**UKPHR Public Health Practitioner Registration Scheme**

**Verifier Application Pack**

|  |
| --- |
| The Yorkshire and the Humber (Y&H) Public Health Practitioner Registration Scheme is recruiting for new Verifiers to be trained by the UK Public Health Register (UKPHR) to undertake a review of completed practitioner portfolios, approved by an assessor. Verifiers are appointed by the Board of UKPHR (following satisfactory completion of mandatory initial training) for a period of three years, with an option for a further term or terms, by mutual consent between the Verifier, the Scheme Coordinator and UKPHR. |

**Role Description**

* To verify practitioner portfolios that have previously been assessed and application to the verification panel;
* To be available to discuss assessments at a meeting of the verification panel;
* To provide feedback and advice to assessor(s);
* To successfully complete the UKPHR Verifier training;
* To make recommendations to the appropriate verification panel;
* To retain a copy of the completed application for registration with the UKPHR within 3 months.

**Responsibilities**

* To be a registered Public Health Specialist with the GMC, the GDC or the UKPHR, to be in good standing and to have held a Consultant or Senior Specialist post or a post of equivalent responsibility, for at least three years;
* To be skilled in providing independent scrutiny of a portfolio of evidence submitted to demonstrate competence;
* To be thoroughly conversant with the Public Health standards;
* To be able to maintain impartiality in the role;
* To be willing and able to devote the necessary time and to give the role appropriate priority;
* To be able to provide an appropriate reference(s);
* To be able to provide evidence of current continuing professional development.

**Eligibility Criteria**

A verifier must be:

* A registered public health specialist with the GMC, the GDC or UKPHR, of good standing and to be in or have held a consultant or senior specialist post or a post of equivalent responsibility.
* StRs who are in the last 6 months of ST4, or in ST5. They may be able to use the verifier role to contribute towards some of their competencies.
* Those practitioners who are applying for Specialty Registration by Portfolio and have demonstrated they are working at or above this level, or those accepted onto a local scheme for support to develop SRbP.
* **The capacity to dial into 1-2 verification panels and verify a minimum of two portfolios over a period of 12 months is required.**

**Benefits**

* Attending UKPHR certificated training, which would contribute to your own CPD – ‘guardian of practitioner standards’, on-going training;
* You would increase your appreciation of the full range and scope of Public Health Knowledge and Skills, and how these are applied to Public Health interventions at a Practitioner level;
* You would broaden your appreciation of Public Health roles, services, and interventions both geographical and for service areas;
* Your experience would inform how you support your own workforce’s career development.

**Removal from the role of verifier**

Verifiers may be removed from their role for any of the following reasons:

Professional misconduct;

Unauthorised disclosure of confidential information;

Inability or refusal to perform the duties of a verifier and to meet the quality assurance requirements;

Inappropriate behaviour or continued poor performance.

|  |
| --- |
| To apply for this role, please complete the attached form  and return electronically to: [PHPPYH@leeds.ac.uk](mailto:PHPPYH@leeds.ac.uk) |

**UKPHR Practitioner Registration scheme Verifier**

Please read the UKPHR Framework and [Guidance for Applicants, Assessors and Verifiers](https://ukphr.org/wp-content/uploads/2020/01/Guidance-for-Practitioner-Registration-2nd-Ed.-Jan-2020.pdf) before submitting this form.

|  |  |  |
| --- | --- | --- |
| **Section 1 - Your Details** | | |
| Your name: |  | |
| Title (Dr, Mr, Mrs, Miss, Ms): |  | |
| Job title: |  | |
| Employing Organisation |  | |
| Length of time in current role |  | |
| Level of post [Skills for Health](http://www.skillsforhealth.org.uk/index.php?option=com_mtree&task=att_download&link_id=163&cf_id=24)  [Skills for Health Matrix](https://www.skillsforhealth.org.uk/wp-content/uploads/2020/11/Employability-skills-matrix.pdf#:~:text=The%20Employability%20Skills%20Matrix%20for%20Health%20aims%20to%20help%20staff,needed%20at%20each%20career%20level.) |  | |
| Work address with postcode: |  | |
| Tel. No. | Work: | Mob: |
| Email address: |  | |
| **Section 2 – Line Managers Details** | | |
| Name: |  | |
| Title (Dr, Mrs, Mr): |  | |
| Job Title: |  | |
| Employing organisation (if different from above): |  | |
| Work address with postcode (if different from above): |  | |
| Email address: |  | |

|  |  |
| --- | --- |
| **Section 3** | |
| Please detail in no more than 200 words why you would like to be trained as a UKPHR Verifier, including years of service, and range of relevant experience | |
|  | |
| **Section 4 – Declaration of commitment** | |
| **Prospective Verifier** | **Line Manager** |
| I have read the UKPHR Framework and Guidance for Applicants, Assessors and Verifiers.    I confirm that the information I have given is accurate and should I be accepted onto the scheme I agree to abide by its principles and to participate fully.  I commit to attending the UKPHR training and any additional standardisation or review meetings for the Yorkshire and the Humber Scheme in which I am required to participate.  I understand that this role is voluntary and commit to providing positive support to all candidates and assessors who I may verify portfolios for.  I give permission for UKPHR to share my details between local schemes for the purpose of data collection exercises.  I am able to attend the Verifier Training … **(applicant to complete).** | I confirm that the organisation supports this expression of interest, and have attached a reference for the applicant.  I confirm that required time commitments for training and standardisation workshops will be fully supported, and will become a part of the applicant’s appraisal process and continuing professional development within the workplace.  I understand that this role is voluntary, and that the applicant will be dedicating some of their own time to support the professional registration of practitioners, thus making a highly valued contribution to the professional development of others. We will enable some work time allocation as recognition of this contribution. |
| **Applicant’s signature** (Please use electronic signatures if sending by email)**:** | **Line Manager’s signature** (Please use electronic signatures if sending by email)**:** |
| **Date:** | **Date:** |

**Please send your completed application form to:** [**PHPPYH@leeds.ac.uk**](mailto:PHPPYH@leeds.ac.uk)**.**

For Programme Team:

|  |  |  |
| --- | --- | --- |
| Completed Form |  |  |
| Coordinators Approval |  |  |