

# Learning for Public Health in London

London NCEL  
UKPHR Practitioner Pilot Scheme  
Formative Evaluation  
April 2014

## Purpose of this evaluation

*“The North Central East London Practitioner Registration scheme is a pilot; we can evaluate how the implementation is going in relation to what we’ve set out to achieve, and use our findings to inform the wider pan-London programme moving forward.”*

## Aim

*To establish whether the PR scheme (pilot) is ‘fit for purpose’ and to define the requirements for a successful and sustainable programme*

This evaluation is based on survey evidence from a total of 17 of the 25 Practitioners (14 by survey and 9 by interview), 6 of the 8 Assessors (3 by survey and 3 by interview) and five key stakeholders (by interview) including members of the Steering Group. Those stakeholders were the PHE Director overseeing the London roll-out of the UKPHR Scheme, the Scheme Coordinator, the Managing Director Health Education North Central and East London, a Public Health Consultant from Havering, and the DPH for Tower Hamlets who has “hosted” the pilot on behalf of the DsPH who decided to set it up.

## Purpose of the scheme?

The DsPH saw this scheme as a key mechanism to deliver:

- A professional development framework for those not on other schemes
- Demonstrable competencies in the practitioner workforce
- A robust workforce profile for the future of public health
- Professional accreditation for public health workers based within local authorities

## DsPH and other key stakeholders share a range of strategic motives for taking forward Practitioner Registration

*Why its important? At the heart of it, it improves the quality of practice...*

*It needs to be understood as a badge of quality...giving reassurance to the rest of the council and electors .... a mark of a high quality workforce...*

*People will leave the Public Health workforce if we do not take responsibility...this is one way of safeguarding Public Health as a discipline.*

*I'd like to see it used in recruitment...*

*We have an exploded workforce...this is one way to hold it together to deliver value.*

*It is about strengthening the professionalism of public health.*

## But their immediate interests are:

*We wanted to get something off the ground in NCEL*

*It's a small investment; has it produced a return?*

*Its an advance guard for what happens in the rest of London.*

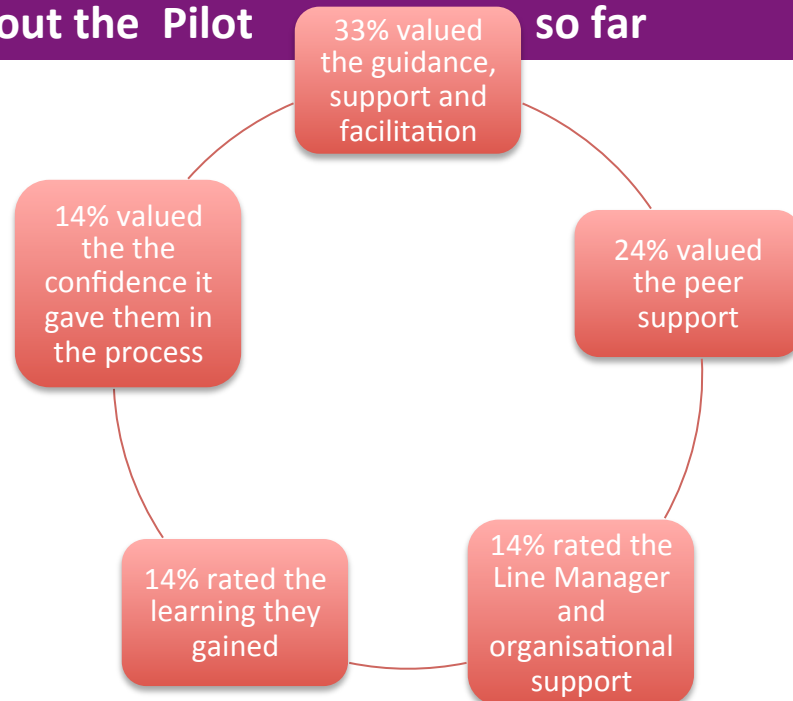
*LetB money needs to be funding schemes....but they need evidence to show people are interested.*

*There's an element of proving it to be practical for those who want to be registered but also others as well.*

## What has the Pilot Scheme done so far?

- > Before Christmas approximately 90 Practitioners attended a Launch event
  - > Applications received in December led to the identification of Cohort 1: 25 Practitioners, with a 2<sup>nd</sup> Cohort to start in April 2014 and a third in September 2014
  - > From mid-January over two months the following events:
    - An Introductory Day for Cohort 1
    - 2 X Half-Cohort Practice Development Groups
    - Small “Trouble-shooting” group support/guidance meetings for everyone
    - 2 days of Assessor Training
- The evidence strongly indicates that this Pilot Scheme is very fit for purpose.

## We asked them what they valued most about the Pilot so far



## We asked Practitioners and assessors how they rated the pilot

*Really good to show how the work we have been involved in already meets a lot of the indicators. Meeting others working within public health and having peers to help you with the process too.*

*I have valued the expertise and professionalism that the coordinator has brought to the process. I also value the input of my peers at the meetings. My understanding of Practitioner Registration and my confidence to complete it have increased enormously since joining the scheme.*

How would you rate the effectiveness and efficiency of the process you have experienced so far?

Practitioners:  
75%

Assessors  
77%

## We asked for any improvements

There were some diverse suggestions; four were supported by more than one person. Three practitioners were concerned about not yet being allocated an assessor. Three suggested the communication could be more timely. Two suggested Mentors – and this might be possible when more Assessors are trained (Mentors need to be assessor trained); and two suggested there be more examples from previous Practitioners’ portfolios.

## Guidance and support

In our experience of evaluating four other pilots one of the more challenging aspects has been how best to guide and support. Most schemes use some form of group. Not all of the processes they use meet the needs of the Practitioners. The groups in this pilot seem to have worked well from the beginning.

*Very useful to learn how people see my work and have opinions about it. They provided a critique of evidence. Now I have a fresh view – I can present it in a different way.*

*The sharing of the projects and their commentaries helps to clarify issues and helps you become more focussed. Other participants provide feedback.*

*It's the way it should have been. It's peer-led. Helping each other*

*Quite useful. How to approach indicators – this is a discipline I haven't practised before.*

*Taking us a bit more into the detail – more about what we need to do, how to put them together.*

*It (the small group session) worked very well. I had started on my commentary and shared what I had done. My feeling is it's got momentum.*

*Very, very focussed, very helpful.*

*Opportunity to meet people from other Public Health departments. Small groups – even the Portfolio Development Group only had 7 or 8 people in it – good opportunities to share and discuss their commentaries.*



## The key role of assessors

### Volunteers

A fundamental quality of all the UK pilots – and London is no different - is their reliance on senior public health professionals volunteering to assess and verify. This is fundamental in two main ways. One is credibility. Practitioners value known senior public health professionals understanding and engaging with what they do, and endorsing their work that meets the standards. The second is cost. The voluntary and therefore free supply of this very skilled labour make the costs of schemes manageable. The motivation to volunteer – to “put something back” into the larger community of public health practice – is what we repeatedly hear from assessors when we ask what makes them volunteer.

*Wanting to give something back... the public health portfolio .... I came in that way, and to help grow the public health practitioner community...its a good career development route for them and recognition of the standard they will be working to.*

*To support the process*

*I want to be part of encouraging the professionalisation of public health by allowing junior staff to have a qualification... to support members of staff across London towards accreditation*

*I'm a big big advocate for having the standards process in place... standardise and bring the*

*quality up. Current alternatives rely on personality and how the supervision goes...I want to pass my knowledge on and contribute to a consistent system – so we end up with a recognised workforce with common standards across the country.*



## The assessor training

The assessor training was carried out over two separate days with eight assessors. It was well-received. The possible improvements - from two assessors - were about making some of the content less didactic, and from another two the greater opportunity to focus on examples.

*“Having the space to really go through the whole process and ask the questions...a concentrated looking at it, homework between sessions was helpful and the 1to1...and meeting the others – and able to buddy up...we’re all in the same boat..getting to grips with the process...it’s a different kind of portfolio process – the 2 days really helped to get a grip on that”*

*The training was good ...the materials were good.... the way it was delivered...we need to be aware of different methods of adult learning.*

## Challenges for assessors

The anticipated challenges include

*Time – finding the time –especially at first.*

*Its different from other portfolio schemes where we had to submit in total - this one is bit by bit ...I think I will find that quite challenging.*

*A few of us decided to have a QA group ...we found our marking a bit divergent – and felt being a lone worker was not a good idea...we’d like to sense- check it with someone else*

## How Registration of Practitioners protects employers

Nearly half the Public Health professionals we interviewed are employers; senior managers and strategic managers. What has been striking has been the employer support for participating in this Pilot Scheme. We investigated how they and Practitioners saw the advantages for employers of having Registered Practitioners. The key reasons clustered around three themes that we would summarise as protection of the employer at very low cost. The dimensions of that protection seems to be:

### (i) Quality Assurance

This was the strongest theme in the survey feedback:

*It needs to be understood as a badge of quality...giving reassurance to the rest of the council and electors .... a mark of a high quality workforce...*  
Senior stakeholder

*Its based on an understanding of where things can go wrong - poorly planned health improvement is a waste of resource and can be harmful – this reduces the chance of mishap and ensures the service meets minimum quality and professional standards*  
Senior stakeholder

### (ii) Recruitment



This is related to Quality Assurance and is the next strongest theme in the feedback:

*They will know they are employing someone at a certain standard of competency – that is the strongest selling point – we are so multi-disciplinary, so many starting points –this gives you confidence they can work at this level by demonstrating a standard of work and over time we need to get to this as an essential in the Person Specification* Senior manager

*We are going through a restructure of the Public Health workforce... it will be extremely useful to have a standard for practitioners and clear expectations about what we are looking for and what they can deliver....when it comes to recruitment, we do struggle with Job Descriptions...Registration will be really, really useful.* Senior manager

*If I was interviewing I'd feel a bit more confident...Registration would tell me someone is ambitious and keen and has an external reference that they met these standards, if I was faced with three equivalent candidates and one had Registration....* Senior manager

### **(iii) Self-motivated workforce improvement**

This third theme brought together voluntary professional commitment to CPD with stronger impact and performance.

*Why its important? At the heart of it, it improves the quality of practice...* Senior stakeholder

*We have an exploded workforce...this is one way to hold it together to deliver value.* Senior stakeholder

*It's.....a good way of getting everyone up to speed in terms of confidence and competence. It helps fill gaps in knowledge and demonstrates professional competence. If we are to be influential in our roles - a key requirement - it must be against a certain standard.* Practitioner

## **Employer and line manager support**

It can be, and is, argued that working towards Registration is an autonomous professional choice that does not need, nor should it rely on management support. However the level of employer/manager support Practitioners describe was almost universal amongst all 14 Practitioner survey respondents. This stands out amongst the UK pilots we have evaluated. This feedback selection illustrates the strength of support and seems to fit with the perceived advantages for employers:

*My line manager and other senior management staff are very supportive of people participating in the scheme.*

*I have full support from my line manager; I have been blessed with a great department with support from managers and other colleagues.*

*I was given the opportunity to take time to think and work on my portfolio.*

*Allowed me to go to training days. Supportive of the process as a whole.*

*There is a large cohort from my organisation. We have also supported the development sessions and are actively encouraging senior staff to act as verifiers etc.*

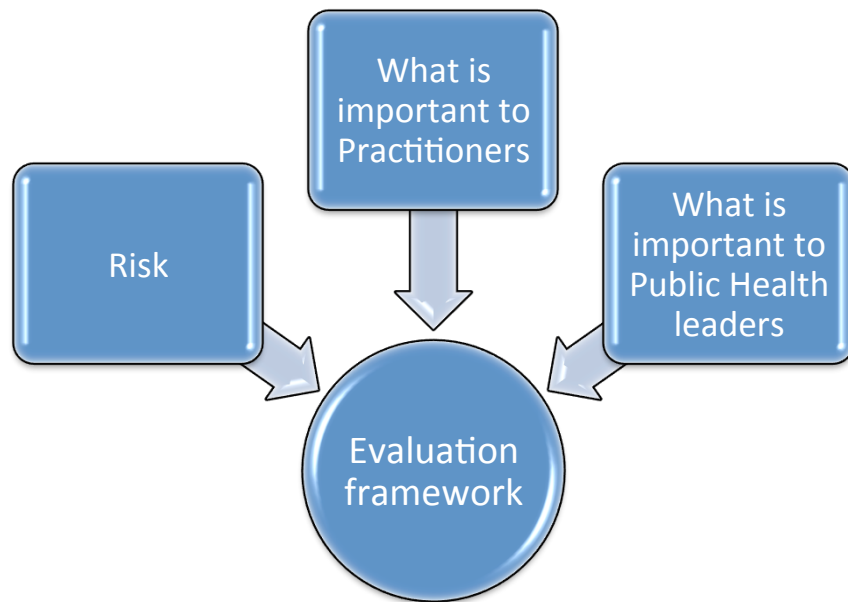
*Got support when requested; I have had full support from my manager right from the beginning to pursue registration.*

*It's clear that the Camden and Islington Public Health senior management team are fully behind this financially, in terms of time to attend work groups, in terms of filling gaps in competencies, and in encouragement of staff.*

*My Director of Public Health and my line manager encouraged me to go on this programme. My line manager is very supportive.*



# Building an evaluation framework



We think these factors are the three determinants of an evaluation framework.

## Risk

Evaluation needs to enable a monitoring and assessment of areas of risk which we think, based on our understanding of the Scheme and our evaluation of other UK Pilot Schemes will include the following:

### 1. Expectations of speed of assessment

New assessors will take time to become fluent and confident. The first assessment will therefore be cautious. The risk is potential frustration from Practitioners at not getting feedback

as quickly as they expected. This needs managing because assessors will initially want to check with more experienced assessors and each other and this will take time. Because this is also frequently done in their personal time, there is a risk that sudden spikes in work pressures reduce the amount of personal time available.

### 2. Practitioners thinking there are significant variations between assessors

Practitioners are already working in collaborative groups and will compare notes about how their commentaries have been received. Some tend to treat “clarifications” from assessors as a form of failure rather than feedback. But the extent to which they think similar evidence has been assessed with more or less rigour is a major risk to credibility and therefore needs managing. The issue is the familiar issue of assessment “hawks” and “doves” and is why the whole process has multiple layers of formal and informal moderation and verification. But monitoring any sense amongst Practitioners that there are any unacceptable variations will prevent unhelpful perceptions being spread.

### 3. Supporting a pace of submitting commentaries

Practitioners submit normally three commentaries. These deadlines can compete with their work deadlines. So the pace of submissions needs to be carefully monitored and Practitioners supported to stay on track. The importance of holding Practitioners to account is already recognised by this scheme; what we have called elsewhere “tough love”. There have been a number of UK pilots with Practitioners who apparently are on the scheme but effectively have stopped after one commentary. This neither looks good nor is good for Practitioners or allocated Assessors alike.

# Building an evaluation framework (cont)

## 4. Awareness-raising and job descriptions

UKPHR Registration for Practitioners is still not widely understood. As one of the driving forces behind this pilot explained, a chance encounter opened up the possibilities:

*"I was at a Faculty conference talking to the coordinator of a scheme near London and I asked myself how on earth it is that this programme hasn't been thought of in London...it seemed something blindingly obvious from my perspective and my DPH colleagues agreed."*

Senior stakeholder

Unless awareness amongst senior Public Health professionals is raised then Practitioners will start worrying about seeing services commissioned and jobs advertised without any reference to teams working towards Registration in the job description. This needs monitoring and assessing as the Scheme moves forward

## 5. "Upscaling"

Currently the numbers are relatively small but they are likely to grow. In the light of other Schemes' experience, the risk of numbers exceeding the capacity to bring new assessors on line, or exceeding the capacity of the administration systems and the people skilled to use them needs monitoring and assessing

## What is important to Public Health leaders?

*One of the interesting aspects of it being a local scheme is that its up to us to make it work...colleagues have expressed an interest in larger numbers than I was expecting - so the implication is that we step up as assessors and help to make this work...get the first cohort through... And that we as assessors experience it as practical*

*in the longer term....if it turned out to be hugely onerous that would be against it...we want the experience to encourage others to come forward as practitioners and then assessors and verifiers...*

Assessor



What this feedback suggests to us is that Assessor workloads need monitoring to ensure the hours they are putting into assessing are manageable and proportionate. Our experience with other Schemes suggests that the driving, conscientious pressure on individuals to carry out assessment well can result in too many hours committed to be sustainable.

On page 2 we identified some of the key priorities of Public Health leaders. These and others they explained to us can be summarised as:

- Improving quality of practice
- A driver for people to develop their own skills
- Encouraging of networking Practitioners across Boroughs
- Having a "badge" of quality
- Safeguarding the workforce
- Holding dispersed practitioners in a community of practice
- Recognising the professionalism of public health practice

We also have their more immediate interests:

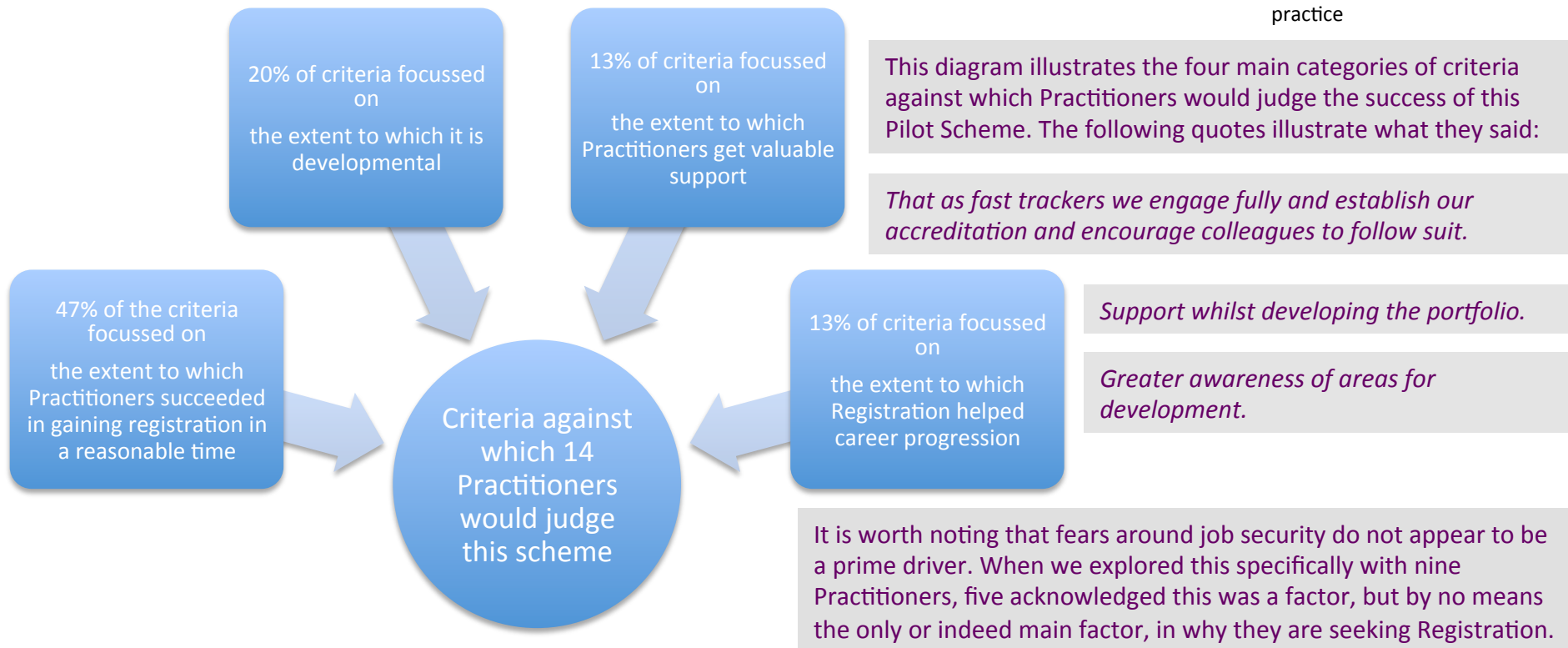
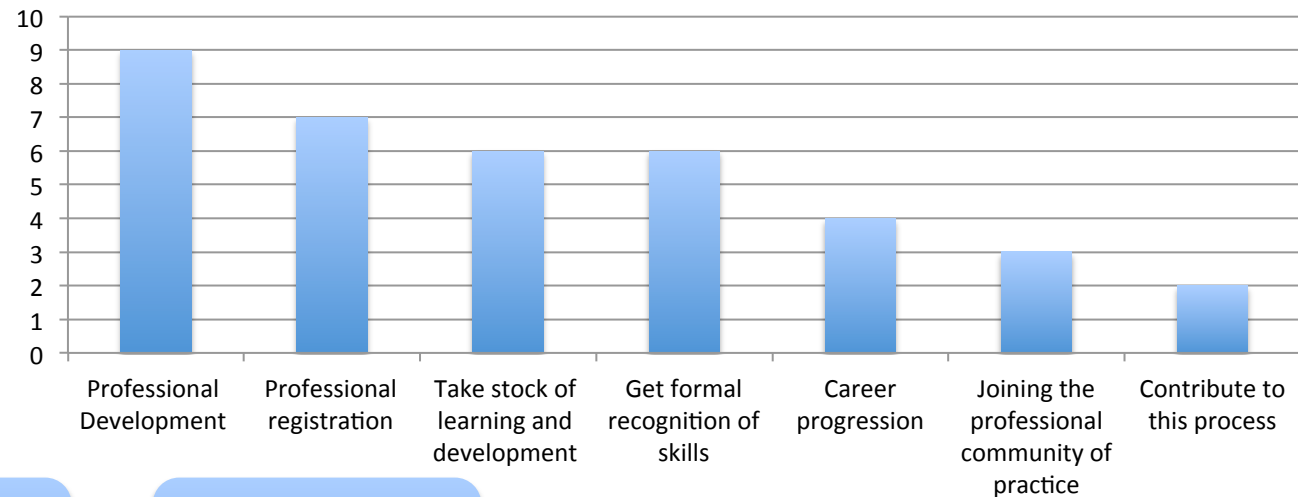
- Is it working?
- Is it looking practicable for those "waiting in the wings"?
- Is it delivering a return on investment?
- Is it attracting sufficient volume of interest?



# Building an evaluation framework (cont)

## What is important to Practitioners?

This graph is an analysis of the reasons Practitioners gave for participating in the Scheme. It gives a clear indication of their drivers, by assessing the frequency with which certain categories of reason appear in their responses



# Building an evaluation framework (cont)

Using the evidence of risk from other Schemes, and of motivation and strategic intent from those who are driving or participating in this pilot, we propose an evaluation framework based on perceptions. The Scheme is primarily a voluntary process for enabling Practitioners to demonstrate their application of skills and knowledge. It will therefore flourish or stall on the extent to which the Practitioner workforce perceives it to be rigorous, supportive, developmental and career progressing, and employers perceive it to be a powerful value-adding asset. These perceptions will be based on a variety of measurable evidence, and will themselves be measurable. We propose that these 12 Success Criteria would form the basis for ongoing evaluation of the London (NCEL) Pilot Scheme.

## Delivery

1. How successfully is the Scheme providing the support that Practitioners need to master the requirements of producing fit-for-purpose Commentaries?
2. How successfully is the Scheme ensuring Practitioners get timely feedback from assessors?
3. How successfully is the Scheme ensuring initial variations between how assessors apply standards are monitored?

## Resourcing

4. How successfully is the Scheme resourced to handle the accreditation process for the numbers of Practitioners who want to achieve Registration?
5. How successfully is the Scheme monitoring the figures on which a return on investment can be calculated?

## Benefits for Practitioners

6. How successfully is the Scheme enabling Practitioners to achieve Registration in the timescales they committed to?

7. How successfully is the Scheme being valued for the professional development and confidence-building it enables?
8. How successfully is the Scheme connecting Practitioners with colleagues across the Boroughs?

## Impact on wider Public Health community

9. How successfully is the Scheme attracting the interest and participation of those who follow the “pioneer” Practitioners and Assessors of the first cohorts?
10. How successfully is the Scheme communicating its impact and value for employers to the larger Public Health community in London?
11. How successfully is the Scheme influencing the continuing professional networking of Practitioners across London?
12. How successfully is the Scheme influencing the inclusion of Registration, or working towards it, in job adverts and commissioning of services?