

To be thoroughly conversant with the public health standards

Need not be a registered public health professional

Assessor signs off all standards on assessment log. Application passed to verifier

Provides guidance and role specification for verifiers

Provides training and on-going support for verifiers and the verification process

**VERIFIER**
Must be a Registered Public Health Specialist for 3 years + and complete UKPHR training
Makes recommendation to the appropriate Verification Panel

Sample of applicants (up to 100%) moderated

Retrospective audit of process and applications

Verification Panel agrees that the process has been followed and the standards have been met

Applicant applies to the UKPHR for registration within 3 months of Panel decision (retains copy of completed application)

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## 1.4 The standards for practitioner registration

The principles used in developing the framework of standards were:

- Robustness
- Simplicity
- Capable of cost-effective implementation
- Clear focus on public health practice linked to the assessment of risk
- Feedback from practitioners and employers as to what is needed to ensure safe practice.

The standards (see Annex 1) were developed using the Public Health Skills and Career Framework[1] as the source document (now called the Public Health Skills and Knowledge Framework). They have also drawn from the NHS Knowledge and Skills Framework and the National Occupational Standards for Public Health. The standards were subject to two rounds of extensive consultation and have been developed with help from public health experts from a broad range of backgrounds and fully supported by the Faculty of Public Health.

The standards are aimed at those who are already working as public health professionals at Public Health Skills and Knowledge Framework level 5 or above. At this level practitioners will have autonomy in specific areas of public health practice; they will continually develop their own area of work and support others to understand it, and they may contribute to a programme of work in a multi-agency or multi-disciplinary environment (see Annex 2 for further information).

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

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[1] Public Health Skills and Career Framework, April 2008, PHRU SfH

practitioners

4. ***Underpinning skills and knowledge*** – needed by all public health practitioners to act effectively and achieve improvements in population health and wellbeing.

These four areas can be depicted as:

Application of Public Health Competencies

Technical Competencies

Professional and
Ethical Practice

Underpinning Skills and Knowledge
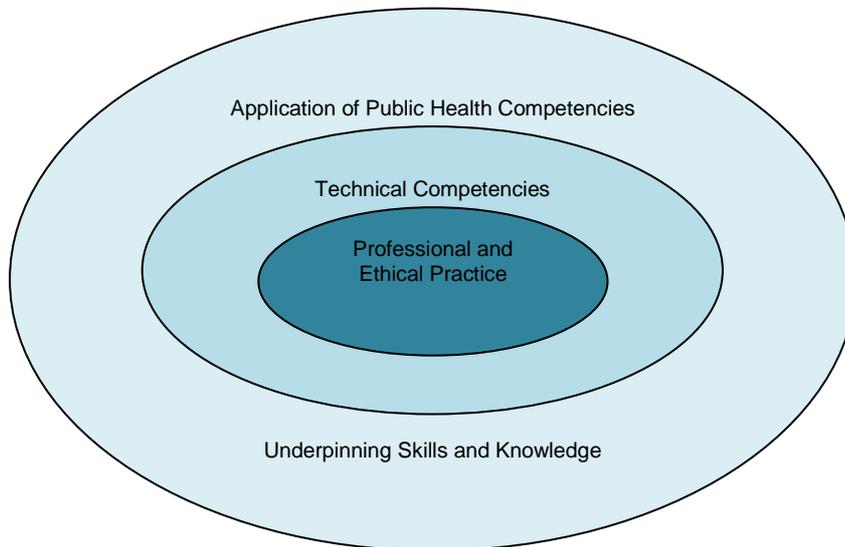
Each area is described by standards and indicators of effective practice.

# 2. Guidance for applicants

## 2.1 Eligibility

This framework is intended for use by individuals, who are already working as public health professionals at Public Health Skills and Knowledge Framework level 5 or above. You will have autonomy in specific areas of public health practice; you will continually develop your own area of work and support others to understand it and may contribute to a programme of work in a multi-agency or multi-disciplinary environment[2] (see Annex 2 for further detail).

As a public health practitioner, you should also see yourself on, and be keen to pursue, a public health career pathway.

## 2.2 Applying to a local scheme

Practitioners wishing to gain registration with the UKPHR must first apply to join a local assessment scheme. Local schemes may wish to see evidence that you are keen to pursue a public health career, and possibly that you have started the process of building your portfolio and gathering evidence. This may require you to undertake a baseline self-assessment of your competence against the standards, identifying any gaps and outlining your plans to address these. It may also require you to provide evidence of support for your application from your line manager.

## 2.3 Planning your portfolio

Once accepted by a local scheme, you will be supported in producing your portfolio of evidence to demonstrate competence against the practitioner standards. This support may include facilitated learning sets, master classes and attendance on taught courses.

When planning your portfolio, you should begin by identifying at least 3 key pieces of work you 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 your account of your 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.

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[2] Public Health Skills and Career Framework  April 2008 PHRU SfH

The standards are intended to be relevant to a wide range of public health practitioners, not all may have public health in their job title. As part of the development of the standards, some practitioners were asked for examples of how they might demonstrate competence from their different settings. These have been used to develop material in the Supporting Information document, which also contains a **glossary** of key terms used in the standards, which you may find helpful.

## 2.4 Demonstrating knowledge, understanding and application in practice

The standards recognise that knowledge supports practice, so they do not have separate knowledge and practice statements. However assessors and verifiers will be expecting to see evidence, which demonstrates how you have **gained knowledge** in an area, which has then underpinned and supported the work that you have done.

Knowledge may have been gained through learning on formal, accredited courses; on the job learning; learning through attending meetings/ conferences; private study or other means. It is important that you are able to describe clearly what you have **understood** from that learning and how you have **applied** it in practical examples. For indicators/standards that focus particularly on knowledge in their wording, it is still a requirement to demonstrate understanding and the application of that knowledge. Evidence for all indicators/standards needs to include relevant knowledge, understanding of that knowledge and its application in practice.

Relevant syllabuses should be made available as evidence for assessment, but the applicant must provide additional commentary concerning what has been learnt from participating in the course.

## 2.5 Presentation of evidence

The evidence that you provide can be drawn from a number of different sources:

- o work that you have done in the past or are currently involved with
- o a written reflective piece which draws on what you know and the experience you have gained

Be selective about which and how many pieces of work you use to demonstrate competence. It should be possible to derive evidence for competence across more than one standard from a single piece of work. The total volume of written evidence presented in a complete portfolio is not normally expected to exceed one box file.

**The portfolio submission in totality must consist of three or more discrete pieces of work** each accompanied by a commentary, which explains:

- o which indicators of which standards you are addressing through this piece of work
- o the context in which the work was done and why it was done
- o your role in the work and why you were involved.

The commentary should include a reflective section, in which you draw out particular aspects of your work or address specific points which may be unclear.

Each indicator should **normally** be evidenced from a **single** piece of work; occasionally more than one piece of work may be required, either by the applicant or the assessor (see section on assessment process below for information on the latter). **If you intend to use more than one piece of work for an indicator, this must be made clear to your assessor at the beginning of the process**; the indicator will not be assessed until all the relevant evidence has been submitted.

**Standards 5-8, which cover the *technical competencies in public health,* need to be evidenced across two commentaries,** i.e. all 12 indicators in standards 5-8 cannot be met from one commentary and its associated evidence alone. This does not mean that each indicator has to be evidenced twice. At least **3 of the 12** indicators of effective practice in these standards should be from a different commentary and evidence.

Your evidence must be referenced in the assessment log column "applicant evidence". Each item of evidence must be labelled clearly (see Supporting Information for suggested format).

Remove any reference to an identifiable client/patient/user; refer to organisations or roles, rather than individual professionals. Standard 3 concerns the importance of data confidentiality and disclosure. You need to demonstrate this competence throughout your portfolio.

Although the commentary is important in explaining the relevance of your work to the specific indicators and therefore contributes to the demonstration of competency, explicit evidence derived from that work is required.

The following types of evidence can be submitted:

- o Written reports of your own work, either from your paid work role, or from voluntary work with other organisations
- o A detailed testimonial of your contribution from a manager or senior colleague, with an accompanying written commentary
- o Written case studies of work by others, based on your analysis, observation and discussion with colleagues

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- A video or DVD of your work with an accompanying written commentary
- For standards 11 and 12, your assessor can observe you in action, but you should also provide a written commentary.

Evidence can reflect competence gained in any country or setting; the evidence must be presented in the English language.

Whilst work programmes can extend over many years, **it is a requirement that overall half numerically of the items of evidence submitted should be from within 3 years of the date of application for registration to the UKPHR.**

As it may take you a year or more to complete the assessment process, you will need to plan **in advance** to ensure that half of your evidence is current at the date of application to the UKPHR for registration.

Evidence of knowledge, which is drawn from learning undertaken more than 3 years before registration, will be deemed to be current if you also provide evidence of how this knowledge has been kept up to date through CPD.


## 2.6 Working with your assessor

As soon as you have evidence, which is ready for assessment, your local scheme coordinator will assign you a UKPHR trained public health professional to act as your assessor.

Your assessor may be a senior specialist trainee, consultant, aspiring Defined Specialist, public health manager or another person with senior level public health competence.  The assessor must meet the UKPHR's assessor role specification (see Annex 3) and will be appointed only after successfully completing the UKPHR training.

The assessment process is intended to be supportive of applicants. Local schemes may find that practitioners going through the assessment process benefit from linking with a mentor. However, it is important to separate the role of an assessor from that of a mentor. An assessor cannot, for example, act as a mentor to the same individual. A comparison of the role specification for an assessor and a mentor is given in Annex 4 (with thanks to Public Health Wales).

You should discuss and agree a way of working with your assessor including agreeing a submission time line. You are not expected to submit all the evidence for all four areas of practice at the same time. You can submit evidence for individual key areas or combinations of areas so that you build up your evidence over time.  The whole process should be completed though

within a reasonable time; 12 to18 months is recommended, but this may differ depending on the arrangements of your local scheme.

Some schemes use Learning or Assessment Contracts to help practitioners monitor their progress throughout the assessment process. An example is provided in the Supporting Information document.

## 2.7 The assessment process

You are required to produce evidence for each and every indicator of effective practice within each standard listed in Annex 1. The indicators are also clearly listed within the assessment log – see the Supporting Information document.

Your assessor will provide feedback, via the assessment log, on the evidence you have supplied for each indicator within the standard; this will clearly state whether the evidence is **adequate** to demonstrate competency, or whether **clarification** or **resubmission** is required.

**Clarification means that:**

- o Your assessor believes that you do have, or could provide from the work you have already submitted against this indicator, the evidence to demonstrate competence against this indicator, but requires more detail or information in order to be assured of this.

- o Your assessor will explain, on the assessment log, the reason for the clarification and this should be addressed in your response.

- o In response to a clarification request, you can expand your submission by statement(s) in your commentary, to amplify why a particular piece of evidence already submitted supports the indicator, or provide additional detail relating to evidence already submitted. You may also provide supplementary evidence relating to the **same work**.

- o All clarifications should be submitted within two months of the request from your assessor. This is the time frame UKPHR recommends but your local scheme may set its own time limit. It should be noted that clarifications are part of the assessment process and are to be expected.

**Resubmission means that:**

- o Your assessor considers that you will not be able to demonstrate competence against the indicator using evidence from this piece of work. This results in a resubmission for that particular indicator. You will need to provide new evidence from work not previously submitted against this indicator. Your assessor should clearly explain the reason for resubmission.

- o You may have to consider undertaking further work to provide new evidence.

- o Resubmission evidence should be submitted within six months of the request from your assessor. This is the time frame UKPHR recommends, but your local scheme may set its own time limit.

- o If your new evidence is still considered inadequate to demonstrate competence against the indicator, you can make one further resubmission within a further stipulated time period, as long as this does not take you beyond the agreed timeframe for complete portfolio submission.

As a general rule, it is not expected that you should clarify your evidence or resubmit your evidence more than twice for any one indicator.

If resubmission is required for more than half of the indicators, your assessor may consider it appropriate to recommend that you undergo further training or seek advice from a mentor.

In certain circumstances, your assessor may, following clarification, **partially accept** the evidence you have submitted against an indicator.

**Partial acceptance means that:**

- The assessor believes that your evidence does demonstrate competence against the indicator, but that not all aspects of the indicator have been addressed adequately.

- Your assessor will explain which aspects of the indicator require further evidence.

- You will need to provide new evidence from work not previously submitted against the indicator, in order to fully demonstrate competence.

This process of submission, clarification and resubmission of evidence, in discussion with your assessor, will continue until your assessor is satisfied that all the standards have been met, or until you consider that your evidence

is as good as it is likely to be and you have made a statement to this effect on the assessment log. At this point you can request that your scheme coordinator puts forward your portfolio to be considered by the Verification Panel.

For further information, read the sections below, **Guidance for assessors**, and "**Outcomes of assessment**".

## 2.8 The assessment log

The process of evidence submission and assessment is recorded throughout on the assessment log, **which you must complete** (see Supporting Information document). The assessment log is a "live document" that moves between the applicant, the assessor and the scheme coordinator until all 12 standards have been assessed as met. The assessment must be kept electronically.

The log will show how each of the 12 standards has been met and what evidence has been presented to demonstrate this. The appropriate sections must be completed and signed by both your assessor and verifier before the log is submitted to the verification panel.

Once accepted, the log will form part of the assessment documentation.

You must complete the assessment log **with a list of your evidence against each indicator of effective practice for each of the 12 standards.** Your assessor will record on the log the date when each indicator has been assessed and ultimately agreed as met, and their view on why and how your evidence meets the indicator in terms of knowledge, understanding and application in practice.  The verifier will also record their views on the log. All assessment and verification decisions remain on the log, thus ensuring a complete audit trail.

## 2.9 Verification and the registration process

Once your assessor is as confident as possible that you have met all the standards, s/he will notify you of this. It is then your responsibility to ensure that the local scheme coordinator passes your application to a UKPHR trained verifier. The verifier will check that the assessment has been carried out appropriately and will provide independent scrutiny.

Your verifier will be a registered public health specialist of at least three years standing, and will not know you personally or your work. Verifiers will have met the UKPHR verifier role specification (see Annex 4) and will have successfully completed the UKPHR training.

For the verification stage, you should prepare one full paper copy of all your written evidence, and any videos, DVDs etc. submitted as evidence, together with the assessment log, completed by your assessor **and the following documentation:**

- A completed verification application form (which is in the Supporting Information document) this should be provided in hard copy form with an original signature.
- A current CV
- A current job description
- Certified copies of original certificates for qualifications and courses
- A testimonial and a reference.

**A reference** should be provided from someone who knows you professionally, who can confirm that there is no professional, or fitness to practise, reason that you should not be included on the register. They should be able to provide general comments about your ability as a public health practitioner.

**A testimonial** should be provided from someone who has reviewed the evidence you have submitted for assessment and can confirm that this is your work. They should be able to comment on the quality of the evidence submitted and confirm that you are working, or capable of working, at public health practitioner level. This overall testimonial is separate to any testimonials you may have included as part of your evidence.

Both the reference and testimonial are required for the verification process and both will also be required when you submit your application for registration to the UKPHR. The same reference and testimonial should be used for both purposes.

Verifiers will meet locally as a Panel on a regular basis to consider applications. Once your application has been verified, your completed assessment log and your portfolio of evidence will be returned to you.

Your evidence will not routinely be submitted to the UKPHR itself, although a sample of applications will be called in by the UKPHR for moderation or audit at any stage of the process.

On the recommendation of the Verification Panel successful applicants will have **three months in which to apply to the UKPHR** (using the registration application form in Supporting Information document and enclosing the appropriate fee). Please see section 5 for more information.

# 3. Guidance for assessors

Applicants will be assigned an assessor by the local scheme coordinator. An assessor need not be a registered public health professional, but must be able to meet the role specification in Annex 3 and satisfactorily complete the training provided by the UK Public Health Register (UKPHR).

Assessors may be managers of public health practitioners, senior specialist trainees, public health consultants or specialists, but need not necessarily be registered themselves.

An assessor should not normally commit to assessing more than two practitioner applications at any one time.

## 3.1 Assessment of evidence

Practitioners will gather evidence to demonstrate competence in the standards and assessors will assess this evidence to determine whether the standards have been met and complete the assessment log (see Supporting Information document). Support and practice on making judgements on whether evidence meets the standards will be given as part of the UKPHR training.

Guidance on the use of UKPHR's assessment log, and on the amount, nature, currency and content of evidence to meet the standards, is given in the section on **Guidance for applicants**, and also in the examples demonstrating competence in the accompanying **Supporting Information** document, with which assessors should familiarise themselves. The **Supporting Information** document also includes a **glossary,** which gives an overview of expected coverage of the domains of public health.

For every indicator within each standard, you must complete the columns headed "Assessment outcome" and "Assessor's comments" in the assessment log.
- o If you accept the evidence indicate this with an **A** and date the column.
- o If clarification is required, indicate with a **C** and the date (see below for more information on clarification)
- o Where the evidence is inadequate and you believe that the applicant will not be able to provide evidence from the work presented, indicate that resubmission is required with an **R** and date (see below for more information on resubmission).

In certain circumstances, **partial acceptance** can also be used. This should be recorded as **PA** and the date (see below for further information on partial acceptance).

Under the assessor's comments column in the assessment log, please summarise how you reached your decision, briefly explaining how the evidence has met the indicator and refer to the understanding and application of knowledge.  In other words, answer the question (briefly) "*this evidence meets the indicator because…*" and mention knowledge, understanding and the application of knowledge in practice. It is important that the reasons for your decisions are clear to the applicant.

In order to maintain a full audit trail, a new assessment decision following a request for clarification or resubmission must be listed <u>beneath </u>the original decision (rather than over writing it) and dated accordingly e.g. "C" 23/9/11, A 28/10/11.

Once the portfolio has been fully assessed you must complete the assessor section "Overview of Portfolio" before submission for verification. The clarifications and resubmissions should be listed and the currency of evidence confirmed. **It is a requirement that overall half numerically of the items of evidence submitted should be from within 3 years of the date of application for registration to the UKPHR.** Assessors should check the currency of evidence with applicants as they progress through the assessment.

Evidence should be assessed at Public Health Skills and Knowledge Framework Level 5; evidence of working above this level is not required. Guidance on benchmarking Level 5 will be given in the Assessor Training and a more detailed description of the level of practice is provided in Annex 2.

In carrying out the assessment of the evidence submitted against the standards, the assessor is encouraged to work with the practitioner in a supportive manner, providing feedback via the log where necessary.

The applicant needs to know what they must do to address your concerns, but should not be told how to do this. It is important to separate the role of assessor from that of mentor. An assessor cannot act as a mentor to the same individual. A comparison of the role specification for an assessor and a mentor is given in Annex 4 (with thanks to Public Health Wales).

It is suggested that applicant and assessor should agree a formal contract at the start of their relationship, setting out how they can be accessed and how often they should meet or communicate (you may find the Learning Contract in the Supporting Information document useful or your local scheme may have their own contract).

Evidence need not be presented for assessment for all standards all at once, but individual standards or groups of standards can be 'signed off' at intervals over time. The turnaround time for assessing a single commentary with its

associated evidence should be within three weeks. The whole assessment process should be completed as quickly as reasonably possible, and should not normally take longer than 18 months at the most: a time period may be stipulated by the local scheme. Any difficulties with timeframes should be discussed with the scheme coordinator as soon as possible.

As described in the **section on Guidance for applicants,** evidence for standards 11 and 12 may not necessarily be written, but could involve the assessor observing the applicant in action in the field, e.g. in a meeting or making a presentation. You and the applicant must use the proforma for this purpose provided in the Supporting Information document.

## 3.2 Confidentiality and data protection in evidence

Standard 3 concerns the importance of data confidentiality and disclosure. Applicants need to demonstrate competence in this area throughout their portfolios. None of the evidence submitted should contain personally identifiable information. A breach of confidentiality of patient information (or private information such as home telephone numbers for work colleagues or clients), wherever it occurs, will require resubmission with new evidence against indicator 3E. The identifiable information should also be removed from the portfolio.

Summaries or reflective notes are not an opportunity to complain about individuals, organisations or professional groups. Where colleagues who can be identified are presented in an unfavourable light, whilst resubmission may not be required, the assessor should draw this to the attention of the applicant as poor practice.

## 3.3 Making decisions on evidence

You may find the following questions useful to assist in making decisions on the applicant's evidence.

1. Is the evidence the applicant's **own work**, and is it clear what **role** the applicant played in the work described?

2. **Does the commentary** make clear what indicators are addressed in the evidence, what the applicant did, key results and outcomes, and reflection on their learning?

3. **Is the indicator fully addressed** by the commentary and the evidence itself? The glossary may help you.

4. Is there evidence of how the applicant acquired the relevant **knowledge** – at least to a level broadly equivalent to that of a Bachelor's degree?

5. Does the evidence, and/or the commentary accompanying it, display **understanding** of the relevant knowledge? And do they demonstrate the **application** of the relevant knowledge in practice?

6. Has the applicant worked **collaboratively with others?**

## 3.4 Assessment decisions

It is expected that each indicator will be covered by evidence derived from a specific piece of work. If the applicant wishes to submit evidence for a single indicator from two pieces of work, this should be made clear from the outset. The indicator should not be assessed until all the evidence has been received.

If the assessor considers that the evidence presented demonstrates competence against an indicator in terms of knowledge, understanding and application in practice, then the indicator should be accepted.

If an assessor considers the evidence for an indicator is inadequate, they should request a clarification of the existing evidence or request resubmission with new evidence where necessary – and make a clear note of the reasons for the decision in the assessment log. A resubmission should generally follow a clarification, i.e. the applicant should be given the opportunity to demonstrate that evidence can be derived from the work already submitted.

The difference between clarification and resubmission will be covered in the training, but in summary:

- **Clarification**
  - The assessor believes that the practitioner does have, or could provide from the work presented, the evidence to meet the indicator in the standard, but requires more detail e.g. on the content of a course or what the individual actually did.

  - Applicants can expand their current submission by statement(s) in the commentary, which amplify why a particular piece of evidence already submitted supports an indicator in a standard, or by providing additional detail relating to evidence already submitted. Supplementary evidence relating to the same piece of work may also be provided.

- All clarification evidence must be received by the assessor within two months of their discussion with the applicant. This is the time frame UKPHR recommends, but your local scheme may set its own time limit.

Following clarification, four outcomes are possible:

- The evidence for the indicators is accepted
- Further clarification is needed (no more than twice for any specific indicator)
- Resubmission is required
- Partial Acceptance is appropriate.

- **Partial Acceptance**
  - The assessor is satisfied that the indicator has been partially met, but new evidence from a different piece of work is still required to fully meet the standard.

  - Partial Acceptance should be the exception, not the rule, as an applicant should normally be able to demonstrate competence against any specific indicator with evidence derived from one piece of work.

  - The assessor comments must be clear as to why partial acceptance, rather than resubmission, is appropriate, and which aspects of the indicator remain to be addressed.

- **Resubmission**
  - The assessor believes the evidence is inadequate to meet the standard and new evidence derived from a different piece of work is required. If an applicant claims an indicator which the assessor considers is not demonstrated by the evidence submitted, this results in a resubmission for that particular indicator. The reason for resubmission should be explained clearly.

  - The applicant should undertake further work as necessary and resubmit new evidence with a commentary, relating to a different piece of work, within 6 months. This is the time frame UKPHR recommends, but your local scheme may set its own time limit.

  - If the new evidence is still considered inadequate to meet the standard, the applicant can make one further resubmission within a further 6 month period.

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As a general rule, it is not expected that applicants should clarify their evidence or resubmit their evidence more than twice for any one standard. If resubmission is required for more than half the indicators presented, you may think it appropriate to recommend that the applicant undergo further training or be provided with a mentor.

## 3.5 Outcomes of assessment

Following this process of acceptance, clarification and resubmission of evidence, as necessary, one of three outcomes is possible:

1. Usually, **the assessor will be confident that all the standards have been met** (and that the applicant has fully understood the ethical framework set out in *Good Public Health Practice* and the UKPHR *Code of Conduct*). The application (including all the evidence) is then passed to the verifier (see next section).

2. Despite the process of clarification and resubmission described above, the **assessor still has concerns about competence against a particular standard(s), and these concerns are accepted by the applicant**. In this case, the applicant should be advised, and wherever possible supported, to undertake continuing professional development and to resubmit their entire portfolio of evidence at a future time. Such a resubmission would consist of evidence that has been "banked", i.e. accepted as adequate, and new evidence as necessary. The assessment log should be carefully retained, and resubmitted with the portfolio with the evidence of standards that had been "signed off". The normal currency rule would still apply.

3. Despite the process of clarification and resubmission described above, the **assessor still has concerns about competence against a particular standard(s) and these concerns are <u>not</u> accepted by the applicant**. In this case, the application in its entirety should go forward to a verifier, who should ensure that it is discussed at a verification panel meeting at which both the assessor and the applicant may be interviewed. The decision of the verification panel shall be final (apart from any moderation and the appeal process set out below).

# 4. Guidance for verifiers

Verifiers must be Registered Public Health Specialists in good standing (registered with the GMC, GDC or UKPHR) and have held a consultant or senior specialist post or a post of equivalent responsibility, for at least three years.

Verifiers will be appointed following the satisfactory completion of training provided by the UKPHR.

Verifiers must be independent and should not have any detailed knowledge of the work or performance of the applicant.

Verification is a key part of the quality management process. It is a process of independent scrutiny, with the purpose of providing confirmation that the assessment process has resulted in a portfolio of evidence that meets the standards.

Verification is not a reassessment of the portfolio of evidence. Verifiers do not need to look at all the evidence provided. They should instead focus on ensuring that the process of assessment has been carried out correctly by examining the assessment log. The assessment log should be filled in correctly by both the applicant and the assessor and allow the verifier to make a judgement on the assessment process. Verifiers will then need to sample the evidence, particularly where clarifications or resubmissions have been sought, where evidence has been provided through observation or where partial acceptances have been utilised, to assure themselves that the assessment process has been appropriately undertaken.

Verification has two stages: the initial verification check of the assessment by the verifier independently, followed by discussion of the initial verification at a verification panel meeting, at which recommendations are made to the UKPHR.

## 4.1 Initial verification check

Verifiers undertaking an initial verification check should:

1. Check that the assessment log has been fully completed by the applicant and the assessor, i.e. that, for each indicator of effective practice in each standard:

   a. evidence is cited

   b. the method of assessment is clear (for example review of written evidence or observation of the applicant at work);

c. whether clarifications or resubmissions of evidence were required, for what reason, and when;

d. whether partial acceptances have been utilised, for what reason, and when;

e. the date the indicator of effective practice was agreed as met.

2. Undertake a brief sampling of a few pieces of evidence. Do not undertake a second assessment, focus on standards where clarification and resubmission has been required, where evidence is based on observation or where partial acceptances have been utilised.

Key questions to ask as a verifier:

- Is the assessment log fully completed for each indicator of every standard? How you ticked and dated the verifier check column?

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

- Does clarification and resubmission evidence appear to be sufficient?

- Was the use of partial acceptance appropriate?

- Have any observations been carried out by the assessor? Are you satisfied with the evidence summarised?

- Which pieces of evidence have you dipped into?

- Have you checked all the supporting information e.g. curriculum vitae, reference and testimonial?

**If you are satisfied with the application**, tick and date each indicator in the verifier column of the assessment log, highlighting where evidence has been sampled, then complete the verifier overview in the assessment log, which you will then present at the next meeting of the verification panel. The completed assessment log should be circulated in advance of the panel meeting (UKPHR recommends one week ahead) to ensure all panel members have a chance to read the summary assessment comments and your recommendation.

**If you have any concerns**, record these in the verifier overview section at the front of the assessment log, and then put forward the application for discussion at the next meeting of the verification panel (preferably about a week before the meeting).

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We would expect initial verification of an assessment to take no more than two hours, and often less, once verifiers are familiar with the process.

## 4.2 The verification panel

All applications that have completed the initial verification process will go to a meeting of the verification panel for discussion and recommendation. Verification panels are constituted locally and must be comprised of trained UKPHR verifiers and be subject to UKPHR moderation. The verification panel may meet virtually (e.g. by teleconference) where agreed as appropriate.

The panel should be chaired by one of its members, or it may be appropriate for the scheme coordinator or their representative to undertake this role. The minimum number of verifiers at a panel meeting should be two where one or two portfolios are to be discussed, or a minimum of three verifiers if three or more portfolios are to be discussed. It is important to encourage all verifiers to attend as many panel meetings as possible, to ensure scrutiny of decision making and maintain verification expertise.

For verification panel meetings held by teleconference, all panel members should be sent at least the completed assessment log, including the verifier's comments in advance of the meeting, and the chair should have the full documentation accessible in the case of questions. For verification panel meetings held in person, the full portfolio documentation can obviously be available at the meeting.

When necessary, an assessor may be invited to attend a meeting of the verification panel to explain and discuss any assessment issues, if this will facilitate a decision being made by the panel on an application.

The decision of the verification panel will be final, subject to moderation and the applicant's right of appeal (see below).

The UKPHR requires information (which will remain confidential to the process) from verification panels for quality assurance purposes. The UKPHR including of course its Registration Panel, conducts its business with due regard to confidentiality. Full **minutes** of verification panel meetings must be taken, recording the main areas of discussion of each portfolio and the recommendation. The minutes are considered by the UKPHR Registration Panel, together with the assessment logs and a **certificate of verification**, listing all the applicants that were put forward to the verification panel, whether successful or unsuccessful.

## 4.3 Second assessments at verification stage

Where the verification panel is unable to recommend registration, and therefore is in disagreement with the assessor, the Panel should ask for a **second assessment** to be undertaken, with moderator support as needed (arranged through the scheme coordinator). The second assessor should undertake their assessment "blind", and then discuss their assessment with the first assessor and if possible**, agree a shared, joint assessment**. Second assessments have been extensively used for specialist registration for many years, and are an effective means both of assuring quality of assessment and also of embedding learning within the assessor community. [Assessors are encouraged to ask colleague assessors to review their work at any time, and to discuss their assessments with one another.]

For detailed guidance on the second assessment process at verification, please see **Annex 6 (page 41).**

A Verification Panel Decision Tree is provided as Annex 7, which summarises the process.

## 4.4 Following verification

If there are any concerns about the quality of verification, this should be discussed between a UKPHR moderator and the scheme coordinator, and the verifier offered feedback and further training. A scheme coordinator may ask for a 2nd verifier to look at a portfolio for quality assurance purposes at any time.

Once a portfolio has successfully concluded the assessment and verification processes, the completed assessment log will be returned to the applicant, unless the portfolio is selected for moderation by the UKPHR at this stage. The verification panel will send a certificate of verification, listing the practitioners considered and whether or not they are recommended for registration, to the UKPHR. The practitioners may then proceed to apply for registration with the UKPHR using the registration application form to be found in the Supporting Information document, together with the appropriate fee payable to the UKPHR.

**Applications to the UKPHR for registration must be made within three months** of the date that the portfolio is recommended by the verification panel. Late applications will not be considered by the UKPHR, but will be referred back to the local verification panel for a decision as to how to proceed.

See next section for further information on the registration procedure.

# 5. Application for registration with UKPHR

Applicants, who have successfully completed the assessment and verification processes, will be notified by the local verification panel and the completed assessment log returned to them. There is then a 3 month window following the date of the verification panel meeting when the practitioner may apply to the UKPHR for registration, using the registration application form to be found in the Supporting Information document, together with the fee payable to the UKPHR.

Applications made after three months have elapsed will not be considered by the UKPHR but will be referred back to the local scheme coordinator for a decision by the local verification panel on how to proceed.

Once accepted for registration, practitioners will be awarded a UKPHR registration certificate valid for 5 years (this time frame will be kept under review as revalidation processes are developed), provided the annual registration fee is paid and there are no fitness to practise issues arising.

Before the end of the five year period the UKPHR Board will want to be satisfied that the practitioner remains fit to practise. For this purpose the Board will follow revalidation procedures recommended by its Education and Training committee. They will be based around a programme of CPD based on *Good Public Health Practice.*

The UKPHR is working with the Royal Society for Public Health, the Faculty of Public Health and the Chartered Institute for Environmental Health to ensure professionally based accredited CPD programmes, accessible to practitioners, are rapidly developed.

## 5.1 Registration Procedure (See Supporting Information Document)

- The UKPHR Registration panel will consider applications consisting of:

  ◦ a completed registration application form (see the Supporting Information document) – sent in hard copy form with an original signature (because you are signing a declaration), and Recorded (Signed For) delivery.

  ◦ a CV detailing relevant qualifications, training and experience, and a current job description if appropriate

- ◦ a testimonial in support of the portfolio which will have been provided at verification stage.

- ◦ a reference from someone familiar with the applicant's current work, again provided at the verification stage.

- Recommendations from the verification panel will be reviewed by the Registration Panel which meets regularly for this purpose.

  This review will include:

  - ◦ the Assessment log

  - ◦ minutes of the relevant Verification Panel meeting - full minutes of the Verification Panel meetings must be taken, recording the main areas of discussion of each portfolio as well as the recommendation.

  - ◦ a summary of Verifier comments relevant to the individual applicant

  - ◦ certificate of verification – listing all applicants that were put forward to the verification panel, successful and un successful

  - ◦ Applicants will receive the decision on admission to the register once ratified by the UKPHR Registration Approval Committee, which is about two weeks after the registration panel meeting.

  - ◦ The UKPHR website will be updated with names of new registrants 3 weeks after the registration panel, they will receive an email notifying them of this and the log in details to enable them to keep their contact details up to date.

## 5.2 Registration fees

Current fees are available on the UKPHR website. Cheques should be made payable to "Public Health Register".

## 5.3 UKPHR quality assurance processes

The UKPHR will help to ensure consistent and robust standards of assessment through the provision of the following services: guidance, training and support for assessors and verifiers (as described above), moderation, oversight by the Registration Panel and an appeal process for applicants.

The applicant is responsible for keeping a copy of the complete portfolio of evidence. This evidence will not routinely be submitted to the UKPHR although a sample of applications will be called in for moderation or audit (up to 100%).

The moderator role will include, where possible, liaison with both assessors and verifiers to provide support and to ensure early identification of any problem areas or issues of interpretation, and attendance at and participation in the verification panel meetings. Moderators will not override the assessment and verification process: their advice is an invitation to reconsider and will be fed back to the assessor, verifier and/or scheme coordinator as appropriate.

Retrospective audit of both the application process and the assessment is an important part of quality control.

The role of the UKPHR Registration Panel is ensure that standards are consistent across different local schemes and across the UK as a whole, by considering the outcome of moderation and issues arising from feedback from verification panels. Everything possible will be done to ensure the integrity of the assessment process and the fair and impartial consideration of applicants.

## 5.4 Appeal process

Applicants may appeal to the UKPHR against a decision that they have not met the practitioner standards following assessment and verification.

The purpose of the appeal procedure is to allow an applicant to challenge any perceived flaw in the handling of their application, on the grounds either that the decision was not warranted on the basis of the information provided, or because the procedure was faulty. The onus will be on the practitioner to establish that the decision should be reviewed.

No new material relating to the application can be submitted for an appeal hearing, because the appeal is against the assessor's and verifier's recommendations. The inclusion of new material would constitute a reapplication rather than an appeal.

# Annex 1.   The standards for practitioner registration

## Area 1: 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

3. Act in ways that:

    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: Technical competencies in public health practice**

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 effect 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: Application of technical competencies 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: Underpinning 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.

## Annex 2.   Public Health Skill and Knowledge Framework levels 4, 5 and 6

Differences between levels in the framework concern: *autonomy*, *responsibility* and *decision-making* required in a post.  The following are words and phrases extracted from two Skills for Health documents:
- Summary of Attributes and Definitions for Career Framework Levels (August 2010)
- Comparison of attributes of the Career Framework Levels 2 to 8 (2010)

### Level 4
- Requires specific factual and theoretical knowledge within a field of work, enabling them to undertake tasks that may otherwise have been undertaken by a practitioner (Level 5)
- Work is guided by standard operating procedures, protocols or systems within which the worker makes judgements, plans activities and demonstrates self-development; exercises a degree of autonomy and undertakes well-defined tasks requiring limited judgement
- Plans and manages their role under guidance in a work context that is usually predictable
- May have responsibility for supervision of some staff

### Level 5
- Requires comprehensive, specialised, factual and theoretical knowledge within a field of work: enables them to work with a considerable degree of autonomy
- Works independently: work is managed rather than supervised and requires problem solving which may include handling unpredictable change
- Plans, organises, and prioritises own work including more complex tasks
- Makes judgements which require analysis and interpretation
- Actively contributes to service and self development
- Uses evidence to enhance and underpin their practice
- May have responsibility for supervision of staff or training: may have line management responsibilities but will not be responsible for service delivery

### Level 6
- Critical understanding of detailed theoretical and practical knowledge
- Works independently, is specialist and/or has management and leadership responsibilities
- Demonstrates initiative and is creative in finding solutions to problems
- Deals with complex, unpredictable environments
- Uses and develops evidence to inform their practice
- Has some responsibility for team performance and service development
- Consistently undertakes self-development

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# Annex 3.  The role and requirements of assessors

Assessors are appointed by local schemes following confirmation of satisfactory completion of initial training by the UKPHR. It is an unpaid role.

Assessors are appointed for an initial term of three years, with an option for a further term or terms. Assessors should complete a minimum of two whole assessments per year (consideration of clarifications and resubmissions is not enough).

UKPHR will deliver development sessions for assessors each year and assessors are expected to attend at least one such event every two years. Assessors are also required to participate in assessor teleconferences as organised by their local schemes.

**Role**
- To assess applications by practitioners, and make recommendations to the appropriate verification panel
- To be available to present and discuss assessments at meetings of the verification panel if required
- To provide feedback and advice to applicants on their portfolio of evidence

**Requirements**
- To be skilled in assessing evidence submitted to demonstrate competence – successful completion of training is mandatory
- To be thoroughly conversant with the public health standards
- To be able to maintain impartiality in the role whilst providing support to applicants
- To be willing and able to devote the necessary time and to give the role appropriate priority
- To be able to provide appropriate references
- To be able to provide evidence of current continuing professional development

**Removal from role of assessor**
Assessors may be removed from their role for any of the following reasons:

- Professional misconduct
- Unauthorised disclosure of confidential information
- Inability or refusal to perform the duties of an assessor and to meet the quality assurance requirements
- Inappropriate behaviour or continued poor performance

## Annex 4.   Comparison of assessor and mentor roles
**(with thanks to Public Health Wales)**

| Assessors | Mentors |
|---|---|
| The role of the Assessor is to:<br><br>• Agree, with the practitioner(s) assigned to them, the dates for submission of 'chunks' of work and the turnaround time for assessment feedback. This will be done through the development of an 'Assessment Contract' (previously referred to as the Learning Contract)<br><br>• Impartially* assess evidence submitted by practitioners to demonstrate competence against the practitioner standards<br><br>• Feedback the outcome (pass, clarification or resubmission) of the assessment and give brief advice to applicants following assessment through the completion of the Assessment Log<br><br>An Example Assessment Log has been produced and will provide types of brief feedback the Assessor will be expected to give.<br><br>• Present and discuss assessments at a meeting of the Welsh Verification Panel, where necessary<br><br>* The Assessor should not provide guidance and input to draft commentaries – this is the role of the mentor. | The role of the Mentor is to:<br><br>• Facilitate the process of self-directed learning of the practitioner throughout the portfolio development process (this may include the points below)<br><br>• Facilitate / give advice on self-assessment against the practitioner standards (how standards may be demonstrated, identifying relevant development opportunities for filling competency gaps)<br><br>• Informally review evidence and draft commentaries providing advice and guidance through a dialogue with the mentee. This may include advising on competences / standards not claimed that could be claimed and strengthening those being claimed. |

## ANNEX 5.  The role and requirements of verifiers

Verifiers are appointed by local schemes following confirmation of satisfactory completion of initial training by the UKPHR. It is an unpaid role.

Verifiers are appointed for an initial term of three years, with an option for a further term or terms. Verifiers must attend a minimum of one verification panel per year. If this requirement cannot be met for any reason verifiers will need to retrain.

UKPHR will deliver development sessions for verifiers each year and verifiers are expected to attend at least one such event every two years.

**Role**
- 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

**Requirements**
- To be a registered public health specialist with the GMC, the GDC or the UKPHR, to be in good standing and to have held a consultant or senior specialist post or a post of equivalent responsibility, for at least three years.
- To be skilled in providing independent scrutiny of the portfolio of evidence submitted to demonstrate competence – attendance at training is mandatory
- To be thoroughly conversant with the public health standards
- To be able to maintain impartiality in the role
- To be willing and able to devote the necessary time and to give the role appropriate priority
- To be able to provide appropriate references
- To be able to provide evidence of current continuing professional development

**Removal from role of verifier**
Verifiers may be removed from their role for any of the following reasons:

- Professional misconduct
- Unauthorised disclosure of confidential information
- Inability or refusal to perform the duties of a verifier and to meet the quality assurance requirements
- Inappropriate behaviour or continued poor performance

## ANNEX 6.  Guidance on second assessment process

The second assessor should undertake their assessment independently, i.e. "blind" without sight of the first assessment.  They should then get in touch with the first assessor and discuss their views, with the objective of reaching, if possible, a single, shared assessment written up within a single assessment log.

Double assessment has been used successfully by the UKPHR for specialist assessment for many years, and contributes to assessor learning and development as well as to the rigour and consistency of the assessment process.

Guidance on the subsequent steps to be followed:

- If the second assessor cannot reach agreement with the first assessor, point moderation will take place (the scheme co-ordinator should contact a UKPHR moderator)

- If the second, joint assessment concludes that further evidence is required on a standard, the applicant will then be given the opportunity to clarify or resubmit evidence as necessary; the feedback to the applicant should be given by the first assessor in normal circumstances.  The first assessor should consider clarified or resubmitted evidence, with the second assessor being available for discussion of this new evidence.

- The first assessor should complete the assessment log for final sign-off.

- The practitioner should then resubmit their Application for Verification to the scheme co-ordinator or direct to the verifier (if agreed with the scheme co-ordinator)

- The second assessment should preferably be considered by the same verifier, but if this is not possible it can be considered by another verifier, and then considered at the next Verification Panel meeting.

- If having considered the second assessment, the verifier remains concerned, point moderation should take place before the portfolio is considered again at a Verification Panel meeting.  The scheme co-ordinator should contact a UKPHR moderator to arrange this.

# ANNEX 7. Verification panel decision tree

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                    ┌─────────────────────────────────────┐
                    │ Verification Panel meets to review   │◄──────────────────────────┐
                    │ portfolios                           │                           │
                    └─────────────────────────────────────┘                           │
                                      │                                                │
                                      ▼                                                │
                    ┌─────────────────────────────────────┐                           │
                    │ Verifier describes his/her initial   │                           │
                    │ verification check & conclusions     │                           │
                    │ reached                              │                           │
                    └─────────────────────────────────────┘                           │
```

| Verifier recommends to Verification Panel that applicant go forward for registration | Verifier recommends to Verification Panel that applicant go forward for registration, subject to rectification of minor admin issues (e.g. dates missing in 'Assessment outcome' column of log or ticks missing in Verifier Check column) | Verifier recommends to Verification Panel that applicant does NOT go forward for registration as verifier disagrees with assessor's decisions | Verification Panel recommends that applicant does NOT go forward for registration, as verifier check not carried out correctly |
|---|---|---|---|
| | Verification Panel agree with verifier's recommendations | Verification Panel agree that second assessment required | Verification Panel agree that moderation required |
| | Scheme Coordinator ensures rectification of minor admin issues | Scheme Coordinator assigns portfolio to another assessor | Scheme Coordinator sends portfolio to UKPHR Moderator |

Second assessment undertaken & sent to same verifier for another check

Scheme Coordinator records Verification Panel's decision in Panel minutes

Scheme Coordinator records names going forward for registration on Verification Certificate

Scheme sends minutes & Verification Certificate to UKPHR for consideration at next UKPHR Registration Panel

Scheme Coordinator advises applicants of Verification Panel's decision

## **Contact us**

UK Public Health Register
18c Mclaren Building
46 Priory Queensway
Birmingham
B4 7LR

w: www.ukphr.org
**e: register@ukphr.org**