

Agenda- Chair's brief

UKPHR BOARD MEETING

21 June 2022

ITEM			
1	Welcome, apologies and new declarations of interest- Chair		
2	Minutes of Board meeting on 20 April - Chair		
3	Actions and matters arising – Chair		
4	Governance forward planner- Chief Executive		
Substantive Items			
5	UKPHR Improvement plan- stock-take		
6	Committee recommendations for Board decision: <ul style="list-style-type: none"> a. Flexitime and flexible working policy (from ARRC) b. Reasonable adjustments policy (from RPG) 		
Reports & updates			
7	Chief Executive's report (including Chair decisions and meetings)	CEO	<i>Item 7</i>
8	Registration report	Registrar	<i>Item 8a - Minutes of RAC April 2022</i> <i>Item 8b- Minutes of RAC May 2022</i> <i>Item 8c- Registration data</i> <i>Item 8d- Registration Policy Group minutes,</i>
9	Audit, Risk and Remuneration report	ARRC Chair	<i>Item 9 - Minutes of ARR Committee,</i>
10	Education and Training Standards- <i>no meeting since last Board meeting</i>	E&T Chair & Registrar	

11	Any other business	Chair	
12	Date and time of next meeting-		

RAG Key	
Outstanding	
On track as expected	
Resolved/Achieved	

Board Meeting Date	Number
16.11.2021	14
16.11.2021	20
16.11.2021	20
16.11.2021	28
16.11.2021	29
16.11.2021	46
16.11.2021	46
16.11.2021	46
16.11.2021	49

UKPHR Board Meeting Action Log

Action
The CEO to work with the Chair and Vice-chair to undertake a light- touch review of Board and committee structures, reporting, and terms of reference.
UKPHR Staff to publish Board papers (unless marked confidential) and Committee minutes from the February meeting (to be published on the website after ratification in in April 2022)
CEO to review communication strategy in light of publication
CEO and Chair to consider how best to set out options and engage the Board.
ARRC to consider a more substantive proposal at their January meeting.
JL to formulate and ED&I action plan for Board consideration
AJ to send thanks on behalf of the Board to the ED&I Working group.
JL to raise Fairer Training Pathways with Faculty of Public Health as part of her engagement
Board constitution to be reviewed
Previous Board Meeting Actions/Matters Arising

UKPHR Board Meeting Action Log

RAG Key	
Outstanding	
Likely to be delayed/deadline not met	
On track	

Board Meeting Date	Number	Action	Owner
20/04/2022	22/11	Longitudinal annual data to be provided alongside the monthly registration data	PJ
20/04/2022	22/10	Write to FPH and engage with group of registrants regarding specialist nomenclature on register	CEO
20/04/2022	22/9	Review of ED&I action plan in light of strategy day discussions/to be considered in light of revised equality duties	CEO
20/04/2022	22/8	Circulate report from Strategy day	CEO
09/02/2022	22/7	Parental leave policy to be developed	RPG
09/02/2022	22/6	Facilitate formulation of decision panels to support Registrar	UKPHR Staff
09/02/2022	22/5	Explore the benefit of PSA accreditation	CEO
09/02/2022	22/3	UKPHR to ensure communication regarding fees for 22/23 includes information about intention to review fees for the coming year	UKPHR Staff
09/02/2022	22/2	ARRC to consider a policy for corporate sponsorship/involvement in UKPHR business	ARRC/CEO
09/02/2022	22/1	Take forward virtual conference planning with Chamberlain & Dunn	CEO
	21/60	JL to formulate and ED&I action plan for Board consideration	CEO
	21/55	Undertake a light- touch review of Board and committee structures, reporting, and terms of reference.	CEO, Chair, Vice Chair
	21/44	Consult on how volunteers would like their roles to be recognised	Chair



Progress update	RAG	Target for completion
Complete	Green	CLOSE
FPH written to, engagement with registrants to come	Green	Sep-22
Complete	Green	CLOSE
Delays in producing	Yellow	Jun-22
ON RPG agenda	Green	Sep-22
Working with RPG to confirm scope of panels, and will recruit in due course	Green	Oct-22
Not yet started	Green	Dec-22
Done in May 22	Green	CLOSE
Not yet started	Green	Jul-22
C&D are progressing with conference details and seeking sponsors	Green	Oct-22
Consultants engaged to consider strategic ED&I discussion and to support with ED&I recommendations. Next steps to be agreed.	Green	CLOSE AND REPLACE WITH 22/9
Not yet started	Green	Dec-22
To be considered as part of fees review work in 2022	Green	Dec-22

UKPHR Governance forward planner 2022



MONTH	Board	Audit, risk, & remuneration committee	Education & training committee
JULY		20 July Review EOY accounts with accountant Deep dive into risks: revalidation and regulation reform	26 July ED&I action plan stocktake
AUGUST			
SEPTEMBER	16 September AGM Annual report Reasonable adjustment policy		

UKPHR Governance forward planner 2022

OCTOBER		19 October Review Q2 accounts Fees review report & comms plan	4 October
NOVEMBER	23 November Fees review report & comms plan Governance evaluation Office/home working patterns		
DECEMBER			

UKPHR Board

21 June 2022

Item 05: UKPHR Improvement Plan

Summary

1. This item provides a progress update on where we are with the UKPHR Improvement plan, approved by the Board in September 2021.
2. Attached is a document which outlines each element of the improvement plan, the actions taken so far, anticipated next steps, and success measures. This document has already been reviewed by the Audit, Risk and Remuneration Committee at their May 2022 meeting, who confirmed appropriate progress is being made.

Action

3. For the Board to comment on elements of the plan and progress reported.

Item 5 ANNEX A

UKPHR Improvement Plan

Approved: September 2021

Progress update: June 2022

Area for improvement	Actions so far	Next steps	What does success look like?
<i>Improving efficiency</i>			
Upgrade registration IT software	<ul style="list-style-type: none"> • Extensive process mapping • Engagement of Project manager • Drafting of specification • Tender process • Award tender to Fortesium • Onboarding session 	<ul style="list-style-type: none"> • Finalise contract • Proceed with build • Looking to go live by end of 2022 • Further development of E-portfolio LOOK AT PAPER FROM SEPT 21 	<ul style="list-style-type: none"> • Less manual work for staff • Reduction in admin-related enquiries from registrants • Improved KPI reporting • An improved/more straightforward experience for registrants
Improve registration processes	<ul style="list-style-type: none"> • Embedding of the RPG and creation/implementation of policies meant to improve registrant experience • Initiation of Revalidation Review project • Recruitment of 2 new staff members to work on registration services and practitioner registration 	<ul style="list-style-type: none"> • Revalidation workshop/review 	<ul style="list-style-type: none"> • Updated policies implemented and utilised • Reduction in enquiries from registrants

<i>Improving income/capacity</i>			
Increase numbers of practitioner registrants	<ul style="list-style-type: none"> • Establishment of Practitioner Registration Working Group to explore practitioner policy and process issues and solutions to ensure programme is attractive and sustainable • New practitioner registration coordinator in place 	<ul style="list-style-type: none"> • Practitioner Registration- actions on issues log taken forward • Improved communications with schemes and registrants • Increased engagement/influence with employer groups to promote registration 	<ul style="list-style-type: none"> • Steady Increase in numbers of practitioner registrants • Positive feedback from scheme coordinators • Clear engagement and support from employers (ie funding, inclusion on JDs)
Review fees structure	<ul style="list-style-type: none"> • Outline of project presented to ARRC and Board • Start of engagement with potential consultant suppliers 	<ul style="list-style-type: none"> • Award tender to supplier • Identify recommendations on 23/24 fees for Board approval • Produce comms package for registrants 	<ul style="list-style-type: none"> • Implementation and publication of clearly justified fees structure • Low rates of negative feedback from registrants (although some is inevitable) • Low attrition rates

<p>Explore partnership opportunities with other regulators</p>	<ul style="list-style-type: none"> • Engagement with DHSC consultations • Intelligence gathering on legislative reform (via meetings with DHSC, PSA and GMC) • Risk register reflects current situation • Policy reviews to ensure alignment with other regulators (ie FtP, revalidation) • Continued close engagement/ meetings with other small regulators such as AHS and CIEH to continue to explore opportunities 	<ul style="list-style-type: none"> • Policy revisions taken to Board for discussion/approval • Once Regulator Online is implemented, to re-assess whether we should explore admin-sharing arrangements with other similar sized-organisation 	<ul style="list-style-type: none"> • UKPHR is positioned as influencer of national policy • Increased evidence of equivalence with medical PH specialists (ie through policy improvements) • Risk ratings relating to sustainability of the organisations is decreased
<p>Build presence across four nations of the UK</p>	<ul style="list-style-type: none"> • CEO has met with key groups from the PH systems across each country to ensure understanding • Updated risk register to ensure 4-country risks are included and current • Continued work on revision of policy and process to align with disbanding of PHE 	<ul style="list-style-type: none"> • With Chair, construct engagement plan for continued influencing across four nations • Continue to explore practitioner scheme in NI • Consider Scotland-specific issues around the administration of practitioner schemes with CMO and NES 	<ul style="list-style-type: none"> • Increased practitioner registration from Scotland • Movement towards establishment of Practitioner scheme in NI • Access national healthcare funding opportunities

Item 6a- Flexitime and flexible working policy

Decision

1. To agree the Audit, Risk, and Remuneration Committee's recommendation to permanently adopt the below Flexitime and flexible working policy.

Background

2. Because UKPHR was not able to offer staff a pay rise commensurate with the very high level of inflation, the Board has committed to exploring other ways of ensuring staff are supported.
3. While some UKPHR staff have flexible working arrangements, this has been on an ad hoc basis previously. UKPHR recognises the importance of helping its employees balance their work and home lives by offering flexible working arrangements that enable them to balance their work commitments with other priorities. It is understood that a degree of flexibility in working arrangements can also be crucial in helping staff to respond to personal issues, such as caring commitments and recovering from a situation where domestic abuse has taken place.
4. UKPHR recognises that staffing levels must remain in line with the demands of the business at all times. With the normalisation of home working, there is now ample evidence that a flexible working pattern that supports a healthy work/life balance does not impact on productivity.
5. Since March 2022, the UKPHR team has been piloting a flexitime policy, which allows flexibility within a working day, as long as core hours are worked (there is one exception, for a staff member who has other arrangements approved and in place). Staff can accrue up to a day per accounting period (four weeks)- how this is accrued and used is closely managed.
6. The team have given universally positive feedback. They truly value the flexibility and are using the policy. We've not noticed any impact on productivity or availability. They have adjusted well to recording their hours on a spreadsheet. Another bonus of the policy is that it allows staff to avoid the most crowded peak trains when attending the office in person, and therefore lower COVID risk.
7. UKPHR staff wish to formalise this policy, as they consider it to be extremely beneficial. They agree with the principles within this policy, which set out the ways in which flexible working can increase staff motivation, build better relationships between UKPHR and its employees, increase the rate of retention of staff, reduce absence, attract new talent, promote work-life balance and reduce employee stress. In doing so, this will improve UKPHR's efficiency, productivity and competitiveness.

*Jessica Lichtenstein, Chief Executive
June 2022*

Item 6 Annex A



Flexitime & Flexible working policy

Owned by: Jessica Lichtenstein

Drafted: February 2022

Piloted from: March 2022

Approved by Board: June 2022

For review: June 2023

Introduction

UKPHR believes that its staff members are its most valuable asset and is committed to attracting and retaining the very best talent. It also appreciates that the UK workforce is becoming increasingly diverse and includes increased numbers of parents and individuals with caring responsibilities, as well as those whose interests and aspirations impact on their time.

UKPHR recognises the importance of helping its employees balance their work and home lives by offering flexible working arrangements that enable them to balance their work commitments with other priorities. It is understood that a degree of flexibility in working arrangements can also be crucial in helping staff to respond to personal issues, such as caring commitments and recovering from a situation where domestic abuse has taken place. In addition, UKPHR recognises that staffing levels must remain in line with the demands of the business at all times.

This policy aims to set out the ways in which flexible working can increase staff motivation, build better relationships between UKPHR and its employees, increase the rate of retention of staff, reduce absence, attract new talent, promote work-life balance and reduce employee stress. In doing so, this will improve UKPHR's efficiency, productivity and competitiveness.

This policy is meant to be read/implemented alongside other workplace policies such as home working and maternity policies.

Flexi-time

Our working practices allow for us to provide a level of flexibility for our employees. All employees will have a set number of contractual hours however we allow our employees to decide when to complete those working hours as long as they cover the core working hours between 10am and 4pm. In other words, our employees decide when to start and finish their working day. There may be times that work pressures mean that specific hours need to be worked, although we see this a rare occurrence and something that we would look to avoid. For this to work we need to work as a team and ensure that that we cover each other in order to continue to deliver the highest levels of support to our registrants and stakeholders.

Hours

All staff should agree a general working pattern with their line manager, as it is important that your colleagues know the hours which you will normally work, including your start and finish time. However, it's acknowledged that your normal hours may vary as set out in the flexitime policy. It is important that open communication across staff about working hours continues.

Flexi-time divides the normal working day into two parts:

- Core time, the fixed period of time during which staff must be at work, and;

- Flexi-time, the time during which staff have the opportunity to vary their working hours, and/or vary their start/finish times on particular days. Within this period, staff must adopt a 'standard' or expected start and finish time. This standard/expected time may vary depending on whether you are attending the office, as it's acknowledged that you may wish to avoid peak commuting hours.

The core times when you're expected to be working are 10.00 - 12.00 hours and 14.00 - 16.00 hours. The flexible times are 08.00 - 10.00 hours, 12.00 - 14.00 hours and 16.00 - 18.00 hours.

Staff must take a break of at least 30 minutes for lunch between 12.00 - 14.00 hours. The Manager may authorise departure from this period in special circumstances.

Recording Flexitime & accumulated time

A four-weekly accounting period is used, which starts on the first of each month. Over each accounting period full-time staff must account for 140 hours (35 hours per week), and part time staff must account for their agreed hours per week (ie 22.5 hours per week).

You may work more or less than the normal hours each day/week as long as you are present at all agreed core time periods (unless as agreed with your line manager) and the minimum number of contracted hours is accounted for in the accounting period. Up to a maximum of a standard working day's debit/credit may be carried forward between accounting periods.

Time accumulated during one accounting period may be taken as flexi leave before the end of the next accounting period, provided that not more than one standard working day (7 hours) is used as 'flexi leave' in any one accounting period.

You are required to enter your start and finish time on the flexi-time record of hours worked for each working period including before and after lunch or other agreed break, and round to the nearest 5 minutes.

Where you are required to work at times before 0800 and after 1800 hours, these hours of work will be credited as working time with the authorisation of your Manager. This provision will only apply in exceptional circumstances.

When an employee takes a full day off as flexi leave, zero hours are recorded on the flexi sheet for that day. Where an employee takes part of the day as flexi leave, the actual hours worked are recorded. The number of hours taken as annual leave should be recorded in the flexi record. For example, if the employee takes a full day as annual leave, this is recorded on the flexi record as being 'worked' a standard day.

Exceptions & appointments

Medical and dental appointments should be organised outside of core hours whenever possible, but if it is unavoidable, they can be taken during core hours and recorded as hours you would have otherwise worked. If there are travel disruptions which mean a late start or an early leaving time, the actual hours worked should be recorded. If there are significant delays, senior management may decide to cover the time as paid and staff should enter in their normal working hours. If due to bad weather, a standard day's hours should be recorded. accounting period¹. Managers should regularly review staff hours.

Audit of records

Your manager will arrange to check a proportion of flexi-time record sheets for each accounting period, as well as check against the leave spreadsheet. Any instance where it appears that the scheme is being incorrectly applied or abused will be investigated by the Manager; abuse of the flexi-time scheme is a disciplinary matter, and could be considered as gross misconduct.

Operation of the flexi-time scheme is introduced on the understanding that it shall not interfere with or reduce the efficiency of the normal activities. Your Manager may change the working arrangements at any time if this condition is not being met. The opportunity to participate in this scheme may be withdrawn by the Manager from any member of staff if he/she has consistently not met the requirements of the scheme in any respect.

Staff may opt out of the flexi-time scheme, but can later opt back in at any time. If a staff member is part of the scheme and later wishes to opt out, they may only do so once their recorded balance is zero.

Request for additional Flexibility

The business need

Although UKPHR is committed to providing the widest possible range of working patterns for its workforce, and will always take the personal circumstances of its staff into account, both management and employees need to be realistic and recognise that the full range of flexible working options will not be appropriate for all jobs across all areas of the business.

When a request of flexible working is received that is outside the core/standard working hours as defined above, UKPHR will need to take in to account a number of criteria including (but not limited to) the following:

- the cost of the proposed arrangement
- the effect of the proposed arrangement on other staff
- the level of supervision that the post-holder requires
- the structure of staff resources
- other issues specific to the individual's responsibility

- an analysis of the tasks specific to the role, including their frequency and duration
- an analysis of the workload of the role.

Eligibility to make a request

Employees must have 26 weeks' continuous service to make a statutory request for flexible working. Employees must not have made a request for flexible working within 12 months previous to the date of their request.

Employees in all areas and levels of UKPHR will be considered for flexible working regardless of their age, sex, sexual orientation, race, religion or belief, disability, marital status, pregnancy or maternity, or gender reassignment.

Applying for flexible working

The application must:

- be made in writing and state that it is an application for flexible working under the statutory right to make a request
- state whether a previous application for flexible working has been made under this procedure and, if so, when
- specify the change applied for and the proposed date for the change to become effective
- explain the effect the employee thinks the change will have on UKPHR and their colleagues and explain how any effect should be handled
- be signed and dated.

The application must also state whether the variation requested is made in pursuance of a reasonable adjustment under the disability discrimination provisions of the Equality Act 2010.

Procedure for handling an application

A discussion regarding the application will be held between the employee and their line manager within 28 working days of the application, unless the line manager notifies the employee in writing of their agreement to the variation. The time and place of the discussion will be convenient to both the line manager and the employee.

Once a decision has been reached, the employee will be informed as soon as possible of the discussion. Where the decision is to agree to the application, the notice will specify the contract variation agreed to and state the date the variation will take effect.

Where the decision is to refuse the application, the notice will state which of the specified grounds for refusal are considered to apply and contain an explanation of why this ground applies.

Refusal of an application

The employee will be informed of the refusal of their application in writing.

The application may be refused on one or more of the following statutory grounds:

- a burden of additional cost on UKPHR
- a detrimental effect on UKPHR's ability to meet customer demand
- an inability to re-organise work among existing staff
- an inability to recruit additional staff
- a detrimental effect on quality
- a detrimental effect on performance
- insufficient levels of work during the periods of proposed work
- a planned structural change.

If an application is refused, follow up applications may be made if the content of the application is different (ie change in nature of request, or additional evidence)

Appeal of a decision

An employee may appeal a refused application to the Chief Executive. In the case that the Chief Executive refused the decision maker, an appeal may be made to the Board Chair. This must be done in writing, with the original application attached and the grounds for the appeal clearly outlined..

Withdrawal of application by employee

The employee can withdraw their application at any stage before agreement. The employee should write to their line manager stating they wish to withdraw their application.

Where the employee fails to attend a meeting or appeal meeting on more than one occasion or they refuse to provide reasonable information to allow their application to progress, without reasonable excuse, UKPHR will treat the application as withdrawn.

UKPHR will confirm the withdrawal of the application to the employee in writing.

Non-statutory requests for flexible working

Ineligible employees may make an informal request for flexible working. This should be made, in writing, to their line manager with information of their proposed pattern of working, the date they propose this to take effect, whether this variation is temporary or permanent, and how any negative effects of the proposed working pattern can be managed.

This request will be considered in line with UKPHR's operational and staffing needs. Consideration will always be given, however, to the personal circumstances of staff and added flexibility could assist them in managing both professional and personal commitments.

ITEM – 6a – Reasonable adjustment policy 21 June 2022

Summary

1. UKPHR was approached a local practitioner scheme coordinator to query whether there was any support in place for applicants compiling a practitioner portfolio with specific learning needs i.e., dyslexia.
2. The issue was presented to the Registration Policy Group (RPG) for discussion in March 2022.
3. The group acknowledged that this was applicable to those applying via other portfolio routes, i.e. SRbPA route and that neither guidance referred to this.
4. RPG agreed that a reasonable adjustment policy needs to be drafted which is applicable to all routes of registration.
5. The attached policy has been drafted by the Registrar with support from the RPG.
6. The RPG agreed that a panel should be formed to consider applications made for reasonable adjustments, in addition to applications relating to the new extenuating circumstances policy and due course, responses to fitness to practise (FTP) declarations. This is with the view to support the Registrar in decision making and ensure a consistent approach.
7. Role descriptors for panel members will be drafted for consideration by the RPG in order to pilot the new process.

Recommendation

8. The Board is asked to approve the policy for role descriptors to be developed for panel members and conduct a pilot.

Pav Johal, Head of Business Development, and Improvement

June 2022

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UKPHR Reasonable Adjustments Policy

Introduction

UKPHR are committed to ensuring equality of opportunity for all registrants and applicants, and expect employers to provide appropriate support. It is important that those who are renewing, revalidating/re-registering or judged to be ready for registration, will not be placed at a substantial disadvantage on the grounds of disability or health.

All reasonable adjustment requests will be considered with reference to UKPHR's ability to measure individuals against the mandatory competence standards set by UKPHR, the statutory regulators and the Faculty of Public Health. UKPHR will not make adjustments to the application of a competence standard but may consider adjustments to the process by which attainment of the standard is determined.

Decisions will be made by a Reasonable Adjustments Panel, specifically convened for the purpose of assessing and approving applications.

Where recommendations cannot be implemented for the reasons outlined, the Registrar is responsible for communicating this decision to the applicant/registrant.

Purpose

The purpose of this policy is to ensure that:

1. UKPHR complies with its duty under the Equality Act 2010 to make reasonable adjustments for individuals with a disability
2. UKPHR has a clear procedure in place for applicants/registrants to follow if they wish to apply for an adjustment to their application/registration
3. All applications for reasonable adjustments will be reviewed in a fair and timely manner

This policy sets out:

- UKPHR's arrangements for making reasonable adjustments for applicants/registrants when appropriate
- How applicants/registrants may qualify for reasonable adjustments

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- The reasonable adjustments UKPHR will accept and the timescales required so that reasonable adjustments can be agreed

Scope

This policy applies to any applicant/registrant who is applying to register, renew or revalidate/re-register with UKPHR, or who is going through the registration process and who:

- has a disability as defined by the Equality Act 2010 (see definition section)

Individuals with a disability may apply for:

- a reasonable adjustment for an application for registration, restoration, revalidation/re-registration and annual renewal
- an extension if they are suffering from a long-term, critical illness.

Individuals not satisfied with the response for reasonable adjustment should refer to the UKPHR Appeals Policy.

Applicants/registrants who do not have a disability but who have particular issues impacting on their application/registration date should refer to the UKPHR Exceptional Circumstances Policy.

Although UKPHR does not regulate or have oversight of registrant employers, we expect all of our registrants to be working in environments that support appropriate reasonable adjustments.

Policy statement

UKPHR will evaluate every application and review the evidence provided. If no evidence is provided, UKPHR will ask the applicant to submit relevant evidence. If no evidence is subsequently provided, UKPHR may refuse the application.

An individual who makes an application for a reasonable adjustment to their application/registration will be treated fairly in accordance with this policy. The application process can be found in Appendix 1.

UKPHR will maintain confidentiality at all times, but information may need to be shared with members of the Registration Panel, members of the Registration Approvals Committee, local practitioner scheme coordinators, specialist portfolio assessors, practitioner portfolio assessors and verifiers, members of the Reasonable Adjustments Panel or the Extenuating Circumstances Panel but only if directly involved in the organisation of the application/registration. With reference to practitioner portfolio assessments, reasonable adjustments can be agreed with agreement from the regional scheme coordinator.

UKPHR do not grant exemptions from any part of the application/registration.

Definitions

Equality Act 2010 - The equality Act 2010 in the UK defines a 'competence standard' as *an academic, medical, or other standard applied by or on behalf of an education provider for the purpose of determining whether or not a person has a particular level of competence or ability.* In

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the case of UKPHR application/registrations, this would mean the standards that an individual has to achieve to demonstrate their competence.

However, it is imperative that the adjustments do not affect the competence standards against which any comparisons are being made. Reasonable adjustments must not affect the reliability of the assessment, but may involve, for example allowing extra time to complete the portfolio or application.

Section 6 of the Equality Act 2010 defines disability as a '*physical or mental impairment which has a substantial and long-term adverse effect on someone's ability to carry out normal day to day activities*'. It covers a wide variety of conditions, encompassing long-term illness as well as physical or psychological problems and temporary impairments and these are noted in Schedule 1, Part 1 of the Equality Act 2010 and in Regulation 7 of the Equality Act 2010 (Disability) Regulations 2010. Where possible and appropriate, UKPHR will make every effort to help applicants and registrants with a diagnosed disability. For example, those with diagnosed dyslexia may be allocated additional time to submit portfolios, clarifications and resubmissions. This list is not exhaustive.

A long-term effect usually refers to something that has had an effect on an individual, or is likely to affect an individual, for at least a year. In the case of an applicant/registrant being diagnosed with a long-term, critical or life-threatening illness, an application may be made for an extension to the period of registration as an applicant/registrant to give the individual sufficient time to be sufficiently fit for an application/registration.

Section 96 states that a qualifications body (regulator) does not need to make reasonable adjustments but it must ensure that the "*qualification gives a reliable indication of the knowledge, skills and understanding of a person*" (subsection 8b) and the need to "*maintain public confidence in the qualification*" (subsection 8c).

Reasonable Adjustments

The Equality Act 2010 requires organisations to make reasonable adjustments for disabled individuals (within the meaning of the Equality Act 2010). For UKPHR, this means applicants/registrants who could be at a significant disadvantage in comparison to someone who is not disabled. The purpose of any adjustments is to take steps to mitigate the disadvantage the individual is experiencing in the application/registration.

A number of factors may affect an individual and considerations should include, but are not limited to:

- the individual needs of the applicant/registrant
- whether an adjustment enables the individual to complete the assessment process whilst not giving them an unfair advantage
- the cost of the adjustment
- whether the proposed adjustment reflects the normal practice of a person working within public health
- the likely impact of the adjustment upon the applicant and other applicants/registrants.

Adjustments must not:

- compensate the applicant/registrant for any lack of knowledge and skills
- invalidate the assessment requirements of the requirements of the registration and should not alter the required competence standards

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- give the applicant/registrant an unfair advantage over other applicants/registrants.
- invalidate the requirement for registrants to be current and fit to practice at the time of registration/ revalidation

Responsibilities

UKPHR will ensure that the UKPHR staff apply the policy appropriately and review the policy periodically as part of UKPHR's self-evaluation arrangements considering applicant/registrant feedback, actions of the regulatory authorities or other relevant external agencies, or changes in legislation and advise the Board of these necessary revisions.

UKPHR will publicise that reasonable adjustments can be made to application/registrations for those who have a disability, receive requests for reasonable adjustments from applicants/registrants and process them in a timely manner, ensure that all requests for reasonable adjustments are considered fairly and consistently in line with this policy, request further information from applicants/registrants in order to fully understand the applicant/registrant's needs and rights for reasonable adjustments to an application/registration, and inform applicants/registrants of the outcomes of their requests for reasonable adjustments including the arrangements which have been put in place

Applicants/registrants will read this policy prior to applying for reasonable adjustments to be made, evaluate whether they have a disability under the definitions of the Equality Act 2010, complete the relevant Reasonable Adjustments Form and send it to UKPHR with appropriate evidence in a timely manner to allow for any reasonable adjustments to be reviewed, approved and introduced.

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Resources Referenced:

- GMC Gateways to the Professions
http://www.gmc-uk.org/education/undergraduate/gateways_guidance.asp
- <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcome-and-valued>
- GDC Preparing for Practice
[https://www.gdc-uk.org/Aboutus/education/Documents/Preparing%20for%20Practice%20\(revised%202015\).pdf](https://www.gdc-uk.org/Aboutus/education/Documents/Preparing%20for%20Practice%20(revised%202015).pdf)
- Higher Education Occupational Physicians/Practitioners (HEOPS) – Medical
http://www.heops.org.uk/HEOPS_Medical_Students_fitness_standards_2013_v10.pdf
- Higher Education Occupational Physicians/Practitioners (HEOPS) – Dental
http://www.heops.org.uk/HEOPS_Dental_Students_fitness_standards_2013_v11.pdf
- PU PSMD Reasonable Adjustments and Modified Assessment Provision (MAP) Statement for Clinical Programmes of Study (Medicine, Dentistry, & Dental Therapy & Hygiene) 2017
- Implementation Policy: Students with Disabilities in the MD Program, approved in 2007 by the College of Medicine, University of Saskatchewan
- AAMC document entitled Medical Students with Disabilities: A Generation of Practice, published June, 2005
- University of Manitoba Policy entitled Accessibility for Students
- http://www.heops.org.uk/HEOPS_Dental_Students_fitness_standards_2013_v11.pdf
- NEBDN Reasonable Adjustments Policy 2018

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Appendix 1: Procedure for applying for, and making reasonable adjustments for, application/registration applicants/registrants

Who should apply?

Applicants/registrants with a disability are advised to make an application for reasonable adjustments, apply for a different application/registration date for religious reasons, or apply for an extension to a registration period if suffering from a long-term, critical or life-threatening illness using the Reasonable Adjustments Application Form available on UKPHR's website.

If an individual needs to inform UKPHR of adjustments needed because pregnant or on maternity or family leave, applications should be made using the same form.

What UKPHR can do

UKPHR will consider every application for reasonable adjustments to an application/registration on a case-by-case basis. The evidence provided will be reviewed and is a very important part of the process.

The adjustments UKPHR make will be designed to meet the needs of the individual concerned and may be unique to them.

The following principles apply to all requests for reasonable adjustments:

1. Applicants/registrants should check with UKPHR at the start of any preparation to submit an application or registration or re-registration documentation in order to see whether it is possible to have adjustments
2. It is the responsibility of every applicant/registrant to familiarise themselves with the relevant UKPHR documentation relating reasonable adjustments and apply within the time parameters set out by UKPHR
3. Adjustments may not be accommodated if an applicant/registrant has not submitted a Reasonable Adjustments application form and evidence in sufficient time for UKPHR to evaluate the application and arrange the adjustment.
4. Adjustments should not give the applicant/registrant an unfair advantage over others or invalidate the assessment criteria
5. The decision to allow certain adjustments will be based on the professional evidence provided by the applicant/registrant when applying for the reasonable adjustment
6. UKPHR will confirm with assessors, verifiers, moderators and Registration Panel and Registration Approvals Committee members that the reasonable adjustments have been fully understood throughout the process

Limitations

An adjustment **cannot** be granted when:

- it will affect the standards of competence against which assessment is made
- it will compromise the integrity of the application/registration
- when it will put the health, safety and security of the applicant/registrant or other applicants/registrants at risk
- when the overall cost to the organisation and the impact it would have on the costs for other applicants/registrants.

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Time extensions

Where application/registration/assessment activities are time constrained an applicant/registrant may be allowed extra time if s/he has a condition which affects the speed of processing.

Unlimited extra time will not be permitted and the amount of extra time allowed will be specified by UKPHR before the application/registration/assessment begins. UKPHR will convene a Reasonable Adjustments Panel of one lay member, one registrant (practitioner or specialist) and the Registrar to review the applications and evidence and agree the appropriate additional time.

Applying for an adjustment

Individuals should apply for reasonable adjustments on the form available on the UKPHR website along with the required supporting evidence. It should be submitted before the start of any application process if at all possible, so as to allow the maximum possible time to consider a request.

UKPHR will aim to confirm in writing (email or letter) the receipt of a request within 48 hours of receipt and provide an estimated time for a full response.

In particular, where it is known from the outset that an applicant/registrant will need an adjustment for their application/registration, the application could be submitted with, or soon after, the applicant/registrant registration form. For example, where a medical condition already exists or where a specific learning disability has already been diagnosed or if the application is based on religious grounds – in these cases there is likely to be little reason to delay the application for an adjustment.

Applicants should allow up to 28 working days for written confirmation from UKPHR about the outcome of an application.

If disability or impairment occurs after the start of the application/registration process

UKPHR are aware that in some situations it is not possible for an applicant/registrant to apply for an adjustment if, for example, a health condition is diagnosed after the start of the process.

In these circumstances, individuals can still apply for an adjustment and UKPHR will make every effort to consider the request and make reasonable adjustments. In the event that UKPHR are unable to make the adjustment, UKPHR will inform the individual of this as soon as possible and advise any other course of action available.

If an individual is unwell or has a health condition or impairment close to a submission date, the Exceptional Circumstances Policy may apply.

What evidence do applicants need to provide?

Any application for an adjustment to assessment must be supported by evidence which is valid, sufficient and reliable using UKPHR's prescribed form.

Applicants/registrants should provide supporting additional evidence of the effect of the impairment on their performance in the assessment.

A number of types of evidence may be used and include medical, psychological or professional reports, provided an outline of the nature of the difficulty and consideration of the effect on the individual. A statement from a medical professional or a copy of a MATB1 form is required as supporting evidence for individuals who are pregnant at the time of an application/registration.

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UKPHR will maintain records of all cases for audit purposes and monitor the effectiveness of the reasonable adjustments that have been made.

CHECKLIST – Application for Reasonable Adjustments

If an individual is applying for an application/registration adjustment, please check that you have:

1. Completed the application on the correct form (which can be found on the UKPHR website)
2. Attached documentary evidence in support of the application
3. Submitted, as far as possible, before the relevant date

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GMC Services International Limited

**Regent's Place
350 Euston Road
London
NW1 3JN**

To: Jessica Lichtenstein, Chief
Executive Officer, UK Public Health
Register

From: GMC Services International

Date: 12 May 2022

Review and gap analysis of United Kingdom Public Health Register (UKPHR) Fitness to Practise Rules

Introduction and background

- 1** In March 2022, the General Medical Council's (GMC) subsidiary GMC Services International Limited (GMCSI) was contracted by the United Kingdom Public Health Register (UKPHR) to undertake a review of their Fitness to Practise (FTP) Rules and to conduct a gap analysis.
- 2** The purpose of the gap analysis is to highlight where additional rules or amendments may be required. The intention is that analysis will inform the future development of an operational FTP process which is effective, efficient and limits scope for challenge. The process must remain proportionate to the number of complaints received by UKPHR but be scalable over time in the event that more frequent or complex complaints are received in future.
- 3** UKPHR asked for our analysis to focus on the preliminary review of complaints and pre-hearing work, and identified the following as particular areas of interest:
 - the role of the Registrar and avoiding conflicts of interest
 - decision making functions and thresholds
 - case outcomes.

Methodology

- 4 UKPHR acknowledge that, to date, their Rules have not been tested to any significant degree and that no case has been referred to the FTP Panel. Therefore, detailed operational processes and guidance have not been developed.

UKPHR provided the following documents:

- *UKPHR FTP Rules, August 2021*

The Rules provide the current framework for the UKPHR FTP process. The Rules have never been tested and there is a concern that they are not fit for purpose.

- *What UKPHR needs to know: Guidance on notifying us of good practice, suggestions for improvement and concerns about registrants, August 2021*

This guidance sets out the types of information UKPHR is interested to receive and sets out some limited information about the current FTP process.

- *UKPHR's Policy for handling comments, complaints and compliments (Triple C) about its staff, volunteers and Board members and whistleblowing*

This policy specifically excludes complaints about FTP but does offer some insights about the overall approach of UKPHR, and some of the principles and commitments outlined in the policy could apply equally to FTP process.

- 5 The documents were reviewed and cross referenced by a subject matter expert from the GMC's FTP directorate. (Copies of the documents with initial comments and observations are included at Annexes A and B).
- 6 UKPHR maintain a voluntary register that is accredited by the Professional Standards Authority (PSA). In addition to the documents listed above, we also reviewed the relevant PSA standards, noting in particular that the organisation should:
 - set appropriate standards for competence, professional and ethical behaviour, and business practice
 - have robust processes in place for ensuring that concerns about registrants are dealt with in a transparent, timely and fair way
 - have a thorough understanding of the risks to service users and the public presented by the activities undertaken by its registrants and take action to mitigate them

- provide clear and accessible information to the public, its registrants and other stakeholders, using engagement to inform and enhance public protection.
- 7** Also considered are the PSA minimum requirements for processes for dealing with complaints and concerns.
 - 8** The remainder of this report sets out our reflections and recommendations by theme, and should be read in conjunction with Annex A.

Recommendations

Remit and thresholds

- 9** The guidance makes a general request for information about Registrants and does not define 'complaints' in line with current UKPHR FTP Rules. This could cause confusion about the role of UKPHR, leading to information being provided that is outside their remit.

Recommendation 1: Reflect on your primary purpose of public protection and consider:

- the appropriate threshold for your involvement in FTP complaints
- the purpose of FTP action (to remediate or to address risk)
- if it is necessary and proportionate for the FTP Rules to apply to Registrants after they have resigned from the Register.

Recommendation 2: Distinguish your FTP policies and processes from others (for example, comments and compliments, complaints about staff members)

Recommendation 3: Ensure that your FTP policies are consistent with the Rules framework.

Roles and responsibilities

- 10** The Rules assign all responsibilities to 'the Registrar'. However, there should be clear separation of functions (proportionate to complaint/employee numbers) to promote accountability and objective, independent decision making.

Recommendation 4: Clearly distinguish and define roles and responsibilities throughout the FTP process, in particular the investigative and decision-making functions.

Initial review of complaints

- 11** There is no clear process for the initial triage or filter of complaints to ensure that UKPHR are focused on addressing matters that raise current FTP concerns.

Guidance acknowledges the challenges of investigating historic complaint, but there is no current time limit.

Recommendation 5: Develop a complaint form which requests specific information relevant to your consideration of FTP.

Recommendation 6: Consider setting a reasonable time limit for complaints, subject to a public interest exception.

Recommendation 7: Set out the process for the initial review and filter of complaints, with a clear test and threshold (linked to defined categories of impairment and an assessment of risk).

Recommendation 8: Specify an option to close a complaint without any further action at the initial review stage if it does not meet the threshold.

Recommendation 9: The need for an immediate order should be considered at the point of initial review and kept under active consideration throughout any subsequent investigation.

Recommendation 10: If the complaint meets the threshold, provide initial disclosure to the Registrant, and provide them with opportunity to comment to inform the scope and extent of any further investigation.

Recommendation 11: Consider Develop options for disposal at the point of initial review/response from the doctor.

Further investigation

12 Descriptions around 'further investigation' are vague. There is no clear process or consideration of what types of evidence may be necessary and proportionate, taking into account the different categories of impairment. There is no formal requirement to disclose evidence to the Registrant for comment at the conclusion of an investigation and prior to a decision on outcome.

Recommendation 12: If further investigation is required, an investigator should be appointed to consider the complaint, develop a proportionate investigation plan and obtain appropriate evidence.

Recommendation 13: Review current categories of impairment and the evidence required to properly consider current impairment.

Recommendation 14: The Registrant should be given the opportunity to consider and comment on any evidence obtained at appropriate intervals during the investigation and before a decision is taken on outcome/referral.

Decision making

- 13** Robust, objective and well-reasoned decisions are fundamental to the fairness of FTP processes and are a focus of PSA standards. Appropriate weight should be attached to representations from the Registrant and Complainant.

Recommendation 15: Decisions about the outcome/referral of a case should be made by somebody other than the investigator.

Recommendation 16: Clearly define the decision points at each stage of the process (e.g. threshold met/further investigation required/outcome/referral).

Recommendation 17: Develop and publish guidance for decision makers and provide training on the principles of good decision making.

Recommendation 18: Decision makers should consider and weigh any comments or representations from the doctor in relation to the complaint or any evidence obtained.

Recommendation 19: Decisions about case outcome should be based on an assessment of the evidence and risk. Views of the complainant should be weighted appropriately, but not determinative.

Case outcomes

- 14** Case outcomes should be proportionate to the risk, balancing the interests of the Registrant, Complainant and the public.

Recommendation 20: The investigator should have a discretion to refer a complaint to the Registrar to consider closure at any point if they consider the realistic prospect test is not met.

Recommendation 21: Consider options for consensual disposal at the point of initial review / conclusion of an investigation in appropriate cases (to avoid the need for a hearing).

Recommendation 22: Consider the implications of FTP action on a Registrant's employment/ability to practice and potential grounds for legal challenge.

Recommendation 23: Consider the potential for hearings on the papers (written submissions) in appropriate cases.

Support for those involved in FTP processes

- 15** In line with the PSA standards, processes should be accessible and clear to all parties, with appropriate support offered.

Recommendation 24: Develop specific processes for complaints relating to a Registrant's health.

Recommendation 25: Develop specific guidance and support for vulnerable complainants or Registrants, and those with additional needs.

Recommendation 26: Create separate guidance for each stage of the process which sets out what the parties can expect, where possible including expected timeframes.

Review and appeals

16 The definition of Appeals Panel suggests an avenue for appeal of Registrar decisions, and the Appeals Rules suggests that only relates to decisions of the FTP Panel (to impose interim restrictions or a sanction). Currently it appears that there is no mechanism for parties to challenge decisions of the Registrar in relation to the investigation and its outcome.

Recommendation 27: Create an appropriate mechanism for the review of Registrar decisions.

Quality Assurance

17 UKPHR is ultimately responsible for the overall quality of decision made by those it appoints to make the decision. The PSA standards require a mechanism for ensuring outcomes are consistent, and specifically a process for the Quality Assurance of decisions.

Recommendation 28: Develop an internal audit and QA process for decisions.

Information sharing

18 In addition to their requirement for clear and accessible information, the PSA expect UKPHR to use its engagement with stakeholders to inform and enhance public protection.

Recommendation 29: Develop a policy for sharing information with the Registrant/Registrant's employer (including what information should be shared if a case is closed or dismissed at initial review).

Recommendation 30: Develop a publication and disclosure policy, which considers notification requirements and mechanisms for sharing safeguarding information.

Conclusion

The GMC trusts that the above recommendations are helpful and address the concerns outlined in the Introduction section of this report. We would be more than happy to discuss the findings in more detail should any of the recommendations require clarification or further explanation.

Do reach out to Helen Featherstone at GMCSI should you require further support and trusted business advice on these FTP rules, or any other area of regulation where the GMC may be able to offer further assistance.