**UKPHR Public Health Practitioner Registration Scheme**

**Verifier Application Pack**

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| 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.

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| To apply for this role, please complete the attached formand return electronically to: 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.

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| **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:  |  |

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| **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 |
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| **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****.**

For Programme Team:

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