**Frequently Asked Questions**



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**East Midlands Public Health Practitioner Registration Scheme**

**Draft Model 2016**

# DETAILED INFORMATION ABOUT UKPHR, THE SCHEME AND ITS PURPOSE

## What is the UKPHR?

The UK Public Health Register is an independent, dedicated regulator for public health professionals in the United Kingdom, providing professional regulation to public health specialists and public health practitioners from a variety of backgrounds, all of whom have a common core of knowledge and skills. The register is particularly suitable for those public health professionals who have no other regulatory body.

## Who is the scheme aimed at?

Public Health Practitioners are key members of the Public Health workforce and can have great influence on the health and wellbeing of individuals, groups, communities and populations. They work across the full breadth of Public Health from health improvement and health protection, to health information, community development and nutrition, in a wide range of settings from the NHS and local government to the voluntary and private sectors. Practitioners must be working at level 5 (the level of autonomous practice) or above on the Public Health Skills and Knowledge Framework (PHSKF) - but below specialist/consultant level, for a minimum of two years to be considered. This is a quality mark for people who work within public health looking to add professional excellence to their exisiting work experience and educational attainment. This includes local authorities, councillors or management, who are now involved in Public Health services delivery.

## What does the scheme involve?

The scheme develops professional public health practitioners (those below the specialist level) and also trains local assessors to provide a workforce assessed and certified as meeting the national UKPHR standards at an agreed level of competence (level 5 of the PHSKF) The Scheme gives local and national recognition through a quality-assured process of assessment and verification to the public health practitioners across the wide range of multi-sector organisations who contribute to the promotion, improvement and protection of health.

## What are the benefits of Practioner Registration?

Professional registration with the UKPHR brings a wealth of benefirs to the individual, organisation and the communties they serve. Benefits include:

* A significant opportunity to become part of a quality assured public health workforce providing clear professional identification.
* The attainment of core standards required to demonstrate safe and competent practice.
* The ability to show current and prospective employers some assurances of quality of work.
* Recognised achievement, success and ongoing development.
* Helps to identify and fill ‘gaps’ within knowledge and competencies.
* Encourages reflective practice and demonstrates commitment.
* Promotes the valuing and recognition of a ‘hidden’ workforce who contribute significantly to the public health agenda.

## What are the standards?

The Public Health Practitioner standards are based on the National Occupational Standards for Public Health (NOS PH), the NHS Knowledge and Skills Framework (KSF) and the PHSKF. These compentency and knowledge statements set a consistent standard to be attained for all those working at the level of autonomous practice. A full copy of the standards is obtainable from your Scheme Manager.

## What work has UKPHR done to engage with employers in England, for example local authorities and the Association of Directors of Public Health?

UKPHR engages in all the national forums where public health partners meet and sits alongside the LGA (and its equivalents in N. Ireland, Scotland and Wales) and the ADPH.

UKPHR has regular meetings with these stakeholders and shares conference platforms with them. UKPHR has its own, widely drawn, Consultative Forum which includes these stakeholders and many others. UKPHR is conscious of the need to engage with individual employers (including local authorities and Public Health England) to ensure that practitioner registration and its benefits is understood.

## How long will it take?

Each practitioner will vary depending upon their experience, knowledge, learning style, quality of evidence and the opportunities available to them. For cohorts 1 & 2 of 2016 practitioners should plan to complete their portfolio within 8 months of starting on the scheme. For this reason we are ideally looking to select senior practitioners who don’t have any gaps (or very few gaps) in their knowledge and who can attend all of the Portfolio Development Workshops. For this reason it is important that your employer supports your application and can commit to allowing you the time needed to attend. Work will also be required in the practitioners own time.

## What commitment is required from me?

You will be required to develop a retrospective portfolio which is assessed against national standards for the core public health practice. As this is not a ‘training programme’ you will be required to commit to using your own time to fully complete your portfolio. The Scheme will arrange Portfolio Development Group Workshops that you will be expected to attend. To complete the portfolio you should aim to submit 3-4 commentaries to support your evidence.

## What is the selection/eligibility criteria for the 2016 cohorts?

Priority will be given to Senior PH Practitioners working at levels 6/7 of the PHSKF and you must work within the East Midlands region. It is expected these people will have a rich source of experience from which to draw evidence and minimal gaps in their knowledge.

## How many ‘gaps’ should we expect to have?

It is less about how many, and more about what is required in order to fill the gaps. There may be knowledge gaps or gaps in skills/experience – requiring different approaches. It may be helpful to discuss this with a line manager/supervisor if you think you need to access development opportunities.

## How do I apply and what are the timeframes?

Entry onto the scheme is via a self assessment and application form. Full details are available on the [Health Education England working across the East Midlands website](https://www.eastmidlandsdeanery.nhs.uk/page.php?id=1876). A launch event will be held where you can find out further information about the scheme, the steps involved and the support available to you. The launch event for 2016 is to be held on Tuesday 19th April at Leicester Space Centre, Exploration Way, LE4 5NS.

Booking a place at the event is easy, please email [Jenny.pass@phe.gov.uk](mailto:Jenny.pass@phe.gov.uk) for a booking form, or visit [Health Education England working across the East Midlands website](https://www.eastmidlandsdeanery.nhs.uk/page.php?id=1876).

Applications will open on 19th April 2016 and the deadline for submission of your application is **5pm on Monday 5th May 2016.** Your application form together with the self-assessment form can be submitted by email to [jenny.pass@phe.gov.uk](mailto:jenny.pass@phe.gov.uk), or you can post the forms to Jenny Pass, Administrative Support Officer, PHE East Midlands, Seaton House, City Link, Nottingham, NG2 4LA.

## How will my application be assessed?

All applications will be reviewed by the Steering group members and the principles on which all applications will be assessed are:

* Minimal skills gaps identified in the Self Assessment form
* Level of PHSKF working at
* Employed in the East Midlands
* Commitment to completing the registration process with-in agreed timescales
* No other professional registration

## When will I know if I have been successful with my application?

All practitioners will be made aware of the outcome of their application. Successful participants will be emailed a letter with full details about what happens next by 5pm on Tuesday 24th May 2016. Unsuccessful practitioners will be emailed a letter advising that they have not been chosen to take part in this years scheme, however we will provide further feedback and advise on how they may access courses/training/knowledge to help them get ready to apply again in the future.

## If I am accepted on to the Scheme what happens next?

All successful participants (ideally with line managers) must attend the UKPHR Induction day, this is to be held on Wednesday 8th June 2016 at Leicester City Council, Main Hall, City Hall, 115 Charles Street, Leicester, LE1 1FZ. ***If you apply for the scheme it is recommended that you reserve this date in your schedules to ensure you can attend.***

You will be provided with a Learning Contract, this will detail the process and timeline for each practitioner based on your own individual needs. This will be read and signed by the Scheme Manager, the practitioner, the relevant line manager and the lead support provider.

PDG workshop dates will be announced once the provider is confirmed. The workshops will be a mandatory part of the scheme and will help you develop your portfolio.

Once you have completed your first commentary you will apply for an assessor. The Scheme Manager will assign you a UKPHR trained assessor.

Once your assessor is as confident as possible that you have met all the standards your portfolio will be assessed by a UKPHR trained verifier. At this stage you will also be required to provide

* A completed verification application form, your Scheme Manager will provide you with this.
* A current CV
* A current job description
* Certified copies of original certificates for qualifications and courses
* A testimonial and a reference

On the recommendation of the Verification Panel successful practitioners will have three months in which to apply to the UKPHR.

## Are there any costs to practitioners other than the UKPHR registration fee?

The local scheme will meet all the costs of the process locally, including any masterclasses and other work to fill gaps in skills and knowledge. UKPHR charges a one-off administration fee of £25 on first registration alongside the annual charge of £95 (i.e. a total of £120 in the first year only, thereafter £95 per year).

## In order to achieve Advanced Practitioner status, will it be necessary to be a registered practitioner?

In the two pilots of Advanced Practice about to commence in Wales and West Midlands, practitioner registration is a pre-requisite to achieving Advanced Practitioner status.

## Are there plans for more experienced individuals to go straight to Advanced Practitioner - particularly people with an advanced academic background (e.g. PHD/ Civil Service level 8)?

The current proposals for Advanced Practitioner accreditation require individuals to already be registered as a practitioner. As the portfolio is about ‘fitness to practice’ an advanced academic background would need to be supported by relevant work experience across the breadth of the standards.

# WHAT TO EXPECT DURING THE SCHEME – BUILDING A PORTFOLIO

## Will there be an Introductory day?

Yes, all successful participants will be asked to attend an introductory day to the East Midlands Scheme. This will be held on Wednesday 8th June at Leicester City Council, Main Hall, City Hall, 115 Charles Street, Leicester, LE1 1FZ. The first 2 cohorts of 12 (upto 24 in total) will attend and the day will be facilitated by Cerlian Rogers, Lead Moderator for the UKPHR.

## Are there any networks for specific professions for support e.g. other Information Analysts who are on the Register?

Practitioners will be supported in their portfolio building through the provision of portfolio development support groups. If during these groups it becomes evident that some practitioners require specific input from another source, then this will be fed back to the Scheme Manager and this can be provided eg: from an Information Analyst who currently assesses portfolios, or a recently registered Analyst. However, the standards have proved to be widely applicable, and very robust in the breadth of their application.

## How do I plan my porfolio?

Once accepted on to the scheme, you will be supported in producing your portfolio of evidence to demonstrate competence against the practitioner standards. This support will include facilitated Portfolio Development Group Workshops. It is expected that masterclasses and taught courses will not be required for the 2016 cohorts.

When planning your portfolio, you should begin by identifying at least 3 key pieces of work you have undertaken, primarily within the last three years, and map that work against the standards and indicators.

A portfolio consists of a number of commentarieswith their associated supporting evidence, a commentary being your account of your role in a piece of work, which is linked to the standards and indicators being claimed. The number of commentaries in a portfolio therefore reflects the number of pieces of work from which evidence has been derived.

The standards are intended to be relevant to a wide range of public health practitioners, not all may have public health in their job title. As part of the development of the standards, some practitioners were asked for examples of how they might demonstrate competence from their different settings.

## What can I expect at the Portfolio Development Group workshops?

The main purpose of the group is to provide motivation, guidance and peer support in creating a portfolio ready for assessment. Key to the success of the groups is the creation of a safe and productive environment so that practitioners feel able to share draft work and deal with the issues and dilemmas they are facing. The facilitator plays an important role in achieving an appropriate balance between support and challenge when critiquing work as well as offering guidance in structuring the portfolio and meeting the competency requirements.

## Are any costs incurred in attending any of the development training arranged by the local scheme?

Currently, it is intended that all relevant costs will be met by the scheme.

## How much do workshops cost?

The current plans are that all development opportunities offered through the scheme will be free to practitioners.

## What additional support can I receive if I feel I need it?

It is expected that the PDG support provider will be able to conduct additional 1-1 sessions with practitioners if required. Any additional support would have to be discussed with the Scheme Manger however no guarantees can be given that additional support could be provided. You may also gain access to a mentor via the scheme if you feel this is needed, again no guarantees can be offered at this stage but it may be possible to find support from Assessors/Mentors within other schemes around the UK.

## What constitutes ‘evidence’?

Evidence is anything that ‘proves’ the practitioner’s role in the activity being described, their contribution, source of knowledge, actions, etc., and evidence can take any form eg: emails, policies/protocols authored by the practitioner, reports, reflective piece, minutes of meetings, videos, recorded observation, etc.

## What is the requirement for currency of evidence?

Fifty per cent of your items of evidence must be within 3 years of your date of registration ie: at the end of the assessment process.

## Can it just be a relatively small piece of work or intervention? e.g. a family or community?

The size/scale of the piece of work is only as relevant as the amount of evidence that the piece of work can generate against the indicators.

## How much evidence can be drawn from recent/current work (for example, if, because of last year’s reorganisation, past evidence has been lost)?

It is often easier, and more helpful in professional development, to collect evidence during current projects. Current projects ought to give you an abundance of evidence for meeting the standards.

## What is your advice if I already have evidence that may be useful later when I am accepted onto a cohort?

Your evidence will be usable so you should keep it safe and use it when you build your portfolio.

## If a piece of work has more than one author, how do we demonstrate our own involvement?

You may have a manager or team leader who can provide a testimonial that explains your involvement in the production of the document, or email correspondence that tracks or talks about your contributions.

## Does each sub indicator have to have Knowledge, Understanding and Application? How do we evidence the understanding of knowledge effectively?

Every indicator has to be addressed in relation to knowledge, understanding and application. Often the understanding is demonstrated through the narrative in the commentary where the practitioner explains what they learned from the source of their knowledge in relation to the indicator under discussion, and how the knowledge was applied in this piece of work.

## How much reflective evidence do you need to do per question (dissertation or paragraph)?

Each commentary will have a reflective piece at the end where the practitioner looks back on the piece of work they have described and discussed. The length of the reflection could depend on the complexity of the work, its relative success or otherwise, and what has been learned. It would generally be paragraphs rather than pages.

The portfolio is not like an exam or an academic assessment so the term ‘question’ does not really apply. Practitioners are asked to demonstrate their competence against a standard or an indicator, and this is demonstrated through their knowledge, understanding and application.

## How extensive must a portfolio be?

Guidance is given on the minimum evidence and commentaries required in portfolios. East Midlands scheme will be offering e-portfolios from the outset as they offer advantages in terms of ease of use and reference, transfers between practitioners and their assessors and maintaining confidentiality.

## Is it possible to use evidence that is confidential in portfolios?

There must be no breach of confidentiality in any of the material contained throughout the portfolio. A breach of confidentiality of patient information (or private information such as home telephone numbers for work colleagues or clients), wherever it occurs, will require resubmission with new evidence of the indicator on confidentiality (3e). The identifiable information should be removed.

## Clarification over the differences between knowledge and understanding?

Knowledge can be sourced from a range of places eg: academic lectures, formal training, books, e-learning, on the job, department-led workshops, etc. and may be presented in a theoretical context. The understanding is where the practitioner explains to the assessor how the knowledge identified relates to the specific requirements of the indicator under discussion – which requires the practitioner to understand what the indicator means, and what the most relevant knowledge base would be to demonstrate that indicator.

## Standard 5 – What is meant by ‘main terms’ and what is sufficiently good and/or acceptable evidence? E.g. do I have to list or describe the main terms and concepts used in promoting health or wellbeing? (5c) do you actually want to see that I know the main terms, like an exam question?

There is a glossary of terms for practitioner registration in the Supporting Information document that can be found on the UKPHR website [*http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/*](http://www.ukphr.org/i-want-to-apply-for-registration/practitioner/)

The portfolio should not be like an exam question, but the assessor would need to be assured, through the presentation of the portfolio and accompanying evidence, that the practitioner understands what the main terms are and what they mean. This would need to be explicit through one form or another.

## How would you demonstrate anecdotal evidence?

You may need to request confirmation through an email, or a testimonial from a senior member of staff. Sometimes, if the evidence is not forthcoming, practitioners may need to find a different example in their work which they can evidence more easily.

## How narrowing focused can the evidence be? Can commentaries all be about one project?

Commentaries can be about one project, or one part of a project. You will be supported in the planning and mapping of your portfolio through the portfolio development groups, and you will also learn more about what is required through the Induction Day.

## Quality of evidence (i.e. is one email enough, how many pieces of evidence do you need, or can you use one piece of (good) evidence)?

As you develop your portfolio you will come to recognise what will be required to demonstrate the different indicators – in relation to your chosen piece of work. You can use the same piece of evidence for several indicators – if it can demonstrate what is required, but you will need to discuss the different parts of the evidence in relation to each of those indicators, and signpost the assessor to the relevant parts.

## How do you demonstrate the evidence – do you need to write it down?

Evidence can come in many forms, but more often than not it is written evidence. A video may not be ‘written down’, but the practitioner would need to explain to the assessor what it is about the video that demonstrates the indicator being claimed against that evidence.

## Why isn’t there a minimum number of years’ experience required?

There can be differences in the scope and breadth of experience that individuals might acquire over time, depending on their role and capacity, and the development opportunities that have been available to them. The important factor is that practitioners have sufficient experience to generate sufficient evidence to demonstrate all 48 indicators.

## Are wider determinants of health recognised?

The wider determinants feature clearly in the standards. Work that is particularly geared around the wider determinants will generate appropriate evidence, depending on methodology.

## Can my portfolio be submitted for assessment from outside a cohort?

Yes, if an assessor is free to assess it. This will depend on agreement between you, your Scheme Manager and an assessor.

## What happens to me if a job change takes me out of the local scheme’s area during the process?

All the local schemes have an arrangement that the scheme which accepted you will keep you so that you can continue to build your portfolio and achieve registration. However, if you are moving to another area with a local scheme, the two schemes’ coordinators will discuss with you whether a transfer is possible.

## Where can I find the PHSKF (Public Health Skills & Knowledge Framework)?

You can find it on the [Health Careers website](https://www.healthcareers.nhs.uk/sites/default/files/documents/public%20health%20skills%20and%20knowledge%20framework.pdf.pdfhttps:/www.healthcareers.nhs.uk/sites/default/files/documents/public%20health%20skills%20and%20knowledge%20framework.pdf.pdf).

## If my work is specialised, might the assessor be unable to understand it?

It is your responsibility to explain how the work you are describing meets the relevant standard. If there is an aspect of your work that the assessor does not understand, the assessor will contact you to discuss it.

## How do I submit my evidence and commentaries?

The East Midlands scheme will be using an e-portfolio package and all practitioners will be required to submit their portfolios via the e-portfolio. This will require all of the work to be uploaded electronically into the system.

## Are there any worked examples of commentaries we can see that are good practice, explaining why it is good?

Commentaries will be looked at during the Induction Day. Draft commentaries are also discussed in the portfolio development groups. Portfolios are considered to be highly personal and confidential and so ‘real’ commentaries are only used in controlled environments eg: training sessions, with the full consent of the authors. They are not available on-line or circulated electronically.

# THE ASSESSMENT AND VERIFICATION PROCESS

## When will I be expected to submit my first commentary?

You will be expected to submit your first commentary with 3 months of starting the scheme. However, each practitioner will be provided with a personalised learning agreement therefore you will agree your individual timeframe with the Scheme Manger once you have been accepted to the scheme.

## What can I expect when I have submitted my first commentary?

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

## Who will my assessor be?

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

## Can I discuss my portfolio and submissions with my assessor?

The assessment process is intended to be supportive of practitioners. Local schemes may find that practitioners going through the assessment process benefit from linking with a mentor. However, it is important to separate the role of an assessor from that of a mentor. An assessor cannot, for example, act as a mentor to the same individual.

## Do verifiers have to be recruited externally (i.e. from outside the scheme’s area)?

No, verifiers are recruited from the East Midlands, which covers a large area. Verifiers will be subject to clear rules on conflict of interest. This aspect of quality assurance is overseen by the Moderators, who are external.

## Can you fail this? – Has anyone failed before?

Individuals don’t tend to ‘fail’, however, some practitioners may have their assessments put on hold if they are struggling to identify the appropriate evidence, understand the indicators, manage the process, or manage their time. This is usually done in a supportive manner in dialogue with the supporting line manager, with a plan to address the problems and identify development opportunities. They can then return to the assessment process later. Some practitioners withdraw from the process voluntarily for a variety of reasons.

# REGISTERING WITH THE UKPHR

## How much is UKPHR’s annual registration fee?

£95

## How do you maintain your registration if you move into a more specialised role?

It depends what is meant as more specialised. If it is a specialised area of public health then ongoing CPD would support the maintenance of registration. This question may need further discussion with perhaps an example.

## How do I access CPD courses once I am registered?

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

UKPHR has approved a CPD policy for registered practitioners. The CPD guidance was revised in February 2016 following an audit of CPD compliance in October 2015. Full details can be found on the UKPHR website: [CPD for Practitioners](http://www.ukphr.org/registration/cpd-practitioners/).

## Contact Details for East Midlands Scheme

For futher information about the East Midlands Public Health Practitioner Registration Scheme please contact:

Maxine Lazzari, Support Manager

E: [maxine.lazzari@phe.gov.uk](mailto:maxine.lazzari@phe.gov.uk)

T: 0115 8441366

Or

Jenny Pass, Administrative Support Officer

E: [jenny.pass@phe.gov.uk](mailto:jenny.pass@phe.gov.uk)

T: 0115 8441449

Or

Visit our information at [Health Education England working across the East Midlands](https://www.eastmidlandsdeanery.nhs.uk/page.php?id=1876)