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Evaluation of the first cohort of the East Midlands Public Health Practitioner Registration Scheme 2016-2017

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Foreword

The East Midlands Practitioner Registration Scheme was established in 2016, funded for one year by Health Education England (HEE) in the East Midlands and delivered in partnership with Public Health England East Midlands. We welcome the findings of the independently conducted evaluation, which provides a wealth of information about how this scheme was organised, and the outcomes. HEE is committed to delivering the minimum offer in terms of access to PH Practitioner Registration Schemes across England.

The purpose of the East Midlands scheme – one of several across the UK – was to ensure that public health practitioners meet and maintain quality assured standards of competence. In this way, such schemes meet the professional development needs of practitioners, provide assurance of public protection, and recognition of achievement.

Within a 17-month active period, the East Midlands scheme has been successful in enabling six practitioners to be verification ready or achieve registration with the UK Public Health Register. This equates to a 43% conversion rate which is above the national conversion average.

Public health practitioners make a valuable contribution to both improving and protecting the health and wellbeing of our populations, and to the reduction in health inequalities. A registered public health practitioner workforce is therefore important for the delivery of effective public health outcomes, and we congratulate participants on their professionalism, commitment and achievement.

This report will be widely disseminated to share the learning and recommendations arising from our approach in the East Midlands. And, following the Health Education England Practitioner Deep Dive report, we look forward to contributing this learning, along with good practice developed elsewhere, to help inform and shape the work of a national cross system group established to implement actions arising from the Deep Dive report. This activity will support HEE to develop future Public Health Practitioners across England.

We wish to thank all those who volunteered to participate in interviews and focus group activities for the purpose of this evaluation, the authors for the preparation of this report and all who supported the implementation of the scheme.

In addition, thanks go to Julia Knight, Specialty Registrar Public Health, Public Health England East Midlands, for her valuable input into this evaluation report.

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Executive summary

Background
Registration schemes aim to validate the competency of Public Health Practitioners (PHPs). After demonstrating competence against 42 indicators, individuals can apply to become "accredited practitioners" with the UKPHR; the national PH standard setting body for non-medical professionals. PHP registration schemes are currently delivered as local schemes, national work is underway to standardise scheme design, delivery and funding. The East Midlands (EM) scheme supported an initial cohort.

Evaluation methodology
This evaluation aimed to determine the effectiveness and value of the scheme. A mixed methods approach was used to capture the viewpoints of those delivering, undertaking or supporting the scheme. These are triangulated with findings from project documents.

Results
19 PHPs, steering group members, assessors, verifiers or managers participated. The EM scheme was reported to be well coordinated, sufficiently supported and achieved a 43% conversion to verification or registration within the first "active" 17 months: above the national conversion average. The scheme provided an opportunity for peer support and cross-organisational learning, validation of PH knowledge, skills and competence and those individuals who engaged reported higher self-confidence and increased commitment to practice at the "accredited practitioner" level.

Conclusion
This report highlights the benefits a PH registration scheme can bring in a short time frame. In context of a national move to encourage employers to recruit professionals with statutory or voluntary registration alongside standardisation of career pathways, the importance of effective sustainable schemes is rising. The EM scheme has been limited by certain factors; ultimately its infancy. Current pressures in PH may mean that external constraints confound the capacity of the PH workforce to push for scheme continuation.

Recommendations
To further support the development of effective and sustainable schemes:
Local registration scheme leaders can motivate applicants, minimise attrition and support assessors through timetabling, providing bespoke training, having clear procedures for quality issues and supporting network(s) of accredited PHPs.
The regional public health system can support schemes by volunteering PH expertise, demonstrating strong leadership to advocate scheme continuation, developing and implementing guidance about UK Public Health Register (UKPHR) standards adoption into PDR procedures and including voluntary registration in job adverts.
The UKPHR can support local schemes by being clear about types of evidence and qualification necessary to achieve indicator competence, producing literature mapping indicators to the Public Health Skills and Knowledge Framework (PHSKF), providing guidance on adopting PHP development into routine PDR procedures, standardising approach to quantifying scheme return of investment (ROI) and reporting conversion rates and scheme costs by locality and length.
HEE should implement a consistent approach to specifying and funding schemes, promote the spread and adoption of schemes to both PH professionals and the public, use ROI models to determine the cost effectiveness of schemes and report the conversion rates and costs of schemes by locality and length to the UKPHR.

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List of Abbreviations

CfWI: Centre for Workforce Intelligence
EM: East Midlands
FPH: Faculty of Public Health
HEE: Health Education England
PDG: Portfolio Development Group
PDR: Performance Development Review
PH: Public Health
PHE: Public Health England
PHP: Public Health Practitioner
ROI: Return on Investment
SG: Steering group
SGMs: Steering group members
UKPHR: United Kingdom Public Health Register

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Background

Purpose of this evaluation
The "East Midlands (EM) Practitioner Registration Scheme" was set up in 2016 and funded for a year by the local Health Education England (HEE) office. The purpose of this evaluation is to determine the effectiveness and value of the scheme within the region.

Background to practitioner accreditation schemes
Registration schemes aim to validate the competency of Public Health Practitioners (PHPs) against the PH Skills and Knowledge Framework (PHE 2016a): this framework provides an 'architecture to describe generic activities and functions undertaken by the PH workforce' (PHE 2016b, p.5). It is from this, as well as the NHS Knowledge and Skills Framework and the National Occupational Standards for Public Health, that the standards and indicators for registration as an "accredited practitioner" with the UKPHR have been set: these are fully supported by the Faculty of Public Health (FPH).

The standards are intended for individuals who are already working as public health professionals at Skills for Health Careers Framework index Level 5 or above (Health Careers 2017c). Individuals at this level are expected to have "comprehensive, specialised, factual and theoretical knowledge within a field of PH work and an awareness of the boundaries of that knowledge". A total of 42 indicators detail the expected competence level required to achieve accredited status with the UKPHR. PHPs undergo a rigorous process of assessment and verification by trained public health professionals. Competence is judged across 12 defined standards. Image 1, below, demonstrates these key areas.

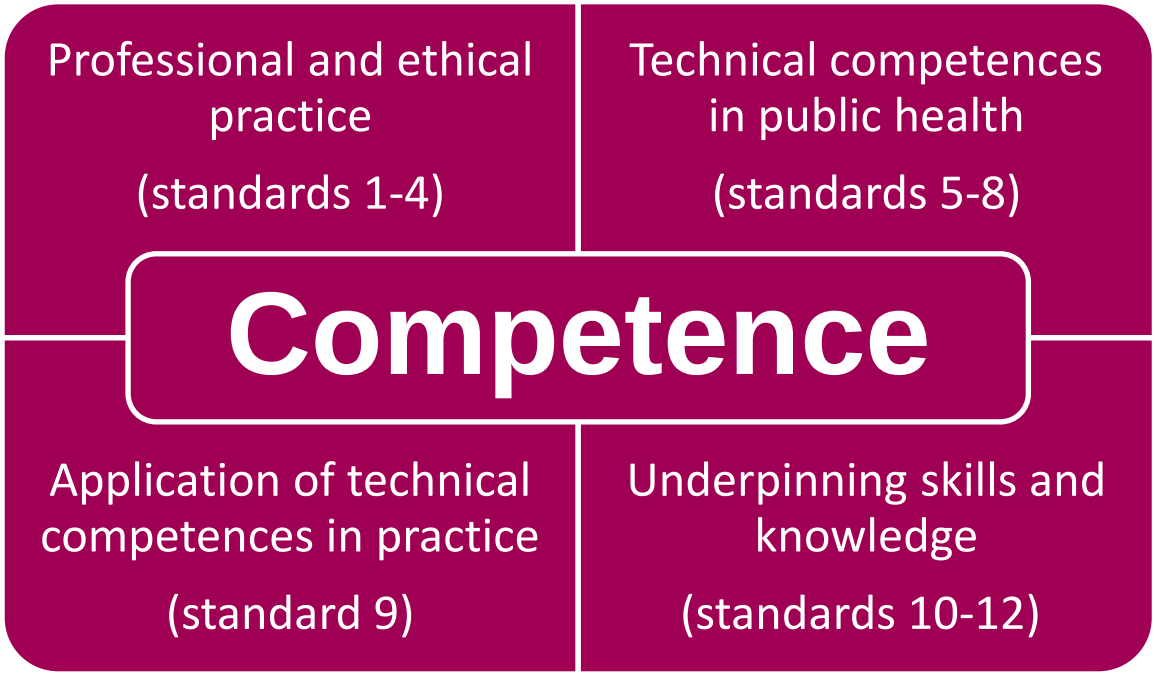


Image 1: Areas of competence assessed through UKPHR indicators

Overview of the public health workforce
The public health workforce is commonly split into three groups:

- Wider workforce: people who have a role in health improvement, protecting health and wellbeing and reducing health inequalities but who would not necessarily regard themselves as part of the public health/health and wellbeing workforce, for instance, teachers, youth workers, leisure services personnel.

- PHPs: people who spend a major part or all of their time in public health practice. They are likely to work in multi-professional teams and include people that work with groups and communities as well as with individuals, for instance, Smoking Cessation Advisors. Some of this group may be involved in project delivery. At a more senior level, they will be providing management and leadership across different organisations.
- Public health specialists: this group includes consultants and specialists who work at a strategic level and very senior level. They will have technical skills, for instance in epidemiology, statistics, environmental health or immunology and be prepared to lead public health action and to support communities to engage with health protection and improvement and with health and social care services improvement.

Role of the UKPHR and regulation

The UKPHR is a national professional body who, in conjunction with the Faculty of Public Health (FPH) and other standard setting bodies, aim to protect the public and promote public confidence in PH practice. There are three categories of registration on UKPHR's Accredited Register:

- Public Health Specialist.
- Speciality Registrar.
- Public Health Practitioner.

The UKPHR set and promote the standards for admission and retention on the three Registers, publish a Register of competent professionals and manage registered professionals who fail to meet the necessary standards (UKPHR 2017).

This body has led the development of the PHP registration movement. There has been much debate about the need for certified levels of competence and regulation in the PH profession for the reasons set out below:

1. To protect the public, who are directly or indirectly affected by the decision making of the PH workforce.
2. For registrants, who obtain recognition and professional development opportunities.
3. For employers and commissioners.
4. For the government oversight (Department of Health & PHE 2013 and UKPHR 2017).

Decisions about the need for regulation should be thought about in the context of the recent publication of the Right Touch approach by the Professional Standards Authority (2015). This report advocates for professional regulations to be; proportionate, consistent, targeted, transparent, accountable and agile. Whilst arrangements are already in place to ensure that PH specialists (working at levels 8 and 9 of the PHSKF, PHE 2016a) are both qualified and registered, the government's position (in 2015) was that the completion of the UKPHR registration process by PHPs does not require statutory regulation. The PHP register is therefore voluntary, unlike some other PHP roles, for example PH nurses or health visitors working at levels 5-7 where original professional registration is mandatory through the Nursing Midwifery Council (NMC) or other professional bodies accredited by the Health and Care Professions Council (HCPC).

However, the Professional Standards Authority is recommending to all employers that they should give preference in recruitment to those with a statutory or voluntary accredited registration. As a result, accredited practitioner status is now being included as a "desirable" quality in some practitioner job adverts in the East Midlands. It is anticipated that this may enhance the profile and value of PHP schemes.

The role of the UKPHR in PHP registration schemes has been to provide guidance, train verifiers and assessors and quality assure schemes across the country. The role includes undertaking portfolio moderation, retrospectively auditing processes and leading any appeal procedures.

Role of public health practitioners and their development

PHPs are key members of the public health workforce and can directly influence the health and wellbeing of individuals, groups, communities and populations (UKPHR, 2017). Work completed in 2014 by the Centre for Workforce Intelligence (CfWI) identified that the practitioner workforce is diverse. It was estimated (with low confidence) that up to 10,000 individuals, working primarily at levels 5 to 7 of the PHSKF (PHE 2016a) across the UK, are PHPs. Organisations employing these individuals include PHE, local authorities and provider services. This analysis demonstrated the breadth of roles and opportunities for individuals in this sector of the core PH workforce.

Since the CfWI report in 2014, a 2015 report by the same group has pinpointed the practitioner workforce as possessing a key role in working across the health and social care system to support the prevention agenda (CfWI 2015). With this in mind, supporting PHPs is paramount for ensuring that their contribution to this priority area remains both relevant and effective. Offering PHP Registration schemes has been suggested as one key method to achieve this. It is anticipated that schemes may both develop and retain the valuable contributions of PHPs.

PHPs work across all domains of public health from health improvement and health protection, to health information, community development, and nutrition. They are employed in a wide range of diverse settings; from the NHS and local government to the voluntary, and private sectors (UKPHR, 2017).

To demonstrate proficiency in leading more complex PH activities, PHPs can apply to undertake specialty training in PH via the Faculty of Public Health or submit a portfolio of evidence, to the UKPHR, at an advanced practitioner level. This portfolio is used to assess and demonstrate suitability to join the specialist register and qualify for applications to higher level (8 or 9 on the PHSKF) PH positions.

Accreditation schemes in the UK

At present public health practitioner (PHP) registration schemes are delivered as local programmes within specific geographical areas. The UKPHR provide recommendations about setting up a new scheme in their document 'speaking from experience' setting up a UKPHR Practitioner Registration Scheme 2014. Schemes are varied in their approach, duration and the level of support offered to practitioners. Commissioned support may be in the form of:

- Practitioner Development Groups – full day closed group learning sets.
- Action learning workshops.
- 1-2-1 interview/progress reviews.
- Mentors.
- Buddying systems.
- Line Manager training (UKPHR, 2014).

Whilst some schemes commission independent facilitators to deliver this support, others commission this from the higher education sector, for example offering the MPH as part of the registration process.

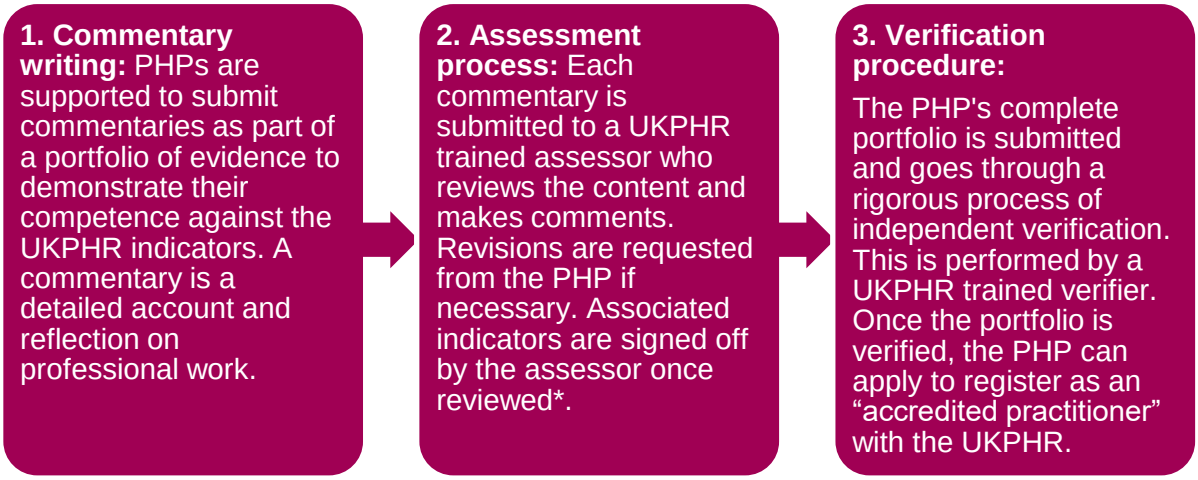
The aim of this support is that the practitioners are able to build their portfolio so that it is straightforward to assess, and fully meets the requirements of the UKPHR framework and guidance. The scheme arrangement should also ensure that practitioners understand the accreditation process and feel empowered to complete all the necessary stages leading up to final submission of their portfolio to the UKPHR for registration.

There have been at least 11 PHP schemes operating across the UK within the past six years, the areas which have commissioned schemes are shown in the map below.

Image 2: Map of areas which have commissioned PHP registration schemes

The UKPHR recommend that schemes are at least 18 months in length and each must apply the national standards set by UKPHR for the training and quality assurance of local assessors and verifiers (UKPHR, 2013). All PHPs have to demonstrate achievement of all 42 indicators. To date, nationally there are approximately 200 UKPHR accredited practitioners.

Accreditation Process



*N.B. In order to assure the PHP assessment process, the UKPHR stipulate that there are clear boundaries between "mentors" and "assessors". Whilst an assessor can agree an assessment contract, assess evidence that is submitted, complete an assessment form and provide outcome feedback, they are not permitted to provide guidance and input to draft commentaries. On the other hand, mentors can facilitate the process of self-directed learning and give advice on self-assessment.

Public health practitioner registration scheme in the EM

The EM PHP registration scheme was funded for a fix term period of 12 months from January 2016. Whilst HEE EM provided scheme funding, the management and delivery of it was embedded within the PHE EM centre. The scheme was led by a steering group which had membership representation from PHE EM, HEE EM and each EM Local Authority.

Application requirements

The applicant criteria were as follows; individuals had to be:

- Employed in the EM.
- Have at least two years' PH experience.
- Be able to demonstrate a range of relevant experience with few gaps.
- Complete a self-assessment against PHP Standards.
- Commit to scheme timeframes.
- Obtain written support from line manager.

Due to the non-recurrent nature of the scheme funding, applicants were asked to only apply if they would be able to complete their portfolios within eight months from scheme recruitment, and be ready to apply for registration by January 2017. Successful applicants had to agree a learning and development contract with their line manager which reflected their learning needs and plans to complete the scheme; this had to be submitted to the scheme coordinator.

Support on the scheme

The following sessions were delivered as part of the scheme:

- Launch event: promotion of the EM PHP Registration scheme to potential applicants, assessors and verifiers through presentations and explanation of the expected timeline of activities.
- Induction day: accepted practitioners had to attend a mandatory induction which was delivered by the UKPHR and covered policy context, assessment standards and process and both reflective and commentary writing.

- Portfolio Development Groups (PDGs): interactive workshops delivered by a senior PH professional, the PDG lead. These ran at two monthly intervals throughout the course of the scheme and aimed to help individuals build their commentaries for their portfolios to the standard required by the verification panels.

The scheme provided assessors and verifiers who received training to formally review portfolio summaries and evidence.

Evaluation aims
The purpose of this evaluation is to determine the effectiveness and value of the PHP registration scheme in the EM at the end of its first “active” period (June 2016- end of October 2017).

Scheme effectiveness will include examining both the financial aspects of the scheme and also the individual and combined perspectives of those involved in delivering, undertaking or supporting the programme. Because of its infancy, minimal cost-effectiveness analysis will be possible.

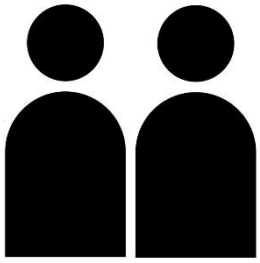
Evaluation methodology

A mixed methods approach was used to capture the full range of viewpoints of those involved in delivering, undertaking or supporting the practitioner registration scheme. Feedback was collated and compared to determine whether the practitioner scheme was fit for purpose, effective and valued. More information on the evaluation methodology, including data collection tools, sampling and analysis is included in Appendix 1.

This evaluation was constructed of four chronological phases:

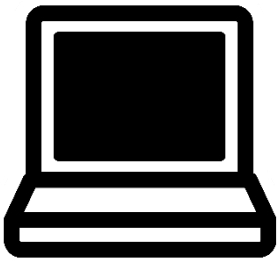
Phase 1: Focus group

- With practitioners enrolled on the scheme.
- Focus group schedule used.
- Discussions audio recorded and observed by a note taker.



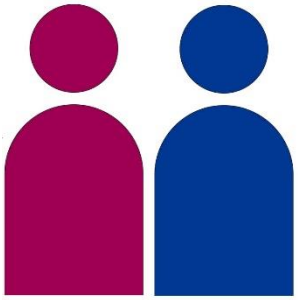
Phase 2: 1-1 semi-structured interviews

- With a selection of steering group members and the Portfolio Development Group lead.
- Interview guide used.
- discussions audio recorded; observation notes maintained by the interviewer.



Phase 3: Electronic survey

- Of verifiers, assessors and line managers.
- Mixture of scaled and open-ended answer questions used which covered reaction to experiences on the scheme, lessons learnt, behaviour change and results.



Phase 4: Document appraisal

- Of the scheme's business case, financial reports, presentations and practitioner documentation.
- Contrast expected against actual outcomes of the scheme and perform descriptive analysis.

Results

The UKPHR prompts for evaluation were used to triangulate the perspectives gathered from those delivering, undertaking or supporting the scheme with findings from the document analysis. By comparing and contrasting the findings from each phase of this evaluation, aspects of quality scheme provision in the EM and also areas for improvement are identified.

Area 1: Motivation and support		
	Findings	Commentary
Successes	EM scheme coordination and management was viewed positively by all involved in this evaluation.	Having an allocated scheme coordinator and sufficient administrator support was regarded as important.
	Scheme extension resulted in five additional PHPs completing the scheme within extra six months.	This is indicative that the initial "active" scheme length of seven months was insufficient to achieve registration.
	Attendance at PDGs was high and the learning culture was reported as being very strong.	Participants reported that they had either obtained or observed benefit or value from building connections with PHPs who worked across different localities in the region. Financial pressure on PH teams is reported to limit cross organisational learning.
Areas for improvement	Only one practitioner achieved registration in the timescale they had committed to.	The amount of protected work time did not appear to correlate with practitioner's timely completion of the scheme. Practitioners did not believe there were obvious consequences to not achieving scheme milestones, as set out in their individual learning agreement. "Absence of specific deadlines that practitioners are required to meet" was reported by Sykes and Wills (2016, p.27) as a factor that limited the success of registration schemes.
	Withdrawal from the scheme at the end of 17 months was 36% compared to 22% attrition nationally (Sull 2017).	Short scheme length alongside perceived gaps in scheme delivery (specifically at the start of the programme) as well as competing work and personal life demands were mentioned by participants as factors that acted as barriers to completing the registration process. Recommendations were made by both PHPs and steering group members about how to motivate practitioners to achieve registration in any future schemes: this included improved timetabling and the use of fixed deadlines.

Area 2: Resources		
	Findings	Commentary
Successes	The fixed-term financial resource that was provided to PHE EM to run the first cohort for 12 months appears to have been appropriately budgeted.	Given the UKPHR recommendation (2013), the initial agreement to only fund the scheme for 12 months does not appear, in hindsight, to seem appropriate. The Deep Dive report (Sykes and Wills 2016, p.19-20) illustrates that other scheme budgets range from £25-70K per annum. As the EM budget was £60,000 for the first year, the funding to support the first cohort appears to be relatively high. This was not the perception of some participants who reported that funding in the EM was low.
Areas for improvement	As the EM scheme only managed to recruit 14 practitioners (due to lower than expected applicant numbers), the available funding per practitioner was higher than anticipated.	A time lag between securing funding and recruiting project staff appears to have resulted in reduced time available for practitioners to be recruited, submit commentaries and be assessed. This appears to be one of the reasons why the scheme needed to be extended.
	Extensions in the scheme funding have resulted in the final scheme being 23 months long; active scheme period of 18 months. Due to the way resources have been secured, the budget has not been spread equally across the scheme length.	Short term and inefficient financial planning (within financial year) appears to have negatively impacted on the effectiveness of the registration scheme: staffing costs were higher than expected as short term agency staff was used. This has resulted in other areas of the scheme being underfunded or not delivered.
	Analysis from both the focus group and interviews highlighted the perceived need for masterclasses.	If sustainable funding for future schemes could be achieved and cost efficiencies realised, this support is deliverable without having to increase the funding envelope.
Area 3: Assessment		
	Findings	Commentary
Successes	An adequate number of assessors and verifiers were recruited to support the practitioners.	
Areas for improvement	PHPs perceived differences and inconsistencies about standards set by assessors to approve commentaries. Also commentary feedback was believed to differ between PDG lead and assessor.	Different assessor experience may have impacted on scheme attrition; 2/5 of the PHPs who withdrew did so after submitting a commentary. The scheme coordinator bridged gaps in commentary appraisal skills: this should be sustained to ensure that each assessor feels adequately trained to assess PHPs and to raise quality concerns.
	PHPs requested further clarity about the sort of knowledge to be included in commentaries:	It would be beneficial to provide some guidelines about the level of previous formal qualifications necessary to undertake the scheme (if appropriate) and

	some said that they had had difficultly evidencing indicators. There was potential inequity for PHPs who had mainly experiential knowledge.	the expected types of evidence required to achieve indicator competence. UKPHR involvement may be necessary to validate this information.
	Some assessors and verifiers expressed concern about whether some of the PHPs were suitable for the scheme. Survey responses revealed that half of respondents believed that the PHP selection criteria needed reviewing and candidates better prepared for commentary submission. Some assessors requested additional training to assess PHPs.	One survey respondent, an assessor, specifically reported concern about the lack of formal qualifications that a practitioner held. However, the previous experience of practitioners in the first cohort appears to be high. Over 60% of PHPs reported working at PHSKF level 7 or above at the time of recruitment: the registration scheme was aimed at recruiting PHPs working between levels 5 – 7 of the PHSKF.
	In some cases, lack of understanding about how to optimally use the e-Portfolio resulted in perceived gaps between commentary submission and assessor feedback.	Further training and support to use the e-Portfolio would have been beneficial. This was supported by some interview participants who reported delays using the online system. A couple of assessors, verifiers and line managers who participated stated that additional training to use the software was required.
Area 4: Engagement		
	Findings	Commentary
Successes	The scheme has attracted the interest of members of the PH workforce who wish to follow “pioneering” practitioners and assessors.	16 PHPs put their names down to be involved in future schemes and several PHPs had asked about experiences on the scheme and how to register for future programmes.
Areas for improvement	None presented	
Area 5: Value		
	Findings	Commentary
Successes	Scheme has been highly valued by evaluation participants for the professional development and confidence-building it has enabled.	Focus group participants unanimously agreed that engagement with the scheme has validated their PH knowledge and skills and individuals felt more confident and credible as a result. “Scheme value” was identified in some survey respondents’ answers and the importance of the scheme statement scored well.

Areas for improvement	Based on the feedback from focus group participants and interviewees, it does not appear that the impact and value of the scheme has been well understood by all employers of the PH workforce in the region.	Whilst some PHPs reported that they received lots of support from their line managers, others stated that the scheme was not promoted as a development opportunity. Some PHP perceived their employers as putting 'low value' on becoming accredited. Low perceived scheme value is a potential risk to the demand for and success of future schemes. Financial pressures experienced in PH organisations, specifically within local authorities, acts as a reminder that external pressures to the PH system may impact on the commitment that each organisation is able to give to development opportunities such as this scheme.
	The collection of metrics to demonstrate ROI was not in place for the first cohort on the EM scheme	Sykes and Wills (2016, p.32 and 44) recommend capturing information about level of PHP engagement, learning and development enablement, application of skills into practice and impact on PH organisations alongside financial envelope. They report that "...established schemes are shown to be fit for purpose and demonstrate a ROI". However, detail about the methodology used to determine this is not stated.
Area 6: Continuity		
	Findings	Commentary
Successes	None presented	
Areas for improvement	A plan is not in place to sustain the professional networking of PHPs involved in the first cohort. The mandated inclusion of registration as a requirement in job adverts and commissioning of services is not yet appropriate in the EM as there is no further funding to support the future schemes.	This is a missed opportunity especially as most focus group participants reported being keen to support future practitioners. However, given the lack of ongoing funding at this time, it is understandable. Creating a 'peer support network' of those completing the scheme could be of real benefit to both individual PHPs as well as for demonstrating the value of the scheme and engaging other members of the PH workforce. One steering group member did suggest inviting an accredited practitioner to be a member of future steering groups.

Outcomes and impacts

A rigorous and transparent approach to conducting and presenting the findings from this evaluation has been taken. The evaluation received full ethical approval from both the University of Nottingham Research Ethics Committee and the PHE Research Ethics and Governance Group. Data storage complied with the University of Nottingham's policy and the Data Protection Act (1998). Additionally approval was sought from both the UKPHR and independent contractors about the presentation of cost data.

This evaluation report includes an original piece of research in an evolving area of PH workforce development. Few schemes have examined in depth the extent to which their programme can be regarded as fit for purpose, effective and valued. The triad of perspectives gathered, along with the inclusion of outcome data, has given all involved in delivering, undertaking or supporting the EM scheme an opportunity to share their feedback. By using the prompts for evaluation (UKPHR 2014) to pull together and contrast findings from each phase, it is hoped that this evaluation of the EM scheme can be comparable with other scheme evaluations.

Given the limiting effect of the various factors presented above, the findings from this evaluation are not necessarily indicative of all who experienced delivering, undertaking or supporting the first cohort of the EM scheme. However, similarities do exist between the findings presented and those reported in other local evaluations; as well as the HEE commissioned deep dive report (Sykes and Wills 2016).

Limitations of this evaluation

This evaluation has predominantly captured the views of some of the most engaged and supportive scheme members. The majority of focus group participants had either submitted their portfolio or been accredited and steering group members were purposively sampled. Overall, only 40% of eligible participants took part in this evaluation (Table 1) and the mix of participation was not equally split by role. Whilst approximately half of practitioners and steering group members are represented and all assessors participated, only one line manager returned a questionnaire (of a possible 13). The minimal inclusion of employers' feedback in this evaluation makes it impossible to ascertain the engagement with and value of the scheme by PH organisations in the region. No payments were offered to participants for their involvement in this evaluation and this may have inequitably dis-incentivised participation. Additionally, feedback from each PDG, via evaluation forms, was not included. This was a missed opportunity to include a broader mix of applicant viewpoints.

Within survey responses there was a crossover of perspectives. Whilst some participants regarded specific elements of the scheme positively, others reported the same elements as areas for improvement. Additionally, the highest and lowest responses to the ten Likert scaled statements were both submitted by assessors. This demonstrates that the perspectives of assessors, verifiers and line managers are diverse and not uniform. Experiences may differ depending on the practitioner allocated or supported. The use of a survey in this evaluation has failed to capture the depth and breadth of the views of individuals who had a role supporting this scheme.

Conclusions

In context of a national move to encourage employers to preferentially recruit healthcare practitioners with statutory or voluntary registration (NHS Employers 2017) alongside national work to standardise and further develop PH career pathways, the importance of effective sustainable registration schemes is rising. It is therefore essential that the performance of registration schemes is evaluated to ensure they are fit for purpose, effective and valued.

The EM scheme was well coordinated, recruited sufficient numbers of assessors and verifiers to support applicants and achieved 43% conversion to registration in the first "active" 17 months of its existence. For those who were engaged in the first cohort, the scheme has provided an opportunity for peer support and cross-organisational learning, validation of PH knowledge, skills and competence and resulted in individuals with higher self-reported confidence levels and increased commitment to practice at the predefined "accredited practitioner" level.

However, the effectiveness and value of the scheme has been limited by certain factors and ultimately, its infancy. Areas for EM scheme improvements were identified through this evaluation. To better motivate applicants to complete the registration process it was suggested that rearranging the timetabling of some core elements, having fixed and staggered commentary submission deadlines and better addressing PHPs development needs through masterclasses and writing sessions as well as e-portfolio training could be advantageous. To standardise the assessment process further training including a workshop with a recently accredited practitioner was suggested. Additionally, guidance about the types of evidence necessary to achieve indicator competence and the required level of previous formal qualification could be shared with PHPs when they apply for the scheme and assessors/verifiers when they undertake assessment training to ensure assessment standards are clear.

It is too early to tell if a ROI has been achieved, especially as metrics that constitute this are not clearly defined and the scheme has not been fully embedded across the East Midlands. Methods to improve the perceived value of the scheme could include developing literature about how the UKPHR indicators map to the PHSKF as well as how PH career development opportunities link together. Guidance about how to adopt aspects of practitioner development into standard professional development review and objective setting procedures may also be useful. Additionally, the use of in-region expertise and PHPs who successfully completed registration in the first cohort to deliver some of the scheme development sessions may promote and engage more members of the region's core PH workforce with future schemes.

Current pressures on PH organisations may mean that organisational constraints, external to the scheme, confound the capacity of the local (and national) PH workforce to push for continuation of the scheme. Strong leadership that promotes the importance of staff development and retention through times of austerity, along with efforts to minimise attrition is fundamental if any future funding is to yield a ROI. Strategically planned resourcing, managed by a suitable host organisation, is essential to adopt any or all of these suggested developments and evaluate their subsequent impact for a second EM cohort.

Recommendations

This evaluation has highlighted the benefits a PH registration scheme can bring, even in short time frames, as well as pointing to areas for improvement. Recommendations are made to local registration scheme leaders, public health systems, the UKPHR and HEE to further support the development of effective and sustainable schemes. Each of these stakeholders has a role in funding, designing and/or delivering practitioner registration programmes. This does not take onus away from accepted PHPs who are expected to be committed and engaged with the registration process.

Local registration leaders can motivate applicants, minimise attrition and support assessors by:

- Careful timetabling of core scheme elements.
- Using fixed and staggered commentary submission deadlines.
- Addressing PHPs development needs by providing appropriate masterclasses, writing sessions and e-portfolio training.
- Using a recently accredited practitioner to deliver these workshops to ensure up to date knowledge and understanding.
- Sharing guidance and literature about the scheme.
- Having clear procedures in place for both practitioners and assessors / verifiers to raise concerns about quality issues to the steering group.
- Exploring, testing and evaluating the delivery of scheme development sessions using in-region expertise and accredited PHPs.
- Planning and developing a professional network of accredited practitioners.

The local (regional) public health system can support and promote registration schemes by:

- Assisting in the delivery of the scheme by volunteering expertise from accredited practitioners and specialist members of the PH workforce from across the region.
- Demonstrating strong, system level leadership that promotes and advocates for the continuation of the scheme.
- Developing guidance to promote the adoption of these practitioner standards into professional development review and objective setting procedures for all PHPs.
- Including voluntary registration as a preferential requirement in job adverts and commissioning of services (once schemes are fully established).

The UKPHR, in its capacity as professional regulator, could support the work of local schemes by:

- Developing and sharing further guidance about types of evidence necessary to achieve indicator competence and the required level of previous formal PH qualification that applicants need to have, where appropriate, with local scheme leaders.
- Producing and sharing literature about how the UKPHR indicators map to the PHSKF as well as how PH career opportunities link together.
- Providing guidance about how to adopt aspects of practitioner development into standard professional development review and objective setting procedures for all PHPs.
- Undertaking work to standardise the approach to quantifying ROI, specifically to measure impacts for the system so that schemes can be evaluated in their entirety compared to other similar schemes.
- Reporting the conversion rates and cost of schemes by locality and length.

HEE, in its capacity as health education commissioner, should:

- Apply a consistent approach to the specification for practitioner registration schemes and funding; including consideration of how suitable host organisations will be identified.
- Ensure representation on the national cross party working group to secure access to PHP Registration Scheme across the East Midlands.
- Support local PH systems to adopt their recommendations.
- Promote information about and the spread and adoption of schemes to both PH professionals and the public through their communication channels.
- Use ROI models to determine the cost effectiveness of different scheme sizes and lengths over the next five years and adjust requirements accordingly.
- Reporting the conversion rates and costs of schemes by locality and length.

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Appendices

Appendix 1: Methodology details

Data collection tools
A focus group schedule/interview guide was developed to aid the focus group and interviews. This was structured around the "four levels of learning", as put forward in Kirkpatrick's (1994) training evaluation model. These are:

- Reaction (explore feelings about value of experiences on the scheme).
- Learning (explore what has been learnt and whether knowledge has increased as a result of the scheme).
- Behaviour (explore self-perceived changes in behaviour as a result of the scheme).
- Results (explore self-reported outcomes of the scheme).

Sampling
A purposive sampling strategy was adopted to recruit individuals into either a focus group or interview. An opt-in approach was used.

Ethics
This evaluation received ethical approval from both the University of Nottingham and PHE. Invitation emails included details about the time commitment required to take part, the participant information sheet and a copy of the consent form was completed prior to any data being collected. All face-to-face data collection was undertaken in a private room and participants had the opportunity to ask the researcher questions face-to-face before the sessions began.

Analysis
Patterns within the transcribed data are identified and interpreted using thematic analysis. A broad approach to data analysis was taken to ensure that all themes generated were adequately captured and represented. Themes and sub-themes are determined by following the core stages of qualitative data analysis as presented by Braun and Clarke (2006). The first of these is familiarisation and involved listening to the audio recordings, reading transcripts alongside observation notes and annotating interesting points. Key words and phrases are then coded. Codes were grouped into interrelated concepts before themes and sub-themes were defined.

Survey data analysis was two-fold. The scores of the ten 5-level Likert scaled statements were combined to give an overall score per question and per respondent. For each question, participants specified their level of agreement ranging from "Strongly agree" (+2) to "Strongly disagree" (-2). The maximum combined score per participant was 20. The maximum combined score per statement was 18. Secondly, responses to open answer questions are coded, before being thematically analysed using the same approach as above.

Simple descriptive analyses are performed to examine whether the scheme met the initial, quantified expectations, as set out in the background of this report. Three core areas are explored; funding, PHP registration and recruitment of assessors and verifiers. Comparisons are made to available metrics from other schemes, as reported by the UKPHR or in the HEE Deep Dive report (Sykes and Wills 2016).

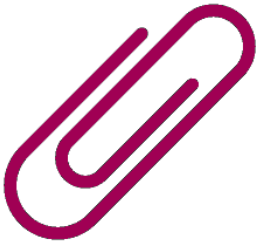
Appendix 2: Findings from each phase

The key themes and sub-themes identified from Phases 1-3 of the evaluation and findings from the document appraisal in Phase 4 are explained.

Phase 1: Focus group findings

Characteristics of participants
Five PHPs consented to be involved in the focus group; four of these had either submitted a complete portfolio for verification or are now registered with the UKPHR. Three of the participants were female and two were male.

Themes
Eight key areas were identified from the focus group session analysis.

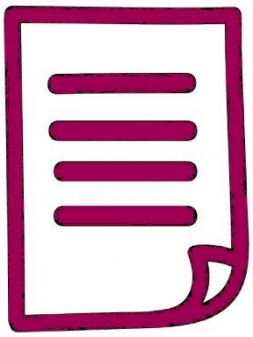


1. Organisation and coordination of the scheme

- All participants agreed that the scheme was well organised and coordinated.
- The introductory day was regarded as being useful.
- Request for better explanation about how the UKPHR indicators and PHSKF dovetail together.
- Application process was perceived to be appropriate and useful.
- Overarching leadership and governance of the scheme was clear.
- Purpose of the learning agreement was questioned.

2. PDG support and learning

- All participants reported that PDGs provided an opportunity to focus on the registration process, obtain peer support and share learning.
- PDG lead was reported to be very supportive.
- The newsletter that was produced was reported to be a useful resource.

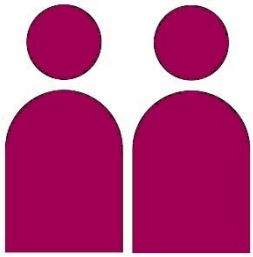


3. Writing up and submitting evidence against indicators

- Some participants expressed difficulty providing sufficient proof to evidence some indicators.
- Several participants stated that feedback on commentaries from the PDG lead was very different to that given by assessors.
- Reports of different experiences of commentary revision requests and standards for approval depending upon allocated assessor.
- Commentary approval reported as a driver for continuing the scheme.

4. Time required undertaking scheme

- Agreement that the time frame to complete the application form and submit all necessary commentaries was tight.
- Commentaries appeared to take a variable length of time to write and submit.
- Reports of difficulty balancing the scheme with work and personal commitments: the amount of dedicated work time to the scheme appeared variable and most reported writing up commentaries in their own time.

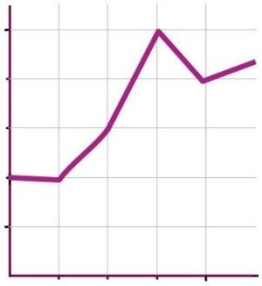


5. Scheme support in workplaces

- Some participants had support from their line managers throughout the scheme.
- Majority of participants reported that becoming accredited was not promoted as a development opportunity in their workplace and some reported being discouraged from applying.
- Some participants' colleagues and employers had low perceptions of the scheme's value and benefits
- The number of spaces may have been limited by their organisation.

6. Diverse PHP career pathways and impact of financial pressures on opportunities

- Participants reported different developmental needs depending on their background and prior experiences. Despite this, some indicators were regarded as difficult to evidence by all.
- All reported that financial constraints, placed on organisations they work in, have reduced opportunities for cross organisational working in the past few years.



7. Suggested improvements

- PDGs: opportunity to work independently on commentaries plus masterclass sessions. Newsletter structured around the indicators and session facilitation from a recently accredited practitioner.
- Scheme as a whole: support using the e-Portfolio through use of a test area or training. Fixed deadlines for commentary submission and altering timetabling to improve completion. Workshop between assessors and recently accredited practitioners to minimise variations in assessment experience.

8. Benefits

- Tangible: accreditation validated PH knowledge and skills.
- Exposure to areas of practice that PHPs would ordinarily avoid. Cross organisational learning and development of new professional relationships. Career opportunities. Interest in future schemes from colleagues: offers to support PHPs through mentoring.
- Intangible: scheme provided space and time for PHPs to develop confidence in own ability and supporting others.

- Professional mind-set developed: reports of more lateral view and rigorous approaches in practice. Renewed commitment to PH. Engagement with reflective practice as a means to continuing PDP.

Phase 2: Interview findings

Characteristics of participants

Six steering group members and the PDG lead consented to being interviewed. Four collaborating organisations were represented. The PDG lead was self-employed and has previous experience working as part of other registration schemes and in a PH regulatory body.

Themes

Five key areas were identified from the interview analysis.

Themes from interviews with steering group members and PDG lead

1. Leadership, management and support of the scheme

- All participants agreed that the scheme was well organised and coordinated.
- Scheme application process for practitioners was believed to be robust.
- Knowledge about existing programmes informed the scheme delivery.
- Steering group was supportive and a useful mechanism to lead and govern the scheme: local input and accountability believed necessary to make scheme effective and valuable.
- Variety of techniques from 1:1 sessions to workshops used to engage and support practitioners, verifiers and assessors.

2. Factors limiting the scheme

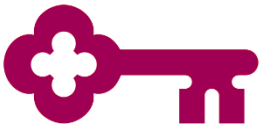
- Short scheme time frames reported to have restricted results to date.
- Reports that funding of the scheme was low and this was believed to have a negative impact on practitioner outcomes.
- Delays, minimal training and low confidence in using the e-Portfolio system.
- Majority reported that it was difficult to prioritise attendance at steering group meetings.
- Some perceived variation in the level of line manager support provided to practitioners.
- Financial pressures on PH budgets believed to be having negative impact on practice and workforce development opportunities.

3. Practitioners learning and development

- Reported to be strong learning culture between PHPs in the PDG sessions.
- Participants highlighted that candidates had different developmental needs, depending on their background and previous experiences.
- Factors that were believed to have negatively impacted on practitioners' ability to submit evidence included commentary perfectionism, censorship of work by a line manager and difficulties writing in the required style.

4. Opportunities for scheme development

These were broadly grouped as follows:



- Additional practitioner training specifically writing skills sessions and masterclasses.
- Changes to scheme timetabling; suggestions included lengthening the gaps between PDGs to decrease assessor workload and increase practitioner completion.
- Development of leadership and governance arrangements including request for additional visibility about practitioner progression and involvement of accredited practitioner and Local Workforce Action Board Workforce Transformation Managers on steering group.
- Development of career pathways; reports that futures schemes need to be part of professional development objective setting and structured PHP career pathways.

5. Outcomes of the scheme

- Conversion to registration was discussed: majority believed rates to date were very positive, one thought well below expectation
- Observed practitioner development and confidence throughout the scheme.
- Reports of new learning and application of new knowledge or skills through supporting the scheme.
- Strong beliefs about the high value of the scheme.
- Reports that the scheme had already had system level benefits including sharing of good practice.
- New knowledge and skills about how to deliver a scheme were reported by some.
- Extending funding in to a second year was not available to support a second cohort.
- Reports from assessors that time commitment had been more than anticipated.

Phase 3: Survey findings

Characteristics of participants

Five assessors, three verifiers and one line manager consented and returned the questionnaire.

Scaled question responses

The following table provides a breakdown of responses to the 10 Likert scaled questions in the survey. Responses ranged from strongly disagree (score= -2) through to strongly agree (score= +2).

Content of question	Nine responses received									Total score per question / 18
The importance of the scheme	2	2	1	1	1	2	1	1	2	13
Organisation of scheme	2	2	1	1	2	2	2	1	2	15
Whether the funding of the scheme was sufficient	-1	0	-1	-1	0	1	-1	1	1	-1
The approach to practitioner selection	1	0	-1	-1	1	2	-1	1	2	4
Governance and leadership of the scheme	1	2	1	-1	1	2	2	1	2	11
Understanding of the respondent's role on the scheme	1	2	1	1	2	2	2	1	2	14
The level of training to support practitioners	1	2	1	1	2	1	2	1	1	12
Appropriateness of selected practitioners	1	2	-1	-2	2	2	2	1	2	9
The outcomes of scheme	1	2	1	1	-1	2	2	1	2	11
The effect of the scheme on the respondent's practice	0	2	1	-1	1	1	2	1	2	9
Total score per respondent /20	9	16	4	-1	11	17	13	10	18	N/A

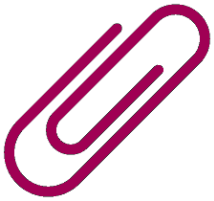
Table 1: Breakdown of responses to the 10 Likert scaled questions in the survey

Table 1 demonstrates that the total survey score per respondent ranged from -1 to 18 with an average score of 11 (of a maximum of 20). The responses with the highest and lowest scores were both submitted by assessors.

The total score per question ranged from -1 to 15 (of a maximum of 18). The statements which scored the lowest overall were about the funding of the scheme and the approach to practitioner selection. The statements which scored the highest overall were about the organisation of the scheme and the respondent's understanding of their role supporting the scheme.

Open question responses

Five key areas were identified from the answers given to free text questions requesting feedback on elements of the scheme that went well and those that require improvement.



1. Organisation and management of the scheme

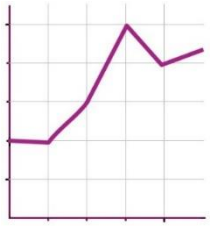
- Most reported scheme was well managed.
- Coordinator thought to be highly effective and supportive.
- Some felt the online system for commentary and evidence submission worked well.

2. Practitioners on the scheme

- Half felt practitioners could have been better prepared and managed on the scheme.
- Some believed that participant selection criteria needed revising.

3. Assessor and verifier support and training

- Reports that the training, networking and peer support from other assessors was really useful.
- Couple respondents believed that additional training for assessors and verifiers was needed e.g. on ePortfolio.
- Some stated that their role was more involved than they had originally anticipated; however one reported that further clarity about role may have prompted more people to apply to be assessors.



4. Areas that need developing

- Scheme timescales were too tight and needed to be longer in future schemes.
- One respondent stated that sustainable and consistent scheme funding required.

5. Value of the scheme

- Belief that the scheme provided an opportunity to recognise the importance and role of PH and promote it.

Phase 4: Document appraisal findings

Area 1: Funding

The UKPHR (2014) provide ball-park figures for the expected costs of supporting 24 practitioners in the first year of a scheme.

Element	Detail	Cost (est.)
Staffing: scheme coordinator	NHS mid-Band 7 worker 2 days a week with 25% on-costs	£17,800
Staffing: administrator	NHS mid-Band 4 administrator 2 days/wk with on-costs	£10,320
Portfolio Development Groups	2 cohorts of 12 practitioners x 4 days per cohort (8x£600)	£4,800
Masterclasses to fill gaps	3 days at around £2K/day university provision inc. venue	£6,000
UKPHR component	Minimum compulsory requirements	£6,500
E-portfolio set-up package	Quoted by Learning Assistant (City and Guilds)	£4,000
External evaluation	End of year process evaluation	£6,000
Training venues	Estimate only – to be locally determined	£4,000
TOTAL COST year one		**£59,420**
Costings shown for a 'standing start' for all components. Cost savings may be made depending on what is already in place locally.		

Setting up a UKPHR Practitioner Registration Scheme – 'speaking from experience' 2014

Image 3: 12 month ball-park figures for setting up a registration scheme

The figures presented in Image 3 formed the basis of the £60,000 funding envelope which was allocated to deliver and manage the scheme. This funding covered the period from January 2016 - January 2017. It was based on the expectation that 24 practitioners would be recruited. Additional funds of £9,132 were granted in January 2017 to extend the scheme until the end March 2017. For individuals who had not verified by the end of March, supplementary funds of £4,300 were agreed to provide ongoing support until late November 2017. Therefore, the total funding allocated to the scheme's to support the first cohort has been £73,432: covering the period from January 2016 to end November 2017.

A breakdown of scheme costs is available up to the end of March 2017. These have been validated by PHE EM and are shown in Table 2. As costs after March 2017 are variable, the "proportion of funding" is calculated from total funds for the January 2016- March 2017 period (£69,132). In Table 2, the types of expenditure are described as "Capital" (fixed one-time expenses), "One off" (single non-recurring payments) and "Running" (regular expenditures) costs. This helps illustrate funds required to maintain a scheme ("One off" and "Running") as opposed to enable set up ("Capital"). This demonstrates that some capital investment will be lost if the scheme does not continue. Comparisons are made to the UKPHR figures in the final two columns of the table.

		EM scheme (15 months)		**UKPHR ball-park figures (12 months)**	
Description	**Type of expenditure- Capital, One off or Running**	**Cost (£)**	**Proportion of total funding for this period**	**Anticipated cost (£)**	**Anticipated proportion of funding**
Staffing: coordinator and administrator	Running	46087	67%	28120	47%
Mandatory UKPHR costs including	Capital	8672	13%	6500	11%

launch, training and panels					
Portfolio Development Groups (8 days and 12 sessions)	One off	11900	17%	4800	8%
E-portfolio	Capital and running	1537	2%	4000	7%
Events: including launch and annual practitioner event	One off	2321	3%	Not costed	Not appropriate
Venues	One off	100	0.1%	4000	7%
Total		**70617**	**2% over total budget**	**59420**	**Not applicable**

Table 2: Breakdown of costs of the EM scheme up to end of March 2017 with comparison to ball-park figures suggested by UKPHR (2014)

It is evident that the majority of funding in this period was allocated to staffing costs (67%), 13% was used on compulsory UKPHR elements and 17% on the provision of PDGs. Whilst the proportion of spend on UKPHR costs is similar to that anticipated (13% versus 11%), the scheme spent a higher proportion of funding on staffing and PDGs. However, the number of PDGs delivered on the EM scheme was greater than budgeted for in the UKPHR figures. The E-portfolio required approximately 2% of funding for this period; below the expected 7% and venue costs were minimal. Whilst the UKPHR recommended budgeting £6000 to undertake an evaluation and £6000 for masterclass provision, this funding was not available in the EM scheme.

Based on the figures presented by the UKPHR, it was anticipated that the scheme would cost approximately £2475 per learner on a 12 month scheme (n=24). On the EM scheme, the actual cost per learner was twice that for a 15 month scheme, £5044 per learner (n=14). If the EM scheme had recruited 24 practitioners the cost per learner would have been £2942. It is important to note that the UKPHR figures are based on 2014 prices and these are likely to have risen.

Area 2: Conversion and withdrawal of practitioners

14 PHPs (of 15 applicants) were recruited into the first cohort and 16 individuals expressed interest in being part of future cohorts. Table 3 outlines characteristics of applicants' who were allocated places. It shows that all PHPs self-reported working at PHSKF level 6 and above at the point of recruitment and over 60% at PHSKF level 7 or above.

Gender	Male: 4 Female: 10	
Number of candidates at each PHSKF level at scheme recruitment *Nb. based on self-assessment information submitted by each applicant*	Level 5	0
	Level 6	5
	Level 7	5
	Level 8	4
Average time (at recruitment) in current role (range of time in role) *Nb. Average time in relevant PH role is higher than this*	7 years (7 months to 19 years)	

Table 3: Characteristics of all EM PHP who commenced the scheme (n=14)

Table 4 explains the number of PHPs who achieved each scheme milestone by the guideline date. In the table, the columns in light grey show the scheme extension periods. One PHP submitted their portfolio for verification before the end of December 2016. By the end of June 2017, a further four PHPs had submitted their portfolios.

Programme Plan	Induction Day	Begin Support Programme	Final submission of portfolio (pre-verification)	3 month extension to final submission of portfolio	6 month extension to final submission of portfolio
Guideline completion date	8 Jun 2016	Mid-late Jun 2016	31 Dec 2016	31 Mar 2017	30 Jun 2017
Expected number of practitioners who would achieve this	24	24	24	0	0
Actual number of 33practitioners who achieved this	14	14	1	2	2

Table 4: Achievement of scheme milestones: - expected outcomes versus reality

Table 5 shows the cumulative conversion from the start of active scheme (June 2016) to submission of complete portfolio for verification by scheme length.

"Live" scheme length (in months)	Cumulative practitioner conversion rate (n=14)
7	7% (n=1)
10	21% (n=3)
13	36% (n=5)
17	43% (n=6)

Table 5: Cumulative practitioner conversion rate by variable scheme lengths (in months)

Table 5 shows that in the 17 months that the scheme has been "live" to practitioners (June 2016- end October 2017); a 43% conversion to "ready for verification" has been achieved. 5 of these 6 practitioners have had their portfolios fully verified and are now registered with the UKPHR. The figures shown were calculated using the original cohort size (n=14). However, in this same period, five PHPs have formally withdrawn from the scheme. For the 17 month "live" scheme length, the proportion of attrition in the EM scheme has been 36%. Of the five candidates who have withdrawn, two submitted at least one commentary.

Area 3: Recruitment of assessors and verifiers

Five assessors and three verifiers were recruited to support the applicants' assessment and registration process. This adhered to minimum ratio set within UKPHR guidelines (2013).