

Thames Valley Public Health Practitioner Development Scheme

**Feedback on the 2021 Scheme
Report to Health Education England Thames Valley
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Contents

Context	<u>3</u>
Methods for collecting feedback.....	<u>3-4</u>
Summary of Feedback	<u>4-5</u>
Recommendations	<u>6</u>
Feedback received in interviews with practitioners	<u>7-10</u>
Feedback from survey of mentors, assessors and verifiers	<u>11-12</u>
2022 update on recommendations from previous evaluation report	<u>13-16</u>

Context

The Health Education England Thames Valley (HEETV) Public Health Practitioner Development Scheme supports public health practitioners in the Thames Valley to obtain registration with the UK Public Health Register (UKPHR).

In addition to directly supporting practitioners, HEETV staff train and support local public health professionals to act as mentors, assessors and verifiers for the scheme, and the support of these individuals is essential to the running of the scheme.

The scheme was relaunched in 2014 and the first year of implementation evaluated in 2015. This evaluation focused on the strengths and weaknesses of the local scheme, rather than the value of the scheme or registration, and identified recommendations for future implementation. Overall, the scheme was found to be running well, and support to practitioners and assessors was highly valued. Identified challenges revolved around expansion of the scheme and sustainably and adequately resourcing the scheme infrastructure and support.

In 2021, six practitioners joined the scheme. One left the scheme, one deferred, with four completing in 2021. HEETV wanted to understand the scheme from the perspectives of these practitioners, as well as assessors (5), mentors (5) and verifiers (4) supporting the scheme.

HEETV is committed to continuously learning and improving the scheme and the support provided to practitioners. In 2022, HEETV commissioned this further independent collection of feedback about the 2021 scheme, focusing on the most recent cohort of practitioners and supporters.

Methods for collecting feedback

There were three components to gathering the information included in this report:

1. Interviews were held with the four practitioners who had completed the scheme in 2021 during April and May 2022.
2. An online survey was sent to assessors (5), mentors (4/5 as the fifth was on maternity leave), and verifiers (4). Responses were received from 10 of the 13 individuals.
3. A discussion was held with the HEETV team (Branwen Thomas and Joanne McEwan) about the ongoing development and improvement of the scheme.

The interview schedule and survey (for 1 and 2) were agreed with HEETV, and focussed on the communications, information and support provided to practitioners and supporters, as well as the value of participation to individuals.

Summary of feedback

Feedback from practitioners, and those supporting the scheme, was overwhelmingly positive about the support received from the HEETV team. People universally reported feeling very well supported and listened to, and that the team were responsive, understanding and helpful. People felt that the scheme was important, and that their participation – whether as a practitioner or a supporter – had been of value to them personally.

The materials provided by the local scheme to practitioners and supporters were felt to be clearer and more comprehensive than the information from UKPHR alone, and essential to understanding the standards and the scheme. Practitioners did however feel that due to the amount of information that needed to be communicated, the mode of delivery could be improved. There were concerns that with frequent emails, information could be missed or lost, and a couple of people suggested moving to an online repository of information. Practitioners were not aware of materials on the Oxford School of Public Health website, so there is an opportunity to develop this and provide information and materials online for ease of reference [*Recommendation 1*].

Completing the scheme requires a huge amount of work of practitioners. The amount was not felt to be inappropriate; practitioners recognised the value to them and had all expected a lot of work. For some though, the workload was even greater than they had expected prior to committing to the scheme, and this should be considered in timing and content of future communications with prospective participants. Individuals' specific needs should continue to be considered in the support provided to ensure accessibility and inclusion to all eligible. There was evidence from interviews that this is currently happening in the support provided by HEETV. The team was able to provide individualised and extra support where needed.

Despite practitioners having their participation recognised in personal development or job plans, none had time available within working hours to do the required work for the scheme. Most (though not all) were able to attend sessions within their work time, but not to work on their portfolios. Some reported negative impacts of doing this in their evenings, weekends and annual leave on their wellbeing. Given that some employers are now requiring registration for certain public health roles, HEETV could work with employers and line managers to build understanding of the workload and the value to individuals and workplaces of registration, which may support practitioners in requesting at least some time to complete portfolios in work hours [*Recommendation 4*].

It was mentioned repeatedly by practitioners and supporters that awareness of the scheme was good among those working in public health teams, but less so in other areas of public health (NHS, academia, third sector) [*Recommendation 3*]. There were calls to increase awareness among people working in public health outside of local authority public health teams, but some also suggested this awareness-raising should be extended to people working outside public health teams, in roles that impact on the determinants of health (for example, police).

The practitioner scheme is aimed at people working specifically in public health roles, with HEETV wider workforce activity for other professions that are key to improving health. So while HEETV should work to ensure that eligible practitioners are aware of the scheme regardless of where they are working, there is also possibly work to be done on understanding among the workforce about who the scheme is aimed at, and the offer for the wider workforce. In considering whether eligibility should be expanded to the wider workforce, the resource required

Feedback on the 2021 Thames Valley Public Health Practitioner Development Scheme

to support practitioners through the scheme needs to be considered. *[Recommendation 5]*. The high levels of support provided by the scheme were greatly valued by participants, and if resource cannot be increased, this support may need to reduce or be less individualised if greater numbers are recruited to the scheme in future. This could negatively impact accessibility of the scheme and inclusion of those with specific or greater support needs.

While the support received from HEETV was greatly valued and regarded, people were less clear about the role of the UKPHR other than in their actual registration. They did not find the UKPHR information or website very useful, and felt that the e-portfolio could be improved and made more fit-for-purpose. In addition, a couple of people commented that the UKPHR could do more to publicise and raise the profile of the scheme, and help connect and form networks of practitioners across the UK. HEETV could provide this feedback to the UKPHR as appropriate *[Recommendation 6]*.

HEETV is committed to continually improving the scheme and receiving feedback from participants. A number of people reported providing feedback, some of these were clear that changes (if appropriate) had been made, but others were not. HEETV should follow up with individuals or report more widely about changes made or planned in response to feedback, or why this is or will not happen *[Recommendation 2]*.

Recommendations

Actions HEETV could take directly:

1. Provide information and resources online

Consider developing an online repository of all information and resources provided to practitioners and supporters, to ensure that these are in one place and easily accessed. This would replace (or be in addition to) separately emailed resources. This could be on the HEETV website or a shared online drive (e.g. SharePoint, Teams, Google Docs).

2. “You said, we did”

Ensure that when feedback is received this is followed up with a response about whether changes have been made or planned (and if none, why) as a result of feedback.

3. Build awareness and understanding about the scheme

Ensure that the scheme is promoted widely among public health professionals in the Thames Valley, both to prospective applicants and their employers, but also about the role of mentors, assessors and verifiers.

4. Engage and involve line managers and employers in supporting practitioners

Explore new ways of engaging line managers/employers to ensure practitioners are fully supported in the workplace to achieve registration. In particular whether it would be possible to allow an amount of time to work on portfolios in working hours to support employee wellbeing.

For further consideration by HEETV, including in discussion with UKPHR:

5. Eligibility for the scheme

Consider eligibility for the scheme and possible trade-offs involved in expanding this (including the impact on support provision). Once agreed, build understanding about who the scheme is targeted at and about the wider workforce offer for people working outside public health who have an important role to play in the health of the public.

6. Improving the scheme at national level

Take opportunities as appropriate to communicate feedback to the UKPHR to improve the scheme’s promotion and delivery, including about the e-portfolio, national profile of the scheme, and opportunities to connect with other practitioners across the UK.

1. Feedback received in interviews with practitioners

How did you hear about the practitioner development scheme?

Practitioners who worked in public health teams heard about the scheme from colleagues who had previously participated. The practitioner who did not work in a local authority public health team heard about the scheme while doing a public health masters' degree, and had signed up to receive bulletins from HEETV.

How could the scheme be better promoted?

It was felt that the scheme was well promoted among public health professionals in the Thames Valley. However, all practitioners, regardless of whether they worked in public health teams or not, identified that the scheme could and should be promoted more widely than among those with 'public health' in their job title. People in public health teams said it was only known about in their teams, but not the wider council, or outside this.

They commented that there were many other roles that could do this, who might find it beneficial to reflect on their role and impact on health, but they might not know about it. And if they did hear about it, they were unlikely to understand that it was something they could do. They identified benefits of ensuring the scheme is very open and attracting a wide range of people and professions that have an impact on population health to the scheme, in helping them to reflect on the work they do and their role in health. They thought there should be more and better understanding of the breadth of contribution of different roles to the health of the public, which should be recognised in who the scheme is open and promoted to. Specific professions or sectors mentioned included wider council teams (e.g. adult social care), the voluntary sector, police, the Integrated Care Systems. One person suggested that this could be done on a national level by showcasing senior people from across professions who are registered practitioners, to build the reputation of the scheme more widely.

One person also commented that it would be useful to have national communications, networks and offers to registered practitioners from the UKPHR.

What made you decide to apply?

Practitioners gave reasons that they wanted to 'formalise' their public health experience, that they wanted the chance to reflect and consider their impact on health, and that they saw it as an opportunity to develop and improve themselves professionally.

One person was 'strongly encouraged' to do the scheme for their role. Line managers were supportive, whether in public health or other roles. One person applied following encouragement from HEETV staff that they were well placed and eligible.

Were the communications and information provided by HEETV easy to understand, and clear about what to expect, the stages and work involved?

All practitioners found the communications and information from HEETV to be useful, clear, easy to understand, and informative. Practitioners also commented very positively that HEETV

Feedback on the 2021 Thames Valley Public Health Practitioner Development Scheme

staff were always incredibly helpful and responsive. They felt that the information was quite up front about what was involved, with clearly stated expectations and dates.

However, one person did feel that the workload hadn't been completely clear prior to signing up, and it was only the information provided following sign up that indicated the full extent of this (e.g. how much evidence was required). They said this was clear following the first session, but this left them feeling a little overwhelmed.

It was commented by several people that the mode of delivery could be improved. They felt there was a lot of information that came in separate emails and it was sometimes difficult to keep up with it all. A suggestion to help in this regard was that all information could be provided as online resources rather than emails that people could check into at their convenience and have everything in one place.

There were also comments that it wasn't completely clear what the roles of the UKPHR was alongside HEETV in providing information.

What was useful/ good about the communications and materials provided?

Practitioners found the packs to be really useful, commenting that the training directory and guide were particularly good. The breakdown of the guide by standards with very full descriptions was found to be essential and the Thames Valley guide went into more detail than the national one here, which was valued.

The planning template provided as one of the first documents was also necessary, and examples and contacts provided were really helpful.

How could materials and information be improved?

Again, it was mentioned that the information could be provided at once, or put online, as there were a lot of emails and people were worried about missing something key. Though as one person did say having information in stages was helpful, this should be considered if presenting information online.

The only part that it was felt wasn't clearly explained was the testimonial. It was also commented that indication of reliable online resources (e.g. for definitions) would be useful.

Did you use the HEETV website for materials during the scheme?

Practitioners were not aware of resources on the HEETV website, other than an introductory webinar. Some people used the UKPHR website but didn't find this particularly helpful, easy to navigate, or clear whether information was up to date. It would be helpful to make clear what is on the UKPHR and HEETV websites.

How can the scheme better support in using the e-portfolio?

What worked well, and what could be improved?

Again, people commented on how supportive the HEETV team were in using the e-portfolio. They felt well supported in using it, and found the session taking them through it step-by-step,

Feedback on the 2021 Thames Valley Public Health Practitioner Development Scheme

as well as the written instructions, to be useful. Practitioners did however comment that the e-portfolio system itself was an issue, that it didn't feel fit for purpose and was very slow. Tips highlighting the speed and about uploading documents from desktops rather than cloud storage would be helpful.

Did you feel adequately supported on the scheme?

What did you find most helpful and how could you have felt better supported?

Practitioners all felt very well supported by the HEETV scheme. They reported that help was always available, they knew who to ask, people were supportive and flexible, and they always received a quick response to queries. They commented that they received support from the whole team, people gave a lot of time and care in supporting them both technically and emotionally, and that it was a "great team".

There were also comments from one person who had particular requirements that they had received a high level of individualised support. The ability of the scheme to offer this is important to ensure that it is inclusive and accessible to all who are eligible.

One person mentioned that there were a few things they didn't know they had to do until the last minute, including submitting a CV and job description. They thought this may have been resolved by providing information as an online resource rather than multiple emails.

How did you find managing the requirements of the Practitioner Development Scheme and balancing this with your job?

Was the volume of work more/less/as you were expecting from the information provided? Did you have protected time in your role or was most of the PDS work done on your own time? Was your participation mentioned in your PDP/job plan?

All practitioners said that the workload was incredibly high, and difficult to balance alongside their roles. They did add though for the most part that this had been in line with their expectations and the high workload had been clear from the outset, and that things got easier as they progressed and became more familiar with requirements. One person said the workload was much higher than they had been expecting. Another commented that they wouldn't expect it to be easy as this would lessen credibility in achieving registration.

All practitioners had their participation captured in their personal development or job plan, but none had dedicated time to work on this within their roles. Most were able to attend sessions within work time, though some had to use annual leave for this. All however completed the rest of the work outside of work time, in evenings, weekends or using annual leave. This resulted in a lot of screen time, especially during the pandemic when work was entirely online. People who didn't have a complete paper trail (e.g. they had moved roles or deleted emails for data protection or other reasons) found the workload particularly high.

One person commented on the pacing of the scheme. There were quite a lot of deadlines in first couple of weeks and masterclasses held, then a delay before the introductory session, following which they very rapidly had to complete the first 5 standards. They would have liked it to be a 12-month programme, rather than February to November, and to have had the introductory session earlier.

Feedback on the 2021 Thames Valley Public Health Practitioner Development Scheme

What did you value about participation in the UKPHR practitioner scheme?

Practitioners found participation to be a really valuable opportunity. They commented that you don't often get opportunity to spend time reflecting in the way the scheme requires. They were able to reflect on their own knowledge and skills, and also their contribution to health within a wider system, whether they were working in a public health team or not. This gave pride in their roles and understanding that they were doing work of great value.

Several people commented that their participation had been valuable in building their confidence in themselves and in their role. It gave them the confidence in meeting the standards that they knew what they were doing. It also enabled them to identify and fill or refresh knowledge gaps, giving them a more complete and rounded skillset as public health practitioners. This was true of people working in or outside of public health teams.

Participants also learnt about the value of continuous professional development, and building themselves professionally and consciously gaining new knowledge and skills.

What is the value to you of UKPHR registration?

Practitioners expressed a feeling of pride in themselves that they had achieved something, and especially as this had been challenging.

They also perceived that registration gave them credibility in their roles and would be of value to them if and when they applied to another job, and one practitioner had been successful in applying for a more senior public health role while on the scheme, and credited this.

Were there occasions on which you provided any feedback on the scheme, and if so, were changes implemented and were you informed?

Practitioners commented that they felt like the HEETV team were always listening to them and asking for feedback.

They were less clear whether feedback provided had led to changes, though most said there wasn't any significant feedback that they had provided.

2. Feedback from survey of mentors, assessors and verifiers

Respondents

Similar numbers of mentors (4), assessors (3) and verifiers (3) responded to the survey. One individual had done all three support roles in the past. Due to small numbers in each group and no clear difference in responses between groups, feedback is not reported by role.

All had either heard about the scheme through public health colleagues in workplaces or public health training, or had previously completed the scheme themselves.

Training for and undertaking roles

All respondents had completed UKPHR training (initial/refresher) in the last three years, and all said that it had equipped them for the role they undertook. All felt confident in their roles, and that they were being fair and consistent.

Half of respondents (5) said that the volume of work required for the role was about the same as they had expected, however nearly as many (4) said it was more than they had expected. Just one person said it had been less volume work than expected. Nevertheless, all respondents said that the time commitment had been manageable and sustainable, and that the timeframes expected for their input had been sufficient.

Support received and available

All respondents felt adequately supported, and said they knew how to get support or advice when needed. They reported that the HEETV team were very supportive, being approachable and understanding, and always quick to respond to queries. The sessions with others involved with supporting the scheme were mentioned by a couple of respondents as being especially useful. One person commented that they would like more CPD sessions, but others reported that nothing more was needed in terms of support.

The structured approach to the scheme with clear deadlines and processes was found to be helpful in anticipating and planning the work required. One verifier identified that had the portfolio they were verifying been less well written, or the assessor's comments been less clear, the workload would have been greater for them, highlighting the importance of the good support provided to all practitioners and supporting individuals.

Seven of the 10 respondents had their roles in the scheme mentioned (implicitly or explicitly) in their personal development plans or job plans, while the others did not.

The e-portfolio

Five of eight respondents found the e-portfolio easy to navigate and use, with an additional three finding it 'somewhat easy'. Comments were that it wasn't particularly intuitive or clear to use, and needed some familiarisation, but all respondents said that they had the support they needed to familiarise themselves with and use the e-portfolio.

Feedback on the 2021 Thames Valley Public Health Practitioner Development Scheme

Value of participation

Comments revealed that individuals supporting practitioners felt the scheme was important and wanted to support others working in public health. Taking on the support roles also had value in terms of their own personal and professional development, in keeping up to date and in touch with public health practice and the practitioner standards, providing feedback and support, and in being exposed to interesting and diverse public health work.

All respondents said that they would encourage others to take on the roles they performed, and that that would encourage practitioners to apply for the UKPHR scheme.

Feedback and continuous improvement

Nine individuals responded to the question 'If you have previously provided feedback on the scheme, have changes been made?' Of these, 3 said yes and 4 were unsure. Two said no, however it is possible that they had misunderstood the question as two people commented that they had not provided feedback. One person commented that it was not clear how feedback was fed up and at what level changes are made.

Other comments

One person commented that while there was good communication with the team of supporters, they were not so sure about beyond this, and whether public health professionals working outside public health teams (e.g. in academia) would be aware of the opportunity to support the scheme.

There were also comments that more could be done to encourage applicants working in the third sector to apply to the scheme, and to help demonstrate how the role supports a career pathway.

3. 2022 update on recommendations from previous evaluation report

HEETV is committed to continually learning from delivering the scheme, and improving in response to feedback. Here, the recommendations from the [previous evaluation](#) have been revisited in light of the feedback from the 2021 cohort and discussion with the HEETV team about changes that have been made in the intervening period in response to these 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.

HEETV have put measures in place to address this recommendation. They now hold a webinar every year for prospective applicants, inviting individuals who have previously gone through the scheme to talk about their experience; they have also included information on the application form, and offer informal 1:1 conversations. The handbook is available only once accepted onto the scheme.

The interviews revealed a good understanding of what to expect among the 2021 cohort, with practitioners reporting that they had a clear idea of what to expect from the scheme and the time commitment before applying.

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.

This was raised again in feedback from the 2021 scheme, and relates to the question of who the scheme is aimed at and who is eligible, which HEETV will be giving further thought to. There is a separate support offer for the 'wider' workforce and the practitioner scheme is currently aimed at the public health workforce.

It was apparent from interviews that the high level of support that the local scheme provides was highly valued. If numbers going through the scheme each year were to increase to include people from wider roles, this would require increased resource to offer the current high level of support – though it may prove difficult to recruit a greater number of supporters or increase the workload for those that volunteer – or a reduction in the level of support provided.

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.

Practitioners this year said that line managers were encouraging and supportive, and some reported that employers were increasingly making registration an expectation of practitioner roles in public health teams. However this awareness – and inclusion of participation in the scheme in job or personal development plans – did not result in practitioners being/feeling able to work on their portfolios in their working hours.

HEETV held a webinar this year with line managers and practitioners, though not all line managers attended, and they are aware that this is a gap. The team will continue to do this and seek ways to engage line managers, recognising they need to understanding the time commitment for their direct reports.

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.

Practitioners in 2021 reported finding the induction day useful. One commented that earlier timing and more time for the portfolio would have suited them better. HEETV have listened to feedback and tried different timings, but found that there are differences of opinion and one arrangement doesn't suit all. They will continue to try new things.

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.

Assessors, verifiers and mentors reported that the time commitment was fine and as expected. HEETV reported having done work on this and that the scheme was in a different place in terms of supporters now than in 2016.

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.

Assessors, verifiers and mentors reported that the time was manageable and that they found personal value in supporting the scheme. However if numbers participating were to increase, this may become challenging once more.

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.

HEETV have introduced an interim review point in response to this recommendation, in the form of a checkpoint after commentary one, including practitioners presenting a project plan for their next two commentaries. They have also created a resource pack with clear deadlines.

Practitioners felt well supported in planning and managing their work over the course of the scheme, and doesn't appear to remain an issue. It was mentioned that the resource pack was very useful, and that the structured approach enabled planning and was appreciated.

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.

HEETV reported that the standards for the practitioner scheme were refreshed in 2018 and are now much better and more clearly appropriate for people working in local authorities.

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".

HEETV has developed local guidance on this and UKPHR have also refreshed their guidance. This was not picked up as an issue among the 2021 practitioners, and they reported that the local guidance was invaluable to them.

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.

This was not picked up as an issue in 2021, practitioners felt supported and received extra individual support if needed.

Feedback on the 2021 Thames Valley Public Health Practitioner Development Scheme

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

HEETV reported that all practitioners now have mentors, and practitioners clearly valued the support of their mentors.

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.

This links to the 2021 recommendation to work with employers.

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.

HEETV report that this is under review, however recruiting more supporters may be challenging. They have considered support for the supporters since 2016, and have introduced a training award for supporters of the scheme, who can apply for funding for training, for example for a CPD course. A session has also been introduced for supporters to come back and share learning.

Recommendation 14

Contribute to discussions with Health Education England and UKPHR regarding the utility of an Advanced Practitioner Development Scheme and prospective Practitioner registration.

Discussions are ongoing, led by OHID and UK People in Public Health. A Level 6 Public Health Practitioner apprenticeship was started in 2021.

Recommendation 15

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

This did not come up in interviews as an issue. HEETV now offer more in terms of CPD, including a weekly CPD bulletin, the training award which practitioners and supporters can apply for, and an offer of MSc modules for some.