

Presentation by

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# What is it to be a good regulator when employers are not requiring practitioner registration?

# Background – multidisciplinary public health

- Medical and dental specialty regulated by GMC and GDC
- Specialist training and consultant roles opened to those from other backgrounds from c. 2000 (except Northern Ireland)
- Public health made up of specialists, practitioners and wider workforce
- 2013 local public health moved from NHS to local authorities in England

# Role of UKPHR

- Established 2003 as 'voluntary register' for all public health specialists from backgrounds other than medicine and dentistry
- 2011 opened register for public health practitioners
- PSA accredited register
- Independent of government but works closely with UK national public health agencies, Faculty of Public Health, other public health stakeholders

# Registration of specialists

- Employers require GMC, GDC or UKPHR registration
- UKPHR seeks as close as possible a parallel system to GMC (e.g. annual appraisals and revalidation)
- Two main routes to registration:
  - Registrar training programme (common entry medical/other backgrounds)
  - Portfolio route (new specialist registration by portfolio assessment 2018 replaced previous portfolio routes)

# Registration of practitioners

- Some practitioners have other registration (e.g. NMC, HCPC) but many do not
- Definitional issues of who is a practitioner
- Most employers do not require practitioner registration
- Numbers of UKPHR registered practitioners low though increasing
- Those who do register, value it
- Systems to support registration patchy
  - Only recently had regional schemes to support across England)

# How is UKPHR addressing?

- Gathering data from employers (e.g. job descriptions/person specifications)
- Clear messages on the value of registration (via website, Twitter, conferences, etc.)
- Promoting value of registration with employers and commissioners
- Working with other stakeholders (e.g. FPH, RSPH) to endorse standards that promote registration

# Conclusions

- Public health specialist 'voluntary' registration works well with strong employer support
- Relatively few public health practitioners registered to date
- Key issue appears to be lack of employer support for practitioner registration
- Particular challenge with diversity of local authority employers in England
- Need multiple strategies to communicate, engage and influence employers, commissioners and other stakeholders