

Present: Andrew Jones (Chair)
Viv Speller (Vice-Chair)
David Evans
Helen King
James Sandy
Jenny Douglas
Joanna Dowd
Linda Smith
Marianne Coward
Ranjit Khutan
Steve Maddern

Apologies: Duncan Vernon
Gill Jones
Pav Johal

Observers:
Jessica Lichtenstein (CEO)
Danielle Stephens (Practitioner
Registration Coordinator)

Welcome, apologies and declarations of interest (item 1)

1. VS welcomed the Board, as AJ joined the meeting late. She welcomed newly recruited board members LS and MC to their first meeting as full Board members, and also welcomed new staff member DS.
2. Apologies were noted. There were no new declarations of interest.

Minutes of February 2022 Board meeting (item 2)

3. The minutes of the meeting on 9 February 2022 were approved as a correct record. The Board approved the minutes for publication, and noted that these would be published on the UKPHR website, alongside papers not marked 'confidential'.

Actions & matters arising (item 3)

4. VS noted that no actions were overdue; all were either closed or on track.

Governance Forward planner (item 4)

5. JL noted the working draft of the governance forward planner, outlining future items for discussion across the committees and Boards. She particularly noted the importance of the upcoming ARR Committee and Board meetings, where the improvement plans agreed in 2021

would be reviewed. She also noted that an update would be provided to the Board in June on the revalidation workshop being held in May.

22/23 staff pay rises (item 6a)-

6. The Board agreed to take the agenda out of order, to address more straightforward items until AJ joined. VS directed the group to item 6a, which had already been discussed in great detail by the ARR Committee, with a clear recommendation. DS left the meeting for the discussion on staff pay rises.
7. JL noted the unprecedented rise in cost of living, and reiterated the ARR's commitment to supporting staff as much as possible. She noted that NHS pay rise would be 3%, and that average pay rises across all employers in the UK was looking to be about 3%. The ARR's clear recommendation was that the UKPHR should remain aligned with key employers such as the NHS, and that an additional .5% goodwill gesture to the team to say thank you was appropriate. The ARR would have liked to give more, but they felt that because of the significant investment in additional staff and the IT upgrade, the budget would be tight. It was also felt that it wasn't appropriate to give staff a pay rise much above what registrants would be receiving.
8. The Board accepted the recommendation of a 3.5% raise, backdated to 1 April 2022. The acknowledged the need to continue to support the team to ensure their work/life balance was appropriate, and that non-financial incentives were provided. JL noted that she was piloting a flexitime schedule, and that she would look other options for the team.

Chief Executive's Report (item 7)

9. JL advised the Board of several decisions that had been taken by AJ in consultation with VS, via Chair's action:
 - a. UKPHR has now adopted the Faculty of Public Health's new CPD guidance which removes the requirement to have 50 hours of CPD annually, and instead asks public health professionals to provide several reflective notes. This does simplify the revalidation somewhat, and the Board confirmed that reception amongst the profession is positive.
 - b. UKPHR has responded to a DHSC consultation on criteria for healthcare professions moving in and out of regulation. The response is published on the UKPHR website.
 - c. UKPHR has submitted an annual return to the Professional Standards Authority (PSA). The overall return has come back with positive feedback, and no new recommendations. UKPHR also provided a benefits analysis to the PSA, which asked for evidence that regulation is beneficial to patients and the public. PSA has not yet given feedback on this.

AJ joined the meeting at this point.
 - d. UKPHR has awarded the IT upgrade to Fortesium, and will be going ahead with implementing their RegulatorOnline Lite product. Contracts have not yet been signed as of the date of the Board meeting, but meetings are starting to move towards implementation. Chair's action was required, as there was a significant

financial commitment involved in the decision. AJ thanked the ARR committee, in particular JS in supporting this work.

- e. The Registration Approvals Committee is approaching approval of its first application through the SRbPA route, and there was some discussion on what the new registrant would be called. It was agreed through Chair's action that they would be added to the register as a Generalist Specialist.
10. JL introduced DS to the Board, who had started at the UKPHR in late February. She is making progress engaging with all of the scheme coordinators, and starting to grasp the challenges of practitioner registration, and what work needs to be done to improve.
11. JL also noted that she was working to establish a secondment for staff from OHID or HEE to work on specific projects for the UKPHR, such as ED&I, parental leave policy, and a survey on benefits of registration.
12. It was also noted that two new members of the Registration Approvals Committee had been recruited and were being inducted.
13. JL updated the Board on the work she'd contracted to GMC Services International, the consulting arm of the General Medical Council- they are undertaking a gap analysis of UKPHR's fitness to practice rules and processes to ensure there is a fit for purpose approach to fitness to practice at the UKPHR. She will report back to the Board once this is completed.

Reflections from Board Strategy Day (item 5)

14. The Board discussed their reflections from the strategy day held on 7 April, which included a general strategic session in the morning, and an ED&I discussion in the afternoon. A report on the day was not yet available.
15. Generally, the feedback was very positive. The online format worked well, and it was a great opportunity for the Board to interact with staff. The Board agreed that the morning session helped situate them, and provide some focus on where UKPHR as an organisation are going, as well as start to outline how UKPHR should position itself with partners. It was agreed that there was a need for a strategic plan, which was considered to be essential for the organisation moving forward, to consolidate its purpose and strategic vision. There still needs to be discussion on whether it will be a 3 year or 5 year plan, and what the content would be, but there was an agreement that it was an excellent start.
16. JL confirmed that the discussion helped situate her as Chief Executive, and felt that there was a stronger mandate to take forward the improvement plan.

Action: JL to draft and circulate a report from the session

17. JL reflected that the afternoon session was really engaging, again in terms of staff and Board members interacting. There was acknowledgement that public health professionals have ED&I as a core aspect of their day jobs, particularly working on health inequalities. However, it was good to get a new perspective on how issues impact staff and registrants.

18. The Board felt that there was a real richness of data coming out through the survey that Belonging Pioneers had conducted, but that the session didn't really allow the space for full exploration. However, there was a demonstrated eagerness to engage, and it was a positive discussion.
19. The Board indicated that they were keen not to lose momentum, and that a revisiting of the ED&I action plan formulated by the working group in 2021 would need to be reviewed in light of the discussion. JL confirmed that UKPHR would have access to three coaching sessions from Belonging Pioneers to help solidify next steps.

Action: JL to review ED&I action plan in light of discussions

20. The Board agreed that they would wish to have a similar reflective day annually.

How specialists are recorded on the register (item 6b)

21. The Board considered a recommendation from the Registration Policy Group on nomenclature for specialist registrants. It was noted that the Chair had taken action to call new registrants through the portfolio route 'Generalist specialists', in line with registrants who enter the register through the training route. This indicates equivalence, which the Board felt was appropriate, and is in line with the approach that other regulators take to registrants who enter the register through a portfolio route (ie the GMC's CESR route).
22. Registrants who entered the specialist register through the defined route, now defunct, are listed on the register as 'Defined specialists'. This route did not require applicants to demonstrate that they met the entire breadth of the public health curriculum, as the portfolio route does. However, there is no differentiation between eligibility for employment- the only requirement for public health specialist roles is that individuals are registered with UKPHR.
23. The RPG agreed that UKPHR should move to one category of specialist registrants, in line with what other regulators do. It is up to the employer to ensure that an individual meets the requirements of a public health specialist role.
24. The Board agreed that the pandemic had demonstrated that individuals who were in senior public health roles and had been through the defined specialist route were just as effective as those who'd been through other routes. They didn't feel that there was a continued requirement to differentiate between routes, and that the reason for differentiation was no longer relevant- it is a low risk decision. There was also a strong agreement that those who have been through the training route should not be differentiated from other registrants in any way.
25. Although the Board did not think it necessary to consult, they did feel that some conversations needed to be had with key groups to ensure there was not strong objections; ie the Faculty of Public Health , current Defined specialist registrants, and Trainee registrants.
26. There was agreement that all specialist registrants should be called 'Public Health Specialist'. The Board noted that this change is about celebrating the public health workforce, and getting some consistency of simple language in the system. They also noted that a clear communication regarding the change would be essential.

Action: JL to raise the issue of nomenclature with the FPH, and a small group of defined and trainee registrants, and report back to the Board.

Issuing certificates (item 6c)

27. UKPHR currently issues electronic certificates to every registrant who revalidates or re-registers, which indicates the duration of their revalidation period. This is a very resource-intensive administrative process, which is done manually. There is also a risk that if an individual is removed from the register for whatever reason, they could retain this certificate that suggests they have current registration.
28. The Board expressed unease regarding ceasing the practice when about to embark on a revalidation review, and noted that there may be circumstances where a certificate, or evidence of revalidation needed to be provided. It was also noted that there needed to be some alignment to GMC and GDC revalidation.
29. It was agreed that this should all be automated once the new IT system is up and running. There is currently a letter that confirms a successful revalidation, that registrants should be able to use to confirm their CPD and registration is up to date. This should be enough for registrants, but JL agreed to look into this as part of the revalidation review.
30. The Board also noted the importance of ongoing audit, to verify that the information on the register is up to date and accurate. This will be part of the IT review, as the new system will rely less on manual work, which introduces human error.

Registration report (item 8)

31. GJ had given apologies, so JL gave a brief registration update on her behalf. She noted the updated registration data broken down by month- this has only been available for five months so far so only annual data is available prior to that. The Board agreed that annual data is also useful to see.

Action: UKPHR to provide longitudinal annual data alongside the monthly registration data.

32. The Registration policy group is still running well, exploring policy issues, and making clear recommendations to the Board. The group had discussed the importance of ongoing communication and engagement with key groups to ensure input into policymaking.

Audit, risk & remuneration report (item 9)

33. DV had given apologies, so JL gave a brief update on his behalf. She noted that there had been significant development on the IT upgrade, and that the ARR Committee were monitoring progress closely, with JS acting as Board sounding board and advisor.
34. It was also noted that a Fees review project initiation document had been considered, and that there was agreement that because of the scope and importance of the project, there would be a tender process for assigning a consultant.

Education & training Committee report (Item 10)

35. HK updated the group on the recent E&T Committee meeting. She noted that there had been further reflection on the ED&I discussion and action plan, and there was agreement that it needed to be looked at again in line with the business plan and strategic vision. They also agreed that UKPHR should be considering learning from other organisations. It was noted that the action plan should be reviewed in the context of the new equality duties that organisations would need to consider.

Action: UKPHR to reconsider ED&I action plan in light of revised equality duties

36. It was also noted that NMC and GMC are making strides in terms of utilising ED&I data, and that this should be further explored through the ED&I action plan.
37. HK noted that Judith Hooper had presented to the committee on reviewing portfolio assessment against the new training curricula to ensure ongoing equivalence. Some further work needs to be undertaken in this area.
38. It was also noted that GJ was working on a reasonable adjustments policy that would come to the Board in due course.

Any other business (item 11)

39. JDouglas noted that she would be on an eight week sabbatical from the beginning of May, and that she would be unavailable during this time. The Board congratulated her and wished her luck.
40. JL noted that the apprenticeship route guidance had been completed, and that a communications plan was being formulated. This would be disseminated to the Board in due course. The team still needs to finalise an internal process to deal with any applications, although these would likely not come through the system for some time.
41. AJ noted to the group that JDowd had shared a job advert for a joint post for Director of Public Health/Medical Director, that would only be open to doctors registered with the GMC. He explained that UKPHR is working with Northern Ireland as they embrace multidisciplinary public health, including in their training schemes. There is a positive trajectory, but this is a trend to monitor closely through increased horizon scanning, and to factor into employer engagement.

Date and time of next meeting

42. The next meeting was confirmed for the 27 July 2022.