An Evaluation of the Health Education England Thames Valley Practitioner Development Scheme

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Acknowledgements

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- Allison Thorpe, Thames Valley Scheme Coordinator until September 2015

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- Louise Holden, Public Health Workforce Development Programme Manager

Executive Summary

In the autumn of 2014 the Thames Valley Practitioner Development Scheme was relaunched to support Practitioners from the local workforce to obtain registration with the UK Public Health Register. Six Practitioners joined the scheme, of which four successfully achieved registration, one deferred from the 2015 scheme and one withdrew.

An evaluation of the scheme was undertaken in November 2015. The evaluation did not aim to review the overall value or the practitioner registration, but instead examined the strengths and weakness of the local scheme making recommendations for improvement where necessary. Interviews were conducted with everyone who was involved in the scheme covering the following roles or professional groups; Stakeholders, Verifiers, Assessors, Mentors and Practitioners. A glossary of terms used in this evaluation report is included on the following page. Interview questions covered the following themes; recruitment to the scheme, induction and training, time commitment, indicators and evidence, learning sets and scheme support, and the future of the scheme.

The results of this evaluation demonstrate that the Practitioner Development Scheme in the Thames Valley is running well, with specific areas of good practice. For example, the implementation of a mid-way review to gauge Practitioners' progress through the scheme is an area of strength. In addition, the overall support offered to Practitioners and Assessors specifically was evaluated very positively.

The scheme has some challenges to overcome as it seeks to become more established in the coming years. These mostly revolve around trying to expand the scheme and include areas such as advertising and recruitment of Practitioners as well as ensuring the role of Scheme Co-ordinator, Assessor, Mentor and Verifier are sustainable and adequately resourced.

Glossary of terms

Assessors- Experienced members of the Public Health workforce who assess the commentaries and evidence submitted by Practitioners. Some Assessors are on the UKPHR Practitioner Register, some are Specialty Registrars on the training scheme to become Public Health Consultants, whilst others hold senior Public Health roles in a variety of organisations.

Commentary- A written account of work performed by a Practitioner in their day to day role. Written to demonstrate that the Practitioner's practice meets the variety of standards and indicators required by the UKPHR.

Health Education England- An NHS organisation that works across England to deliver high quality education and training for a better health and healthcare workforce.

Mentors- Experienced members of the Public Health workforce who provide advice and support to Practitioners whilst on the scheme. They are often used by Practitioners to provide formative feedback on portfolio commentaries, to ensure the work submitted to Assessors meets the required standards.

Practitioner- A term used to refer to the people enrolled on the scheme to gain registration with the UKPHR. They are defined as someone who has autonomy in specific areas of public health work, continually developing their area of work and supporting others to understand it. Their job title may or may not include the word "Practitioner" but they work at level 5 of the Public Health Skills and Knowledge Framework.

Portfolio- A collection of work produced by a Practitioner that demonstrates they meet the required standards of the UKPHR. It is made up of three commentaries and a variety of pieces of "evidence" from the Practitioner's day-to-day work.

Stakeholder- An umbrella term used to describe members of the Thames Valley Public Health workforce who are responsible, in varying ways, for the delivery and development of the Thames Valley Practitioner Development Scheme. This includes; the Scheme Coordinator, Training Officer, Head of School, Deputy Director of Public Health and Learning Set Facilitator.

UK Public Health Register (UKPHR)- An independent, dedicated regulator for public health professionals in the UK, providing professional regulation to public health specialists and public health practitioners from a variety of backgrounds.

Verifiers- Public Health Specialists who review a Practitioner's portfolio once it has been assessed to safeguard the registration process and ensure the minimum standards for registration have been met.

Summary of Recommendations

Recommendation 1
Information about the scheme should be more readily available to those applying, or considering applying, to ensure Practitioners know more about the scheme and expected commitment before they apply. This could be via a programme handbook, pre application informal visits, web based seminars or other means.
Recommendation 2
The Stakeholders of the scheme should consider how to more fully publicise the scheme to the wider Public Health workforce. This should include organisations and roles that have not traditionally been core to local Public Health function.
Recommendation 3
The Stakeholders of the scheme should review how to ensure Line Managers are made aware of the scheme and its benefits, encourage team members to apply and address any barriers to their support of the scheme.
Recommendation 4
The content and timing of the induction day should be reviewed to ensure Practitioners on the scheme have a full introduction to the scheme, know what to do to successfully progress through the scheme and are equipped to make a start on their portfolio work.
Recommendation 5
A more explicit and accurate guide to the time commitment required for each of the roles on the scheme should be provided or methods explored to reduce the time commitment of each role. This could be combined with **Recommendation 1.**
Recommendation 6
Consideration is needed regarding the sustainability of the scheme, because a significant proportion of Assessor and Verifier work is being undertaken in non-work time, leading to reliance on "good-will". Strategies to ensure individuals' roles to support the scheme are included in their job plans or job descriptions may be helpful in safeguarding this function.
Recommendation 7
Further support should be offered to Practitioners to develop realistic project plans for portfolio submission, thus ensuring the workload for them and their Assessor is as spread out and timely as possible.
Recommendation 8
Feedback should be shared with the UKPHR regarding the potential need to update standards and indicators, particularly in reference to working in Local Authority and political contexts.
Recommendation 9
Increase the guidance for Practitioners in regard to mapping areas of work against indicators and standards. Also make it clear to Practitioners what constitutes evidence being "current".
Recommendation 10
The content of the learning sets should be reviewed in order to ensure that they are sufficiently focused on the specifics of how to write and construct a commentary and how to fill gaps in evidence. Consideration should be given to the inclusion of personal study time within them.

Recommendation 11
The provision and offer of mentors should be strengthened to maximise the benefits this offers to both Practitioners and Assessors. At the same time the role of Scheme Coordinator and administrative support should be maintained to ensure the ongoing cohesion of the scheme
Recommendation 12
Review how communication with Line Managers can be enhanced and ensure their perspective is included as plans are formulated to develop the scheme in the future.
Recommendation 13
Aim to expand the scheme to more Practitioners in the coming years. Expand the Assessor, Mentor and Verifier resource to accommodate this and consider how these roles can be made more sustainable.
Recommendation 14
Contribute to discussions with Health Education England and UKPHR regarding the utility of an Advanced Practitioner Development Scheme and prospective Practitioner registration.
Recommendation 15
Ensure Practitioners are made aware of the UKPHR CPD requirements and either provide or sign-post them to potentially relevant CPD resources.

1. Introduction

1.1 Background

In 2011 the UK Public Health Registrar (UKPHR) opened a route to registration for Public Health Practitioners to join the UKPHR as registered practitioners. The purpose of this was to provide Practitioners with objective evidence that they have attained appropriate standards of competence, bringing with it recognition, status and career progression. For employers, registration helps provide a competent workforce and assurance that employees are practising at or above a certain level. To gain registration with the UKPHR, Practitioners were required to join a locally run Practitioner Development Scheme (PDS) to support them in developing and submitting a portfolio of their work, mapped against standards and indicators produced by the UKPHR. These Schemes were piloted in 4 areas of the United Kingdom which included NHS South Central.

In April 2013 a national re-organisation of NHS and Public Health bodies was undertaken and as a result two organisations became responsible for Practitioners seeking registration in the South Central region of England; Health Education England's local offices Thames Valley (HEETV) and Wessex (HEEW). The team at HEETV supported Practitioners based in the Thames Valley area who were mid-way through the process of gaining registration to complete their portfolios, but there was a hiatus in active recruitment to the scheme. The final Practitioner from the original cohort completed the registration process in 2015.

1.2 Context

A Practitioner Development Scheme (PDS) specific to the Thames Valley was relaunched in the autumn of 2014. This was made available to Practitioners from the public health workforce based in the Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes area. Six Practitioners applied and were admitted to the relaunched scheme which commenced in January 2015 with an induction day. Practitioners were then supported during 2015 to develop a portfolio of their work to be submitted for verification by November 2015. Of the six who commenced on the 2015 cohort, four Practitioners successfully completed this process, whilst one deferred and another withdrew from the scheme mid-year.

HEETV commissioned an independent evaluation of the relaunched PDS in September 2015 so that the strengths and weakness of the local scheme could be examined, and where necessary, changes made to the scheme prior to the 2016 cohort of Practitioners starting. This was delegated to a Public Health Specialty Registrar working under the educational supervision of the Deputy Director of Public Health.

1.3 Purpose

The aim of this evaluation was to review the 2015 cohort of the Thames Valley Practitioner Development Scheme from the perspective of all those involved with it. The strengths and weakness of the scheme that were identified then led directly to inform the list of recommendations made in this report. The evaluation did not specifically aim to review the overall value or the Practitioner Development Scheme in terms of its utility as a public health workforce development tool. However, the final theme of questions (reported in Chapter 8) does touch on this as it refers to how the scheme could possibly evolve in the future at a national level.

1.4 Structure of report

This report is structured around the groups or themes of questions that were asked during the one to one interviews with those who were involved in the 2015 cohort. Each chapter presents the responses to questions which were most notable, varied in reply or had the most polarised responses. Combinations of quantitative and qualitative responses are presented for each theme and the number of responders to specific questions is presented throughout the report, as not every question was asked to every respondent.

The recommendations that have been made as a result of the responses received are presented immediately after the relevant questions and answers to demonstrate how the recommendations were directly formulated from the feedback received. It has not been practical to include every response to every question in this report. However, a list of all the questions asked is included in the appendices.

2. Evaluation Methodology

The evaluation aimed to gather views on the 2015 Thames Valley cohort from all those who were involved. This included the following professional groups;

Table 1- List of response rate per professional group

Professional Group	Number approached in each group	Number agreed to participate
Practitioners	6	6
Assessors	5	5
Mentors	1	1
Line Managers of Practitioners	6	4
Verifiers	2	2
Stakeholders (including the Scheme Co-ordinator, Training and Development Officer, Learning Set Facilitator, Training Programme Director for the region and the Deputy Director of Public Health for Oxfordshire).	5	5

As demonstrated in *table 1* above, the response rate to the evaluation was very good with everyone involved in the 2015 cohort (with the exception of two Line Managers) agreeing to participate. This gave an overall response rate of 92% (23 out of 25).

A pool of evaluation questions were created by the Researcher which were then reviewed and edited in collaboration with the Scheme Co-ordinator and Deputy Director of Public Health. The questions were then grouped into one of seven themes. The relevance of each question to each of the Professional Groups was considered and a common interview schedule created for each group. This meant that only questions relevant to the responder's role in the 2015 cohort were used during the interview. It also ensured all Professional Groups were asked the same questions in the same order to eliminate bias as much as possible.

Most questions utilised the Likert scale which requires responders to state the extent to which they agree or disagree with a statement on a 5 point scale. Permitted responses to such statements were;

1. Strongly agree
2. Agree
3. Neither agree/ disagree
4. Disagree
5. Strongly disagree

Some questions required a binary "yes or no" response whilst some allowed an open response. Where respondents wanted to add further comment to their answers to Likert scale or binary questions, this was permitted with responses then coded later for recurring themes from other respondents. A table of all 93 of the evaluation

questions is available in the appendices of this report. This table includes whether the question was Likert scale, binary or open and also demonstrates which questions were posed to which professional group.

The evaluation was undertaken during the autumn of 2015 with all interviews occurring during a 2 week period in November. This time period was chosen because by then Practitioners had submitted their portfolios and Assessors had completed their assessments. The only exception was for Verifiers, who were interviewed in January 2016, after the verification panel had met. This approach ensured that respondents were able to answer questions based on their experience of the 2015 cohort in its entirety, as opposed to selected elements of it. It also gave sufficient time for the Scheme Co-ordinator to make necessary changes to the Thames Valley PDS, based on an informal presentation of the draft recommendations of this report, before the 2016 cohort commenced on the Scheme.

All interviews were conducted on a one to one basis by the same researcher at a mutually convenient time. Interviews were conducted either face to face with the responder or over the telephone- this was decided by the responder, with geographical proximity to the researcher's base office often the main determining factor. Line Managers were the only exception to this, whose views of the 2015 cohort were sought via a bespoke online survey tool. This may have been a factor in the two Line Manager non-responses noted above.

Interviews were conducted in a private location to ensure interruptions were kept to a minimum and respondents were able to answer questions freely without any potential breaches of confidentiality. Reponses were collected on anonymised interview schedule sheets which were stored in secure premises. After all the interviews were completed, responses were collated and inputted onto a password protected Excel Spreadsheet to allow for data analysis and exploration of response themes. Paper interview schedules were then destroyed appropriately.

3. Recruitment to the Scheme

3.1 Summary of recruitment to the scheme

The scheme was advertised on the Heath Education England Thames Valley website and cascaded to NHS organisations and Public Health teams in the Thames Valley via established networks and links. Recruitment to the scheme was via a formal application form, sample portfolio commentary and interview.

3.2 Feedback from the evaluation questions

Of the six applicants only one Practitioner arranged an informal visit or conversation before making their application. However all Practitioners stated their time commitment was more than expected and expressed challenges over gathering evidence for their portfolio.

Figure 1 (below) demonstrates that none of the Practitioners found the application process was informative of the nature of the scheme.

Figure 1- Question 8 to practitioners

On reflection, the application process was a helpful gauge of what the PDS would involve (N=6)

Strongly disagree	0
Disagree	4
Neither agree/ disagree	2
Agree	0
Strongly agree	0

(Y-axis: Number of respondants, 0–6)
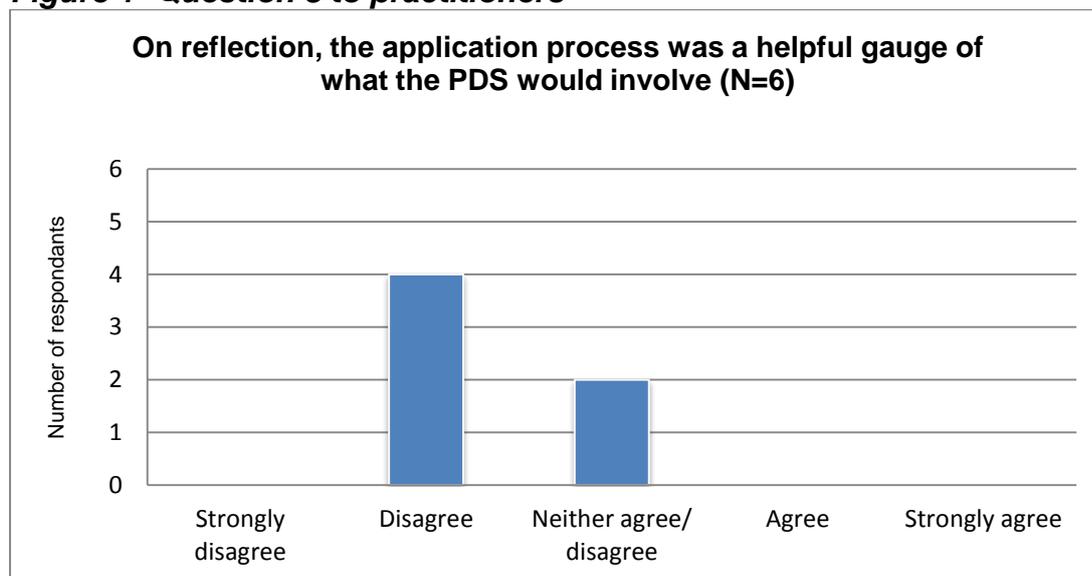
In addition to this response by Practitioners, Assessors and the scheme's Stakeholders both suggested that the application process was a poor predictor of achievement on the scheme.

During the course of the interviews, a qualitative theme emerged that it is hard to advertise the PDS to the wider Public Health workforce due to fragmentation of the workforce as a result of nationally led organisational restructure.

"I am not sure it was well publicised to district councils or other people in less "core" public health roles"

"It is difficult to get the message out to the whole workforce due to fragmentation".

The relatively small number of applicants to the Thames Valley scheme, when compared to other schemes in the UK, would also suggest the success of advertising the scheme is limited.

Practitioners reported being reasonably well supported by their Line Manager in applying for the scheme (see figure 2 below). However, on further questioning, for all Practitioners the support or encouragement was as a result of the Practitioner asking for support in applying, as opposed to the Line Manager pro-actively recommending the scheme as a development tool for their team member.

Figure 2- Question 11 to Practitioners

I was actively encouraged to apply to the PDS by my line manager (N=6)

3.3 Recommendations

As a result of these findings, the following recommendations are made;

Recommendation 1
Information about the scheme should be more readily available to those applying, or considering applying, to ensure Practitioners know more about the scheme and expected commitment before they apply. This could be via a programme handbook, pre application informal visits, web based seminars or other means.
Recommendation 2
The Stakeholders of the scheme should consider how to more fully publicise the scheme to the wider Public Health workforce. This should include organisations and roles that have not traditionally been core to local Public Health function.
Recommendation 3
The Stakeholders of the scheme should review how to ensure Line Managers; are

made aware of the scheme and its benefits, encourage team members to apply and address any barriers to their support of the scheme.

4. Induction and Training

4.1 Summary of induction and training on the scheme

Practitioners, Assessors, Mentors and Verifiers all had induction or training specific to their role at the beginning of their involvement in the 2015 scheme. For Practitioners, this was locally delivered in January 2015 (shortly after acceptance onto the scheme) with sessions facilitated by the UKPHR and HEETV. For other professional groups, training was delivered by the UKPHR at a local level (which included support from HEE Wessex).

4.2 Feedback from evaluation questions

Half of the Practitioners did not rate their induction as being helpful, whilst a qualitative theme emerged during the evaluation that the induction day and the first Learning Set were too far apart leading to a delay in commencing work on the portfolio.

Figure 3- Question 12 to Practitioners
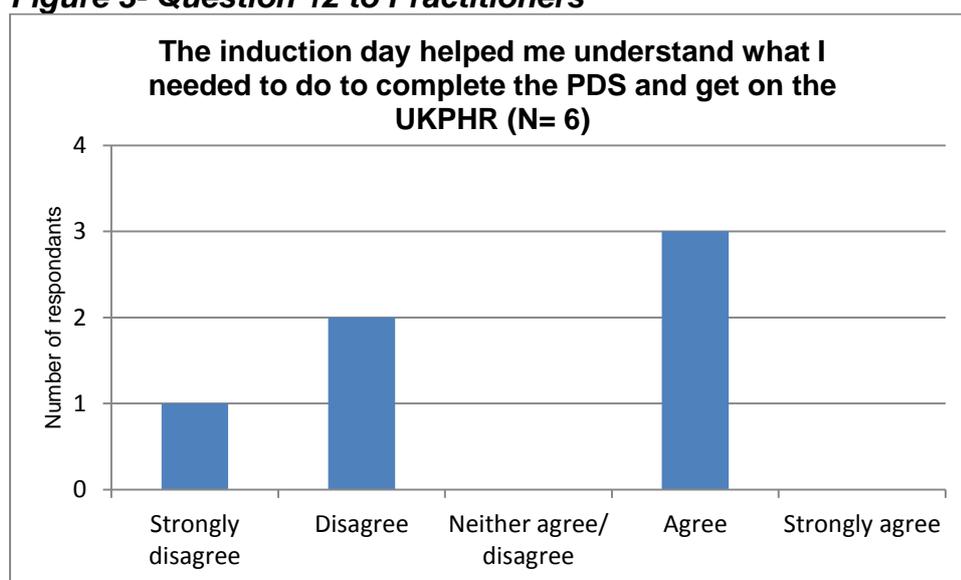
"The time gap between induction and Learning Set one was too long. I was not in a position to get started during this gap and so time was wasted"

In contrast; Assessors, Mentors and Verifiers were more complementary about their induction course, with everyone rating it either neutrally or positively (see figure 4 below).

Two additional themes emerged during the interviews. Firstly, some respondents suggested the time commitment to be an Assessor outlined at the training session was not realistic, as this transpired to be far less than required in reality (see Chapter 5 for fuller explanation of this theme). Secondly, some Assessors and Verifiers

stated the time gap between their training happening and then commencing their role was several months and made it difficult to recall information when it was required.

Figure 4- Question 15 to Assessors, Mentors and Verifiers

The training equipped me for the role of Assessor/ Mentor/ Verifier (N=7)

Number of respondants

| | Strongly disagree | Disagree | Neither agree/ disagree | Agree | Strongly agree |

(Bar chart showing: Strongly disagree = 0, Disagree = 0, Neither agree/disagree = 2, Agree = 3, Strongly agree = 2, with y-axis "Number of respondants" ranging 0 to 4)
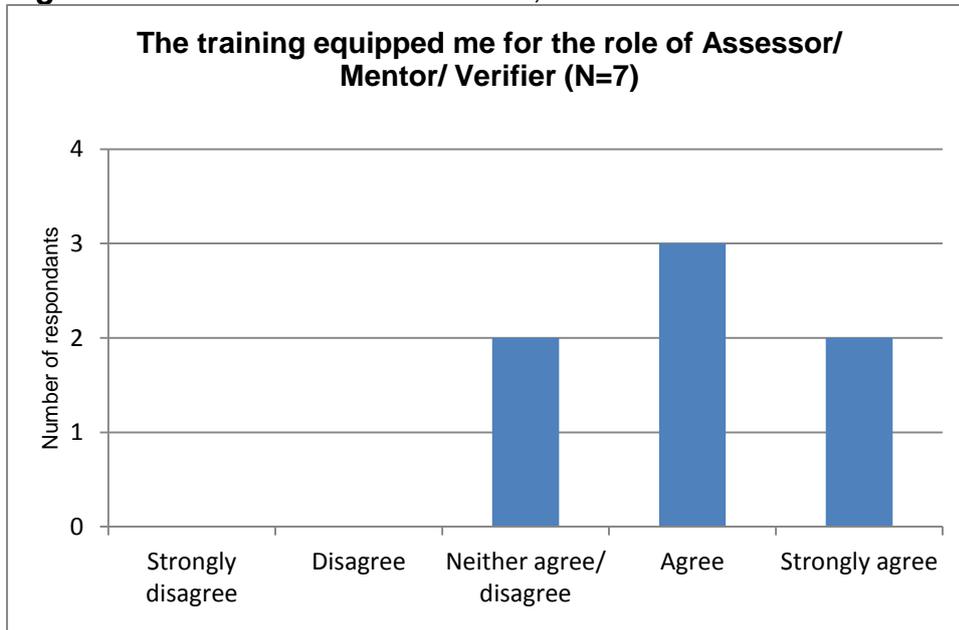
4.3 Recommendations

As a result of these findings, the following recommendation is made;

Recommendation 4
The content and timing of the induction day should be reviewed to ensure Practitioners on the scheme have a full introduction to the scheme, know what to do to successfully progress through the scheme and are equipped to make a start on their portfolio work.

5. Time Commitment

5.1 Summary of the time commitment for different roles

The time commitment required of different roles on the scheme varied quite considerably. The majority of work on the scheme was self-directed and undertaken at points in the week of the individual's choosing. The exception to this was Learning Set attendance (for Practitioners) and monthly dial in sessions (for Assessors) - see Chapter 7 for a fuller description of these two elements of the scheme.

5.2 Feedback from evaluation questions

The average time spent undertaking work for their role on the scheme was as follows;

- **Practitioners-** 50 to 60 hours for each of their three portfolio commentaries or 5 hours per week whilst on the Scheme. There was considerable variation between Practitioners as to how much of this time was within their weekly contracted hours and how much was in their own time. On average 80% was in their own time.

- **Assessors-** 10 hours per commentary to assess fully or about 2 hours per week. Similarly there was variation between Assessors as to how much was in their own-time vs work time. Most reported attending their Assessor training in work time but about 80% of commentary assessment being in their own time.

- **Mentor-** Their time commitment was very much determined by the needs of the Practitioner but they reported about 2 hours work to review a draft commentary and to provide comment on it.

- **Verifiers-** The two Verifiers' time commitment was exclusively at the end of the scheme (apart from training course attendance). It took them between 2 and 4 hours per portfolio, with a further 2 hours in total to participate in the verification panel. There was a 50:50 split between these tasks being undertaken in work and non-work time.

- **Stakeholders-** Due to the varying nature of their specific roles in the scheme, the time commitment of this group varied considerably. These individuals were likely to have their role in the scheme included in their job plan or job description and were able to perform the majority of their duties inside of work time.

- **Line Managers-** This group had a minimal time commitment on the scheme. However, all respondents reported being able to release their team member from normal work duties to attend all 5 of the all-day Learning Set/ induction sessions. Practitioners confirmed.

Interviewees from every professional group were asked whether the degree of time commitment required of their role was more or less than expected

Figure 5- Question 22 to all interviewees

The volume of work was more than I expected when I took on my role (N=23)
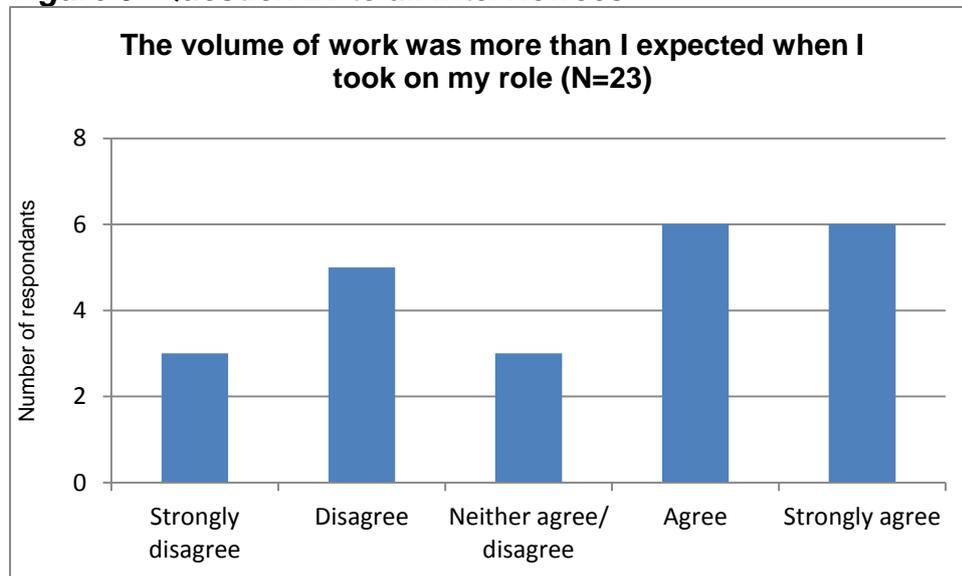
Although this demonstrates quite a varied response to the questions, when response to this question is reviewed by professional group, it was found that every Practitioner and every Assessor responded to this question as "Agree" or "Strongly Agree" suggesting these roles specifically are more time consuming than initially anticipated.

Respondents outlined that the nature of the work on the scheme is such that it comes in peaks and troughs; for example, a Verifier will have very little work to do during the scheme until there are completed portfolios that require verification in quite a short window of time. Similarly, Assessors' workload is dictated by the timing of the submission of a commentary for assessment by a Practitioner. However, the majority of people reported being able to manage this

Figure 6- Question 19 to Practitioners, Assessors, Mentor and Verifiers

I found it easy to manage the peaks/ troughs of the work of the PDS and balance this with my "day job" (N=16)

Response	Number of respondants
Strongly disagree	2
Disagree	3
Neither agree/disagree	5
Agree	1
Strongly agree	5
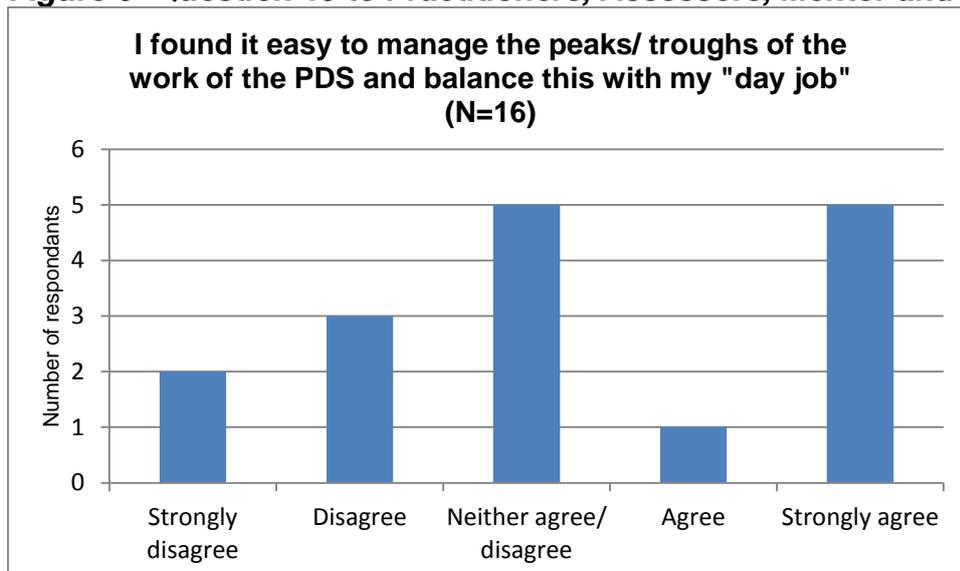
Five of the six Practitioners reported developing a project plan of some sort to outline how and when they would undertake different elements of the work required. However the majority reported needing to make changes to this as they progressed through the scheme and experienced some delays in their progress.

"I did manage the peaks and troughs of the workload, but (due to delays at the beginning of the scheme) my experience was not really of a 12 month scheme and things got condensed down to the last 3 months"

As mentioned above, any delays to a Practitioner submitting work has an effect on the timing of Assessor's workloads. All Assessors reported that the timing of submission of at least one of their Practitioner's commentaries was delayed from what was first planned

"The time frame felt too short and there was no room for slippage. I wanted to be flexible regarding assessing work but when it comes in late it just piles up. It needs to be more staggered"

"Delayed submission of commentary 2 plus clarifications for commentary 1 led to a log jam"

All Practitioners were released from work to attend the five mandatory days during the scheme (induction day and learning sets), with this arrangement (and the associated travel expenses) representing the only cost to Line Managers in having team members on the scheme, as there is no financial charge to the Practitioners' employing organisation for participating in the scheme.

One of the eight Assessors, Mentors or Verifiers had their role in the scheme included as part of their job plan or job description. Five of the six Practitioners reported that gaining admission to the UKPHR register was retrospectively added to their personal development plan at some point after enrolling on the scheme.

5.3 Recommendations

As a result of these findings, the following recommendations are made;

Recommendation 5
A more explicit and accurate guide to the time commitment required for each role should be provided or methods explored to reduce the time commitment of each role. This could be combined with **Recommendation 1.**
Recommendation 6
Consideration is needed regarding the sustainability of the scheme, because a significant proportion of Assessor and Verifier work is being undertaken in non-work time, leading to reliance on "good-will". Strategies to ensure individuals' roles to support the scheme are included in their job plans or job descriptions may be helpful in safeguarding this function.
Recommendation 7
Further support should be offered to Practitioners to develop realistic project plans for portfolio submission, thus ensuring the workload for them and their Assessor is as spread out and timely as possible.

6. Indicators and Evidence

6.1 Summary of process of evidence submission

Practitioners' portfolios consisted of three commentaries that were required to demonstrate achievement of standards and indicators that cover the whole breadth of public health practice. Individual pieces of evidence were mapped against each of the indicators, with quite a broad range of work constituting valid evidence.

6.2 Feedback from evaluation questions

In relation to the UKPHR standards and indicators, 16 out of 17 respondents felt it was clear how they relate to public health practice. However, there was quite a strong feeling that they should be reviewed and updated. The most common theme that emerged during the interviews regarding this was that the indicators should include reference to working in a political environment or Local Authority context.

Figure 7- Question 30 to Practitioners, Assessors, Mentor and Verifiers
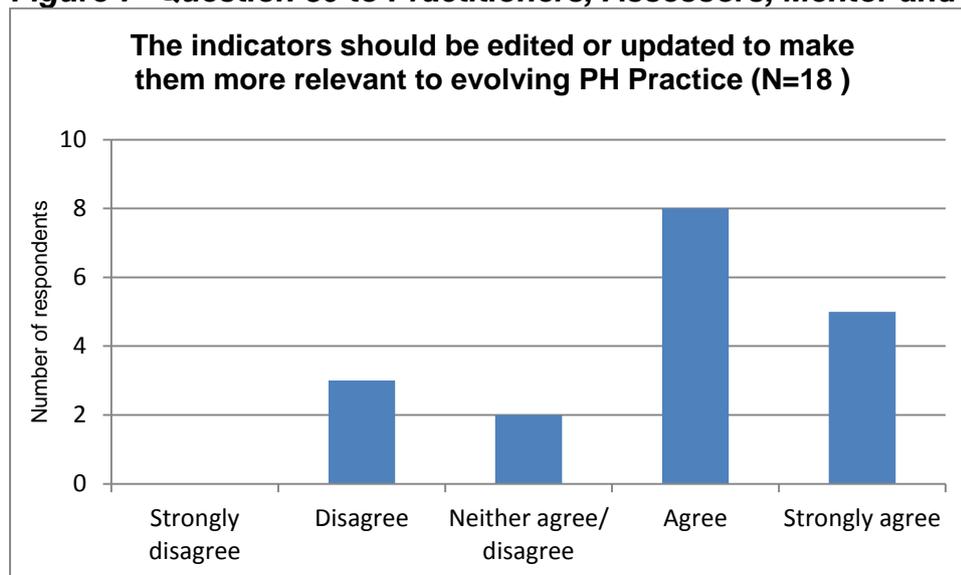
All Practitioners had a mid-way review during the summer of 2015 to gauge how far through the commentary writing process they were and to make realistic plans for completing their portfolio by November 2015. As demonstrated in figure 8 below, this was positively evaluated by both Practitioners and those who ran the review session. Only one person involved in the mid-way review felt it required unnecessary additional work.

Figure 8- Question 35 to Practitioners and Stakeholders

The mid-way review was an important gauge of progress to date that overall I found helpful (N=11)

Number of respondents

10	
8	Strongly agree: 8
6	
4	
2	
0	

Strongly disagree: 1 — Disagree: 1 — Neither agree/disagree: 1 — Agree: 0 — Strongly agree: 8
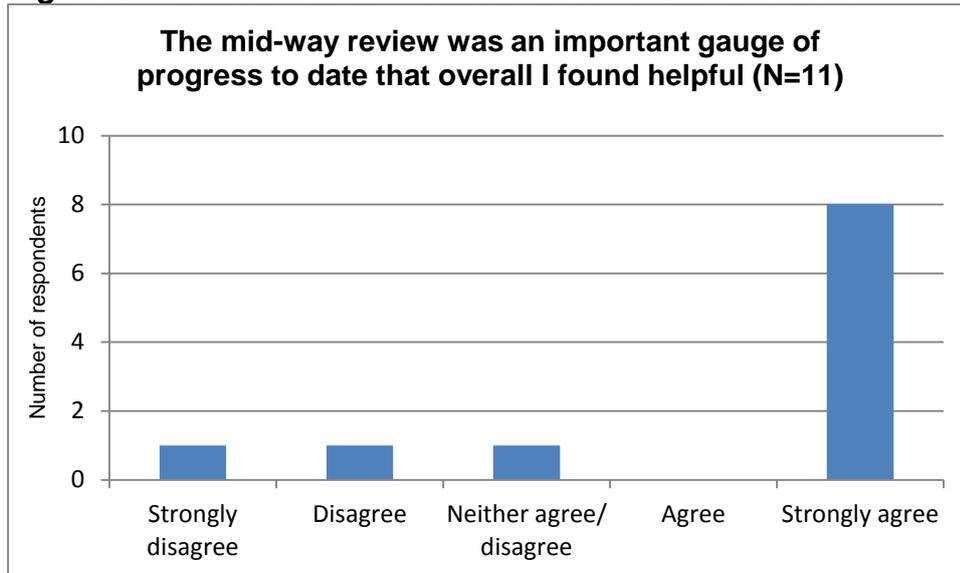
Most Assessors were reasonably confident that they knew how to assess the work submitted and that they were both fair and consistent in their commentary assessments. Peer support from other Assessors was felt to be an important source of support for this. It was also positive to find that all Practitioners felt that their Assessor was fair and consistent in how they marked their submitted commentaries.

Five of the six Practitioners identified gaps in their evidence when mapped against the different standards and indicators.

Figure 9- Question 45 to Practitioners

During the PDS I found I had gaps in evidence against some of the Indicators (N=6)

Number of respondents

4	
3	Strongly agree: 3
2	Agree: 2
1	Disagree: 1
0	

Strongly disagree: 0 — Disagree: 1 — Neither agree/disagree: 0 — Agree: 2 — Strongly agree: 3
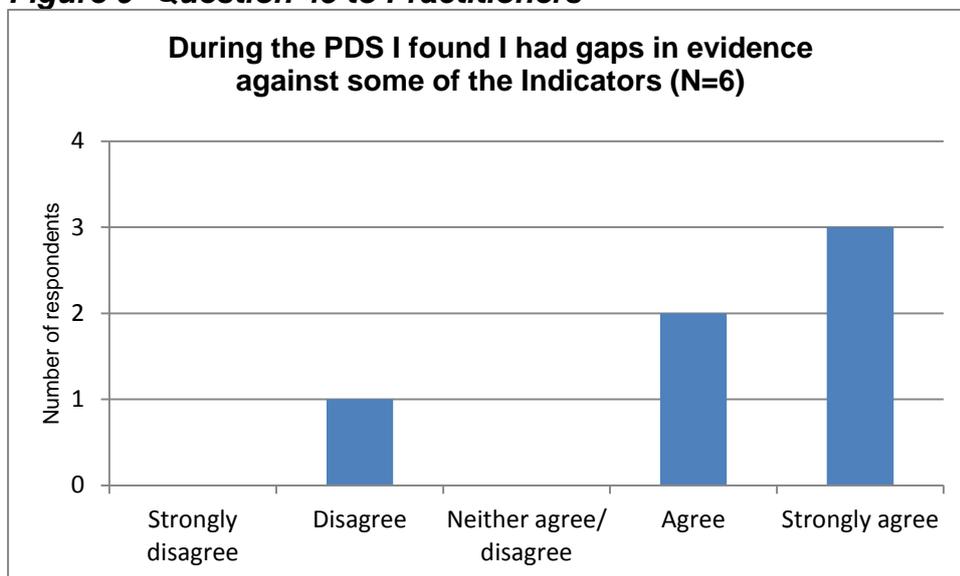
In addition some reported having recently changed job which made it harder to find suitable pieces of evidence as pieces of work that would have been suitable were no longer available. In addition, both Practitioners and Assessors reported they had experienced confusion during the scheme of what the constituted evidence being current. The nature of the role held by the Practitioner was also felt to influence the ease of finding suitable evidence. For example, if someone worked in a provider role

managing a public health intervention or in a specific health protection role they would struggle to find evidence for some indicators not core to their area of practice.

6.3 Recommendations

As a result of these findings, the following recommendations are made;

Recommendation 8
Feedback should be shared with the UKPHR regarding the potential need to update standards and indicators, particularly in reference to working in Local Authority and political contexts.
Recommendation 9
Increase the guidance for Practitioners in regard to mapping areas of work against indicators and standards. Also make it clear to Practitioners what constitutes evidence being "current".

7. Learning Sets and Support

7.1 Summary of the support available to those participating in the scheme

All of the professional groups who participated in the scheme had access to support during the scheme. This was over and above the induction or training provided prior to commencing their role on the scheme and was specific to their professional group. Practitioners had four learning set days during the 12 months of the scheme which provided support and tuition as they developed their portfolios of evidence. Assessors were offered access to a monthly teleconference facilitated by the Scheme Coordinator. Verifiers were offered the opportunity to shadow a Verifier on another scheme prior to undertaking portfolio verification.

7.2 Feedback from evaluation questions

The overall level of satisfaction with the support offered during the scheme was good.

Figure 10- Question 56 to Practitioners, Assessors and Mentor
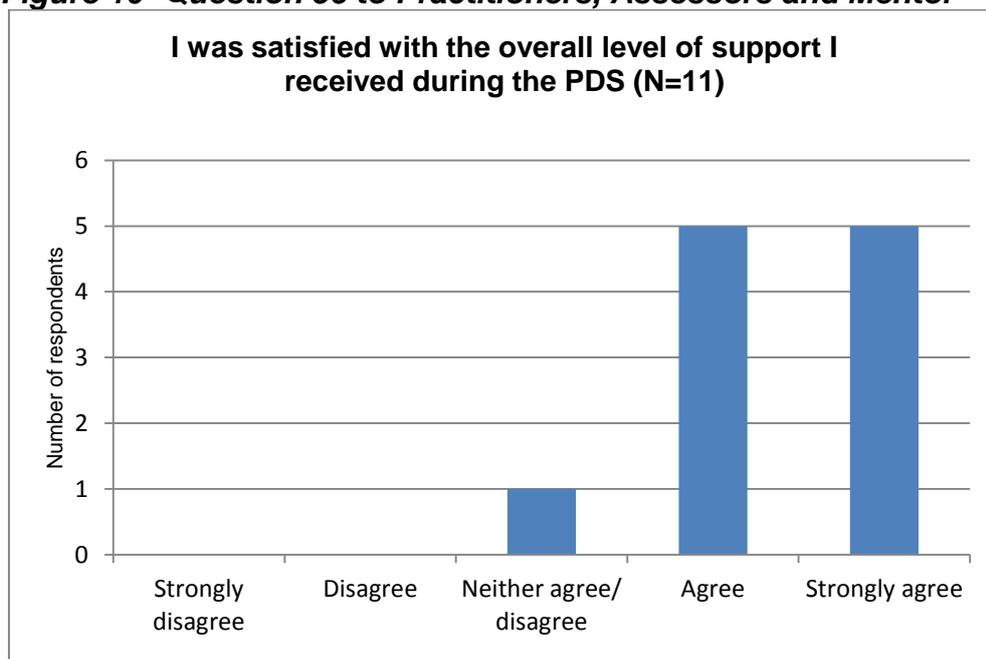
Practitioners reported that the learning sets helped them progress through the scheme and on evaluation forms completed after each of the four sessions they rated the Learning Sets very highly. Based on these evaluation forms, the weakest area of the Learning Sets was that Practitioners reported not always leaving the session with a clear plan of what to do before the next one.

Peer support and 1:1 time with the facilitator were the most valued element of learning sets. Two consistent themes emerged when Practitioners were asked the

open question "What other specific content would you have liked in your learning sets"?

- A desire for them to be more directive of what was required in a commentary and how to fill gaps in evidence
- Time within the day to be given over to personal study so they could use the opportunity of being away from work for the day to get some writing done

"I would have liked the learning set to have been more formal- a commentary template broken down- what goes into each section?"

"Personal study time to immediately put ideas into action"

All Practitioners reported being offered a Mentor, although only one Practitioner actually made use of this offer. On further questioning, most Practitioners felt the concept of Mentorship was not strongly endorsed or recommended which may have influenced their decision to not take up this offer. However, a consistent theme emerged when interviewing Assessors. They all articulated in a variety of ways that the better the support and mentorship that was offered to Practitioners, the easier (and less time consuming) their role as Assessors was, because of the higher quality of the work that would be submitted for assessing.

"Mentors are key to help practitioner elucidate why clarifications were sought".

"Interaction between Assessor and Practitioner is frustrating. I feel I am being awkward when someone has misinterpreted the standard and I just say 'no' instead of saying 'what about the evidence you have already got somewhere else'? A mentor could facilitate this conversation"

Two Assessors went further and suggested the division between assessing and mentoring was unhelpful and consideration should be given as to whether these roles could be combined.

"Separation between Assessor and Practitioner unhelpful- leads to extra pressure for Practitioner and makes it harder for Assessor"

Assessors rated the support provided by their monthly dial in sessions with the Scheme Coordinator very highly. Most only used these when they felt they needed to, but found they answered the queries they had. Some cited the informal peer support of fellow Assessors as a further form of support.

Neither of the scheme's Verifiers took up the offer of shadowing a Verifier from a different scheme. In both cases this was because of time pressures on their role and not being able to fit it into an already full work schedule. There was some desire to have support available at the point of working through a portfolio but doing this work at evenings and weekends made this challenging.

Line Managers were required to provide confirmation that they supported their Practitioner's participation on the scheme at the point of Practitioner application. This involved confirming they would release them for up to 8 days during 2015 to attend the induction day, learning sets and master classes. However, there was not a

formal process for communication between the scheme and the Practitioner's Line Manager after that.

Figure 11- Question 24 to Line Managers
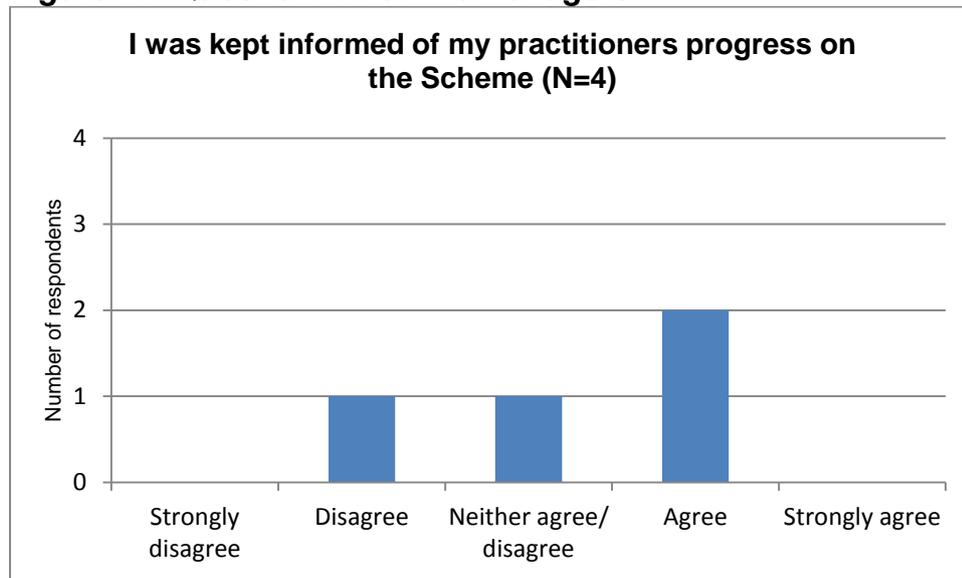
It is unclear what value Line Managers place on the scheme, with only 1 of the 4 respondents stating they had observed an improvement in their Practitioner's work whilst being on the scheme. In addition, 2 of the 4 agreed all Practitioners in their organisation would benefit from joining the scheme whilst the other 2 disagreed.

An additional theme regarding support emerged during many of the interviews. The crucial role that the Scheme Coordinator played in both supporting individuals and ensuring the cohesion of the scheme overall was articulated by respondents from all of the different professional groups. This is a positive finding which the Scheme Coordinator should be encouraged by. However, it also offers a potential threat to the scheme because if the Scheme Coordinator role is disinvested in or re-allocated to other areas of local workforce development it is difficult to envisage the scheme continuing to run with the same degree of success that it currently enjoys.

7.3 Recommendations

As a result of these findings, the following recommendations are made;

Recommendation 10
The content of the Learning Sets should be reviewed in order to ensure that they are sufficiently focused on the specifics of how to write and construct a commentary and how to fill gaps in evidence. Consideration should be given to the inclusion of personal study time within them.
Recommendation 11
The provision and offer of mentors should be strengthened to maximise the benefits this offers to both Practitioners and Assessors. At the same time the role of Scheme Coordinator and administrative support should be maintained to ensure the ongoing cohesion of the scheme
Recommendation 12

Review how communication with Line Managers can be enhanced and ensure their perspective is included as plans are formulated to develop the scheme in the future.

8. Future of the Scheme

8.1 Summary of the future of the scheme

As the 2015 cohort were the first year of a re-launched scheme in the Thames Valley region, it was important to gauge from everyone involved with the scheme how it could develop going forward. All respondents were asked questions about both the immediate future of the scheme locally and ways in which the Practitioner Development Scheme could evolve in the future at a national level.

8.2 Feedback from evaluation questions

All professionals were asked about growth of the scheme and there was clear support for the concept of the expansion of the local scheme.

Figure 12- Question 71 to all professional groups
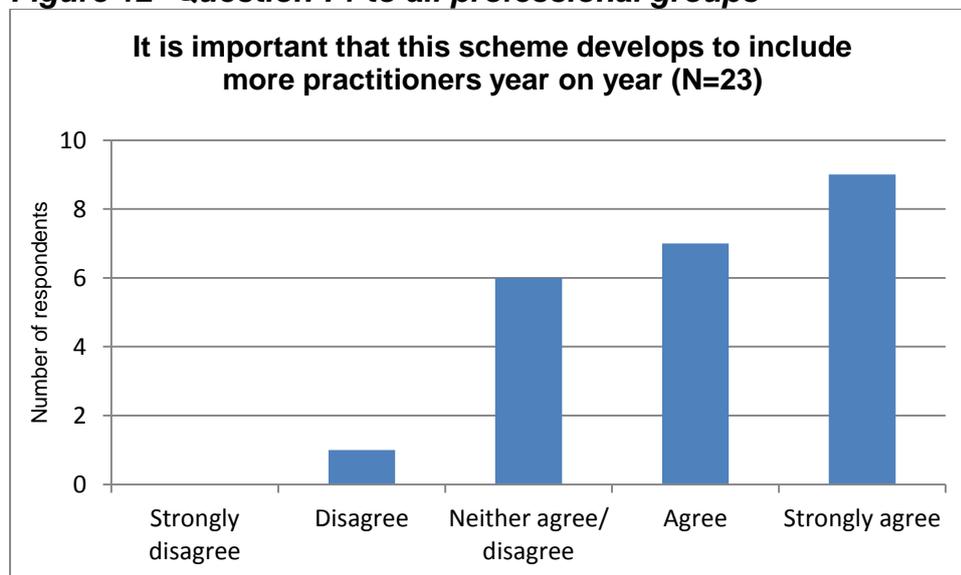
However, a further theme emerged during interviewing respondents. This was to do with some of the challenge associated with achieving expansion, with many people articulating this specifically being about establishing the scheme as "main-stream" or "normal" amongst the Practitioner workforce. It was widely acknowledged that the scheme would achieve this more easily the larger it was.

"The greatest challenge to developing the scheme further is 'buy-in'"

"There needs to be more value attached to the scheme. Employers need to value it first and then it gives value to Practitioners. It also needs critical mass"

Additionally, some respondents suggested expansion for its own sake was not desirable, but rather, growth should be targeted at those Practitioners who would benefit from registration.

As you might expect Practitioners commonly reported the reason for participating in the scheme was for personal development and career progression. Assessors and Mentors commonly cited the two themes of development and connection back into the core public health world (especially where their own role was perceived as more fringe to public health function). Both Verifiers cited a sense of responsibility for the scheme or workforce development generally as motivating factors. Stakeholders were engaged with the scheme as it formed part of their job description.

Those who had been involved in the 2015 cohort (in whatever way) reported a strong desire to remain involved in the scheme.

Figure 13- Question 67 to all respondents
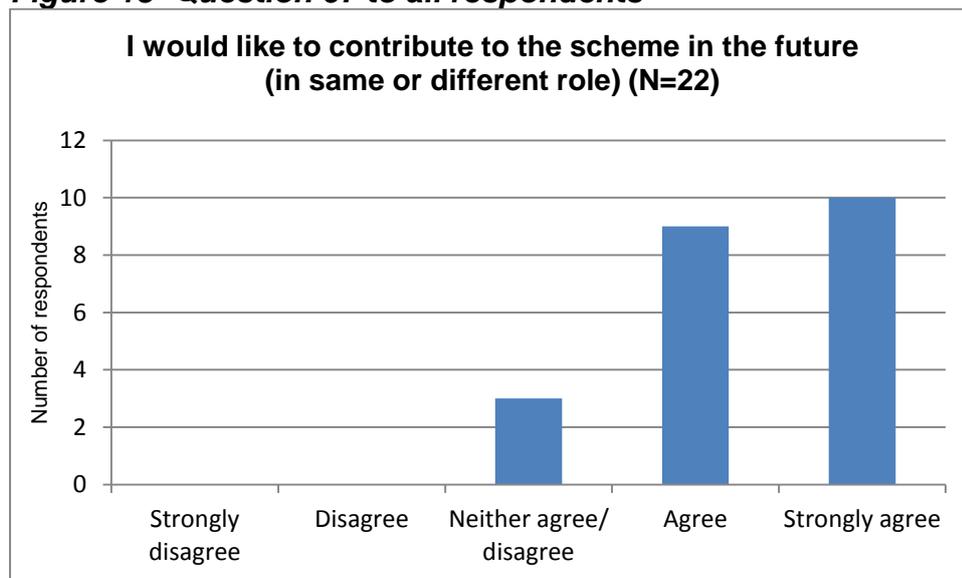
The topic area of time commitment has already been explored, but as a follow-up to question 67 (above), respondents were asked about the resources for staying involved in the scheme. It is noteworthy that there was less consistency over how the sustainability of the time commitment was viewed (question 70 below). In addition most Assessors and Mentors were quick to articulate their lack of capacity to take on greater workloads.

Figure 14- Question 70 to all respondents

I feel the time commitment required of my role on the PDS is a sustainable level (N=23)

A bar chart titled "I feel the time commitment required of my role on the PDS is a sustainable level (N=23)". The y-axis is labelled "Number of respondents" and ranges from 0 to 10. The categories on the x-axis and their values are:
- Strongly disagree: 0
- Disagree: 5
- Neither agree/disagree: 5
- Agree: 8
- Strongly agree: 5

All respondents were asked to provide an opinion of the value attached to the Practitioner registration. They were asked to rate the degree to which four achievements would enhance a Practitioners CV. The four areas were;

- 5 years' work experience
- A master's degree
- A bachelor's degree
- Registration with the UKPHR as a Public Health Practitioner

Overall, the achievement of a master's degree or 5 years of work experience were felt to be the most valuable achievements from the above list, with virtually no difference between how the two were rated. Being on the UKPHR was felt to be the 3rd most valuable achievement, with holding a bachelor's degree was consistently felt to be the least valuable.

In addition all respondents were asked about registration becoming compulsory for Practitioners.

Figure 15- Question 75 to all respondents

Ultimately, registration with the UKPHR should be mandatory for Practitioners at a certain point in their career development or when applying for certain jobs (N=22)

Number of respondents (y-axis: 0, 2, 4, 6, 8)

- Strongly disagree: 3
- Disagree: 6
- Neither agree/disagree: 5
- Agree: 6
- Strongly agree: 2
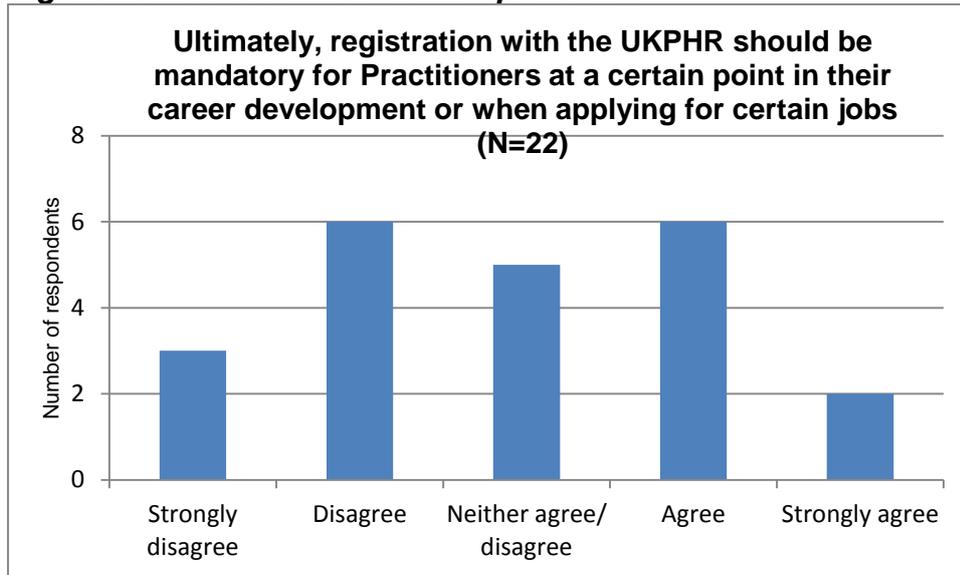
All respondents were asked about how the scheme could develop in the future at a national level. One potential direction of travel is for the Practitioner Development Scheme to support registration in a prospective way. This would involve supporting Practitioners at a less advanced stage of practice to gain the skills, knowledge and understanding for each of the standards and indicators.

Figure 16- Question 87 to all respondents

The scheme should aim to evolve in the future to support those Practitioners who need support to prospectively register (N=23)

Number of Respondents (y-axis: 0, 2, 4, 6, 8, 10, 12, 14)

- Strongly disagree: 0
- Disagree: 2
- Neither agree/disagree: 4
- Agree: 12
- Strongly agree: 5
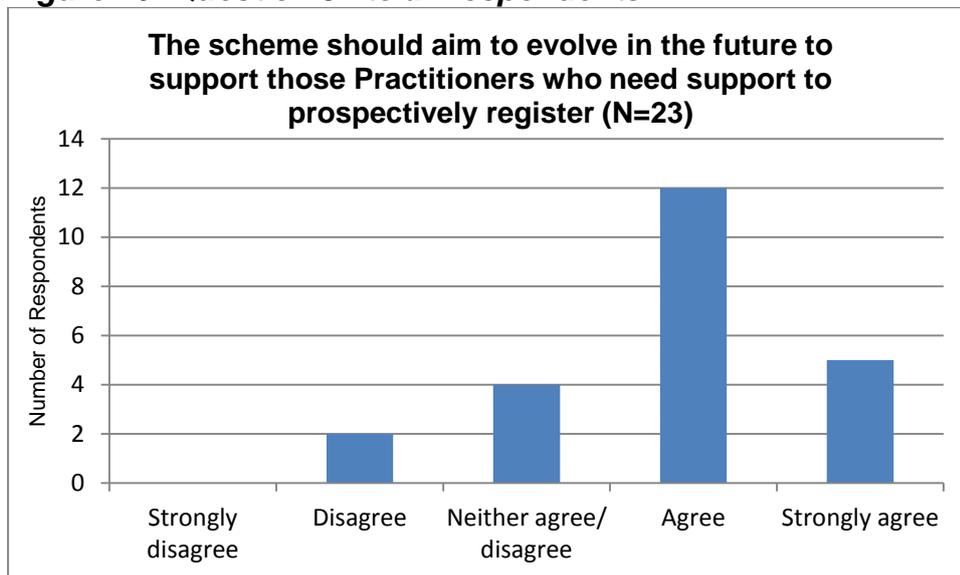
In addition to the above responses, some were keen to comment that the logistics of such a scheme would be highly complex, whilst others suggested it was something to aspire to once the current retrospective scheme was full established. However, others were very positive about this concept suggesting it could be a very useful workforce development tool, providing a focus to training and development activities.

"A prospective scheme would maybe give more (than the current approach), provide useful career structure and prepare people for a role"

An alternative route of development for the scheme nationally is to create an Advanced Practitioner Development scheme which would lead to a separate category on the UKPHR at a level more senior than a Practitioner but below Specialist.

Figure 17- Question 88 to all respondents

The scheme should aim to evolve in the future to have a more senior "Advanced Practitioner Development Scheme" leading to registration with the UKPHR as an Advanced Practitioner (N=23)
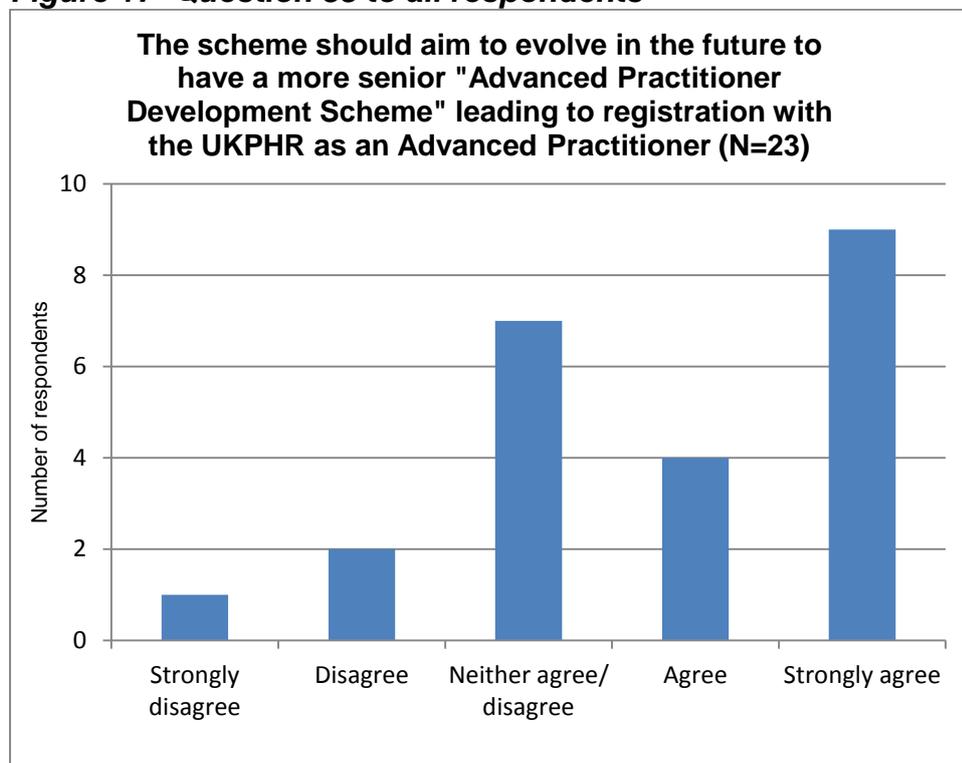
Two important themes emerged from responses to this question. Firstly some of the respondents suggested that overall the Practitioners in the 2015 cohort were already working at or around the level of advanced practice. Therefore they felt there was not a sufficient gap between a Specialist level of practice and that of Practitioner, to warrant an additional arm to the register between the two that already exist.

Secondly, the majority of respondents who agreed or strongly agreed with this statement were those on the Practitioner register already (or about to be if they were a Practitioner in the cohort) and would therefore be the sub-group of the Public Health workforce who this potential development would be aimed at. In contrast, those respondents who would not personally be affected by the creation of an additional arm to the UKPHR were more likely to respond neutrally or negatively to this question.

There was an overall lack of awareness of the requirements for Continued Professional Development (CPD) stipulated by the UKPHR to re-register as a Practitioner every 5 years.

Figure 18- Question 84 to Practitioners, Line Managers and Stakeholders

Are you aware that a registered practitioner needs to undertake 75 hours of CPD every 5 years to revalidate with UKPHR? (N=13)
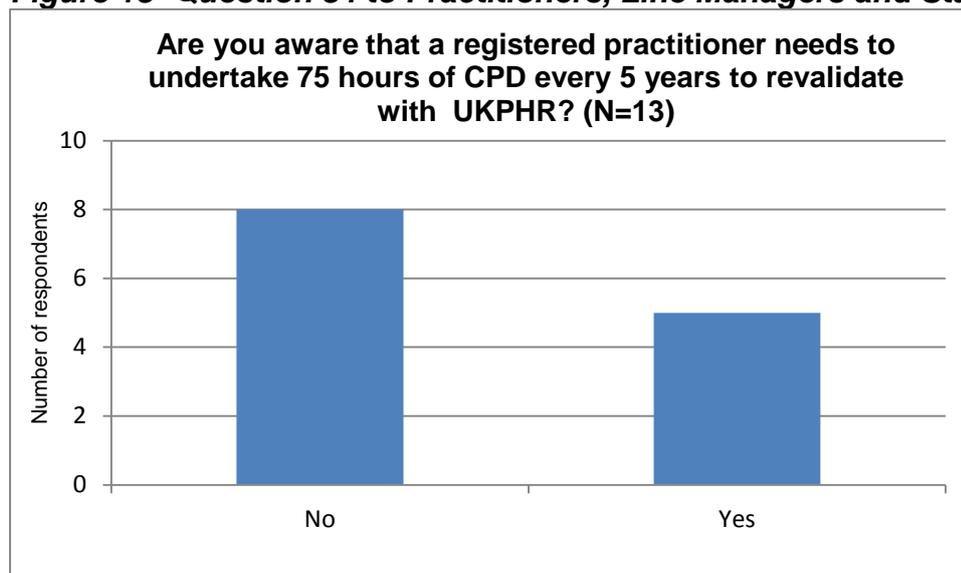
In a follow-up question, a lack of consistency was noted as to which of the following people or organisations were responsible for ensuring that access and support for CPD was available to Practitioners;

- UKPHR
- Practitioners themselves
- Employing organisation
- HEETV
- Other

Finally, an additional theme emerged regarding the future development of the scheme. In the current context of both recent or pending organisational re-structuring and ongoing budget pressures some respondents articulated that it was harder to justify study time and therefore doing the PDS, which may be viewed as an unnecessary "luxury".

"To make it worthwhile it has got be linked to workforce and organisation change happening in Public Health"

8.3 Recommendations

As a result of these findings, the following recommendations are made;

Recommendation 13
Aim to expand the scheme to more Practitioners in the coming years. Expand the Assessor, Mentor and Verifier resource to accommodate this and consider how these roles can be made more sustainable.
Recommendation 14
Contribute to discussions with Health Education England and UKPHR regarding the utility of an Advanced Practitioner Development Scheme and prospective registration.

| **Recommendation 15** |
| Ensure Practitioners are made aware of the UKPHR CPD requirements and either provide or sign-post them to potentially relevant CPD resources. |

9. Conclusion

9.1 Overall Findings

The results of this evaluation demonstrate that the Practitioner Development Scheme in the Thames Valley is running well. It has re-launched with a small cohort of 6 Practitioners, 4 of whom have achieved registration within 12 months. The scheme benefits from a good level of local commitment to making the scheme a success. This is evident in the Scheme Coordinator and permeates all of the professional groups.

There are specific areas of good practice within the scheme that have been described above. For example, the implementation of a mid-way review to gauge Practitioners' progress through the scheme is an area of strength. In addition, the overall support offered to Practitioners and Assessors specifically was evaluated very positively.

The scheme has some challenges to overcome as it seeks to become more established in the coming years. These mostly revolve around trying to expand the scheme and include areas such as advertising and recruitment of Practitioners as well as ensuring the role of Assessor, Mentor and Verifier is sustainable and adequately resourced. There are also some more minor changes that would enhance the scheme for the 2016 cohort. These include changes to the timing and content of the study days, as well as the timing of Practitioner's commentary submissions.

9.2 Strength and weaknesses of the evaluation

The methodology followed for this evaluation has been described in chapter 2 of this report and was pragmatic in its nature. The strength of the evaluation was that everyone who had any involvement in the scheme had the opportunity to feedback their experiences and their opinions of it. This provided rich and detailed information from a variety of view points.

There were also some weaknesses to the methodology. The heavy use of Likert scale questions may have reduced the scope or depth of view point in some of the topic areas. The high number of questions posed in total meant that not all the responses could be included in this evaluation report. Instead, the report offers a summary of each theme or group of questions highlighting the questions with the most important or most extreme responses. The selection of questions to include and editing of this report was an interpretive exercise and one that was inevitably subjective in nature.

9.3 Next Steps

The team at HEETV should review the recommendations made within this report and decide which are the most urgent and important recommendations to take forward.

The development of an action plan for the recommendations could then be formulated to ensure progress against each point occurs in a timely manner.

10.   Appendices

The following table lists all of the questions asked during the evaluation interviews

Number	Question	Stakeholders (incl. facilitator)	Line Managers	Practitioners	Assessors/ mentors	Verifiers
1	How did you first hear about the PDS? (Colleague/ Line Man/ HETV website/ other)			x	x	
2	The PDS was suitably publicised to attract applications from the Practitioner workforce	x	x	x	x	
3	I had or was approached for an "informal visit or conversation" about the PDS before the application deadline	x		x		
4	The application process selected suitable Practitioners for the scheme	x			x	
5	Performance in application process correlated with performance at portfolio submission	x			x	
6	The recruitment process provided the right number of Practitioners and range of backgrounds	x			x	
7	It was clear exactly what was expected to be included on the form			x		
8	On reflection, the application process was a helpful gauge of what the PDS would involve			x		
9	I had sufficient time after hearing about the PDS to find out more information and apply			x		
10	I knew about the PDS and encouraged my team member to apply		x			
10.1	**If yes, why did you encourage them to participate?**					
11	I was actively encouraged to apply to the PDS by my line manager			x		
12	The induction day helped me understand what I needed to do to complete the PDS and get on the UKPHR			x		
13	The time gap between acceptance onto PDS and the induction day was about right			x		
13.1	**If disagree/ strongly disagree- would you have liked it sooner/ later in the year**			x		

#	Question					
14	I have attended a UKPHR assessor training course (usually 2 days) or refresher (usually 0.5 days) in the last 3 years				x	x
15	The training equipped me for the role of Assessor/ Mentor/ Verifier				x	x
16	Would you have liked further or different preparation to be an Assessor or Mentor or Verifier- if so what?				x	x
17	I had enough information about the details of how the PDS in the TV runs to adequately fulfil my role		x	x	x	x
18	In an average week how many hours have you spent working on PDS	x	x	x	x	
19	I found it easy to manage the peaks/ troughs of the work of the PDS and balance this with my "day job"	x		x	x	x
20	How much of the above was within your own time?	x		x	x	x
21	My team member on the PDS asked for protected time, within their contracted weekly hours, to work toward their portfolio		x			
21.1	**If Yes- were you able to offer this?**		x			
22	The volume of work was more than I expected when I took on my role	x	x	x	x	x
23	My role within the PDS is explicitly or implicitly mentioned in my Job Description or Job Plan or Personal Development Plan	x	x	x	x	x
24	I was kept informed of my practitioners progress on the Scheme		x			
25	The volume of contact I got was		x			
26	I was able to be released/ release my team member from work for learning sets/ master class attendance		x	x		
27	I developed a project plan/ work timetable at the start of PDS about how to complete the work by end of scheme (i.e. Deadline for first submission of each commentary)			x		
27.1	**If yes- I was able to stick to my original plan**			x		
28	It seemed hard for practitioners to find suitable evidence against standards and indicators	x		x	x	
29	It was clear how the Standards/ Indicators related to (my) practice	x		x	x	x
30	The indicators should be edited or updated to make them more relevant to evolving PH Practice	x		x	x	x
31	It was clear what type of evidence was appropriate for each standard or indicator			x	x	x
32	I was given/ I gave "clarifications" by my assessor/ to my Practitioner for at least one of the commentaries			x	x	
32.1	**If Yes- it was clear what was required to have the commentary subsequently "approved"**			x		

33	I found comments/ clarifications back from com 1 helped inform the nature of my submission for com 2/3			x		
34	I had/ all practitioners had a progress review in the middle of PDS	x		x		
35	This was an important gauge of progress to date that overall I found it helpful	x		x		
36	This required unwelcome additional work	x		x		
37	I was confident in how to assess the work submitted and that I was being fair and consistent				x	
38	I was able to turn around a submitted commentary within the agreed timeframe				x	
39	I knew when to expect a commentary to be submitted for assessment				x	
39.1	**If yes, the actual date of commentary submission changed from this original date**				x	
39.2	**If yes to 39.1, It was easy to accommodate this changed date**					
40	I knew when to expect assessor comments back after submission			x		
41	I was satisfied with the time between submission and returned comments			x		
42	I felt the assessment process was fair			x		
43	I felt my assessor was consistent between commentaries in how my work was assessed			x		
44	I felt the different assessors where consistent across the scheme			x		
45	During the PDS I found I had gaps in evidence against some of the Indicators			x		
46	I knew how to fill these gaps			x		
47	The learning sets help me to progress through the PDS			x		
48	The most valuable thing about a learning set was (1:1 with facilitator, plenary, sharing practice with other practitioners, peer support, support from BT, other)			x		
49	What other specific content would you have liked in your learning sets			x		
50	I would have liked more/ less learning sets			x		
51	The learning sets were sufficiently directive as to what was required in a commentary			x		
52	At the end of each learning set I had a clear plan about what to do before the next one			x		
53	I knew where to get support or advice in-between learning set sessions/ dial ins			x	x	
54	If you needed it, who did you contact for support or advice			x	x	

55	Where you offered access to a Mentor			x		
55.1	**If Yes- did you make use of them?**			x		
56	I was satisfied with the overall level of support I received during the PDS			x	x	
57	I felt supported by my line manager whilst I was on the PDS			x	x	
58	I had access to the assessor teleconferences facilitated by HETV				x	
59	I made use of these				x	
60	These were useful in providing the support or advice I needed in my role				x	
61	I had the opportunity to shadow a verifier from a different scheme					x
62	I found this a useful exercise					x
63	The e-portfolio system was easy to navigate and use			x	x	x
64	I had the support I needed to navigate/ familiarise myself with the system			x	x	x
65	I would have preferred a process of paper commentary/ evidence submission			x	x	x
66	I would encourage colleagues to participate in the scheme	x	x	x	x	x
67	I would like to contribute to the scheme in the future (in same or different role)	x	x	x	x	x
68	A tuition fee for the scheme would have negatively influenced my decision to apply/ support application	x	x	x		
69	The awarding of CAT points (explain) with a UK university would have positively effective my decision to apply/ application rate/ my willingness to support a Practitioner on PDS	x	x	x		
70	I feel the time commitment required of my role on the PDS is a sustainable level	x	x	x	x	x
71	It is important that this scheme develops to include more practitioners year on year	x	x	x	x	x
72	As a Scheme we have the resources (money, people, interest, "buy-in") to achieve expansion	x				
73	I have, or could arrange to have, greater capacity in my working week to help develop or expand the PDS further	x				
74	The greatest challenge to developing the scheme further is….	x				
75	Ultimately, registration with the UKPHR should be mandatory for Practitioners at a certain point in their career development or when applying for certain jobs	x	x	x	x	x
75.1	**If Agree/Strongly Agree- at what point or what type of job?**	x	x	x	x	x

76	Registration will help me with my/ my practitioners career development		x	x		
77	My (Practitioners) efforts/ achievements in the PDS have been recognised by my organisation in someway		x	x		
78	Would you have liked further or a different form of recognition?			x		
79	Being on the PDS has had a positive effect on the quality of my team member's work		x			
80	The cost to me as an employer of someone on the scheme represents value for money		x			
81	From what I know of the scheme all practitioners in my organisation would benefit from PDS		x			
82	Are you able to release more than one Practitioner to be on PDS at any one time, whilst still maintaining services?		x			
83	How would the presence of a tuition fee (< £1,000 per practitioner), paid by the employing organisation, effect the above					
84	Are you aware that a registered practitioner needs to undertake 75 hours of CPD every 5 years to revalidate with UKPHR?	x	x	x		
85	Do you have, or know where to access, the necessary resources to undertake or facilitate this?	x	x	x		
86	Who is responsible for ensuring access to resources for such CPD- UKPHR? Practitioner themselves? Employing organisation, HETV, other	x	x	x		
87	The scheme should aim to evolve in the future to support those Practitioners who need support to Prospectively register (as opposed to the current retrospective model of registration)?	x	x	x	x	x
88	The scheme should aim to evolve in the future to have a more senior "**Advanced** Practitioner Development Scheme" leading to registration with the UKPHR as an Advanced Practitioner	x	x	x	x	x
89	If appointing to/ applying for a Public Health Practitioner post, please rank the following in order of how much they they you think they would strengthen the application (BSc in relevant subject, MSc in relevant subject, on UKPHR as a Registered Practitioner, significant (5 years or more) of relevant work experience. **1 is highest rank 4 is lowest. Please rank each option**	x	x	x	x	x
90	When Practitioners from commercial organisations are admitted to the scheme they (or their employer) should be charged a fee to cover the NHS's costs in providing the PDS for them	x				

91	Why have you participated (in whatever way) in the PDS. (e.g. part of job, workforce development, strategic, for recognition, career development, CPD, directly asked to do it)	x	x	x	x	x
92	The PDS has delivered on the above	x	x	x	x	x
93	Is there anything else you want to mention that I have not asked about?	x	x	x	x	x