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How important is public health practitioner registration to UK public health employers?



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ABSTRACT

Objectives: The objective of this study was to understand the extent to which public health practitioner registration is encouraged by UK employers through recruitment, i.e. by including registration as an essential or desirable criterion in job descriptions and person specifications.

Study design: A repeated survey was conducted on two main UK public health job websites. **Methods:** Data were collected via a repeated structured search of all public health practitioner posts advertised in two specified weeks in March and September 2018 on two main UK public health jobs websites: local government jobs and National Health Service (NHS) jobs.

Results: Fifty-six posts were identified for inclusion in the study. Only one post (2% of the total) required UK Public Health Register (UKPHR) registration or working towards registration. It was more common but still a minority (13 or 23%) of posts to require registration with any relevant register (e.g. UKPHR, Nursing and Midwifery Council or Health and Care Professions Council). Most employers demonstrated a desire for flexibility with none requiring an MSc Public Health and a majority requiring any relevant degree or equivalent experience (46 or 82%). Evidence of continuing professional development was also commonly required (34 or 61%).

Conclusion: There is currently a mismatch between UK national policy support for public health practitioner registration and the value that registered practitioners place on it and the recruitment policies of many UK public health employers.

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Introduction

Government policies in the UK emphasise the importance of developing capacity in the public health workforce to meet the public health challenges of the twenty-first century: non-communicable diseases such as cancer, diabetes and heart disease, and continuing health inequalities.¹ The public

health workforce is conventionally categorised into three groupings: two core categories of public health specialists and public health practitioners and a third category of the wider public health workforce of up to 15–20 million in the UK including teachers, police, town planners, housing officers, prison and probation officers, postal workers and engineers.² Public health specialists are the most easily defined of the

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three categories because these are senior professionals who will be registered as specialists with the General Medical Council, the General Dental Council or the UK Public Health Register (UKPHR).² Public health practitioners are more difficult to define, and most official documents provide illustrative lists of potential roles or attributes rather than exact definitions. 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 as public health practitioners and sometimes given their own separate categories in lists.^{1–5} It is generally agreed that practitioners usually work at levels 5–7 of the original Public Health Skills & Knowledge Framework (PHSKF) but may also be working in advanced roles above level 7.³ The most comprehensive definition has been produced by the Centre for Workforce Intelligence that defines public health practitioners as follows:

People who spend a major part or all of their time in public health practice. They are likely to work in multiprofessional teams and include people who work with groups and communities as well as with individuals. Some of this group may be involved in project delivery. At a more senior level, they will be providing management and leadership across different organisations.⁶

A key element of current policy is to encourage public health practitioner registration, which is currently provided by the UKPHR on a voluntary basis. Health Education England (HEE) and other stakeholders currently fund regional programmes to support practitioners to register, but numbers remain relatively low compared with the numbers of practitioners who might potentially register. For some practitioners, this is because they have alternative registration, e.g. for public health nurses with the Nursing & Midwifery Council (NMC). Although the government and professional bodies support practitioner registration in principle, there are questions about whether employers see the benefits of registration in practice outweighing the costs. It has been suggested that a key factor is that practitioner registration is essentially voluntary, that is, employers do not require practitioner registration in the same way that they require registration for specialists.⁷ Thus, a key current unknown is the extent to which employers require, encourage or support practitioner registration by including it as an essential or desirable criterion in staff recruitment.

The aim of this study was to understand the extent to which public health practitioner registration is encouraged by employers through recruitment, i.e. by including registration as an essential or desirable criterion in job descriptions and person specifications. Four research questions follow from this aim: What are the range of roles that are advertised for public health practitioners in the UK? To what extent is registration stated as an essential or desirable criterion for public health practitioner posts? Is registration more common as a criterion with some practitioner roles than others? What is the relative importance placed on practitioner registration compared with other educational or professional qualifications in person specifications?

A rapid online search using Google Scholar indicated that these questions have not been previously addressed in research. In fact, the development of the UK public health practitioner role has attracted much less academic attention than the development of multidisciplinary public health specialists.^{8–10} The only identified recent peer-reviewed article on public health practitioner registration concerned an evaluation of a regional scheme to support practitioner registration, which only briefly touched on the question of employer (non-) requirements for registration.⁷

Methods

Data were collected via a repeated survey of all public health practitioner posts advertised on two specified dates (23rd March and 18th September 2018) on two main UK public health jobs websites: local government jobs (<https://www.lgjobs.com/>) and National Health Service (NHS) jobs (<https://www.jobs.nhs.uk/>). We chose March and September for data collection because these reflected two different periods in the local authority and Public Health England (PHE) financial year (end of year and mid-year) which we posited would reflect peaks and troughs in the recruitment cycle. The search function for each website was used to search for 'public health' which identified all public health related jobs including specialist, practitioner and other. Jobs clearly identified as specialist, e.g. director of public health or consultant in public health, were excluded. Additional searches were conducted using the search terms 'public health practitioner', 'public health specialist', 'public health principal' and 'public health improvement'; however, these additional search terms did not produce additional hits, simply a more defined sample.

For the purposes of this research, posts labelled scientific, intelligence and knowledge, public health nursing (including health visitors and school nurses), academic, administrative, apprenticeships and environmental health were also excluded because we wished to focus on the posts that were focussed on health improvement public health programmes or service roles, where there was no other regulation and where the potential risks to the public of non-registered practice are highest. These excluded posts were also those only occasionally listed as public health practitioner in official documents and more usually listed as separate categories in the public health workforce. Health visitors and other public health nurses also appeared frequently on the two websites, but employers universally required NMC registration rather than UKPHR registration for these posts, so inclusion would have significantly skewed the results. Other roles listed but excluded as non-practitioner include finance, laboratory, social work and trading standards. All other posts identified as public health in the website searches were considered practitioner.

For each post, the job description and person specification was downloaded, and data listed in [Box 1](#) were extracted.

Data were entered into an Excel spreadsheet, and simple descriptive statistics used to identify any associations between job title, UK nation or region, salary and essential or desirable qualifications, registration and continuing professional development (CPD). A narrative analysis of the

Box 1 Data extracted

- Job title
- Employing organisation
- UK nation or region
- Grade and salary
- Essential or desirable educational or professional qualifications or memberships
- Registration as practitioner with UKPHR or another register essential or desirable, e.g. NMC or Health and Care Professions Council (HCPC)
- Requirement for continuing professional development (CPD)
NMC, Nursing & Midwifery Council; UKPHR, UK Public Health Register.

presence or absence of practitioner registration as an essential or desirable criterion was undertaken.

Ethics

No significant ethical issues were anticipated because this was a survey of online job descriptions and person specifications and no human participants were involved in this research. Ethical review was therefore not undertaken.

Validation

The survey was conducted independently by two researchers (D.E. and C.G.), each of whom collected and extracted data from one of the two databases. As we anticipated that a number of jobs would be posted on both sites, we validated data extraction by comparing our independent analysis of those jobs appearing on both sites. We agreed that any variation would be resolved through discussion and the degree of agreement and/or variation reported. There were only two duplicates in the data collection, and our data extractions were identical. Data were then analysed and discussed jointly.

Results

The results of the searches are summarised in Table 1. Of the initial 1658 hits across the two data collection periods, the great majority (1600) were excluded because of not meeting the required definition of public health practitioner. Exclusion included roles that were clearly scientific, intelligence and knowledge, nursing, academic, administrative, apprenticeships and environmental health. Two job descriptions were

Table 1 – Search results.

Date	Initial hits	Excluded	Duplicates	Included
March 2018	832	798	2	32
Sept 2018	826	802	–	24
Total	1658	1600	2	56

found on both websites, and the duplicates removed from the analysis. This resulted in 56 job descriptions to be included in the analysis.

The included jobs reflected a wide range of job titles, 12 different categories in total. Only a minority (13 or 23%) included the term ‘practitioner’. The most common designation was some form of ‘manager’ (16 or 29%); the other common designation was ‘officer’ (8 or 14%). Other designations included ‘worker’, ‘coach’, ‘lead’ and ‘specialist.’ Grading and salaries also varied widely, ranging from £17,000–21,500 for a ‘lifestyle coach’ to £54,426–61,259 for a ‘public health principal.’ Some posts were advertised on NHS Agenda for Change bands, other on PHE bands and yet others on diverse local government scales, making comparisons between grades difficult. Table 2 summarises the key findings in terms of the essential and desirable qualifications, registration and CPD criteria required by employers.

A key finding is that employers were generally open and flexible in the qualifications and registration requirements for potential employees. Not one of the 56 job descriptions specifically required an MSc Public Health. More common was to require either any relevant postgraduate qualification or equivalent experience (12 or 21%) or even more commonly a relevant degree or professional qualification (34 or 61%).

It is notable that only one post (senior public health practitioner with Public Health Wales) required registration (or working towards registration) with the UKPHR. In two other cases, willingness to work towards UKPHR registration was an essential criterion. More common was the option of being registered with any professional body (e.g. UKPHR, NMC or Health and Care Professions Council [HCPC]). Of the 16 posts that had some essential criterion regarding registration, the most common type (7 or 44%) was health protection posts. Across all the posts, a requirement to demonstrate evidence of ongoing CPD (34 or 61%) was much more common than a requirement for registration.

The salary range for posts requiring professional registration was £26,565–38,447 to £54,426–61,259. This was similar to the salary range for all posts (£17,000–21,500 to £54,426–61,259), except the latter included a few lower paid roles such as ‘lifestyle coach’ and ‘health trainer’.

Table 2 – Essential and desirable criteria.

Criteria	Essential, n (%)	Desirable, n (%)
MSc Public Health specifically	0 (0%)	2 (4%)
Postgraduate qualification relevant to public health or equivalent experience	12 (21%)	8 (14%)
Relevant degree or equivalent experience	34 (61%)	1 (2%)
UKPHR registration or working towards registration	1 (2%)	0 (0%)
Willingness to work towards UKPHR registration	2 (4%)	0 (0%)
Professional registration (e.g. with UKPHR, NMC, etc.)	13 (23%)	4 (7%)
Evidence of CPD	34 (61%)	0 (0%)

NMC, Nursing & Midwifery Council; UKPHR, UK Public Health Register; CPD, continuing professional development.

Discussion

This study represents the first attempt to assess UK employers' recruitment approaches to public health practitioner registration. This has been a challenging assessment to make because there is no agreed definition for public health practitioner and the titles of advertised posts use varied terminology and often do not include the term 'practitioner' in the title. In particular, there is often a blurred boundary between public health manager and practitioner roles, with some posts labelled 'manager' also requiring professional registration. Some advertised posts are even titled specialist, although not meeting the requirement for specialist registration with either the UKPHR or the General Medical Council (GMC) and on lower salary scales than those for consultants in public health.

Nonetheless, several clear messages emerge from our findings. The first is that employers in our sample clearly want to show flexibility in their requirements around public health qualifications and registration. Requirements to demonstrate relevant experience and skills were much more prominent in job descriptions and person specifications than requirements for qualifications or registration. Where educational qualifications were stated, there were uniformly expressed in flexible form. Not a single person specification required an MSc Public Health specifically; rather the educational criterion was usually phrased as a 'relevant' degree or postgraduate qualification or 'equivalent demonstrable experience'. In our experience, there was much greater variety in job descriptions and person specifications than in NHS public health posts before 2013, reflecting the independent nature of local authorities compared with the NHS.

It was also notable that a commitment to CPD (required in 61% of posts) was much higher-up employers list of priorities than registration (required in 29% of posts). Again showing flexibility, employers did not specify how candidates needed to demonstrate that they met the CPD criterion; specific CPD tools such as that provided by the Faculty of Public Health were not mentioned in any of the job descriptions.

Health protection posts were the most likely ones to require evidence of practitioner registration, but in all these cases, the requirement was for registration with any relevant register, with the ones most commonly given as examples being the NMC, UKPHR and HCPC. The frequent mention of the NMC in lists of possible registers suggests that it is likely that many of these posts in the past would have been public health nursing posts requiring NMC registration but are now opened up to multidisciplinary public health applicants. In only one post was registration with the UKPHR uniquely specified, and it was not even specified as a desirable criterion in any other person specification.

This failure by employers to even mention registration as a desirable criterion is in stark contrast to the benefits practitioners themselves see for employers in employing UKPHR registered practitioners. A number of recent evaluations of practitioner registration schemes have demonstrated that those registered or going through the registration process value it as a means of professional validation, evidencing the standards they are working to and providing assurance for their employers.^{7,11} Several of these

evaluations, however, have reported that practitioners have generally been disappointed that their employers have not, in practice, shown that they value practitioner registration and that it has not enhanced their careers as they had anticipated when they started the process. Given that national public health bodies such as Public Health Wales, HEE and UKPHR policy are to support practitioner registration, it suggests that this is a mismatch which needs to be addressed particularly by local authorities who have the most diverse employment policies and so may be the least likely to consistently support registration.

It was also notable from the data that registration was not mentioned in any of the lower paid posts we studied. It was not possible from the job descriptions to judge whether these posts would meet the requirement for practitioner registration of working to Skills for Health level 5, but the likelihood is that they might not. On one level, it is understandable that more junior jobs would have the lowest requirements in terms of qualifications and experience, but most of these posts involved direct contact with the public, so in principle, some assurance of standards should be required. But, this raises a larger issue that with practitioner registration set at Skills for Health level 5 or above, whilst some public health practitioners may be working below that level, others working at level 7 or above, e.g. as advanced or senior practitioners may feel there is no registration at the right level open to them.

Our final observation is that only one of the posts we surveyed had term 'health promotion' in the title and that one was from a private sector provider. This is a marked change from the past when many of the posts now considered public health practitioner would have been in NHS health promotion units. This reflects both the emergence of multidisciplinary public health over the last twenty years and also the disappearance of health promotion as a distinct profession or speciality.¹² Health promotion specialists had a clear professional identity, supported by a distinct set of knowledge, skill and practice mediated through qualification gateways from level 2 certificates up to a Masters degree in health promotion. Public health practitioners do not, as yet, have such a clear professional identity, and the progression routes into public health as a distinct discipline at practitioner level remain unclear. Multidisciplinary public health at specialist level is now well established, with routes into speciality training or via portfolio; however, the ladders to access this level of registration (e.g. a first degree, requisite experience, postgraduate degree in public health) are not generally in place, and it would be, for example, difficult to describe how a community health champion might develop a public health career.

Limitations and recommendations for future research

A limitation of this study is the lack of clear definition and terminology for public health practitioners. We chose to exclude public health nurses, scientific, intelligence and knowledge staff from our definition; these exclusions of large numbers of public health professionals might potentially have skewed our results. If we had included those staff, we would have had a much larger data set and might have found different results. We also used only two public health-related jobs sites; if we had included others, we might have had

different results. We sampled at two points in the employment year: March and September; if we had sampled at other times of year, the results might have been different. For these reasons and because this is the first study of its type regarding public health practitioner registration, the results should be interpreted with caution.

Perhaps the main limitation of this study is a lack of direct evidence of the reasons why recruiting managers generally have not included registration as a recruitment criterion. We have no way of knowing whether this is due to managers' lack of awareness of registration, lack of conviction of its value or other reasons. Seeking such evidence was beyond the scope of this study, but further research including qualitative interviews with recruiting managers on their knowledge, attitudes and beliefs towards registration could provide a more nuanced understanding of their actual practice. In particular, it would be important to understand if candidates' registration status had any impact on their success at interview in being appointed, regardless of whether registration was a stated criterion in the job description.

Conclusion

This is the first study to explore UK employer recruitment practice regarding public health practitioner registration. Although our results should be interpreted with caution, they suggest that UK public health employers generally prefer maximum flexibility in considering the qualifications, experience and registration status of potential practitioner candidates. Relevant experience and evidence of CPD appear to be valued more highly than practitioner registration. Our findings are also consistent with qualitative data from recent evaluations of practitioner registration schemes. These findings suggest a mismatch between UK policy support for practitioner registration and the value registered practitioners place on registration on the one hand and the recruitment practices of many UK public health employers on the other hand. As the roll out of practitioner registration schemes continues, further study of the attitudes and recruitment practices of UK employers towards practitioner registration would be merited.

Author statements

Ethical approval

Not required (no human participants or data in this research).

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Competing interests

None declared.

REFERENCES

1. Public Health England. *Fit for the future – public health people: a review of the public health workforce*. London: Public Health England; 2016.
2. Centre for Workforce Intelligence. *Mapping the core public health workforce: final report*. London: Centre for Workforce Intelligence; 2014.
3. Faculty of Public Health. *Practitioner membership guidance*. London: Faculty of Public Health; 2016.
4. Health Education England. *Health careers: public health practitioner*. 2018. <https://www.healthcareers.nhs.uk/explore-roles/public-health/roles-public-health/public-health-practitioner>.
5. UK Public Health Register. *Frequent asked questions: who is included within the public health workforce*. 2018. <https://www.ukphr.org/about-us/f-a-q/>.
6. Centre for Workforce Intelligence. *Understanding the public health practitioner workforce: a CfWI study*. London: Centre for Workforce Intelligence; 2016.
7. Rahman E, Wills J. An evaluation of a public health practitioner registration programme: lessons learned for workforce development. *Perspect Pub Health* 2014;134(5):259–67.
8. Gray S, Evans D. Developing the public health workforce: training and recognizing specialists in public health from backgrounds other than medicine: experience in the UK. *Publ Health Rev* 2018;39:14. <https://doi.org/10.1186/s40985-018-0091-x>.
9. Wright J, Sim F, Ferguson K. *Multidisciplinary public health: understanding the development of the modern workforce*. Bristol: Policy Press; 2016.
10. Evans D. 'Taking public health out of the ghetto': the policy and practice of multi-disciplinary public health in the United Kingdom. *Soc Sci Med* 2003;57:959–67.
11. Sykes S, Wills J. *Public health practitioner schemes: deep dive evaluation*. London: London South Bank University; 2016.
12. Duncan P. Failing to professionalise, struggling to specialise: the rise and fall of health promotion as a putative specialism in England, 1980 – 2000. *Med Hist* 2013;57:377–96.