

CONFIDENTIAL

Present:	Andrew Jones (Chair) David Evans Duncan Vernon Helen King James Sandy Joanna Dowd Kathy Elliott Jenny Douglas Louise Wallace Viv Speller Gill Jones (Registrar) Marcial Boo (CEO)	Apologies:	Ruth Freeman Ranjit Khutan Steve Maddern
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Welcome, apologies and declarations of interest (item 1)

1. Apologies were noted. There were no new declarations of interest.

Minutes and actions (items 2 & 3)

2. The minutes of the meeting on 22 June were approved as a correct record. The Board approved the minutes for publication.
3. The actions were reviewed. All actions that were due had been achieved or were in progress.
4. The Board noted that the arrival of a new Chief Executive in October might make it hard to achieve two of the actions scheduled for completion by November. These related to putting in place a biennial review of Board effectiveness and assessing the impact of Covid on our registrants. Both actions could be delayed to early 2022.

Action: The current Chief Executive to amend the Actions to give the new Chief Executive time to take these two actions forward.

UKPHR Improvement Plan (item 4)

5. The Chief Executive introduced the paper on improvements to UKPHR, noting that the approach proposed built on Board discussions at the March strategy away day and at the Board meeting in June. Some of this work was already underway. In particular, he suggested that UKPHR should focus on making six improvements to its work:
 - a. Upgrading its registration software. This project was in hand. Discussions had taken place with potential suppliers, and there was close oversight of the project by the Board's Audit Risk and Remuneration Committee.
 - b. Improving its registration processes. Here the Board had approved the creation of a Registration Policy Group to discuss and oversee improvements

to registration processes. This Group had now met twice to identify and prioritise potential improvements.

- c. Increasing the numbers of practitioner registrants. There was a separate paper on the Board's agenda to discuss this issue, and a new part-time member of staff would be in place to take this work forward.
 - d. Review its fees structure, given that 100 percent of UKPHR income derives from its registrants.
 - e. Exploring partnership opportunities with other regulators of public health specialists or other accredited registers in order potentially to benefit from others' resources or economies of scale.
 - f. Building our presence across the four nations of the UK.
6. The Chair welcomed the paper. He reminded the Board that the proposals in the paper were additional to the work in the 2021-22 Business Plan. He agreed that the issues identified had already been discussed by the Board at previous meetings.
 7. The Board welcomed the progress in upgrading UKPHR's registration software. The Chair of the Audit Risk and Remuneration Committee reported that a detailed discussion had taken place at his Committee the previous week. The Committee had agreed that UKPHR should develop a detailed specification of requirements and engage the support of the IT consultancy Embridge, at a discounted cost, in order to support this work. It was important to develop a structured plan to implement the project and reduce risk. The Board welcomed this approach.
 8. For the new registration software to meet our and registrants' needs, members of the Registration Policy Group should be involved in the design of the specification and the deployment of the software. The Board otherwise welcomed and endorsed this aspect of our improvement plan.

Action: CEO to share with the Registration Policy Group some background on the project to improve UKPHR's registration software and ensure that they are involved in developing the specification.
 9. On plans to improve registration processes, the Registrar welcomed the establishment of the Registration Policy Group, noting that it had brought a range of expert, interested parties around the same table so relevant issues could be discussed and resolved. A report of all meetings would be presented to the Board.
 10. The next meeting of the Group would prioritise the registration issues identified for potential improvement so work could be planned and taken forward. Board members welcomed that this work was being taken forward.
 11. The Board noted that a more detailed paper on increasing practitioner recruitment was on the agenda later in the meeting.
 12. The Chair accepted that it was appropriate for the Board to consider our level of fees, given that UKPHR is wholly dependent on payments from registrants. Board members accepted this in principle but noted that the issues were different for specialists and practitioners. While specialists were obliged to be professionally registered with us (or with the GMC or others), practitioners were not, and we would

need to demonstrate the value of professional registration more clearly to them before increasing fees. For specialists, we should compare the cost of registration between UKPHR and GMC, but we should also identify how some UKPHR-registered public health specialists might have lower salaries than those registered with the GMC. We should also benchmark our fees against those of other PSA-accredited registers.

13. The Board agreed that the new Chief Executive should establish a project to review UKPHR fees along the lines suggested and bring forward proposals to the Board in due course.

Action: Chief Executive to review UKPHR fees and bring proposals to the Board.

14. The Board considered the suggestion that UKPHR should work more closely with other regulators and registers. There were concerns about greater collaboration with the GMC given its greater size and different culture. UKPHR could be swamped, and public health professionals ignored. It was nonetheless accepted that UKPHR should be open to collaborative relationships with the GMC or others if it is in our and our registrants' interests. For example, the current regulatory and institutional changes to public health were an opportunity to develop a 'Total Public Health' approach that could do much to boost equivalence across the profession and reduce the risk of fragmentation.

15. Closer collaboration with other accredited registers was viable too. The Board welcomed the approach of the Academy for Healthcare Science and we should explore the potential for synergy and the sharing of back-office and other support. We could explore these and other options with the Chartered Institute of Environmental Health and others too.

16. The Board resolved to be open-minded about such future collaborations and consider any options in the context of what was best for our registrants and for public health regulation. Further discussion would need to take place at Board level on this issue in the context of longer-term thinking on UKPHR and its position within the public health regulation landscape.

Action: Chief Executive to circulate to Board members the final letter from the People in UK Public Health network, for information.

17. Board members agreed that it was important for UKPHR to work effectively across all four nations of the United Kingdom. There may not be immediate capacity to work actively on this until early 2022, but the new chief executive should be encouraged to strengthen relationships in Northern Ireland and Scotland. We could recruit a new Board member with an understanding of public health in Scotland.

18. The Board concluded, overall, that the set of proposals were exactly the right issues for UKPHR to address in order to improve its work, and this would provide a clear agenda for the new Chief Executive to take forward.

Increasing practitioner registration (item 5)

19. The Board welcomed the paper to find ways to increase levels of practitioner registration. It was particularly important to target employers, and to encourage local

government employers to register their public health staff. Public health agencies in Scotland, Wales, England and Northern Ireland had a role to play in promoting practitioner registration. As part of this work, we should recognise the relatively low rates of registration from public health professionals with Black and Asian backgrounds, and that this should be prioritised too. There might also be scope for encouraging registration from related health professions, other than in public health.

20. The Board noted the paper prepared by Chamberlain Dunn and the range of ideas it contained. Before embarking on new projects, however, the Board wished first to evaluate the success of the Employers Toolkit launched in March 2021. It would also be valuable to engage existing practitioners too and find out from them what might work to increase the numbers of registrants. We might find champions from practitioner coordinators and moderators too, including with marketing expertise, who could help.
21. Helen King and David Evans volunteered to work with UKPHR to take this forward with the new Chief Executive and with the new member of staff being recruited for this purpose.

Action: Helen King and David Evans to meet the new CEO to plan next steps to increase practitioner registration.

Chief Executive recruitment (item 6)

22. The Chair reported a successful outcome to the recruitment of an interim chief executive. There had been a good field and three appointable candidates. He was grateful to the Vice-Chair and the Chair of the Audit Risk and Remuneration Committee for participating in the selection panel, and to the current chief executive for supporting the process and helping to source potential candidates.
23. The successful candidate was Jessica Lichtenstein. She is currently on the GMC's senior leadership team as Assistant Director responsible for education, including operational and quality assurance responsibilities and leads on digital and data management. She is an equality and diversity champion, has a team of 25, has risk management and budget management experience and liaises with various external stakeholders. She has published on quality assurance in medical education, has an MSc in social anthropology and is an advisor to various health education groups.
24. The Board wholeheartedly welcomed the appointment and thanked the Chair and the panel for taking this forward so expeditiously. The Board approved the Chair's proposal that the secondment be for an initial period of 12 months at the salary suggested.

Action: Chair to confirm next steps and start date with the new chief executive and to keep the Board informed.

Chief Executive's report (item 7)

25. The Chief Executive introduced his report. In addition to the events recorded, there had been an Appeal hearing the previous week against a complete return of a

candidate's portfolio. The case of the appellant had not been upheld. But the panel was likely to offer the appellant a chance to resubmit their application.

26. The Board noted the report, including contact made by the Chair with the Academy of Healthcare Science. The Board welcomed the high level of renewals completed.

Registration report (item 8)

27. The Registrar reported that the office was currently very busy with many queries being addressed or passed to her for resolution. The establishment of the Registration Policy Group and its first two meetings had been positive, as this created a forum for important issues to be resolved and for good practice to be shared between those who work with both specialist and practitioner registration.
28. The Board welcomed her report and the activity underway to process applications and to improve registration.

Audit, Risk and Remuneration report (item 9)

29. The Chair of the Committee presented the minutes of its July meeting and reported the conclusion of its September meeting. The Committee had discussed the IT upgrade project and had endorsed the approach discussed earlier in the Board meeting.
30. The Committee had also scrutinised and approved the UKPHR Annual Report and Accounts for 2020-21 that the Board had also approved earlier this meeting.
31. The Committee had discussed UKPHR's risks. The organisation's risk profile had improved markedly over the last six months as previously Red risks had been mitigated. These included concerns about the practitioner registration process and the security of the Birmingham office against Covid. The risk of a leadership gap had not materialised due to the successful appointment of a new chief executive. The one outstanding Red risk related to ongoing institutional change within the public health landscape.
32. The Board was grateful for the work of the Committee and glad that UKPHR was reducing its exposure to risk.

Education and Training report (item 10)

33. The Board noted with approval the minutes of the June Education and Training Committee meeting and that the final report of the Equality Diversity and Inclusion Working Group would be brought to the November board meeting.

Any other business (item 11)

34. The Chair closed by thanking Marcial Boo for his work as UKPHR's chief executive and saying that, though his tenure had been brief, he had made a tangible difference

to the organisation's governance and appetite for improvement. He and the Board wished him well for his new role at the Equality and Human Rights Commission.

35. There were no other items of business.

Next meeting (item 12)

36. The Board agreed to meet again on 16 November 2021.

[ends]