**Only to be completed if accepted onto the registration scheme.**

**Yorkshire and the Humber Public Health Practitioner Registration Scheme**

**Cohort 1 2019**

**Practitioner Timeline for Programme & Portfolio Completion**

**The purpose of this document is to ensure that a supportive and clear agreement is in place to enable the Practitioner to complete their portfolio and become registered with the UKPHR.**

The contents of this agreement will be kept as a record and will be used as part of reviewing and monitoring a Practitioner’s progress by the Scheme Coordinator. This agreement will be kept up to date and live at all times by the Practitioner, ensuring that the Scheme Coordinator and their Line Manager receives up to date versions.

**Completing the Timeline**

Practitioners are required to complete the below timeline in collaboration with their Line Manager.

Practitioners will be required to detail as much as they possibly can onto the timeline as this will help them in planning their time over the 12months to complete their portfolio. Practitioners are encouraged to consider the following completing a portfolio:

* Plan in any life events/holidays/busy work periods;
* Attendance at Commentary & CPD events;
* Time to plan commentaries (minimum of three);
* Time to write commentaries (minimum of three) to meet commentary submission dates;
* Time to gather evidence and uploading to e-portfolio;
* Time to prepare and write/prepare documents for the portfolio (i.e. JD, CV, testimonial etc);
* When you would expect to apply for an Assessor (prior to first commentary submission date 31st July 2019);
* Time to address any clarifications or resubmissions;
* When you would expect to apply for Verification (following third commentary assessment (March 2020).

Once completed, Practitioners will be required to sign the declaration at the end and send a copy to:

* Y&H Scheme Coordinator
* Practitioner’s Line Manager

It will be the Practitioner’s responsibility to ensure their timeline is kept up to date and all of the above parties are informed of any changes.

**PH Practitioner Time Line for Completion**

**Practitioner Name: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Task/Activity/Action** | **April 19** | **May 19** | **June 19** | **July 19** | **Aug 19** | **Sept 19** | **Oct 19** | **Nov 19** | **Dec 19** | **Jan 20** | **Feb 20** | **March 20** | **April 20** | **May 20** |
| Attend Induction Day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Practitioner Development Group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First CPD Day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Coordinator Phone Support available |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Allocation of Assessors by Scheme Co-ordinator (linked to progress with first and subsequent Commentaries) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Commentary Submission |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessment of Commentary by Assessor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Second Practitioner Development Group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Second CPD Day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Second Commentary Submission |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Third Practitioner Development Group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Third CPD Day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Third Commentary Submission |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Verification Panels |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cohort 1 Celebration Event & Evaluation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line Manager / Mentor Sessions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Practitioner Study Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Declaration**

**By the Scheme Coordinator**

1. I confirm that we will support the Practitioner to complete their portfolio within a 12-month period from programme start;
2. I confirm that we will incorporate feedback from all parties including the Practitioner in monitoring individual’s progress and support needs on the programme;
3. I confirm that we will support the facilitation of Assessors for Practitioners once they have completed their first Commentary.

**Signature**: **Date**:

**Print Name**:

**By the practitioner:**

1. I confirm that I am committed to completing the Yorkshire and the Humber Public Health Practitioner Scheme;
2. I confirm that I will attend all aspects of the support programme in order to start and complete my portfolio;
3. I understand that monitoring processes will be in place to review my progress on the programme, by the Scheme Coordinator;
4. I understand that I will need to discuss my progress with my Line Manager on a regular basis;
5. I understand that I will be required to provide feedback on my progress as part of the formal reviews, and am responsible for keeping this plan up to date:
6. I understand that the expectation is that I will complete and submit my final portfolio for final assessment within 12 months from the Induction day;
7. I understand that information about my progress on this programme may be shared with my employers.

**Signature**: ……………………………………… **Date**:

**Print Name**: ……………………………………...

**By the Line Manager**

1. I confirm that I fully support my member of staff (Practitioner) to complete their portfolio in order to register with the UKPHR;
2. I confirm that the Practitioner will be supported to attend and complete all aspects of the support programme (7 days):
* Induction day to the programme – 1 day
* Portfolio Development Group sessions (PDGs) – 1.5 days
* Appropriate masterclasses (as agreed with line manager) – 1.5 days
* A total of 3 days (pro rata for part time staff) for portfolio writing
* Time in the workplace to draw evidence for the portfolio from current work practice
1. I confirm that I will ensure regular updates on my practitioner’s progress is discussed during regular supervision;
2. I understand that I will be required to provide feedback on my practitioner’s progress as part of formal review processes.

**Signature**: ……………………………………… **Date**:

**Print Name**: ……………………………………...