PH Professional Development Programme 2008-09

Practitioner Learning Sets
EVALUATION REPORT

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1.0 Introduction

The UK Public Health Register (UKPHR) provides public protection by ensuring that only competent public health professionals are registered and that high standards of practice are maintained to contribute to the improvement and protection of the health of the population and by ensuring that standards of public health practice are maintained at the highest levels.

A process for Practitioner Registration and regulation is being developed across the UK for levels 5 and 7 (NHS Agenda for Change or equivalent) of the PH workforce by the UKPHR in collaboration with, amongst others, the Faculty of Public Health and Skills for Health. This process is based on competencies within the Public Health Skills and Career Framework [http://www.phru.nhs.uk/Pages/PHD/public_health_career_framework.htm](http://www.phru.nhs.uk/Pages/PHD/public_health_career_framework.htm)
The PH Development Leads (PHDLs) nominated by their Directors of Public Health, who work closely with NESC PHD agreed that, as a precursor to registration, and for good practice generally, there would be a need to increase practitioner understanding and experience of portfolio development. Therefore provision of a series of Portfolio Learning Sets for Public Health Practitioners considering registration on the UK Public Health Register, using a Learning Needs Assessment tool as the guiding framework for portfolio development, was agreed as an appropriate development activity to achieve this.

Five learning sets were therefore commissioned by NESC to be delivered across South Central NHS region during a six month project. Four learning sets were to be provided on the mainland: one each in Berkshire and Milton Keynes Bucks, two in Hampshire, and the one on the Isle of Wight. The learning sets had the following objectives:

- to understand the competencies and to assess learning needs against the PHSCF
- to provide the environment to develop competence and confidence
- to gain additional skills/knowledge for PH practice at this level and
- to learn techniques to compile professional portfolios.

It was anticipated these would be of particular interest to people working in roles which currently have no standards or process for professional registration, e.g. health promotion/improvement practitioners and information analysts.

This report combines the findings from the two reports written by the facilitators on the delivery, participation and evaluations carried out.

**Executive Summary**

The learning sets provided between September 2008 and March 2009 appear to have helped participants to gain confidence and competence in the areas assessed before and after the learning sets.

South Central has now prepared approx. 40 practitioners with the tools and techniques to development competence and portfolios in readiness for registration on the UKPHR when it becomes available.

Considerably more than 40 people have participated in master classes on topics relevant to public health practice and the PH Skills & Career Framework (PHSCF)

Overall the numbers of PH practitioners participating were greater within Hampshire & the Isle of Wight than in the “north” of the South Central area, although participation was successful in Berkshire and Milton Keynes/Buckinghamshire.

There is demand for continuing support for professional development from this group of PH practitioners across South Central. This support should focus on competence and portfolio development until the process for assessment and regulation is finalised.

Further support from managers will also be required as well, potentially, as that from PH specialists acting as the proposed verifiers for the registration process.
South Central SHA / NESC should continue to provide development opportunities for PH practitioners until and when the standards and process for registration are known later in 2009 and to support subsequent CPD arrangements.

2.0 Background to the Learning Set Project

In order to develop the regulatory framework for public health practitioners similar to that already in place for Specialist public health practice, the UKPHR was undertaking consultation and development work concurrently with this project. The main tenet of practitioner regulation is public protection, the aim is to ensure that public health practitioners meet set standards of knowledge and skills and are fit for practise.

Portfolio development has become an established way for health professionals to demonstrate initial and ongoing competence in practice. A reasonable assumption was made by the PHDL group therefore that registration processes for Public Health Practitioners (PHP) would include portfolio development in some form. A further assumption was made that, as the PHSCF document and related LNA tools contained contemporaneously agreed public health competency and knowledge criteria then portfolio development, against these criteria, should be effective in demonstrating knowledge and practical competence required for public health practitioner registration. It was also evident however that few PH Practitioners were known to have professional portfolios at this time, or if they did, not ones that were public health focused specifically.

Following publication of the PHSCF in 2008, a set of related Learning Needs Assessment (LNA) tools were developed by the PHD Leads group. The aim of the LNA tools is to provide a clear process for practitioners to follow in order to demonstrate evidence of the required standard of public health knowledge and skills and to identify and address learning needs where these exist.

3.0 Aim and objectives of the learning sets

It was agreed with the facilitators that all the learning sets should have the following objectives:

- Explain the principles of portfolio development (gathering relevant evidence to demonstrate competence in practice, explanation of the evidence included to meet criteria, indexing and cross-referencing processes)
- Use the Learning Needs Assessment tool as a framework to identify and gather practice-relevant evidence to meet PHSCF knowledge and competency criteria at the appropriate level
- Use the Learning Needs Assessment tool as a framework to identify gaps in current knowledge and skill and take steps to address these learning needs.
- Demonstrate an increased level of confidence with the process of portfolio development
- Demonstrate ongoing development of a public health practice portfolio based on the PHSCF competencies (to be used as a basis for future registration on the UK Public Health Register when the process for registration is agreed)
4.0 Facilitation

After an invitation to tender by NESC for this provision, Pat Christmas was commissioned to undertake four portfolio Learning Sets for mainland South Central areas and Joyce Wise for the Learning Set in the Isle of Wight. Joyce Wise developed the Learning Needs Assessment (LNA) tool in collaboration with the PHDLs used as part of the learning sets.

5.0 Participants

Public health, health improvement and health promotion practitioners working for the NHS or local authorities (at bands 5-7 or equivalent) were invited to apply for a place on the learning sets using a standard application form. As part of the selection criteria applicants were required to provide confirmation of support from their line managers to include study leave support. Invitations to apply were co-ordinated by the PH Development leads.

Isle of Wight

A total of 11 practitioners were recruited for the learning sets in the Isle of Wight. Only three participants were unable to complete the sets, with one participant taking up another job, and two that were unable to attend due to work commitments.

Rest of South Central SHA

There were 12 participants recruited from Southampton and Portsmouth, nine participants from Hampshire, four from Berkshire, four from Buckinghamshire and five from Milton Keynes. Similarly to the Isle of Wight, not all participants were able to complete the sets.

The same style and content for the learning sets was used at each location thereby allowing participants from one location to attend a set session on a more suitable date as required. It was thought that this contributed to ensuring a high attendance rate.

6.0 Structure of the Learning Sets

The Learning Sets were structured slightly differently between the Isle of Wight and the rest of South Central.

Isle of Wight – Structure of learning set

The Learning Set consisted of a total of six sessions. Each session was six hours, comprising three hours workshop-based activity and three hours for evidence gathering and portfolio development. The LNA tool was introduced from the beginning as a framework for portfolio development and the emphasis was placed on skills for portfolio building as the basis for practitioner registration.

Each session included tutorials on portfolio development with time for participants to ask questions and share experiences, and a formal presentation on a subject area chosen by the group and relevant to the specific PH Skills and Career Framework core area.

The content of the sessions on the Isle of Wight was as follows:
1. Public Health Practitioner registration process (where are we now)
2. Writing reflective accounts at levels 5 to 8 (building analytical skills)
3. Critical appraisal techniques
4. Policy and strategy development
5. Workshop for the group to be involved in the consultation process.
   This session was led by Zoe Clark, UKPHR.
6. Data analysis techniques

Rest of South Central SHA – Structure of learning sets

Each Learning Set consisted of a total of six sessions and each was provided in four different locations. The LNA tool was introduced from the beginning to identify the prioritised needs of the group as a whole and for individual portfolio development. Each session consisted of portfolio building in the morning and topic sessions/master classes in the afternoons. The focus of the afternoon sessions was those topics prioritised from the use of the LNA tool. Individual one to one tutorials were provided on request in the afternoons parallel to the masterclasses.

The first learning set included a session to identify the expectations of the group to assist with the design of the full programme. All participants were provided with a memoire/summary crib sheet designed by the facilitator to help practitioners write a summary for their portfolio and/or to be used as a practice tool for assessment through a viva.

There were six main priority areas identified by participants and the four masterclasses subsequently provided were opened up to other practitioners not participating in the learning sets:

1. Strategy and Policy Development; Strategic Decision-Making by Pat Christmas  
   24 people attended
2. Leadership Styles and Leading Partnerships by Pat Christmas  
   25 people attended
3. Health Impact Assessment by Pat Christmas  
   16 people attended
4. Evidence, IDEAs; finding, assessing and using evidence by Jan McCall of PHRU  
   21 people attended.
5. Management – participants were referred to the South Central Management Network Support Programme provided to NHS staff by the Leadership team at the SHA.
6. Productivity and cost effectiveness - to be provided at a later date.

7.0 Evaluation of the Learning Sets

Isle of Wight – (see separate report by Joyce Wise – appendix 1)

The evaluation of the Learning Sets was carried out using standard pre and post session questionnaires.

The pre session questionnaire acted as a baseline evaluation of the participants’ expectations and requirements from the portfolio learning sets. This was undertaken
before the first session. It assisted in planning the focus and content of the portfolio learning set sessions. The post session questionnaire used a ‘Participant Final Evaluation and Reflection’ form.

Each of the six individual sessions was also individually evaluated using a standard pro-forma covering: most and least useful aspects, learning achieved and overall enjoyment of the session.

- **Pre Session Findings**

  The common emerging themes were the need for information and support to develop a portfolio appropriately and anticipation/enthusiasm for assessing own practice knowledge and skills, demonstrating strengths and working on learning needs identified. Participants indicated that overall they felt fairly confident – confident in the processes that were going to be used to learn to develop a portfolio of evidence and their ability to contribute to this. Confidence ratings in terms of knowledge and skills in relation to each of the core areas of practice ranged from 2 – 4 indicating the potential for development in all areas.

- **Post Session Findings**

  The overall evaluation of the portfolio learning sets has been positive. Participants clearly demonstrate that they have gained something of value from the experience, that new understanding and skills have been developed, that confidence with portfolio development and with their own knowledge and skills has increased and that benefits have been gained for future personal development. Some concern regarding the time available to complete the work has also been highlighted.

  This evaluation, and the individual review of progress that was carried out with each participant following the last session, demonstrates that the aim and objectives of the project have been met. Participants are now able to explain the principles of portfolio development, use the LNA tool to gather relevant evidence and identify learning needs and all have commenced the process of portfolio development, with a self certified increase in confidence to do so.

- **Individual Session Findings**

  Overall, feedback was very positive for each of the six completed sessions for the learning set.

- **Summary of Learning Needs Identified**

  At the end of session six participants were asked to collate a summary of personal learning needs identified from the Learning Needs Assessment tool. The most common remaining learning needs appear to be related to core Area 4, and concern such knowledge issues as:

  - Principles and practice of change management
  - Principles of people management and leadership
  - Negotiating and influencing skills
  - Use of media for effective communication
Decision-making (note: this also overlaps with one respondent with a need in Core Area 3, which is to do with decision making and planning. Similarly, there is overlap with competence in Core Area 2, to do with performance indicators to review effectiveness).

These needs are essentially within the ‘management’ arena. Some of these items also link to specified outcomes in the areas of defined practice.

Most of the remaining needs relate to such issues as:
- Acquiring, processing and evaluating data
- The place of policy in health improvement.

Arguably, a concentration on the more so called ‘management’ activities should meet most of the stated remaining learning needs.

Rest of South Central SHA – Evaluation of Learning Sets

- **Pre Learning Set Questionnaire**
  Participants were asked to provide details of their last appraisals. Group members were having appraisals with variable regularity. These were being held either annually or every six months.
  The current content of the NHS KSF/PDP and CPD arising from the appraisals included:
  - shadowing someone working on a bid for SHA funding
  - using statistics through a research management course
  - Chairing meetings with a wide range of partners
  - looking at the six core specialist areas
  - looking at undertaking CPD on commissioning services and on strategic development.

Other development programmes attended by the participants at the time the Learning Sets were being delivered included attending CPD in pharmacy practice, receiving some help with the portfolio, and attending the NHS Leadership programme run by South Central SHA. Participants’ expectations on the Learning Sets included the following:

- Increase in knowledge where gaps are being identified
- Use of the Learning Set as a lever to obtain further support from the PCT for filling gaps in competencies
- Use as support, guidance
- Provide a safe environment for sharing information, thoughts, ideas and experiences
- Networking
- Increase in confidence
- Learn about the registration process
- Identify development needs/competencies
- Learn how to put the portfolio together
- Increase understanding of PH

All of the above were used to inform the content of the learning sets as explained in a previous section of this document. The comments provided by participants on how they
would like to feel by the end of the Learning Sets show a strong interest and motivation in developing their competencies:

‘I would like to feel competent in knowing how to set up comprehensively and measure competently any work that may arise setting up PH services (especially with MU).’

‘(I would like to feel) Confident developing right skills to meet registration process and defined register for the future.’

When participants were asked about what particular new skills, knowledge and approaches they responded with a wide range of answers including:

- Setting up and measuring outcome measures
- Immunisation programmes and emergency planning at a strategic level
- Commissioning skills appropriate to PH
- Prioritising/bidding for funding in PH (cost-effective services)
- Determine gaps in competencies and then develop skills accordingly
- Project Management
- Greater political understanding
- Approaches to working with LAs
- Learn more about Health Needs Assessment
- Communication of abilities to Senior Management

Participants were also asked to rate their confidence (not at all confident, not very, fairly and confident). Before the learning set participants did not feel very confident on their initial understanding of the practitioner competencies, nor on the options for the development of these competencies as a PH practitioner (n=4 for Berkshire). There also appeared to be some lack of confidence regarding the engagement of the line manager in providing support for the development of the practitioners, and in the sharing of the learning contract/development plan and progress. They did however express confidence in sharing their experiences and learning gaps in the learning set and in the one to one sessions.

In terms of initial confidence regarding public health core areas participants felt fairly confident in skills requiring leadership and collaborative working and in policy and strategy development. Interestingly they rated themselves as being less confident in the knowledge behind these areas. Participants slightly felt less confident on skills regarding surveillance and assessment. The confidence scores for knowledge and skills in assessing the evidence of effectiveness appear to be very wide ranging from a low confidence rating to a high confidence rating depending on the individual.

**Post-Learning Set Questionnaire**

The most useful aspects from the Learning Set reported by participants included:

- Group working/discussions with others
- Starting the portfolio process
- Having time to think about career development
- Seeing what achieved and gaining confidence
- Identifying learning gaps and collating evidence
- Feedback on summaries
- Crib sheet provided
• Masterclasses

Some participants commented that the learning sets had met their expectations:

‘Has given me enormous confidence that if I don’t know something, I can do something about it.’
‘Learning set helped me to grow in confidence about my ability and share learning opportunities with others.’
‘Networking.’
‘Felt very supported.’

For other participants the learning sets widened their view on practitioner registration:

‘Got very frustrated about the lack of clarity of practitioner registration and whether or not we were following the PH skills framework. We should be!’
‘Difficult (to know to what extent the learning set made me feel the way I would have liked) without any registration framework.’

The new skills, knowledge and approaches developed as a result of the learning set were very varied including the following:

• Summary writing
• Interpreting the competencies
• Networking with others in similar roles
• CV
• Collation of evidence
• Policy and strategy development
• Health impact assessments

One participant reported:
‘Too many to list – I have taken something from every masterclass, every learning set session and also mini group sessions we set up with our PCT PH colleagues, but specially leadership approach and influencing national policies’.

The pre and post Learning Set results are shown in the charts below (not at all confident, not very, fairly and confident).

• Issues arising from management of learning sets
  • People not informing NESC of their attendance – coordination through one person
  • Dietary requirements not made known – particularly when learning set attendance was changed
  • People not willing to share portfolios (those on the register)
  • Major issue: registration – there was a lot of anger/frustration around not knowing what level / process was going to be. There was also considerable frustration over consultation on registration.

• Risks
The following risks were identified by the facilitators prior to commencement of the learning sets; risks 2 and 3 proved to be the case:
  1. Unable to recruit sufficient practitioners due to under-capacity in working environment.
  2. Practitioners do not commit and complete work required between learning set sessions.
3. National Registration/Regulation process does not become clear within the time frame of the learning sets.

**Comparison of the confidence ratings in knowledge and skill from the pre and post questionnaires**

The following tables present a combined comparison of the confidence ratings pre and post intervention (learning sets) from all participants on the learning sets delivered and managed by Pat Christmas. An analysis of the modes for the frequencies show that the level of perceived confidence by the participants varies from one public health core area to another. At the start of the learning programme, most participants felt neither confident nor not confident in all of the different Public Health core areas. By the end of the learning programme, their confidence increased in knowledge to a similar extent for each of the four public health core areas.

The only increase in confidence for skills shown by the data after analysing the modes for the frequencies is found in the area of Policy and Strategy Development. Although the learning sets appear to have had a small effect in increasing the participant’s confidence in their skills related to the core areas, this is not substantial enough to appear in the analysis of the modes.

More detailed tables for the confidence rating of participants on the learning sets in each of the areas (Milton Keynes, Hampshire, Berkshire, and Southampton & Portsmouth) may be found in Appendix 2 of this report.

**Tables of confidence ratings from the four core areas of Public Health:**

Analysis from pre and post questionnaire data. (+) denotes an increase in confidence. Rest of SHA is a collation of confidence ratings from participants on all the learning sets at; Milton Keynes, Berkshire, Hampshire and Southampton and Portsmouth.

**Table 1 Surveillance and Assessment**

<table>
<thead>
<tr>
<th>PH Core Area: Surveillance and Assessment</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-learning set (n=29)</td>
<td>Post-learning set (n=22)</td>
</tr>
<tr>
<td>Very confident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat confident</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Neither confident nor not confident</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Not very confident</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Not confident at all</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Confidence Mode</td>
<td>Neither confident nor not confident</td>
<td>Somewhat confident (+)</td>
</tr>
</tbody>
</table>

**Table 2 Assessing the Evidence of Effectiveness**

<table>
<thead>
<tr>
<th>PH Core Area: Assessing the Evidence of effectiveness</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-learning set (n=29)</td>
<td>Post-learning set (n=22)</td>
</tr>
<tr>
<td>Very confident</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat confident</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Neither confident nor not confident</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Not very confident</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Not confident at all</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 3 Policy and Strategy Development

<table>
<thead>
<tr>
<th>Confidence Mode</th>
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<th>Somewhat confident (+)</th>
<th>Neither confident nor not confident</th>
<th>Neither confident nor not confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest of SHA</td>
<td>PH Core Area: Policy and Strategy Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>Pre-learning set (n=29)</td>
<td>Post-learning set (n=22)</td>
<td>Pre-learning set (n=29)</td>
<td>Post-learning set (n=22)</td>
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<tr>
<td>Very confident</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat confident</td>
<td>8</td>
<td>12</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Neither confident nor confident</td>
<td>13</td>
<td>6</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Not very confident</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Not confident at all</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Confidence Mode</td>
<td>Neither confident nor not confident</td>
<td>Somewhat confident (+)</td>
<td>Neither confident nor not confident</td>
<td>Somewhat confident (+)</td>
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Table 4 Leadership and Collaborative Working

<table>
<thead>
<tr>
<th>Confidence Mode</th>
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<th>Somewhat confident (+)</th>
<th>Neither confident nor not confident</th>
<th>Somewhat confident (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest of SHA</td>
<td>PH Core Area: Leadership and collaborative working</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>Pre-learning set (n=29)</td>
<td>Post-learning set (n=22)</td>
<td>Pre-learning set (n=29)</td>
<td>Post-learning set (n=22)</td>
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<tr>
<td>Very confident</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Somewhat confident</td>
<td>11</td>
<td>12</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Neither confident nor not confident</td>
<td>12</td>
<td>2</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Not very confident</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Not confident at all</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Confidence Mode</td>
<td>Neither confident nor not confident</td>
<td>Somewhat confident (+)</td>
<td>Somewhat confident</td>
<td>Somewhat confident</td>
</tr>
</tbody>
</table>

Overall the results show that participants have gained in confidence about the competencies required and particularly in sharing information about these with their line managers, including asking for support as required.

In addition to the above, participants also show confidence in the support provided by NESC.

Comparison of the confidence ratings on aspects of interest related to the learning sets from the pre and post questionnaires

The following comparative analysis on the learning sets is from the rest of south central, and thereby includes the results from Milton Keynes, Portsmouth and Southampton, Berkshire and Hampshire.

The table on the next page shows the frequencies and the analysis of the modes on aspects related to the learning sets. An analysis of the modes shows that after attending the learning sets, participants are more confident in:

• their own understanding of the practitioner competencies and,
• in understanding the options available for their development as practitioners.

There was a small increase in confidence that was not substantial enough to be detected by the analysis of the modes on:

• developing competence in this way,
• in the support offered by the learning sets, and
• in that their managers will fully support their development throughout the learning set.

We have obtained some interesting results related to a decrease in confidence in:
• sharing their learning contract/development plan and progress with their managers,
• in sharing their experience and learning gaps in a learning set and
• in sharing their experience and learning gaps in one to one sessions

We believe that these results are due to the smaller number of participants that attended the learning sets (a reduction of 10 participants from pre questionnaire) and this decrease in numbers is reflected in the responses on the post questionnaires. It may be interesting to follow up with participants on these three points to try and understand more fully the reasons behind these negative confidence ratings.

Overall the comparative results show that participants have gained more confidence in some particular areas than others.

In addition to the above, participants also show confidence in the support provided by NESC.
Table of Confidence Ratings for different aspects related to the learning sets. This table is a compilation of frequencies from the rest of SC incorporating confidence ratings from participants at the learning sets in Milton Keynes, Berkshire, Hampshire, Southampton and Portsmouth. The table also shows an analysis of the modes. An increase in confidence from pre and post evaluations is denoted by (+), a decrease is denoted by (-).

<table>
<thead>
<tr>
<th>Pre Questionnaire (n=31)</th>
<th>Pre Confidence Modes</th>
<th>Post Questionnaire (n= 21)</th>
<th>Post Confidence Modes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all confident</td>
<td>Not very confident</td>
<td>Fairly confident</td>
</tr>
<tr>
<td>I am confident that I understand the practitioner competencies</td>
<td>6</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>I am confident that I fully Understand the options I have for the development as a PH practitioner</td>
<td>11</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>I am confident about developing competence in this way</td>
<td>2</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>I am confident that my manager will fully support my development through the learning set</td>
<td>2</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>I am confident to share my learning contract/development plan and progress with my manager</td>
<td>1</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>I am confident to share my experience and learning gaps in a learning set</td>
<td>14</td>
<td>17</td>
<td>Confident</td>
</tr>
<tr>
<td>I am confident to share my experience and learning gaps in one to one sessions</td>
<td>11</td>
<td>20</td>
<td>Confident</td>
</tr>
<tr>
<td>I have confidence in the support offered by the learning sets</td>
<td>26</td>
<td>5</td>
<td>Fairly confident</td>
</tr>
</tbody>
</table>
8.0 Evaluation of the Learning Needs Assessment Tool

The following has been extracted from Joyce Wise’s report and relates to the Learning Set on the Isle of Wight.

The use of an LNA tool at the level appropriate for each participant was one of the central components of the Portfolio Learning Sets, as a pilot exercise following their development. It was therefore an excellent opportunity to evaluate their use ‘in action’. This was undertaken through a process of observation and general questioning while the LNA was being used.

In addition to the eight Public Health Practitioners reported here, portfolio learning sets, using LNA tools, have been undertaken with public health staff (levels 3 and 4), school nurses (levels 3, 5, 6 and 7) and leisure centre staff (level 3). In total therefore observation and feedback has been obtained from 30 participants.

General questioning feedback about the use of the LNA in practice has been very positive.

Participants have appreciated having an established process to follow, rather than having to work directly and unguided from the PHSCF document. However it is evident that introduction to the LNA in a tutorial is important, as the written introduction information alone is not sufficient to enable most participants to progress confidently, as the issue is so new.

The inclusion of level statements for each core/defined practice area and taxonomy to guide the level of writing required in a portfolio have also been reported as very useful to have.

The wording of the criteria statements has been seen by some as complex, with a need for them to be ‘translated’ before appropriate evidence can be gathered. In many of these cases though the lack of understanding of the statements, already simplified to some extent from the original PHSCF document, reflected an underlying learning need in that area for that individual.

However some minor amendments have been made to statement wording in the LNA tools, particularly ensuring that Core Area 4 maintains a progressive focus across the levels on ‘use of the media’.

Observation of LNA tools in use has shown that few participants use the confidence-rating column, although a minority has found this personally helpful.

The process appears to work best using a 3-stage model.
1. First highlighting which criteria the participant feels able to immediately access evidence for.
2. Then accessing the evidence for inclusion in the portfolio (which may lead to amendments at the first stage).
3. Finally identifying learning needs from the ‘gaps’ that remain. In working through this process the role of the LNA as a ‘background’ guiding framework for portfolio development activity and a way to identify individual learning needs became clear.
Participants seem to find this a relatively straightforward process once it had been introduced, and observed to use the LNA flexibly in whatever ways that suited their need.

It was evident that group discussion on the criteria statements and sharing of thoughts about the types of evidence that could be used to demonstrate them were an important part of the processes that needs to be in place to support portfolio development. Using a LNA tool will normally need such systems of support to be in place for it to work effectively.

Conclusion and Recommendation:

Evaluation of the LNA tools in use suggest that the developed model works effectively, particularly when used within a framework of support such as that provided in Portfolio Learning Sets. As such, continued use of the LNA tools is recommended.

9.0 Conclusions

Although the learning sets on the Island and the rest of the SHA were run in different ways, it is interesting to note that all participants gained in confidence on the registration process. Both learning sets were run with the aim of accommodating each participant’s learning needs with respect to the gaps that were to be filled on the competency framework. Running learning sets in this way could cause a potential lack of attendance as participants are more likely to attend those sessions that make reference only to their own individual learning needs. The results from this report overall show that this was not found to be the case.

The use of the LNA tool has proved to be beneficial in offering practitioners a framework to be followed on the registration process. Some amendments have been made to incorporate comments made on the complexity of the criteria statements. Recommendations on the use of the three stage model as outlined in this report on the LNA evaluation from the Isle of Wight should be followed to assist in its completion.

Pat Christmas made the following conclusion in her report:

There is no doubt that NESC Public Health Development were “ahead of the game” in creating this opportunity for Public Health Practitioners and the commitment to attendance at the learning sets demonstrates that many are hungry for professional support, development and acknowledgement of their contribution to Public Health. However, the absence of clarity about the standards required and process for assessment of competence of PH practitioners does present a challenge to programme developers.

There is a requirement under Agenda for Change for NHS staff to have a portfolio although this has not been rigorously applied to date in England. The emphasis in the Learning sets to increase confidence and competence and recording this in a portfolio was therefore wholly appropriate. Whatever the shape of requirements for practitioner registration, and the decision by individuals of which route to take to registration, a portfolio is an essential tool for successful career management.
10. Recommendations

Recommendations by Facilitators and NESC PH Development

One of the major issues identified by the facilitators is the frustration felt by participants about not knowing the exact level or process for registration of practitioners. Recruitment of practitioners was difficult due to under-capacity in the working environment and practitioners were not always committed to the work required between learning set sessions. It is believed it was a challenge to managers to enable participants to attend due to the pressures of service delivery and this was appreciated.

More learning sets may be necessary to ensure clarity of the national registration/regulation process. No other issues were identified by the facilitators.

NESC PH Development will distribute this report across the PHD network in South Central and discuss the content with the PH Development Leads, taking the recommendations into account in planning programme delivery for the coming period.

Recommendations by Participants (extracted from Pat Christmas’ report)

- All groups want to maintain their Learning Set network.
- All groups intend meeting up before or around or after registration details being known.
- Berkshire and Hampshire groups have set themselves a task to complete and share when they meet with a set date. They want to meet every two months or so to maintain momentum.
- All groups still want a master class on productivity and cost-effectiveness.
- Briefing on “this is registration and your options”.
- My options on 1:1 session.
- Confirmation and acknowledgement of brokerage/advice role of training leads.
- Session on this is what you need either in one to ones or follow-up learning set session and written down.
- Re-focus on registration competencies when known.
- Good NESC website with regular updates and access to all documents – documents should have status printed large at top – e.g. Information Only, Action requested, Sign Up requested. Sign posting to other sites.
- Advisory help line.
- More master classes or programme of CPD – good alert to all potential development sessions.
- Topic events with good practice exchange
- Conferences
- Facilitated through registration – 1:1s/couple of learning set sessions.
- Top tips like PHRU have done for defined specialists.
- Practice of assessment of shows how pieces.
- A session on Productivity and Cost Effectiveness - to be provided
- Master classes on advocacy, writing business cases, commissioning in Public Health
- Master classes on reviewing effectiveness of partnership working, inequalities, project management, leadership and management and paths in to that.
- Applying Health Improvement Assessment (HIA) at local level.
- Pre assessment critical appraisal.
Acknowledgements

Many thanks go to
Practitioners participating
Pat Christmas and Joyce Wise, Facilitators
Public Health Development Leads
Olga Zolle, R&D Manager and Margaret Cameron, Administrator, NESC

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NHS Education South Central

May 2009
Commissioned Project Title:

Provision of Portfolio Learning Sets for Public Health Practitioners (Isle of Wight)

FINAL REPORT for NHS Education South Central

April 2009

JOYCE WISE: MSc, BSc (Hons), PGCEA, ADM, RM, RGN.
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NESC – incorporating Oxford and Wessex Deaneries
NHS Education South Central (NESC) is part of the South Central Strategic Health Authority
1. **Introduction:**

This is the final report of a project, commissioned by NHS Education South Central on behalf of the Public Health Development Leads (PHDL) group, to provide a series of Portfolio Learning Sets for Public Health Practitioners considering registration on the UK Public Health Register. Five groups of learning sets have been undertaken throughout the region, this report covers the Learning Sets carried out for Practitioners on the Isle of Wight only.

2. **Background to the Project:**

Following publication of the Public Health Skills and Career Framework (PHSCF) (2008) document, the PHDL group developed a set of related Learning Needs Assessment (LNA) tools. The aim of the LNA tools is to provide a clear process for practitioners to follow in order to demonstrate evidence of the required standard of public health knowledge and skills and to identify and address learning needs where these exist.

The UK Public Health Register, to develop a regulatory framework for public health practitioners similar to that already in place for Specialist public health practice, was undertaking consultation and development work concurrently with this. The main tenet of practitioner regulation is public protection, the aim is to ensure that public health practitioners meet set standards of knowledge and skills and are fit for practise.

Portfolio development has become an established way for health professionals to demonstrate initial and ongoing competence in practice. A reasonable assumption was made by the PHDL group therefore that registration processes for Public Health Practitioners (PHP) would include portfolio development in some form. A further assumption was made that, as the PHSCF document and related LNA tools contained contemporaneously agreed public health competency and knowledge criteria then portfolio development against these criteria should be effective in demonstrating knowledge and practical competence required for public health practitioner registration. It was also evident however that few PHP currently were known to have professional portfolios, or if they did, not ones that were public health focused specifically.

The PHDL group decided that, as a precursor to registration, and for good practice generally, there would be a need to increase practitioner understanding and experience of portfolio development. Therefore provision of a series of Portfolio Learning Sets for Public Health Practitioners considering registration on the UK Public Health Register, using an LNA tool as the guiding framework for portfolio development, would be an appropriate developmental activity to take forward.

3. **Project Lead for the Isle of Wight:**

Pat Christmas was commissioned to undertake the Portfolio Learning Sets for mainland UK areas and Joyce Wise for the Isle of Wight.

Joyce Wise is a Health Care Professional and Adult Education Teacher with over 30 years experience. Initially in nursing and midwifery roles, she obtained a teaching qualification in 1990 (PGCEA) and became first a midwifery tutor and then a University Senior Lecturer. Has extensive experience in facilitating both pre and post-registration portfolio development for health professionals including nurses, midwives and Health Trainers, she also maintains her own professional portfolio.
4. **Aim and Objectives of the Project:**

**Aim:**

To provide a series of portfolio learning set sessions for public health practitioners to enable them to learn the techniques, and gain practical experience, of portfolio development.

**Objectives:**

At the end of the series of Portfolio Learning Sets the PHP will be able to:

- Explain the principles of portfolio development (gathering relevant evidence to demonstrate competence in practice, explanation of the evidence included to meet criteria, indexing and cross-referencing processes)

- Use the Learning Needs Assessment tool as a framework to identify and gather practice relevant evidence to meet PHSCF knowledge and competency criteria at the appropriate level

- Use the Learning Needs Assessment tool as a framework to identify gaps in current knowledge and skill and take steps to address these learning needs.

- Demonstrate an increased level of confidence with the process of portfolio development

- Demonstrate ongoing development of a public health practice portfolio based on the PHSCF competencies (to be used as a basis for future registration on the UK Public Health Register when the process for registration is agreed)

5. **The Application Process/Participants:**

Public Health Practitioners in each area of the region were invited to apply for a place on the Portfolio Learning Sets using a standard application form. Applicants were required to submit a CV and confirm that their line manager supported the application and would be prepared to grant the required the study leave.

In total 11 Public Health Practitioners on the Isle of Wight, ranging from levels 5 – 8 started on the Portfolio Learning Sets (excluding the project lead) and 8 completed them. Of the 3 who did not complete, 1 left to take up another public health job on the mainland and 2 were unable to attend sessions due to heavier than expected work commitments.

6. **Structure and content of the Portfolio Learning Sets:**

A total of 6 Portfolio Learning Sets sessions, co-hosted by an experienced colleague, Nigel Porter, were held on the Isle of Wight on the following dates:

- **Session 1:** 4th September 2008
- **Session 2:** 7th October 2008
- **Session 3:** 4th November 2008
- **Session 4:** 9th December 2008
Session 5: 20\textsuperscript{th} January 2009  
Session 6: 24\textsuperscript{th} February 2009

An individual review of progress with each participant was also undertaken at the end of March/early April 2009.

The duration of each session was 6 hours, divided into 3.0 hours workshop based activity and 3.0 hours available for evidence gathering and portfolio development work. The need to focus on skills of portfolio development, as a basis for future practitioner registration on the UK Public Health Register, was made explicit at the start. The LNA tool to be used as the framework for portfolio development was introduced.

Portfolio Learning Set sessions (2 – 5) focused on each of the PHSCF core areas in turn and the final session (6) covered the defined practice area, which in this case was DPA1: Health Improvement. In each session tutorials were included on various aspects of portfolio development, with time for participants to ask questions and share experiences of the process. In addition, each session included a more formal presentation on a subject area identified as needed by the group and relevant to the core area in focus. Topics covered were:

Session 1: Public Health Practitioner registration processes (where are we now),  
Session 2: Writing reflective accounts at levels 5 – 8 (Building analytical skills)  
Session 3: Critical Appraisal Techniques  
Session 4: Policy and Strategy Development  
Session 6: Data Analysis Techniques

Session 5 of the series was an opportunity for the group to be involved in the consultation process for UKPH Registration. Zoe Clark from the UKPHA Register led the session and participants were able to gain a deeper knowledge and understanding of this issue and the progress made so far in establishing the systems to be used.

Programmes for sessions 1 – 6 are available for review.

7. Evaluation of the Portfolio Learning Sets:

Pre session questionnaire:

A baseline evaluation of participant’s expectations and requirements from the portfolio learning sets was undertaken before the first session. The common emerging themes were the need for information and support to develop a portfolio appropriately and anticipation/enthusiasm for assessing own practice knowledge and skills, demonstrating strengths and working on learning needs identified. Participants indicated that overall they felt fairly confident – confident in the processes that were going to be used to learn to develop a portfolio of evidence and their ability to contribute to this. Confidence ratings in terms of knowledge and skills in relation to each of the core areas of practice ranged from 2 – 4 indicating the potential for development in all areas.

This baseline information was used to help plan the focus and content of the portfolio learning set sessions.
Session evaluations:

Sessions 1 – 5 were individually evaluated using a standard pro-forma covering: most and least useful aspects, learning achieved and overall enjoyment of the session. Feedback was used to inform future sessions. Overall, feedback was very positive.

Final evaluation:

The Portfolio Learning Set overall was evaluated at the end of the last session using a standard ‘Participant Final Evaluation and Reflection’ form. Six of the eight participants who completed the series of sessions returned the evaluation. The results have been summarised and are available as an appendix to this report (see Appendix 1).

The overall evaluation of the portfolio learning sets has been positive. Participants clearly demonstrate that they have gained something of value from the experience, that new understanding and skills have been developed, that confidence with portfolio development and with their own knowledge and skills has increased and that benefits have been gained for future personal development. Some concern regarding the time available to complete the work has also been highlighted.

This evaluation, and the individual review of progress that was carried out with each participant following the last session, demonstrates that the aim and objectives of the project have been met. Participants are now able to explain the principles of portfolio development, use the LNA tool to gather relevant evidence and identify learning needs and all have commenced the process of portfolio development, with a self certified increase in confidence to do so.

8. Evaluation of the Learning Needs Assessment Tools:

The use of an LNA tool at the level appropriate for each participant was one of the central components of the Portfolio Learning Sets, as a pilot exercise following their development. It was therefore an excellent opportunity to evaluate their use ‘in action’. This was undertaken through a process of observation and general questioning while the LNA was being used.

In addition to the 8 Public Health Practitioners reported here, portfolio learning sets, using LNA tools, have been undertaken with public health staff (levels 3 and 4), school nurses (levels 3, 5, 6 and 7) and leisure centre staff (level 3). In total therefore observation and feedback has been obtained from 30 participants.

General questioning feedback about the use of the LNA in practice has been very positive.

Participants have appreciated having an established process to follow, rather than having to work directly and unguided from the PHSCF document. However it is evident that introduction to the LNA in a tutorial is important, as the written introduction information alone is not sufficient to enable most participants to progress confidently, as the issue is so new.

The inclusion of level statements for each core/defined practice area and taxonomy to guide the level of writing required in a portfolio have also been reported as very useful to have.
The wording of the criteria statements has been seen by some as complex, with a need for them to be ‘translated’ before appropriate evidence can be gathered. In many of these cases though the lack of understanding of the statements, already simplified to some extent from the original PHSCF document, reflected an underlying learning need in that area for that individual.

However some minor amendments have been made to statement wording in the LNA tools, particularly ensuring that Core Area 4 maintains a progressive focus across the levels on ‘use of the media’.

**Observation** of LNA tools in use has shown that few participants use the confidence-rating column, although a minority has found this personally helpful.

The process appears to work best using a 3-stage model. First highlighting which criteria the participant feels able to immediately access evidence for; then accessing the evidence for inclusion in the portfolio (which may lead to amendments at the first stage); finally identifying learning needs from the ‘gaps’ that remain. In working through this process the role of the LNA as a ‘background’ guiding framework for portfolio development activity and a way to identify individual learning needs became clear. Participants seem to find this a relatively straightforward process once it had been introduced, and observed to use the LNA flexibly in whatever ways that suited their need.

It was evident that group discussion on the criteria statements and sharing of thoughts about the types of evidence that could be used to demonstrate them were an important part of the processes that needs to be in place to support portfolio development. Using a LNA tool will normally need such systems of support to be in place for it to work effectively.

Evaluation of the LNA tools in use suggest that the developed model works effectively, particularly when used within a framework of support such as that provided in Portfolio Learning Sets. As such, continued use of the LNA tools is recommended

9. **Portfolio Learning Sets - Outcomes achieved**

The aim of this project was to provide a series of portfolio learning set sessions for public health practitioners to enable them to learn the techniques, and gain practical experience, of portfolio development. The rationale for this was to increase knowledge and skills on portfolio development in preparation for any public health practitioner registration processes introduced in the future.

It can be demonstrated that the project aims and objectives have been met. All participants have furthered their understanding of practitioner registration, techniques of portfolio development and core area related topic knowledge. All have started to develop a portfolio of evidence to demonstrate public health knowledge and competency in relation to the PHSC Framework. Thus they are all now better placed to participate in whatever Public Health Practitioner Registration processes are put into place in the future.

10. **Summary of Learning Needs Identified:**

At the end of session 6 participants were asked to collate a summary of personal learning needs identified from the Learning Needs Assessment tool. The most common remaining learning needs appear to be related to core Area 4, and concern such knowledge issues as:
• Principles and practice of change management
• Principles of people management and leadership
• Negotiating and influencing skills
• Use of media for effective communication
• Decision-making (note: this also overlaps with one respondent with a need in Core Area 3, which is to do with decision making and planning. Similarly, there is overlap with competence in Core Area 2, to do with performance indicators to review effectiveness).

These needs are essentially within the ‘management’ arena. Some of these items also link to specified outcomes in the areas of defined practice.

Most of the remaining needs relate to such issues as:

• Acquiring, processing and evaluating data
• The place of policy in health improvement.

Arguably, a concentration on the more so called ‘management’ activities should meet most of the stated remaining learning needs.

11. References


Appendix A  Participant Final Evaluation and Reflection Summary
Isle of Wight
Public Health Practitioners Learning Set

PARTICIPANT FINAL EVALUATION AND REFLECTION (SUMMARY)

March 2009

1. What did you find the most useful and why?
   “The portfolio workshop has enabled me to understand how a portfolio is designed and how to use evidence to describe how core requirements are met”.
   “It has been useful. I know this is the way forward even though I don’t really want to do it”.
   “Application and development for portfolio. Pulling together relevant information”.
   “The structure of the core areas and how it is broken down into small chunks. Generally I have found it useful to look at it in manageable sections”.
   “Opportunity to interactively consider how my portfolio could be evidenced”.
   “Discussing specific competencies and clarifying meanings so I know better what is required”.

2. What did you particularly value?
   “Starting a portfolio from the beginning and discussing each step with colleagues. The confidence of Public Health UK registration Register”.
   “Hopefully I will get it sorted eventually. I couldn’t do it on my own”.
   “The reassurance that I have the knowledge and skills to develop my portfolio and develop my personal profile”.
   “The opportunity to reflect on your own experiences and listen to other peoples’ experiences (actually finding out how much you already do that relate to core areas)”.
   “Sharing ideas with colleagues and seeing how the same task can be interpreted in many ways”.
   “Meeting as a group and sharing ideas”.

3. What did you find the least useful and why?
   “There is nothing I can think of that I found least useful; all six sessions I found useful”.
   “It was all useful”.
   “Everything was relevant and useful. Good, concise handouts”.
   “Too much ‘chalk and talk’ at times. I need variety in sessions to learn effectively”.
4. Was the structure of the programme acceptable?
   6 x Yes  □ No (please explain)

5. Have you developed new skills/approaches while undertaking the programme?
   6 x Yes  □ No
   If yes what skills/approaches would you say you have developed?
   “How a portfolio is designed and the advantages of having a portfolio for future career
development and PH registration”.
   “Looking at things differently”.
   “Critical appraisal of everyday working that has often been taken for granted or just
assumed that was OK”.
   “I have a better understanding of how to gather and structure the portfolio. How to
reflect on our experiences and knowledge.
   “I began the programme new in post so have developed skills/approaches related to the
competencies in the LNA via practice”.
   “I have given a lot more thought to the use of reflection and its value for the portfolio”.

6. Have you developed new knowledge while undertaking the programme?
   5 x Yes  1 x No
   If yes what areas of new knowledge have you developed?
   “Designing a portfolio and how to appraise work”.
   “Understanding what I know better”.
   “I have looked at team management theories and evaluation of projects”.
   “I have identified core areas that I felt I needed further information and carried out
research to improve my understanding”.
   “Maybe no new knowledge but a new way of looking at the knowledge I already
have and how it can be applied”.
   “Generally”.

7. In what way has your confidence grown whilst on this programme?
   “I can take forward on-going portfolio and take the portfolio to future interviews”.
   “To understand that I do know things”.
   “Knowing that the work that I undertake does have a key place and role”.
   “Felt that I have more knowledge/experience than I previously thought. When
reflecting on core areas you realise that there are many aspects to your work you are
doing well”.
“I am more confident in my ability to produce a relevant portfolio”.
“I feel I have more confidence in completing the portfolio at my level and possibly some competencies at the next level”.

8. Are you now confident enough to complete your portfolio?
“I am feeling more confident, but I need to set a deadline to be up-to-date and continue ensuring all core areas are met”.
“Hopefully with maybe some help”.
“Yes. It may take time but I feel that it will be a true reflection of my role”.
“Mainly – although I may need some support in the development”.
“Yes – but it may need tweaking”.
“Yes – although I still need to give it some considerable thought and time”.

9. When do you intend to submit your portfolio for registration?
“I am happy to submit my portfolio by May 2009”.
“If I get it finished”.
“As soon as required”.
“Within the next 6 to 12 months (I feel it is important for me to gather further knowledge and experience within my new role)”.
“Two years from now as I need to gain experience relevant to the competencies”.
“Don’t know – although a deadline would help me focus”.

10. Overall how do you think the programme has affected you? – Tick all that apply
3 x It has made me more confident in understanding and dealing with public health issues.
4 x It has improved my ability to work at a more strategic level.
0 x It offered me no support/development.
4 x It has developed my skills
5 x It has developed my knowledge
6 x It will be beneficial to my future personal development
4 x It has given me more confidence
0 x It has made little difference to me
0 x It was a waste of time
5 x It offered me great support

11. Do you think you have been able to make the most of the support the programme offered? If not, please say why.
“Yes”.
“Yes, thank you”.

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“Yes. However, I probably needed deadlines for some aspects to keep the process going at a steady pace”.
“Yes”.

12. Would you recommend this programme to others?

6 x Yes □ No □ Don’t Know

13. I am leaving this programme feeling

“Confident but worried about time”.
“I hopefully will finish it”.
“Confident”.
“Confident I can meet core areas”.
“Overwhelmed by amount of work that this will require now I am fully ensconced in my role”.
“Encouraged and motivated”.

14. Any other comments you would like to make?

“I found the six sessions very useful, well designed, co-ordinated and helpful”.
“I enjoyed the extended group etc, but I did find the extended team’s lack of respect for the tutors incredibly annoying (talking)”.
“The time allocated so far has hardly dented this workload”.
“Without the learning set I would not have known where to start in developing a portfolio”.

Your responses will be collated anonymously to provide an evaluation report of this learning set together with the other learning sets across South Central.
### Confidence Rating on Public Health Core Areas - Detail

Analysis from pre and post questionnaire data. (+) denotes an increase in confidence.

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#### PH Core Area: Surveillance and Assessment

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#### PH Core Area: Assessing the Evidence of effectiveness

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#### PH Core Area: Policy and Strategy Development

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**Joanna.chapman-andrews@nesc.nhs.uk**

*May 2009*