Employer attitudes, policies and practice towards public health practitioner registration

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Competing interests

David Evans is a lay Board member of the UK Public Health Register (UKPHR) and a member of the Faculty of Public Health (FPH) Workforce Committee.

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Abbreviations

ADPH	Association of Directors of Public Health
CfWI	Centre for Workforce Intelligence
CPD	Continuing professional development
CPH	Consultant in Public Health (plural CsPH)
DPH	Director of Public Health (plural DsPH)
FPH	Faculty of Public Health
GDC	General Dental Council
GMC	General Medical Council
HEE	Health Education England
HEIs	Higher education institutions
LGA	Local Government Association
NMC	Nursing and Midwifery Council
OHP	Office for Health Promotion
PDRs	Professional development reviews
PHE	Public Health England
PSA	Professional Standards Authority
UKHSA	UK Health Security Agency
UKPHR	UK Public Health Register
UWE	University of the West of England

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1 Abstract

Background

Government policy across the four nations of the UK emphasises the importance of developing public health workforce capacity to meet the challenges of the 21st century – non-communicable diseases such as diabetes and heart disease, and continuing health inequalities. Public health practitioners make up an important part of the workforce, but are not well defined and currently are not required to be registered with a regulator. There is widespread agreement that registration is valuable in principle in protecting the public and upholding professional standards. The UK Public Health Register (UKPHR) provides voluntary registration but as of 2020 only a small proportion of the practitioner workforce was registered. Research suggests that only a minority of practitioner job descriptions include registration as an essential or desirable criterion. The aim of this study was to understand the attitudes, policy and practice of employers towards UKPHR practitioner registration across London and South East England.

Methods

This was a qualitative study utilising semi-structured interviews conducted between September 2020 and April 2021. A maximum diversity sample of employers of public health practitioners in London and the South East of England was sought seeking diversity on three criteria: geography, type of employer and level of management. Participants were recruited through e-bulletins, Health Education England networks and direct email approaches to line managers of advertised practitioner posts. Data were recorded and transcribed. Thematic analysis was undertaken with both deductive (themes derived from the research questions) and inductive (themes emerging from the data) dimensions.

Results

Thirty-one line managers from public health employers were interviewed, mainly from local authorities and Public Health England. Eight key themes and ten sub-themes were identified from the data, largely shaped by the research questions but some new areas of interest emerging from the data. The eight themes were: the importance of practitioner professional development; individual pathways to development; the value of registration versus the MSc; gap in registration for senior practitioners; need for stepped career pathways; welcome for apprenticeships. The value of registration was further broken down into seven sub-themes: essential; desirable; optional; not valued; difficult to assess; hidden value; need to promote. Registration versus the MSc was broken down into three sub-themes: MSc more valuable; registration more valuable; judge candidates in the round.

Conclusions

Practitioner registration is valued by many employers, though there is a range of attitudes from enthusiasts to sceptics. Registration as either an essential or desirable criterion only appears in a minority of practitioner job adverts. Employers also value registration in 'hidden' aspects of recruitment, in particular seeing it as evidence of competency and continuing CPD even when not formally included as a criteria. Registration is not included in practitioner job descriptions for a variety of reasons including inertia, concerns for inclusivity and equity and the desire for specific expertise. There is a significant group of senior practitioners/principals who do not feel current registration categories meet their needs. There is a continuing need to promote registration to both employers and practitioners, and improving the evidence base on the value of practitioner registration would assist with reaching out to those not currently engaged. Limitations of the study included that it was carried out during the COVID-19 pandemic when employer workloads were intense and did not recruit as many participants as intended, particularly directors of public health and employers from the NHS, private and third sectors.

Recommendations

Theme	Recommended action	By whom?
The importance of practitioner professional development	Ensure professional development policies and strategies consider support for public health practitioner registration.	Public health employers*
	Make use of the UKPHR *Employer's Toolkit* and the LGA's *The Standards for employers of public health teams in England* in supporting the value of registration.	Public health employers*
	Continue to advocate for public health practitioner professional development including promoting local registration schemes**	FPH/UKPHR/ practitioners
Individual pathways to development	Include discussion of practitioner registration as part of annual professional development reviews (PDRs), recognising that practitioner schemes exist and are accessible in all parts of the UK.	Public health employers*
The value of registration	Consider including 'practitioner registration/willingness to work towards registration' as a minimum a desirable criterion in job descriptions for posts in public health teams under consultant level.	Public health employers*
	Consider how local schemes can promote and raise the profile of those who successfully register locally.	HEE/Local schemes**
	Communicate the benefits of registration to individuals, the workforce and employers by promoting those successfully registered.	HEE/Local schemes**/ UKPHR
	Use annual review and appraisal processes to update job descriptions and person specifications where appropriate to include practitioner registration.	Public health employers*/ practitioners
	Constructively challenge line managers, senior management teams and other stakeholders to include practitioner registration in job descriptions where appropriate if not already present.	Practitioners
Registration versus the MSc	Communicate the complementarity and developmental options between education (MSc) and competence (professional registration).	HEE/UKPHR
	Encourage higher education institutions (HEIs) to promote practitioner registration as a career pathway to professional development that builds and enhances the public health education they receive.	HEE/UKPHR/HEIs
Gap in registration for senior practitioners	Explore and scope what advanced practice in public health may look like which builds on practitioner registration.	HEE/UKPHR/FPH
Need for stepped career pathways	Explore and scope feasibility for a stepped career pathway in public health.	FPH/HEE/ UKPHR

Welcome for apprenticeships	Support, engage with and invest in public health practitioner apprenticeships to build capacity and capability of the practitioner workforce.	HEE/Public health employers*

* Public health employers include directors of public health who as systems leaders have a particularly important role to play in promoting practitioner professional development including registration.
** Local practitioner registration support schemes are available in all English regions, Scotland and Wales. Details at: https://ukphr.org/how-to-apply-for-practitioner-registration/.

This study has raised a number of questions which could benefit from future research. Potential research questions include:

For research	What are the benefits of UKPHR registration from the perspective of practitioners themselves?
	In particular, what are the benefits of practitioner registration from the perspective of registrants in other sectors/disciplines such as transport or planning?
	What are the attitudes or beliefs held by some public health employers underlying their questioning of practitioner registration?
	What interventions might promote the greater valuing of practitioner registration by public health employers, particularly those who question its value?

2 Introduction

2.1 Background

Government policy across the four nations of the UK emphasises the importance of developing capacity in the public health workforce to meet the public health challenges of the 21st century – non-communicable diseases such as cancer, diabetes and heart disease, and continuing health inequalities (Public Health England (PHE) 2016; Department of Health NI 2016; Health Education and Improvement Wales 2020; NHS Health Scotland 2016). The recent COVID-19 pandemic has re-emphasised the need for and value of the public health workforce. It is conventionally categorised in three categories: two core categories of public health specialists and public health practitioners, and a third category of the wider potential public health workforce of up to 15 or 20 million in the UK including teachers, police, town planners, housing officers, prison and probation officers, postal workers and engineers (Centre for Workforce Intelligence (CfWI) 2014). Public health specialists are the most easily defined of the three categories, as these are senior professionals who will be registered as specialists with either the General Medical Council (GMC), the General Dental Council (GDC) or the UK Public Health Register (UKPHR) (CfWI 2014).

Public health practitioners are more difficult to define and most official documents provide illustrative lists of potential roles and/or attributes rather than an exact definition. Job titles include public health officers, health improvement practitioners, public health strategists, inequalities officers and health promotion specialist amongst others. It is also notable that different official and professional body workforce documents provide slightly varying lists, so for example school nurses and health visitors are sometimes included in lists of public health practitioners and sometimes given their own separate category in such lists (Faculty of Public Health (FPH), 2016; Public Health England (PHE), 2016; Health Education England (HEE), 2018; UKPHR, 2018a). For this project, an inclusive definition of practitioners has been applied, e.g. including health protection, knowledge and data intelligence practitioners, but excluding public health nursing and health visitors as they have their own registration with the Nursing and Midwifery Council (NMC). It is generally agreed that practitioners usually work at levels 5 to 7 of the Skills for Health Career Framework but may also work in advanced roles above level 7 (FPH 2016).

There is widespread agreement on the need for regulation and registration of at least some health and care professionals, in order to achieve three broad goals:

- Protecting the public
- Maintaining public confidence in the profession, and/or
- Declaring and upholding professional standards (Professional Standards Authority (PSA) 2021).

The regulation of health and care professionals has developed over many decades, for example doctors have been regulated by the GMC since 1858 and nurses by the NMC or its predecessor nursing regulators since 1919. Other health and care professionals are regulated by a range of other bodies, some statutory like the General Optical Council and many voluntary regulators like UKPHR overseen by the PSA. Such regulation has grown up in a piecemeal fashion over time, and there remain a number of inconsistencies and omissions to the regulation of health and care professionals which the government is currently consulting on reforming (Department of Health and Social Care, 2021).

Until 2001 all public health specialists were doctors and so regulated by the GMC; when non-medical public health specialists were recognised from 2001 the need was identified for a new regulator and the UKPHR was established in 2003 (Gray & Evans, 2018). There was no specific regulation of public health practitioners until the UKPHR introduced a voluntary registration system in 2011 (Solutions for Public Health, 2012). Registration involves demonstrating that the practitioner meets the *UKPHR Practitioner Standards* (UKPHR, 2018b) through the submission of a portfolio which is assessed through a local assessment scheme. A range of types of support is offered through the different schemes including mentoring, online materials, regional networks and masterclasses. Initially support schemes were only available in seven English regions/devolved nations of the UK but by 2020 schemes were operating in all English regions and the three devolved nations (UKPHR, 2021).

Despite the support of the regional schemes, numbers remain relatively low compared to the estimated size of the practitioner workforce, 526 (UKPHR, 2020) out of an estimated 10,000+ in 2020 (CfWI, 2014). For some practitioners this is because they have alternative registration, e.g. for public health nurses with the NMC. Although various government agencies and professional bodies support practitioner registration, there are questions about whether employers and practitioners themselves see the benefits of registration outweighing the costs. A recent study (Evans & Gray 2019) explored the extent to which employers encourage practitioner registration by including it as an essential or desirable criterion in recruitment. This study found that only a minority (23%) of public health practitioner posts required registration with any regulator and only one with the UKPHR specifically. Most employers demonstrated a desire for flexibility with none requiring an MSc Public Health and a majority requiring any relevant degree or equivalent experience (82%) and continuing professional development (CPD) (61%). However, subsequent informal discussions with a small group of employing managers in the South West of England suggested that employers may value registration even when it is not formally included in job descriptions/person specifications, in particular as evidence of CPD (Evans, 2019).

The value of registration for public health professionals has been recognised by the Local Government Association (LGA) in their *Standards for employers of public health teams in England* (LGA, 2018). In recognition of the need to encourage employers to support public health practitioner registration, UKPHR launched its 'Public Health Heroes' campaign and produced an *Employer's Toolkit'* with step-by-step guidance across six key areas where employers can have the most significant influence with their practitioners to promote registration (UKPHR, 2021).

Given the expansion of the public health practitioner workforce due to the COVID-19 pandemic and the recent extension of public health practitioner registration support schemes to all regions of the UK, but the relatively low levels of practitioner registration, it is valuable to explore in more depth employer attitudes, policy and practice towards practitioner registration. There has been little previous research on public health practitioner registration in the UK and none on employer attitudes except for the article by Evans & Gray (2019) that this study built upon but which was limited to a documentary analysis of job descriptions. This research seeks to address that gap in our knowledge by exploring employer attitudes in more qualitative depth.

2.2 Aim and research questions

The aim of the study was identified as follows:

Aim To understand the attitudes, policy and practice of employers of public health practitioners towards UKPHR practitioner registration across London and South East England.

The study focused on the employers of public health practitioners in London and the South East of England as it was funded by HEE in these regions, but there is no reason to believe the findings are not relevant to the rest of England, and possibly to the rest of the UK, though this is less certain due to the differing structure of employing authorities in the devolved administrations.

Four research questions followed from the aim:

Research questions

1. What are the range of attitudes, policies and practices towards UKPHR public health practitioner registration by a diverse spectrum of employers?
2. To what extent may employers be using practitioners' registration status in assessing candidates' competency more widely, where registration is not a stated criterion?
3. What is the relative importance placed on practitioner registration compared to other educational or professional qualifications (e.g. MSc Public Health) and/or continuing professional development in job descriptions and person specifications?
4. How do employers regard registration in comparison to other potential pathways to professional development?

3 Methods

3.1 Research design

In order to explore employer attitudes, a qualitative study utilising semi-structured interviews was the most appropriate research design following a broadly realist methodology (Pawson, 2013). A maximum diversity sample of employers was sought, seeking diversity on three criteria:

- geography across London and the South East
- from the range of sectors employing public health practitioners (e.g. local authorities, PHE, NHS, social enterprises/community interest companies, private providers, third sector)
- different levels within employers (e.g. line managers, workforce leads, directors of public health (DsPH) or other senior managers) in London and the South East of England.

An indicative target of 48 interviews was sought to reflect the diversity of participants against the three criteria above.

As the research was not addressing a sensitive topic nor seeking data from vulnerable individuals no specific ethical issues were anticipated beyond the general need to protect participant confidentiality and anonymity. The research was reviewed by the Faculty of Health and Applied Sciences Research Ethics Committee and a favourable opinion to proceed given (UWE REC REF No: HAS.20.06.185).

3.2 Data collection

Recruitment for the interviews was promoted through three complementary processes:

1. communications in the e-bulletins of the Association of Directors of Public Health (ADPH), FPH, HEE, PHE, UKPHR and other public health related organisations
2. steering group networks, e.g. with local DsPH, workforce leads and practitioner groups.
3. individual invitations to line managers of public health practitioner posts advertised in London and the South East of England.

Potential participants were sent a participant information sheet, consent form and privacy notice by email in line with the ethics approval and an online interview conducted via Microsoft Teams requested. Consent was confirmed either by returning the signed consent form by email or by recording oral consent on the day of the interview. Participants were initially asked for a 45 minute interview but due to difficulties in obtaining sufficient positive responses, the request was later reduced to 30 minutes. Interviews took place between September 2020 and April 2021, were recorded with permission and the recordings immediately uploaded to the university's secure OneDrive storage system and the original recordings deleted. Transcription was done in Word software and corrected by re-listening to the audio files.

3.3 Data analysis

Data were analysed through thematic analysis (Braun & Clarke, 2006), with both deductive (themes derived from the research questions) and inductive (themes emerging from the data) dimensions. Transcripts were re-read and recordings listened to again to aid immersion in the data. Codes were applied to data which were then revised and combined where appropriate into themes. Notes were made where consistent areas of consensus appeared and where there were contrasting accounts by participants. Writing involved choosing examples from the data that best illustrated the identified themes.

4 Results

4.1 Participants

Recruitment of participants was challenging, particularly due to the ongoing COVID-19 pandemic which continued to place huge workloads on key targets for recruitment including directors of public health, consultants in public health and other managers of public health practitioners. Unfortunately there was less success in recruiting participants from the third sector, NHS or private sector. This is partly due to the largest number of participants (15/31; 48%) coming from following up employers of advertised public health practitioner posts, and none of these came from advertisements from the third sector, NHS or private sector.

A summary of the profile of participants in given in Table 1.

Table 1: Profile of participants	
Registration status	
Specialists (GMC/UKPHR)	10
Practitioners (UKPHR)	8
Other registers	2
Non-registered (Includes one working towards UKPHR specialist registration by portfolio)	11
Total	31
Type of employer	
Local authority	24
Public Health England	6
Third sector	1
NHS	0
Private sector	0
Total	31
Geographical area	
London	8
South East	23
Total	31

4.2 Themes

Eight key themes and ten sub-themes were identified from the data, largely shaped by the research questions with some new areas of interest emerging from the data. Themes and sub-themes are set out in Table 2 below.

Table 2: Themes and sub-themes emerging from the data	
Theme	**Sub-themes**
The importance of practitioner professional development	
Individual pathways to development	
The value of registration	Essential
	Desirable
	Optional
	Not valued
	Difficult to assess value
	Hidden value
	Need to promote
Registration versus the MSc	MSc more valuable
	Registration more valuable
	Judge candidates in the round
Gap in registration for senior practitioners	
Need for stepped career pathways	
Welcome for apprenticeships	
Impact of COVID	

The importance of practitioner professional development

Unsurprisingly in the public health field, there was unanimity amongst participants on the importance of practitioner professional development and all line managers employed by either local authorities or PHE described both their organisational and individual commitment to staff development, and the range of development opportunities on offer. A typical comment was:

> We're very, very strong on professional development within our particular public health team, and we supported a number of people to go down different routes. So one of the things that we've done is not offer a single route, so we've had internal people that have been supported to go through the portfolio route and are now public health consultants. We've had people that have gone through the [practitioner] registration route and have successfully done that. We've had people that have gone on to do undergrad and postgrad public health qualifications as well. (Senior Public Health Manager, P26)

A range of development opportunities were discussed, and in local authorities mention was often made of generic council training available in such areas as leadership, commissioning and contracts, but the most common opportunities identified were the regional UKPHR practitioner registration support schemes or the MSc Public Health:

> It was that team manager who set the job descriptions with UKPHR registration or the Masters as essential within the senior posts and very much a desirable and wanting the project officers to work towards it in those project officer posts. So yeah, she definitely valued it and could see the benefits of that. She had a Masters in public health. She'd previously been doing that as part of her CPD prior to, I think, registration really becoming open to us in our region. (Senior Public Health Programme Officer, P30)

Individual pathways to development

Participants emphasised that a number of different factors influenced what pathways to development different staff members took including the availability of training opportunities and funding, but a key factor was identifying the right opportunities for the individual, usually in their annual professional development review.

> Both [the registration scheme and the MSc] are OK ways of developing. It depends which side of the patch they're in, because if they're in [area], it's easier for them to do the practitioner scheme because it's more established than it is in [second area] and it also depends on their home demands. Because doing a masters can be, it's a three year commitment and it takes its toll, so not everybody is able to do that, whereas the practitioner scheme, we can get the projects that people need in doing their day jobs so people that do masters usually are making quite a big personal commitment. We allow them the time to do the lectures, but all the essays and the assignments and the dissertation have to be done in their time. So it kind of depends on who they are, where they are and what's available. But I look at both equally, so I would never say to someone you will go and do your practitioner, because it's better, or go and do your masters because it's better. We'd sit down and think well, what can you do, what's best for you? (Consultant in Public Health, P11)

The value of registration

Whereas there was broad consensus on the first two themes when it came to discussing the value of consensus, some divergent attitudes and practices emerged, so these have been categorised into seven sub-themes, some of which may overlap but some are contrasting. A key contrast is between those who saw practitioner registration on a spectrum from essential, through desirable, optional, to not valued. In addition, three other sub-themes emerged: the hidden value of registration, the difficulty of assessing value and the need to promote.

Registration as essential

In a few local authorities practitioner registration, or willingness to work towards it, was an essential criterion in job descriptions:

> We have made it essential to either already have practitioner status or to be actively working towards it, a commitment to work towards it.
>
> *Question: And is that the same at practitioner as at principal level?*
>
> Yes, because those job descriptions, although the titles have changed, those job descriptions were put in place while we still had a flat structure in public health. (Consultant in Public Health, P10)
>
> All our strategist job descriptions, however, do have it as a requirement, so you have to be registered or willing to work towards it. (Senior Public Health Strategist, P14)

The rationale for making it essential was expressed by more participants, including those in whose authorities it was not yet required.

> You could see them [practitioners on the scheme] working through the competencies and feel more confident and actually understand a little bit about why we as a profession are like that too. So I have [seen the benefits of registration] in three different examples, seen how it benefits the person in terms of validation, in terms of competency improvement, in terms of what I've observed in terms of written work and in terms of what I've observed in my own work environment through actual practice.
>
> To me particularly, our unique selling point as a profession is the fact that we're a competency based profession and actually, up until the practitioner registration, it was only the Director of Public Health and the Consultant in Public Health who were able to have that. I think that there is real value in actually having a professional framework that recognizes the skill set of public health practitioners, as we move forward to this new world that we're in. (Director of Public Health, P1)

Registration as desirable

For a number of participants, although they valued practitioner registration, either they or their authority had chosen to make it a desirable rather than an essential criterion in job descriptions. In several cases this was for either or both equity reasons, not wanting to disadvantage those who had not yet had the opportunity to register, or that there were unlikely to be sufficient suitable registered candidates available to shortlist.

> And they were not entry level roles, so these were roles that require a Masters degree but also all of our JD's I think since practitioner [registration] has been introduced, have put in desirable, that we require people to either have or be working towards, committed to working towards that practitioner award. Because obviously when you first introduced it, it was quite new and you couldn't expect that everyone would have it. But clearly, then, you're sending out a signal that you want people to be committed to doing it, and then when people come on board they're supported to do it. (Health Improvement Principal, P28)

> [Registration] appears as desirable. But we'd be shooting ourselves in the foot if it was essential, because there aren't enough [registered] practitioners out there. (Consultant in Public Health, P11)

In some cases the employing line managers were registered public health practitioners and weighed up including it in the job description before deciding to address it more informally during the interview process itself, as the authority only includes essential not desirable criteria in job descriptions.

> So it did cross my mind because for context I'm a registered practitioner, so it definitely crossed my mind at the time, but what I thought was, well, I'm going to mention it in interview that as part of development there is an expectation to eventually do the scheme, and are they aware of the scheme in the first place, because people always ask about development during the interview. So I thought I'd bring it up then and say that usually you know, we would encourage you to do it, but I didn't want to make it an essential criteria for that level of job. (Senior Public Health Strategist, P14)

Registration as optional

Some participants did not express strong feelings for or against the value of practitioner registration or views on including it in job descriptions, and were content to wait to see what general trend in the field emerged:

> So I think probably the Council would follow what kind of direction of travel that other councils were taking and, my feeling as someone working in public health is that we haven't yet got to the place where we feel represented by any one organization or any one type of registration. So I don't see that becoming an essential requirement soon, although I can see that if that all gets sorted out nationally, that may become more the picture. (Consultant in Public Health, P3)

Registration not valued

There were only two participants who expressed doubt about the value of UKPHR practitioner registration. In one case the concern was more generally about registration of both specialists and practitioners as UKPHR is not a statutory regulator:

> If I'm working with an NMC register or GMC register that's quite clear to me in terms of governance and revalidation. And if there's a fitness to practice concern it's quite clear how that's managed. In other registers it's not, and that governance is absolutely sadly lacking in there, so there isn't parity across the systems and that's what I would be looking for with UKPHR and FPH, if I'm looking at those compared to NMC or GMC. (PHE senior manager, P21)

The other participant doubted the need for practitioner registration as they would usually be working to a registered consultant:

> But I wonder whether the reason that you register consultants is because they, ultimately the buck stops with them, and if you're a strategist or anything below a consultant, you can always ask someone above you, and then they make a decision and so no one is ever going to strike you off. (Consultant in Public Health, P3)

Several other participants reported their observations that other colleagues, in particular some senior colleagues such as DsPH, questioned the value of practitioner registration:

> So, oh yes they [other DsPH] are [at the other end of the spectrum in terms of enthusiasm for practitioner registration], and that's unfortunate. And I'll say this. This is a legacy of the prejudice that we have had within our profession. It's a medical related specialty and for those of us who come from different roots, there are similar kinds of bias and prejudice that many of us experienced early on in our career and I don't want that; it should be about health for all, including access to all as well. And I do call it out when I see this discrimination about people being less because they're not something or another. (Director of Public Health, P1)

> I would say that some of my colleagues, some of my directors of public health colleagues and peers don't value it as much as I. I kind of see it as a way of bringing in people and keeping people. Others don't value it in the same way, and therefore, we haven't done a very good job of selling it. We need to sell it. (Consultant in Public Health, P11)

Value of registration difficult to assess

Several participants reflected on the difficulty of assessing how much practitioners who had gone through the registration scheme had benefitted, as those pursing registration tended to be those who were more dynamic in any case, and probably would have developed in other ways had they not been on the registration support scheme:

> I mean, I would imagine that it tends, it's a little bit chicken and egg. I imagine that people who are showing promise and dedication tend to have it suggested to them as something that's worth doing, and obviously it will help develop them in the process, but it's often people who are developing a lot anyway. (Consultant in Public Health, P3)

Hidden value of registration

A number of participants made comments on how they valued practitioner registration as evidence of competence in job appointment processes even when this was not a formal criterion in the job description:

> I think I can safely reflect that when I was going through the applications for this particular role, the fact if people had that practitioner registration it did sort of provide me with some reassurance of the levels that they had reached and what they've been able to demonstrate. So it was a positive for me to see a registration. (PHE Programme Lead, P5)

> Yes, so someone who is a [registered] practitioner, I would automatically score them as being at the full marks for the CPD because they have to do CPD as part of that registration process. So yeah they would get a big tick. (Consultant in Public Health, P11)

> So the answer to that is yes, definitely, that would be an extra brownie point if they're already on the register. (Senior Public Health Strategist, P14)

In addition, several of the participants who were themselves registered public health practitioners reflected that being on the register had informally helped them to in their applications for their current posts even though it had not been on the job description:

> For me, the value of doing [practitioner registration] was about demonstrating my competence and being able to stand and say I am a competent public health practitioner; in terms of value I

> find it's a slightly difficult question because it probably hasn't impacted me in my career or anything like that, but I well, I guess I could say I could say it has in terms of helping me to get the workforce development role, being seen as a an eligible applicant for that. But I very much feel if I was to move within the public health sphere, I could say I am a public health practitioner and that would be seen positively. (Workforce Development Lead, P8)

> You know, so you've got to sort of weigh it up really, and it's extremely competitive, so I do think that the registration gives you that extra edge and I believe for myself personally that that has bumped me up that little bit more when it's been a very competitive market. So I think it's massively a value in this game. (Senior Public Health Strategist, P14)

> So, I think for me when I was recruited, so I did it, I did the registration slightly differently. Me and my colleague, we worked with [agency name] and we did it as part of our role there and I honestly think that without it I wouldn't have got my practitioner job because I think the experience that it gave me, and to be able to demonstrate those competencies. Then, so it really helped for the interviewing, the application process... (Advanced Public Health Practitioner, P31)

Need to promote registration

For some participants, particularly enthusiasts for registration, they argued strongly for the need to promote practitioner registration more widely. One participant commented:

> I don't think enough people know about it, and when I was speaking to some of the people that had applied for this role, they don't know about the public health register, but some of them had done Masters in public health. They have no idea about registration and I find that quite shocking, but it's still not promoted enough and that might be part of the problem where some employees might not really appreciate it because it's not being sold to them as employees either. And then it's not being sold to the registrant. So that would be my only feedback on it. (Senior Public Health Strategist, P14)

A few participants, for example P2, were employing line managers in a local authority public health team, but without a strong background in public health, having been appointed for their topic expertise. They were generally unaware of practitioner registration although in charge of the recruitment process for a more junior post in the public health team where registration could have been considered. To their knowledge the authority had also not engaged with practitioner registration and there were no registered practitioners in the team.

By contrast, in another local authority the public health team had successfully worked with HEE to promote registration across the council, so that a number of officers in other departments had completed their practitioner registration. In answer to a question about the number of registered practitioners outside the Council's public health team one participant reported:

> It's probably about 10, I think. Roughly, that's a very rough estimate because people are gaining their practitioner status all the time. I think we've had a few champions in different departments and those people, one in particular, has been in the transport team in a senior role [as] assistant director, and she's encouraged her team to also undertake public health practitioner registration. (Consultant in Public Health, P10)

Registration versus the MSc

Participants were asked a hypothetical question of how they would rate two candidates, one a registered practitioner and one with an MSc Public Health who were otherwise very similar for a post where neither qualification was essential. Participants' answers fell broadly into three categories: those valuing the MSc more, those valuing registration more, those who resisted the dichotomous choice and felt they could only judge candidates in the round.

MSc more valuable

> OK, so theoretically they're the same in every other way. I would probably put the masters slightly higher because in terms of the principle, in terms of legacy planning, that person has already got the next step for the next qualification and therefore that that would save me money and time and energy. (Consultant in Public Health, P11)

> I mean I think a Masters of public health. What it shows me is that someone has covered, if it's a masters in public health, I know what will be in it, so I know that they will have covered some core academic ideas that include basic stats, basic epidemiology, basic health economics, some kind of core basics. (Consultant in Public Health, P3)

For some participants they viewed the practitioner scheme as simply retrospectively recognising what practitioners had done rather than being a proactive development process:

> It feels to me that the practitioner scheme formalizes the fact you've got that experience, you've got that breadth of work, but it doesn't then give you additional keys, additional skills, addition whatever. So as long as that MSc person had that relevant experience but they just hadn't gone through formalizing it into a portfolio with the commentaries etc. I think the MSc broadens your horizons more about what public health is, about what the determinants of health might be … And I would therefore see them as someone who could be used in a whole different range of ways, maybe more so than someone who has simply done that more retrospective collation of work. (Consultant in Public Health, P23)

Even some registered practitioners who were enthusiastic about the scheme, still valued the MSc more highly:

> I see the MSc as more, I feel the MSc developed me more as a professional and the practitioner enabled me to demonstrate my competency, but I feel I got my skills from the masters. I see it in that way. (Workforce Development Lead, P8)

And some participants who prioritised the Masters, still had some hesitation in making the choice:

> I think at the moment, possibly, the Masters would sing more than being registered, because of COVID times. And needing people to be able to just jump in straight away and get on with it. Although having said that, having done the Masters as well, I'm not sure I would have known quite what to have done. (Public Health Principal, P4)

> That said, I've interviewed people that are highly qualified with Masters after Masters and they can't demonstrate it. So I think the two together go well. They cannot demonstrate what they've done, transferable skills. All the different things because you could be very good at theory and academia. And fine, that's your skill set, but I think I would also like to see how people have demonstrated that and actually delivered outcomes that are in line with public health principles

and practice. So if I was interviewing somebody I would look at both. I'd also look at what they've done, what they've demonstrated, what they've achieved. Their skills, their interpersonal skills. They're influencing skills, their leadership skills, as well as their training I think. (Assistant Director of Public Health, P7)

Registration more valuable

Others were very clear that registration demonstrated competency in practice in a way that the Masters did not:

> I think for me personally speaking, having somebody being able to illustrate that they've been through the registration process, that really shows their commitment to CPD, but also their ability to prove that they have been working at the level we need them to work at, that level 5 and above, and can illustrate their competence across a whole range of indicators. So actually, the value of UKPHR registration, if I'm assessing it, I'd be much more excited to see that than a Masters degree. (Public Health Principal, P25)

> The practitioner [registration], because the practitioner says someone can apply something and does apply their knowledge and do things. And unfortunately the Masters just says the person has very good research and academic knowledge around public health. Not that they know how to apply it in practice, so practitioner, but the practitioner isn't as high. They're not kind of equal, are they? Yeah, in terms of level, but yes, I think it's more important to say someone knows how to apply knowledge and do the work. (Health Improvement Principal, P28)

Judge candidates in the round

Several participants felt that our hypothetical question about the relative value of the MSc and practitioner registration was not really meaningful for the sorts of decisions that they as employing managers make in the real world, and that candidates would be looked at in the round.

> Interestingly enough, I don't think I would base it on the either/or of the masters or the public health registration. I think I would actually be weighing it down on their experience and what they presented in interview in terms of their practical experience and how transferable that was to the vacancy I had. So I certainly don't look at, and having just gone through a round of interviews literally last week, there were candidates who had masters and there were candidates who'd completed registration, and actually the candidates who completed registration performed a lot better in terms of being able to articulate and present themselves across a spectrum of how we interviewed and what examples they gave in comparison to those that had actually just done and or were in the process of completing their masters. (Senior Public Health Programme Officer, P30)

> It [registration] would be taken in the round and I know from experience there are people who are registered up to their eyeballs who aren't necessarily that great. And there are people who aren't registered who are fantastic. When you're scanning applications you think, oh yeah, that looks good. And then in the interview and through their examples you want the evidence of that actual experience. (Consultant in Public Health, P3)

Several participants indicated that both those with an MSc and those on the UKPHR register were likely to be short listed for practitioner posts:

> What I'm going to say is short and sweet - they [candidates with either MSc or registration] both would be shortlisted and then whoever who is best on the day will get the job. I mean the thing is that we all come through different routes. Masters by itself doesn't quite do anything. Just like five years specialist registrar training doesn't mean that you're going to do this well. It's equivalence, isn't it? To me, particularly in terms of inequalities and reflecting the lack of diversity in our workforce, is that we need to recognize not everybody's had the opportunity to do a Masters. (Director of Public Health, P1)

Gap in registration for senior practitioners

Although it was not formally part of our interview agenda, the issue of a perceived gap in appropriate registration for senior public health practitioners (also called public health principals, senior strategists or similar) emerged strongly during the course of the interviews, particularly as a number of our participants fell into this category. Whenever this was raised, it was identified as an issue in terms of a gap in appropriate registration between practitioner and consultant levels.

> And I feel quite strongly about that [the need for another level of registration] because then when I moved up into this post, which is only two years ago, I could have done the senior scheme, the defined specialist scheme, because I'm working at this level, but I'm not going to now. It took me too long and it's a shame. And then I asked if I did decide to do it, could I use what I've done as practitioner [practitioner registration portfolio] as a basis and they said no. (Public Health Principal, P4)

> For a lot of us in the absence of there being any other accreditation between what was the new practitioner and of course the specialist registration for consultants. Quite a lot of senior people have done practitioner. I would say they're at a higher level than the entry level for a practitioner award, but there isn't anything in between and so everybody just wants to have something that suggests they meet a certain standard. (Health Improvement Principal, P28)

This was recognised by consultants on the specialist register as well as by the senior practitioners/principals themselves:

> [Public health principals] are reluctant to do what they see as a retrograde step [practitioner registration], because they can already do it, and it seems a rubber stamp, and I think that's partly a function of the fact that the practitioner scheme has come in over the time when they were already at a point where they had already developed those skills. (Consultant in Public Health, P10)

Several of the senior practitioners/principals had considered, were considering or were pursuing specialist registration by portfolio, although some had given up because the process was considered too laborious or some of their relevant experience was too old to meet the currency requirements. Others were still pursuing it but with great difficulty:

> I'm in a situation where I'm trying to register as a specialist, and I think the practitioner programme has been great, I really do, and I do think there's a lot of support for people in that. But I do think there's a gaping hole for people like me. I haven't had any support. Not that I haven't had any support from my line manager, but as a for-instance, there's not even a, for the generalist specialist new route, there's not even an online portfolio yet. So I'm still potentially going to be

> lugging four copies of my portfolio up London or wherever I need to get it to. And there's no support. So I think the practitioner scheme has been a good model in terms of how you can support the workforce to develop, and I would like to see it reflected along the pathway as there's a big gaping gap for people who have been in public health a long time. I wouldn't see the practitioner scheme would be of any use to me now, because I'm working at a much higher level. So my only route is the other [specialist] route and it's very difficult… Because the training scheme isn't for everyone, and there are a lot of people who have been hanging around for a while now. (PHE Programme Lead, P5)

Need for stepped career pathways

A linked issue to the gap in registration for senior practitioners was a need for more stepped career pathways in public health stretching from entry level posts through to the director of public health level.

> I think [practitioner registration] is hugely important, actually. It gives structure and it gives focus and also it gives us an opportunity for people to progress through public health because without it, the first kind of opportunity for formal acknowledgement of their skills would be specialist status which you already have to have quite a lot of experience to get to. So one thing our new DPH is really keen on and I think this is absolutely right, is to create that pathway, career pathway development right through from the apprentice. Or we have a new role that's a post graduate starting post, that would be a one year post and with the idea that that would be a rolling programme and recruiting new graduates or people who have an undergraduate degree, and moving right through them to developing their practitioners status. And then if they wanted to, moving on to specialist status, either through portfolio or through the training route and then ultimately DPH if they wanted that. (Consultant in Public Health, P10)

This was seen as particularly important for diversifying the workforce and particularly giving opportunities for those from non-academic backgrounds.

> And you think if I have a career in public health and I start off as an active for life person or and come into it being one of our health walk leaders, which is a voluntary post, but they get a lot of training and a lot of support. And they're doing really important health improvement work. If I was interested in public health and I couldn't really afford to go back to University and do the degree, is there a pathway for me? There isn't at the moment, so I would like to see there being a dovetail pathway of all these qualifications, you know all of all this route, so that you could come in as a volunteer health walk leader, you could apply for a health trainer post. You get your health trainer post, you get some training, you get a certificate, a recognition that you practice as a public health worker, and then you can then work towards your public health practitioner level and then the one that's missing in the middle and then you know if you wanted to go on to do your defined specialist portfolio and become a public health consultant. You could. You could make that work for people. (Public Health Principal, P4)

Welcome for public health practitioner apprenticeships

Participants were generally very positive about the advent of public health practitioner apprenticeships, particularly those with more knowledge and involvement in workforce development. Several local authorities had already had experience of other types of apprenticeships within their public health teams, and were enthusiastic about a public health specific one. For many the only reason they had not pursued

the practitioner apprenticeships more actively to date was due to the intense workload from COVID-19 swamping time for giving attention to such new developments. But a typical comment was:

> Really, really excited about having this opportunity for people to get into public health from a different route. (Workforce Development Lead, P8)

The impact of COVID on attitudes towards practitioner registration

We asked participants if the COVID-19 pandemic had had any impact on attitudes towards practitioner registration, either within the employing authority or more widely. The answer was universally no, that it had not changed attitudes towards practitioner registration as no one outside of the public health team was aware of practitioner registration before the pandemic and that had not changed with the pandemic. What had changed was the much higher profile and appreciation of the work of the public health team, but this had not followed through into awareness of registration. The most direct impact of the pandemic on registration was that the workload implications had meant that some of those intending to pursue registration had not done so due to workload pressures.

> And then we have on the other half of our team which are the delivery side, we have the whole Healthy Lifestyles team headed up by one of the consultants. There are a number of staff who are directly interested [in registration] in that team, but again, COVID has rather got on in the way. (Public Health Principal, P4)

5 Discussion

This chapter will discuss what answers the data provide for the four research questions before going on to discuss some unanticipated emergent findings and their implications for HEE, UKPHR, the employers of public health practitioners and other stakeholders.

5.1 Answering the research questions

Research question 1 - What are the range of attitudes, policies and practices towards UKPHR public health practitioner registration by a diverse spectrum of employers?

The data from this study suggest that employer attitudes, policy and practice towards UKPHR practitioner registration broadly fall into five categories. First there are those who are enthusiasts for practitioner registration and where appropriate have made registration, or a willingness to work towards it, either an essential or at least a desirable criteria in their job descriptions. Second are those who are also committed to practitioner professional development, but see that this can be pursued by a number of different pathways, including both Masters degrees and practitioner registration, but without prioritising one over another. This group may or may not have included registration as a desirable criterion in their job descriptions. Third are those who value the Masters more highly than registration, often considering registration to reflect the documentation of existing competency rather than being a prospective development process. This group are less likely to have included registration in job descriptions but may have included it as a desirable. Fourth, there are those who have not (yet) really engaged with registration, often because they are themselves not registered, because they are relatively new to their managerial role and/or are not very familiar or knowledgeable about practitioner registration. This group are unlikely to include registration in job descriptions. Finally, there are those who actively question the value of UKPHR practitioner registration, represented by only two of our 31 participants, but several of our participants reported their experience of scepticism by others in the field; it is not after all surprising that those who question the value of practitioner registration did not choose to volunteer their time for this research at a time when many of them would be particularly busy with COVID-related work. Again, this group are unlikely to include registration in job descriptions. From this small scale qualitative study we are not of course able to quantify what proportion of employers fall into the five categories.

Research question 2 - To what extent may employers be using practitioners' registration status in assessing candidates' competency more widely, where registration is not a stated criterion?

Again it is impossible to quantify how frequently this occurs, but our findings confirm that employers do consider practitioners' registration as a positive in appointment processes even when it is not a formal criterion in job descriptions. We found examples of this both by employers who reported this when recruiting staff members, and by participants who reported experiencing it in their own successful appointments to their current posts. Participants saw registration as evidence of applicants' general competence and of their continuing professional development, which was itself often an essential criterion in job descriptions.

Research question 3 - What is the relative importance placed on practitioner registration compared to other educational or professional qualifications (e.g. MSc Public Health) and/or continuing professional development in job descriptions and person specifications?

Research question 4 - How do employers regard registration in comparison to other potential pathways to professional development?

In practice, research questions 3 and 4 tended to focus on the same comparison, which was that between focusing practitioner professional development on practitioner registration versus the MSc Public Health. These findings demonstrate that there are two distinct narratives within the public health field, with some employers favouring the MSc on the basis that it provides a higher level of development of core public health knowledge and skills and other employers favouring practitioner registration as it provides reassurance that practitioners are able to apply their knowledge and skills competently in practice.

An overarching message, however, was that all employers were committed to practitioner professional development and that the decision of what pathway for development was agreed in discussion with the individual, and taking a range of factors into account including their life situation, career aspirations, available funding and training opportunities. For many employers, in an ideal world practitioners would have both UKPHR registration and an MSc Public Health but it was recognised that opportunities to achieve both qualifications were not practical for everyone. It was also notable that although the MSc was seen as a higher level qualification by many, some participants in this study or the staff they were employing undertook an MSc first and later went on to achieve practitioner registration. There was also at least one report of a staff member pursuing both at the same time although this will not be practical for most busy practitioners.

5.2 Reflections on emergent findings

Reasons why employers don't include registration in job descriptions

The question of why more employers do not include UKPHR registration in practitioner job descriptions was a spur for this research, although not included as a formal research question. But enough data were generated on this issue to suggest four factors, all of which may be over-lapping:

- *Inertia* Employing managers were very busy and it was often easier just to use existing job descriptions, some of which were quite dated. Rewriting job descriptions could involve a lengthy and time consuming human resources (HR) process. In at least one case a participant reported that their job descriptions included registration as a criterion, when observation of the document confirmed that it did not.

- *Inclusivity* A number of employing managers and/or their organisations were concerned to make posts as open as possible to applicants from disadvantaged communities/non-traditional backgrounds and were concerned that registration would be a significant barrier to this.

- *Equity* Employing managers recognised that not all potential applicants would have had access to the regional registration support schemes, and felt it would be inequitable to include registration as an essential criterion because of this. This was particularly acute in a number of local authorities which only used essential criteria and not desirable criteria in their recruitment.

- *Expertise* For some posts employing managers needed applicants with specific expert knowledge and skills, for example in sexual health or drugs and alcohol. They were concerned not to restrict the number of applications when they anticipated that the number of applicants with such expert knowledge and skills was likely to be very low.

Gap in registration for senior practitioners/need for stepped career pathways

These two issues are partly inter-connected as one of the key steps in the potential for a stepped career pathway identified by some participants was from senior practitioner/principal to consultant/specialist. The other key area of concern was for entry into public health, particularly for those from disadvantaged/non-traditional backgrounds, but it is to be hoped that this part of the career pathway will be addressed by the advent of the public health practitioner apprenticeship; this was certainly the hope of a number of participants.

The lack of appropriate registration for those experienced senior practitioners/principals is less easy to address within current professional structures. They are of course at liberty to pursue specialist registration either by applying to the public health training programme or by submitting a retrospective portfolio. Neither option is unproblematic, especially for experienced senior practitioners/principals who may have worked in public health for 15 or more years. They are less likely to be a life position where they could undertake a five year training programme that will include regular changes of training location, for example they may have childcare or other caring responsibilities. Submitting a portfolio for assessment as a specialist may be challenging as they may work in too narrow an area to demonstrate the range of competencies required and they may also struggle with the currency requirements. In any case they may not wish to advance to a specialist role and wish instead for registration commensurate with their current responsibilities, knowledge and skills. UKPHR could introduce a new registration level to address this gap, but this might be a challenge for a relatively small regulator which is still managing the closure of its defined specialist scheme and the introduction of the new specialist registration by portfolio assessment route in 2018. It would also require wider consultation with the public health field and some engagement with employers which given their uneven engagement with practitioner registration might also be challenging. Finally, it would almost certainly need some evidence that there were enough senior practitioners wishing to engage with such a registration level to justify the effort involved.

Need to promote registration

HEE and UKPHR have done much to promote practitioner registration including the funding and coordination of the regional support schemes by HEE and the Public Health Heroes campaign by UKPHR. But the evidence of this study indicates that there is still more that could be done to engage the public health field, not least middle managers among public health employers who are often responsible for putting together practitioner recruitment including drafting the criteria in job descriptions. Although this was a small-scale qualitative study, the evidence analysed here is consistent with previous research demonstrating that registration is often absent from the criteria in advertised job descriptions. Examples of innovation might be more widely disseminated, for example the local authority which has managed to recruit more than ten registrants from departments other than public health. It was also notable that one participant observed how few of their applicants were aware of registration, despite many of them having recently completed MSc's in Public Health. This suggests further engagement with the providers of university public health programmes might also be beneficial. Practitioners themselves might be encouraged to constructively challenge their senior management teams where registration is not even appearing as a desirable in job descriptions.

5.3 Strengths of the study

This was the first in-depth qualitative study of employer attitudes, policies and practices towards public health practitioner registration in the UK, only the second study specifically on practitioner registration and one of only a few on practitioner professional development more generally. It provides original insights into why relatively few practitioner job descriptions include mention of UKPHR registration as an essential or desirable criterion. It highlights previously underexplored issues about the lack of appropriate registration for those senior practitioners/principals between the levels of specialists and practitioners. It provides a link to make clear the thinking of employing managers behind the appearance (or not) of registration in practitioner job descriptions. The study clarifies the value placed on registration by some employers when it is not explicit in their recruitment processes and documents. And it explains the range of factors behind why many employers do not include registration in practitioner job descriptions.

5.4 Limitations of the study

This was a small scale qualitative study carried out in London and the South East of England only, so the finding are not necessarily representative of public health employers in the rest of the UK. We were unable to recruit as many participants as we initially hoped, in particular from the NHS, third sector or private sector; neither were we able to recruit more than one DPH. Enthusiasts were more likely to respond than sceptics to research on practitioner registration. There were more UKPHR than GMC registered specialists who may have been more positive towards UKPHR registration as it was their own regulator as well. Data were collected during the time of COVID pandemic, so many participants had less time and less focus on registration than they might have had in pre-pandemic times.

6 Conclusions and recommendations

6.1 Conclusions

This study illustrates that practitioner registration is valued by many employers, though there is a range of attitudes from enthusiasts to sceptics. Registration as either an essential or desirable criterion still only appears in a minority of practitioner job ads. This research demonstrates that employer also value registration in 'hidden' aspects of recruitment, in particular seeing it as evidence of competency and continuing CPD. Registration is not included in practitioner job descriptions for a variety of reasons including inertia, concerns for inclusivity and equity and the desire for specific expertise. Promoting terms like 'willingness to work towards registration' and making it a desirable rather than essential criterion may help address some of these factors. There is a significant group of senior practitioners/principals who do not feel current registration categories meet their needs. There is a continuing need to promote registration to both employers and practitioners, and improving the evidence base on the value of practitioner registration would assist with reaching out to those not currently engaged.

6.2 Recommendations

The recommendations arise out of the themes detailed above, and so the recommended actions have been organised by theme and also include suggestions of which stakeholders should lead on delivering the action. In terms of public health employers, it would be particularly welcome if the new UK Health Security Agency (UKHSA) and Office for Health Promotion (OHP, successors to PHE, could take on the recommended actions for employers as they develop their professional development strategies.

Theme	**Recommended action**	**By whom?**
The importance of practitioner professional development	Ensure professional development policies and strategies consider support for public health practitioner registration.	Public health employers*
	Make use of the UKPHR *Employer's Toolkit* and the LGA's *The Standards for employers of public health teams in England* in supporting the value of registration.	Public health employers*
	Continue to advocate for public health practitioner professional development including promoting local registration schemes**	FPH/UKPHR/ practitioners
Individual pathways to development	Include discussion of practitioner registration as part of annual professional development reviews (PDRs), recognising that a practitioner schemes exist and are accessible in all parts of the UK.	Public health employers*
The value of registration	Consider including 'practitioner registration/willingness to work towards registration' as a minimum a desirable criterion in job descriptions for posts in public health teams under consultant level.	Public health employers*
	Consider how local schemes can promote and raise the profile of those who successfully register locally.	HEE/Local schemes**

	Communicate the benefits of registration to individuals, the workforce and employers by promoting those successfully registered.	HEE/Local schemes**/ UKPHR
	Use annual review and appraisal processes to update job descriptions and person specifications where appropriate to include practitioner registration.	Public health employers*/ practitioners
	Constructively challenge line managers, senior management teams and other stakeholders to include practitioner registration in job descriptions where appropriate if not already present.	Practitioners
Registration versus the MSc	Communicate the complementarity and developmental options between education (MSc) and competence (professional registration).	HEE/UKPHR
	Encourage higher education institutions (HEIs) to promote practitioner registration as a career pathway to professional development that builds and enhances the public health education they receive.	HEE/UKPHR/HEIs
Gap in registration for senior practitioners	Explore and scope what advanced practice in public health may look like which builds on practitioner registration.	HEE/UKPHR/FPH
Need for stepped career pathways	Explore and scope feasibility for a stepped career pathway in public health.	FPH/HEE/ UKPHR
Welcome for apprenticeships	Support, engage with and invest in public health practitioner apprenticeships to build capacity and capability of the practitioner workforce.	HEE/Public health employers*

* Public health employers include directors of public health who as systems leaders have a particularly important role to play in promoting practitioner professional development including registration.
** Local practitioner registration support schemes are available in all English regions, Scotland and Wales. Details at: https://ukphr.org/how-to-apply-for-practitioner-registration/.

This study has raised a number of questions which could benefit from future research. Potential research questions include:

For research	What are the benefits of UKPHR registration from the perspective of practitioners themselves?
	In particular, what are the benefits of practitioner registration from the perspective of registrants in other sectors/disciplines such as transport or planning?
	What are the attitudes or beliefs held by some public health employers underlying their questioning of practitioner registration?
	What interventions might promote the greater valuing of practitioner registration by public health employers, particularly those who have some doubts?

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