



UKPHR

Public Health Register

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The value of registration: a review

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Executive summary

Context

UKPHR's board commissioned a review which looked into what registrants particularly value from registration, and what levels of fee development would be acceptable if needed to sustain this.

How we do it when we do it well

There are many Specialist registrants who found the portfolio process rigorous but feasible, with adequate support from colleagues, and appreciate the access to senior public health careers which results. A fair proportion of Practitioner registrants have found the portfolio process developmentally helpful and enjoy being part of the Assessor community and in several regions, such as Wessex and the banks of the Clyde, there is a sizeable body of such ambassadors for the programme. For these satisfied customers, fees seem about right and a rise slightly above inflation, if needed in order to manage risks, is likely to be uncontroversial.

Issues beneath the surface

1. **Administrative work-loads.** The current UKPHR office team are excellent, but processes appear over-reliant upon their commitment; eventually, some may be made alternative offers and that creates a risk to delivery of basic registration functions. Automation of some administrative functions via improved IT may free time for colleagues to get up to speed as each other's 'understudy' – but it costs.
2. **Entry-level disparity.** Many comparable professions register all working in the field, for reasons of public protection, from commencement onwards. The absence of such an entry-level register in public health appears, to many stakeholders, something of an anomaly.
3. **Practitioner Catch-22.** The Practitioner schemes offer very high-quality development and support for the minority (in most regions) of public health professionals who choose to access them – but because they are not yet normalised as a standard career progression route, employers do not consistently encourage registration, and that inconsistent recognition by recruiters further undermines the appeal of Practitioner Schemes.
4. **The big leap** between Practitioner and Specialist grades appears a bridge too far for many professionals who would in principle have a fair likelihood of lasting the course. This may be perceptual, as the high standard of academic rigour in the current Practitioner Schemes could serve as effective preparation for Specialist portfolio-writing, but a tendency to lose contact with Practitioners hinders engagement; drop-out rates at five-year re-registration look higher than they need to be as a result.
5. **Specialist sink-or-swim.** Current candidates for Specialist registration have developed an effective peer support network which goes a long way towards managing the isolation that the application process can entail, but there is a legitimate question as to why they have had to arrange this informally, rather than it being part of a co-ordinated service offer. Explanatory documents are not yet functioning effectively as guidance in isolation, and applicants also need clear and comprehensible input from supportive professionals.

Feedback to applicants about their presentational style needs to be earlier, and sometimes more constructive, if potential Specialist registrants are to be retained.

6. **“What’s in it for me?”** is a tougher question to answer for applicants and registrants who have experienced some of these issues, and although few thus far have suggested that they are unwilling or unable to pay current fees, amongst them there will be an understandable expectation of action to resolve these points before a significant rise in fee levels would be welcomed.

What’s going on here – a change management perspective

The development of the UK Public Health Register was an enormous step forward for diversity and inclusion, and in the early stages of this trajectory the understandable focus upon evaluative parity with older, longer-established registers was evidently of fundamental importance – but there may now be both an opportunity and a need to make more of UKPHR’s unique strengths. Much of what the Register has achieved thus far has been a result of professional good will, which remains considerable, but not inexhaustible. Not all Practitioner registrants are confident that they derive high value from what they invest to become and remain registered, and even amongst Specialists, whose employment depends upon registration in most cases, there is not a unanimous view that registration generates value beyond meeting a person specification. Attending to that variable perception of what it is worth for busy public health professionals is likely to be key to improving the service; if the perceived value of registration increases so, reasonably, may the fees charged.

Strategic options

- A. **Keep calm and carry on.** The problems and concerns highlighted here are real enough to demand action, but the organisation and the two registration processes are not facing an immediate existential threat. Continuing in a similar vein for a year or two, tracking inflation, may be quite acceptable to stakeholders if this is clearly communicated as a pause for thought and an opportunity to plan improvements. A prolonged absence of corrective action, however, would be likely to result in a gradual reduction of credibility and a shrinkage in numbers of registrants.
- B. **Moderate course correction.** If there is not yet the commitment commensurate with a substantial strategic refresh exercise, the minimum action appropriate in 2023 is likely to involve a modest rise to fees in order to plug some critical resource gaps. For instance, the Registrar should be paid a fee which acknowledges the responsibility of the role so that the PSA and other stakeholders can recognise this as a formal regulatory function, and appropriate software can be purchased/leased to free administrative time and improve back-office resilience. This will necessarily involve a fee increase, as without more concerted action there are no alternative means to raise additional revenue to pay for these vital improvements.
- C. **Aim for inclusion.** Public health professionals tend to be ambitious for major change; many stakeholders are asking why the UK Public Health Register itself should be satisfied with less. As the consensus remains that the UKPHR route to registration is as rigorous and worthwhile as the medical route, with unique features which imbue real added value, a considerable expansion in the size of the registered workforce – and an increase in the value in which public health professionals place in the Register – is possible.

Background to the project

With the public health profession having undergone testing times in recent years, and a simple fees review having taken place as recently as 2020, UKPHR's board commissioned a 2022 review which looked at both the fee structure and what registrants particularly value from registration – in practical terms, what is registration worth to public health professionals, and what sustains this? At an operational level, UKPHR also set out to identify what level of fee development would be acceptable if needed.

Methodology

As several questionnaire-based exercises with these cohorts had already taken place fairly recently, this project made use of semi-structured interviews over video link, with stakeholders who came forward when the project was first announced and, in many cases 'snowballing' to second and third-order contacts who they nominated as having important insights to offer. Around thirty to forty stakeholders (some individuals wore more than one 'hat') representing a broad range of perspectives including Practitioners, Specialists, assessors and applicants, contributed over July and August, with ample input from stakeholders in England, Scotland, Wales and the Crown Dependencies.

As befits the creative profession the Register serves, responses went some way beyond simple answers with a £ sign, and surfaced clear themes about the opportunity to enhance value – and the risks of value gradually diminishing if those opportunities are not taken.

A very brief history of public health registration

In the previous two centuries, a number of allied professions inhabited necessarily separate realms; medical public health, environmental health, health improvement and health behaviour change agencies served the same populations, but there were few opportunities for advancement if individuals wished to work across those professional boundaries, and progression was largely regulated through formal examination. The contributions of promising personnel whose career path was more a portfolio of roles rather than a straight road, and people whose learning style or neurodiversity required different tests, were all too often lost.

Numerous voices called for a more pragmatic approach to including the full range of talents within public health, Sir Liam Donaldson not least amongst them¹, and for the past two decades the UK Public Health Register has provided that route. Starting with an alternative means of reaching Specialist status, the Register has already had a tangible influence on the look and feel of the public health workplace, including several highly successful Directors of Public Health who might not otherwise come forward. There is thus ample evidence of impact – but now may also be an apposite moment to revisit purpose, practice, *and* how this is best funded.

¹ Department of Health (2001) The Report of the Chief Medical Officer's Project to Strengthen the Public Health Function. London: Department of Health

Perceptions of value – Specialists

What's working well

The Specialist register has by most accounts delivered on its founding purpose fully and confidently, allowing a much wider range of talented public health professionals to fulfil their potential and serve at every level of public health systems in the UK. Recognition of and gratitude for what UKPHR has achieved is high – as the desire to ensure that a coming wave of talent has the same or better opportunities to contribute. When the process of obtaining and sustaining Specialist registration works well – which is often – the resulting visible status is both a badge of pride and a practical enabler, and there is a strong consensus that compared to more traditional methods of achieving demonstrable competency, some of which evolved over several centuries, remarkable progress has been obtained in a short space of time.

What it's worth

For Specialists, registration essentially functions as a licence to operate at the level their skills and experience fit them for. The value is thus fundamental to fulfilling vocations, and most feel that the price is fair.

The advantage of inclusivity

A recurrent theme in conversation with Specialist registrants was the value of diversity to the public health profession and the degree to which the portfolio route to registration has already enabled a wider range of people to come through and make a positive difference to strategy and delivery at senior levels. This is particularly the case as regards neurodiversity, with the challenges of dyslexic learning styles making traditional examination-based routes less confidence-inspiring and dyslexic thinking skills often apparently proving especially helpful in identifying patterns in data, understanding behaviour and creating solutions to complex population health challenges. Rather than an EDI problem to resolve, this may be one of the core strengths of the system as it currently manifests.

Good will hunting

One of the joys of working in and with the public health profession is the abundance of professional good will, about which it would be churlish to complain. Nevertheless, a widespread concern amongst those with longstanding experience of the portfolio route to registration is that the current system appears to *depend* upon good will to function. As the considerable time and effort involved in coaching or supporting applicants, in particular, is not always acknowledged or budgeted for by employers, success can feel as much a product of luck as hard work; the practical and motivational impact of a supportive DPH and immediate colleagues who recognise the credibility of this route to registration appears to be significant, and a fairly reliable predictor of success.

Limits to voluntarist principles

In a comparable discipline, doctors tend not to see mentoring of trainees as ‘voluntary work’ and many registrants who contributed to this project would prefer to eschew such language too. There is nevertheless clearly some way to go before all major public health employers see mutual support for registration as a standard professional responsibility, and the way ahead looks likely to be gradual and incremental. In the meantime, a change of language is more readily within grasp, and there is also scope to lead by example by ensuring that the Registrar role is appropriately remunerated, as is the norm in regulatory functions with a duty of public protection.

Supporting the next generation

For current applicants and recent admissions to the Specialist register, the importance of practical and motivational support is a recurrent theme. Recent development of enhanced guidance documents has been welcome, but the task of influencing professional development in public health is observably relationship-based rather than solely documentary; who one knows and how far they are willing to lend support matters more than the paperwork, in most cases. Who that influencing relationship is with has sometimes been a matter of luck in earlier phases of the Register’s development; those fortunate enough to have highly supportive colleagues and an engaged DPH also have, by general consensus, a considerably better chance of succeeding, and finding the experience manageable. At the time of writing, several enterprising applicants have put community public health practices into action and established a lively peer support group, for which congratulations are richly deserved – but again, in being driven by a handful of confident ‘doers’ this is unlikely to be an inherently stable, consistent and reliable source of coaching and clarity throughout the UK. There is a developed understanding of UKPHR’s formal regulatory role and the limits to which it would appropriate to provide such support directly, and also considerable interest in the possibility of collaboration with another partner agency or agencies to develop a coaching programme – even if the price of application needs to rise in order to fund it. Recent moves to strengthen local support groups in England could well help in identifying the benefit of such a model, although ensuring a robust and reliable developmental path throughout the UK may nevertheless require a more professionalised approach to funding and quality-assuring this work.

Perceptions of value – Practitioners

What's working well

The experience of administering and/or participating in the Practitioner registration route is a considerably more mixed picture. For those who do make use of the opportunity, however, the benefits are evidently considerable. Although the assessment process associated with accession to the register is not formally an educational service, many of those who succeed experience it as some of the most useful professional development that they will recall.

What it's worth

The value of Practitioner registration is driven to some extent by immediate context. In some regions, progressing to registration is increasingly a normal expectation of early-career public health professionals, with tangible support from colleagues, and there are notable examples of local government employers in Wessex and NHS employers around Glasgow starting to include Practitioner registration as a desirable characteristic in recruitment person specifications. In areas where pursuing such distinction is something of a niche interest, the value may arise from a sense of achievement and the satisfaction of being part of a professional community of interest (often more of an asset than applicants expect earlier in the process). For some, a position on the Practitioner register also offers greater job security, which has a direct financial value too. By no means all Practitioners will subsequently seek admission to the Specialist register, but the analysis and writing skills which application and revalidation nurture can also serve as effective preparation.

Spreading success

As noted above, uptake and usage vary considerably around the UK, with some regions having reached a 'critical mass' of applicants and assessors. In other areas applying for and sustaining registration can by all accounts be a lonelier experience, and the lower level of registrations reflects this. There may be an opportunity to identify what current support providers are getting right (Public Health Scotland around Glasgow, Health Education England in Wessex as per above), map the resources required and illustrate the case for providing such effective support more widely.

Finding the way in

What is really meant by 'entry-level' registration is not necessarily a shared definition across the public health profession. In the lived experience of most professionals, accession to the Practitioner register happens two to three years into a public health career at the earliest, and is sometimes not even discussed at the point of entering into a public health position. As Gabriel Scally pointed out in 2010, this is a peculiar anomaly when compared with the regulatory practice of adjacent professions², and difficult to explain other than as a feature

² Scally, G (2010) *Review of the Regulation of Public Health Professionals*, London: Department of Health

of this Register's relative youth. The general view is that, were there a readily feasible means to operate a truly entry-level register (e.g. for MPH graduates) then offer Practitioner registration as a next step this would be desirable for professionals and more closely aligned with the duty of public protection which most other health and care regulators recognise. This is nevertheless not a unanimous position; some would be content with normalising an expectation to begin *preparing* for Practitioner registration at the outset of a public health role.

Closing the gap

The gap between the current Practitioner and Specialist levels is perceived as a deep ravine to bridge by many, although it is also recognised that the analytical and presentational techniques developed while applying for Practitioner registration may also serve as effective development for related portfolio-writing tasks associated with the higher Specialist application process. In practice, the gap appears to be a matter of keeping up good habits or falling into less helpful ones. Those who get involved in supporting colleagues to obtain Practitioner registration, especially while serving as Assessors, maintain the routine of recording evidence and presenting it in appropriate language which equips them well to proceed to the Specialist register if they wish, whereas professionals who attend to such detailed CPD evidence-gathering only for five-year re-registration exercises tend to find the task more onerous.

Some form of Advanced Practitioner status appears desirable to many, but opinions on how high a priority this is vary, as do definitions of what it should or could consist of. Few believe a formal new intermediate tier of registration is required, with an advanced endorsement on the current register offering a potentially simpler solution. Many see the format of the current Practitioner registration process and ongoing re-registration as rigorous enough to serve as an advanced competence check, should a truly entry-level register open beneath it subsequently. The gap is perceived, but in this case perception is reality, and attention to providing a path between early career and Specialist status could offer a promising means of improving equality, diversity and inclusion. In the lived experience of applicants at every level, confidence is as important as competence in predicting who will make progress.

The systems which deliver the benefit

The central team

UKPHR's central office team are greatly valued by registrants and assessors alike, and the quality of their interactions with enquirers is impressively strong. Nevertheless, application and revalidation processes can sometimes feel less than entirely clear to some stakeholders, and the limits of current ways of working are starting to become visible. Because the team are very good at what they do, occasional departures on promotion are also a live possibility. Despite admirable results thus far there could be emergent risks to manage.

From an organisational efficiency perspective, much has been achieved with the technology and working methods available two decades ago, and now may be a worthwhile juncture to explore the potential benefits of combining longer-term team planning with a degree of automation. The organisation raises about enough review from revalidation fees to cover the costs of revalidation, for instance, but with some process optimisation could generate a modest but worthwhile surplus from such activities to invest in improved services to registrants. Adoption of appropriate registrant account management software appears a sensible step which can be afforded within the organisation's current finances. Growing income modestly may be a sensible means of (as already anticipated) might be affordable within current reserves; growing income modestly would appear a sensible accompanying activity in order to enhance team sustainability.

The wider professional community

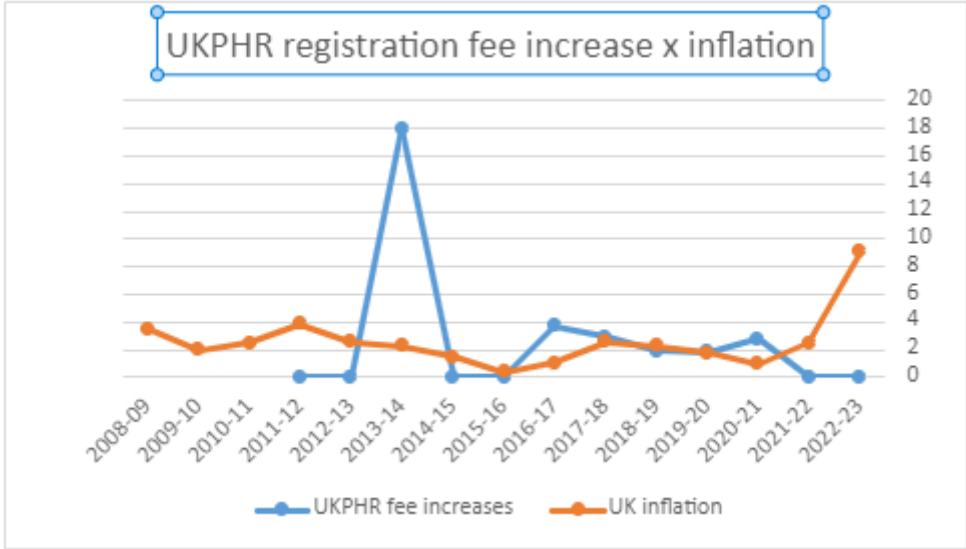
The process of applying for and attaining registration can be either a richly collaborative experience, or a rather less than transparent experience, depending upon the extent and style of local support available. While the network of public health professionals who contribute to assessment, appraisal, and revalidation should be congratulated for the impact they have had in many parts of the UK, there was a firm consensus amongst contributors to this review that the existing pattern of support is overly dependent upon good will and inconsistent as a result. In some cases, public health professionals supporting applicants provide up to a day per week of pro-bono input; inevitably, not a situation which can be expected to pertain everywhere, and a service which would be impossible to cover within existing income if it were formally costed.

A more organised form of mentoring and coaching is widely desired as an alternative, should resources allow (and for Specialist registration, a rise in application fees may well be justified and acceptable in order to release those resources). Nevertheless it is also widely understood that it may not be appropriate for UKPHR to provide such application support directly, on the well-established principle that one cannot be both teacher and examiner.

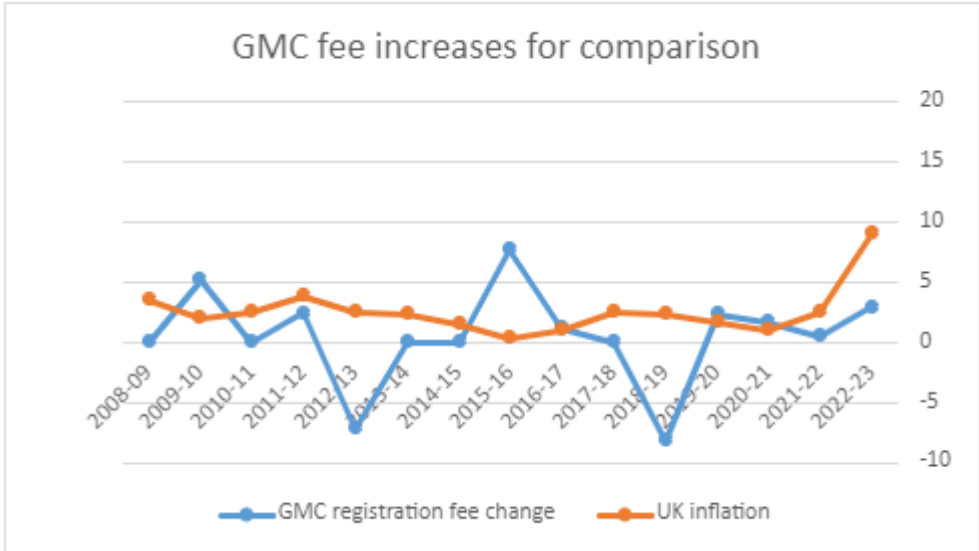
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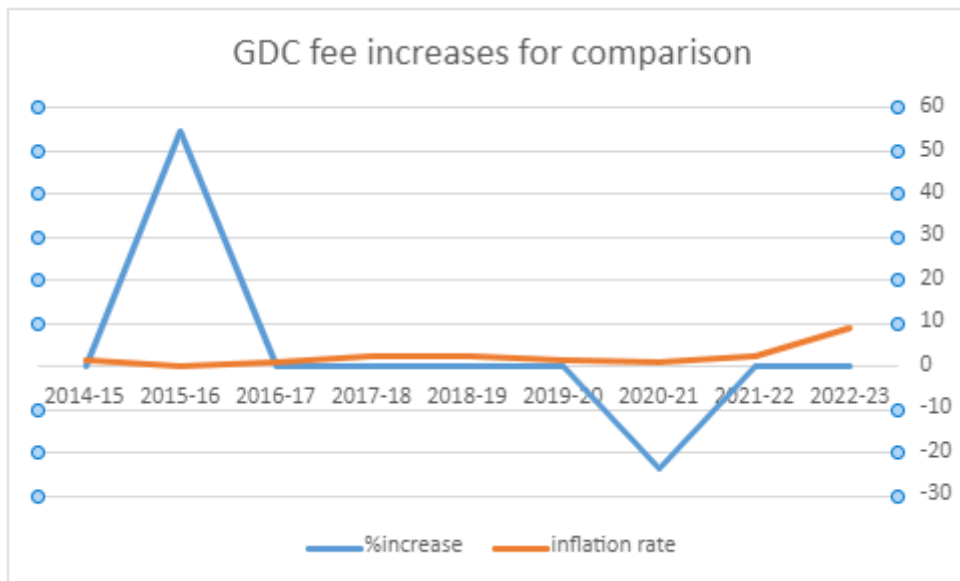
The cost of working

Inflation is inevitably a concern for all stakeholders at present, and Specialist fee increases have largely kept pace with underlying inflation levels in recent years.



This compares well with the evolution of charges for General Medical Council and General Dental Council registration, which have fluctuated more visibly.





Price perceptions – Specialists

Specialist registrants are generally aware that they are currently paying less for their annual licence to operate than medically qualified colleagues (£336 compared to GMC’s £420), and on the whole content to see a rise slightly above inflation if advice is also given as to ways to reduce the impact upon personal income – for instance, by sharing guidance around reclaiming a portion of these professional fees from HMRC, as other registers have done.

A specific point is worth highlighting from stakeholder feedback around Specialist application fees. In essence, the experience of many at present is that a fairly modest fee is charged but it is difficult to sense “where the money goes” as support is variable and dependent upon local good will. It appears likely that there would be greater interest in an application process which charges fees significant enough to cover consistently high-quality coaching and mentoring support. This has the dual merit of providing tangible value in return, and redressing imbalances in informal support which reinforce inequality – a frequently cited concern amongst both public professionals and their employing organisations.

The value of revalidation is not readily identifiable by all Specialists, and although there is little by way of active resentment there may yet be scope to go further in showing how this sustains publicly verifiable quality and task-readiness.

Price Perceptions – Practitioners

Most of the Practitioners who contributed to this review felt that the current level of annual fees (£108, with an additional £25 administrative fee upon first registration) was acceptable, although many also observed that until one has undergone the developmental journey which accession to the register entails, the value-for-money equation can look less convincing. For those currently on the register, the existing fee level looks ‘about right’ and

adjustments to track inflation are likely to be accepted, but there would be an expectation of some tangible enhancement in service and/or utility were fees to rise at a noticeably higher rate than this.

Future funding

In future UKPHR may wish to consider the potential income from (and support needs of) early-career public health professionals who are not currently able to join either of the two extant levels of registration. A 2014 study³ found that the UK public health workforce at levels 5 to 7 of the Public Health Skills and Knowledge Framework may be as large as 31,000 to 34,000 people, a figure likely to have climbed since. Aiming for half of the current early-career workforce, at a working estimate of 18,000 people, with an affordable entry-level registration fee of £60, could bring an additional £1m of income per year – with potentially revolutionary consequences for the quality of both formal registration and the practical support available to widen access and retention in the profession.

³ Centre for Workforce Intelligence (2014) Mapping the Core Public Health Workforce, www.cfwi.org.uk

The underlying challenge

A different perspective

This project was commissioned in order to acquire a richer picture of the public health profession's needs and contribute a change manager's analysis of how UKPHR is developing to meet both the finance and delivery challenges that arise as a result. Encouragingly, the insight offered from the public health professions and transformation experience dovetailed very neatly.

The picture is, by and large, a resoundingly positive one. By consensus, the development of the two public health Registers was an enormous step forward for diversity and inclusion, and doubtless a vital ingredient in the UK's admirable response to Covid-19. There is much to be proud of, and all involved are justifiably keen to protect the quality of the system.

The understandable early drive for parity of respect with other registers, especially (but not exclusively) that operated by the General Medical Council, now appears to some registrants at risk of obstructing adaptive learning experiences they aspire to for their profession. There is no suggestion that rigour and professionalism should in any sense be watered-down, but there is a widespread view that there is scope to make more of the inclusive nature of UKPHR's qualification and acceptance processes.

In sales terms, the emphasis has been upon market share for some years, when the greater opportunity appears to lie in expanding market size. Few people move between traditional, examination-based routes to registration and the portfolio-based routes pioneered by UKPHR, and when they do it is a choice in UKPHR's favour; in practical terms, that race is already won. To sustain quality and to be able to support the broader public health system to address workforce challenges, a degree of growth is highly likely to be necessary, and the surest means to achieve this is to grow the market – in collaboration, rather than competition, with other public health agencies.

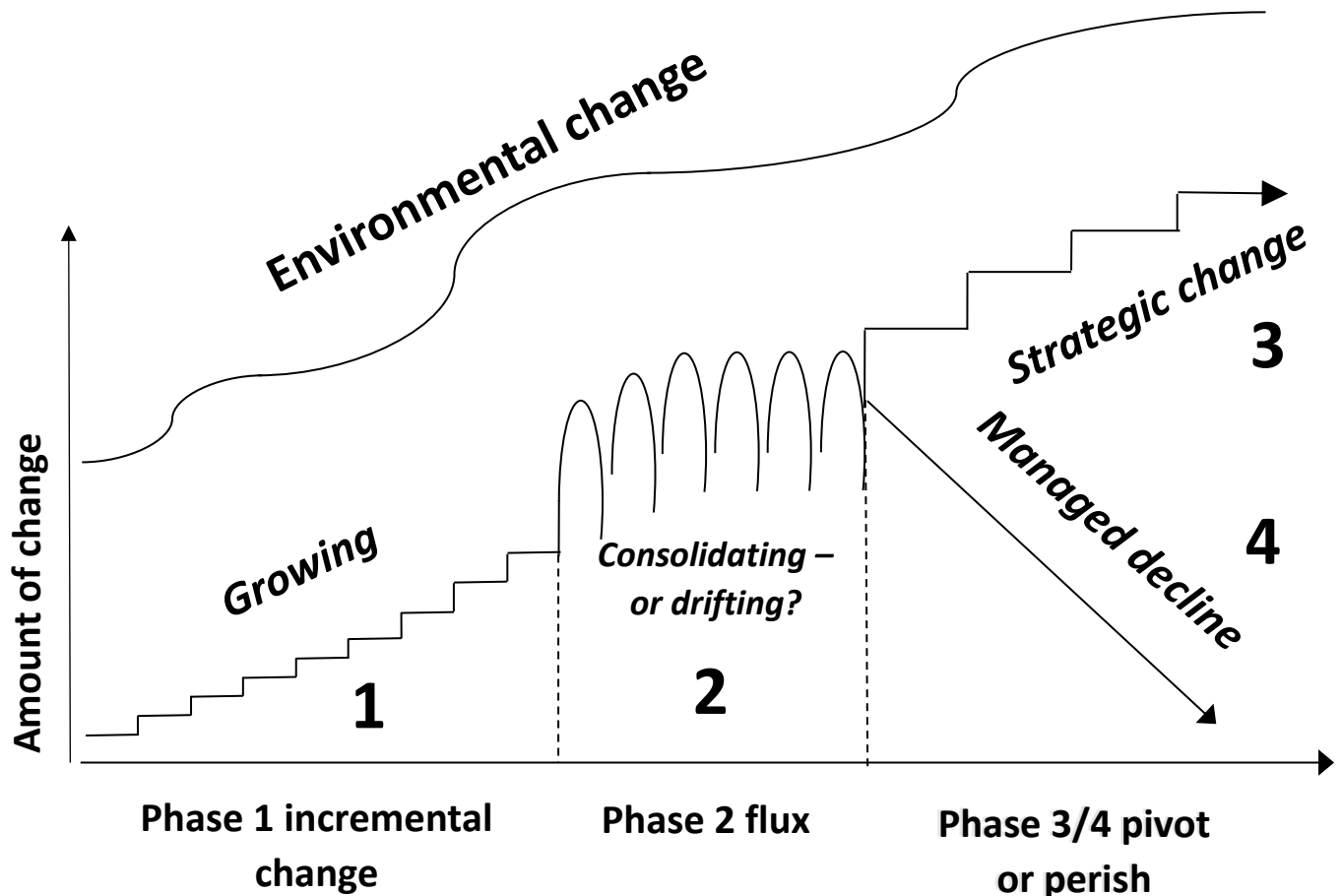
Much of what the Register, at both current levels, has achieved thus far has been a result of professional good will, and that good will remains considerable – but not inexhaustible. Enhancing the positive pay-back that assessors and mentors (who are by and large firmly of the view that they would prefer not to be termed 'volunteers') receive may be crucial to greater long-term sustainability.

At Practitioner level, there remain some areas where too few registrants are confident that they derive high value from what they invest to become, and remain, registered. Nevertheless, that variable perception of what it is worth for busy public health professionals is likely to be key to improving the service; if the perceived value of registration increases, so may the fees raised to fund such enhancements.

Taming drift

A helpful concept for considering organisational evolution was presented some years ago by Gerry Johnson in his work on 'strategic drift'¹⁴. In this context, *drift* is not a pejorative term, but an observation that all organisations undergo periods of rapid growth followed by consolidation. The trick is to identify the moment of strategic change before it comes so that plans can be laid for capitalising upon the opportunity.

UKPHR achieved considerable growth in its first decade, has consolidated delivery of the Specialist register well and *might* look forward to gradual development of the Practitioner register too, with luck and a following wind. But there is a plausible alternative view that the current combination of activities is in less strategically directed flux, and that without consciously managed change in the next few years a risk of retreat will grow. Quantifying and responding to such a risk is not an exact science, but the options available for UKPHR can usefully be assessed in the light of this model.



¹⁴ Johnson, G., Scholes, R., & Whittington, R. (2005). *Exploring corporate strategy (7th ed.)*. Harlow: Pearson Education.

Options for change

UKPHR's Board has a choice to make about future direction, as there is more than one way forward – and relatively few absolute 'must do' actions in the short term to restrict that choice. Broadly, the possible routes might be grouped into the three approaches outlined below.

A: Keep calm and carry on

While it is something of a cliché to suggest that 'the status quo is not an option' it arguably *is* here, at least in the short term. The problems and concerns revealed by stakeholder engagement over the summer of 2022 are real enough to demand serious thought and action, but the organisation and its two levels of registration are not facing an immediate existential threat.

Continuing in a similar vein for a year or two may be quite acceptable to stakeholders if this is clearly communicated as a pause for thought and an opportunity to plan improvements. The financial reserves appear adequate to cover the short-term risk of staff absences, if no new equipment is required. Most stakeholders engaged in this project expressed a preference for taking the time to plan ahead well and are thus likely to be content for current arrangements to continue while a future change and development project begins to be planned.

A prolonged absence of change planning and delivery, however, would be likely to result in a gradual reduction of credibility and a shrinkage in numbers of registrants – to use Johnson's language, it could result in visible drift which would raise the likelihood of subsequent contraction.

Finance: no significant change to income, beyond tracking inflation.

Risks and mitigations: current staffing risks adequately covered, but CRM software replacement may need to be postponed. Risk of Practitioner scheme becoming less attractive, which can be mitigated to a degree by sharing thinking about future funding and support development.

B: Moderate course correction

If the time is not yet right to contemplate the substantial strategic refresh exercise encompassed by Option C below, the minimum action which could sensibly be recommended in 2023 is likely to involve a modest rise to fees in order to plug some critical resource gaps. For instance, the Registrar should be paid a fee which acknowledges the responsibility of the role so that the PSA and other stakeholders can recognise this as a formal regulatory function, and appropriate software can be purchased/leased to free administrative time and improve back-office resilience.

This will necessarily involve a fee increase, as without a growth plan there are few alternative means to raise additional revenue to pay for these improvements. However, public health professionals are well acquainted with the rising cost of living and will be anticipating a modest fee increase to track inflation, and should a minor uplift beyond inflation be added this is unlikely to prove especially contentious. An annual fee uplift of £12.50 per registrant, for instance, could pay for IT improvements or slight team expansion over four years (or, as greater dubiety attaches to the value generated by Practitioner fees, these could be raised by £5 and Specialist fees by £20).

A partial change of course in this manner may help in managing some short to medium-term operational risks, but offers less scope to addressing many of the issues identified by current registrants such as including more of the public health workforce, evening-out geographical variability in use of the Practitioner register and sub-optimal uptake of Specialist registration via the portfolio route.

Partial change programmes bring risks with them too. On an operational level, this approach is less complex than Option C and there is, in practical terms, less to go wrong, at least immediately. In terms of longer-term strategy, however, there is a distinct possibility that such editing will extend a perception of an organisation in flux rather than a team building the capacity to 'pivot' at the crucial juncture.

Finance: modest increase to income, of around £25k per annum above inflation.

Risks and mitigations: risk of poor perception of value – i.e. it costs more but registrants do not immediately see clear benefits – which may be mitigated by making it clear that the intention is to steady the ship en route to calmer waters.

C. Aim for full inclusion

Public health professionals tend to be ambitious for major change, and the results back that up; laws have been changed, methodologies revolutionised, and countless lives saved as a result. For the professionals involved, a reasonable corollary is to ask why should the United Kingdom Public Health Register itself be satisfied with less energetic goals?

As consensus emerges that the UKPHR route is as rigorous and worthwhile as the medical route, but need not emulate the latter too closely in order to sustain professional credibility, a considerable expansion of the size of the registered workforce is possible. This is likely to be accompanied by a perceived increase in the value place in the Register by public health professionals, and public health employers.

The detail may involve internal reform and, possibly, enabling legislation, but from stakeholder feedback the essentials are unlikely to be contentious:

1. Open an entry-level form of registration to anyone with either demonstrably appropriate experience or an MPH (regardless of whether currently employed). This will greatly expand the size of the register, and generate the revenue necessary to provide consistently good advice and support for progress to the next level of registration while conforming with the public protection expectation of contemporary professional registers.
2. Reframe the current (very rigorous) Practitioner status as Advanced Practitioner endorsement so that entry-level registrants have a worthwhile prize to aim for. Use the fee income from the expanded entry-level register to roll-out the high-quality portfolio support already developed in areas like Wessex to the whole of the UK.
3. Build a community of practice which can provide better, more inclusive peer support for progress through to Specialist registration, if necessary funded through higher fees for application. Provision is likely to be more appropriately routed via a recognised professional development provider (to be identified).

Bringing about all the above would certainly take time and effort. The indications are that the public health profession is ready to get involved in support of such ambitious goals, when circumstances are supportive. A fully inclusive strategy is also much more likely to move the trajectory into positive future development – stage 4 of Johnson's chart.

Finance: very significant increase to income, estimated at £1m per year; (for due caution, plan for £500k initially).

Risks and mitigations: CRM software will need to be adequate to manage large increase in numbers of registrants. Legislative change is not guaranteed and will incur some costs, which can be minimised by starting to lobby early. Support for entry-level registrants who wish to move ahead to the next level will need to be consistently good, and investment in professional coaching and mentoring is likely to be required to achieve this.

