

Agenda

UKPHR BOARD MEETING

23 November 2022

ITEM			
1	Welcome, apologies and new declarations of interest- Chair		
2	Minutes of Board meeting on 22 September 2022 - Chair		
3	Actions and matters arising – Chair		
4	Governance forward planner- Chief Executive		
Substantive Items			
5	Value of registration and fees review		
6	Staff remuneration during cost of living crisis		
7	Corporate strategy- timeline and planning		
8	Committee recommendations for Board decision: <ul style="list-style-type: none"> a. Extension of temp contracts (from ARRC) b. Parental leave policy (from RPG) c. Practitioner Verifier changes (from RPG) 		
Reports & updates			
9	Chief Executive’s report (including Chair decisions and meetings)	CEO	<i>Item 9</i>
10	Registration report	Registrar	<i>Item 10a - Minutes of RAC 22/9/2022</i> <i>Item 10b- Minutes of RAC 20/10/2022</i> <i>Item 10c- Registration data</i> <i>Item 10d- Registration Policy Group minutes,</i>

11	Audit, Risk and Remuneration report	ARRC Chair	<i>Item 11 - Minutes of ARR Committee,</i>
12	Education and Training Standards- <i>no meeting since last Board meeting</i>	E&T Chair & Registrar	<i>Item 12 – Minutes of E&T Committee</i>
13	Any other business	Chair	
14	Date and time of next meeting- Wednesday, 9 February 2023		

UKPHR BOARD MEETING 23 NOVEMBER 2022

ITEM 3

UKPHR Board Action Log	
RAG Key	
Outstanding	
Likely to be delayed/deadline not met	
On track	

Board Meeting Date	Number	Action	Owner
22/09/2022	22/24	Directors to contact JL or AJ if interested in shadowing opportunities for Board Chair	Directors
22/09/2022	22/23	Directors to record award presentations for annual conference	Directors
22/09/2022	22/22	Item to consolidate information gathered on workforce to help inform strategic vision and plan, in advance of strategy session in April	CEO
22/09/2022	22/21	Add case studies to deferral and exemption policies and implement	DEO/PJ
22/09/2022	22/20	Amend lapsed, restoration and withdrawal policy and implement	CEO/PJ
22/09/2022	22/19	Board item on planning for corporate strategy	CEO
22/09/2022	22/18	Submit Annual Report and accounts to Companies House	CEO/CHAIR
20/04/2022	22/10	Write to FPH and engage with group of registrants regarding specialist nomenclature on register	CEO
09/02/2022	22/7	Parental leave policy to be developed	RPG
09/02/2022	22/5	Explore the benefit of PSA accreditation	CEO
09/02/2022	22/2	ARRC to consider a policy for corporate sponsorship/involvement in UKPHR business	ARRC/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
TBD	Green	ASAP
DONE	Green	Sep-22
In process	Green	Feb-23
DONE	Green	Nov-22
DONE	Green	Nov-22
DONE	Green	Nov-22
DONE	Green	Nov-22
DONE	Green	Sep-22
DONE	Green	Sep-22
Not yet started	Green	Dec-22
Recommend re-visit after decision on whether to hold 2023 conference virtually or in person	Yellow	Jul-22 (recommend Apr-23)
To be part of the 2023 business plan, which will come to Board for approval early next year	Yellow	Dec-22 (recommend Jul-23)
DONE (with limited scope as part of fees review)	Green	Dec-22

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Item 5 – Value of registration and fees review

Summary

1. This paper accompanies the draft report and slide set outlining options for setting fees in 23/24.

Background

2. At their meeting in September 2021, UKPHR Board agreed an improvement plan, outlining six areas of focus for the organisation and setting out specific actions that can be put in place. These were centred on improving efficiency by (a) implementing new registration software and (b) improving our registration processes. In addition, it was noted that we should work to increase our income by (c) targeting practitioner registration, (d) reviewing our fees structure, (e) exploring collaboration with partner organisations, and (f) building our work across the four nations of the UK.
3. Since May 2022 we've been working with consultant Keith Burnett on a programme of work and final report, based on desk research and interviews of registrants and stakeholders.

Current position

4. The report at Annex A consolidates Keith's findings and starts to link the value of registration to income/spending and strategic direction. This report will be helpful in terms of understanding how UKPHR is perceived in terms of our registrants, and what monetary value PH professionals ascribe to registration. It compares us to other regulators and professions and starts to pull out some ideas for further development of our strategy in the new year by consolidating detail of what our registrants want/expect from us.
5. The paper fleshes out three potential strategic directions for the UKPHR. Options 1 and 2 are presented in the slides at Annex B in financial terms, laying out several potential approaches for fee-setting next year.
6. Option 3 is a 'go for growth' option, which will be particularly helpful for setting the scene for developing a strategic plan next year. However, pursuing this option at this point in time, prior to the strategic discussion, is putting the cart before the horse although we may wish to revisit this option as we discuss the strategic plan and start to implement.
7. At their October meeting, the Audit, Risk and Remuneration (ARRC) Committee considered the report. They agreed that the report was of good quality and provided a really useful strategic focus and options for ways forward, particularly to ensure registrants continue to engage with the register and there is limited attrition. It was noted that the link between

strategy and finance was particularly useful and will inform next year's strategic plan discussions. It also highlighted the risks and practices that are particularly vulnerable. They felt that in principle, Option 2 was the right way forward, but that the original modelling had happened prior to the current spate of inflation rises. Therefore, the Chief Executive did some additional modelling based on the ARRC discussions, at Annex B.

8. Communicating with registrants will be key. The plan is to publish this report on our website. Previous annual fee rises have been small and incremental, and an example of the most recent fees increase consultation (20/21) is at Annex C. There were no responses, although this may have been due to registrants focus on the beginning of the COVID-19 pandemic. A communication document will need to be very much focussed on benefits and value, including some detail about how we aim to develop the register and our strategic vision. Even if fees rise in line with inflation, this will be more than registrants will have seen in the past. However, we have not raised fees for 21/22 or 22/23 and a fee raise will not be surprising. We will need communications to balance detail about how we want to spend fees in the future, and ensuring we retain registrants' goodwill as much as possible.
9. It was noted by the ARRC that other unpaid roles in the UKPHR such as assessors and verifiers were considered in the context of this review, but increasingly there seems to be this recognition and acknowledgement that, particularly for practitioner registration, the assessors and verifiers come from within the local public health system and that this is considered CPD. Although it may be worth exploring in the future, a more effective push may be getting more involved in local workforce discussions. In terms of specialist portfolio assessors, we are oversubscribed so this is probably not the right time to fully consider this. Although if there are significant increases in portfolio numbers this may be something we need to return to.
10. Another potential source of additional income is to review the practitioner scheme fees and moderator charges; this will be explored further next year, as it was outside the scope of this review.

Recommendations to the Board:

- 11. The Board is asked to recommend a preferred fees structure as per slides 6 and 7, Annex B**
- 12. The Board is asked to consider timings of the report and the fees consultation for registrants and agree one of the below options:**
 - a) Publish the report at Annex A and signpost to a consultation in the new year**
 - b) Package the report and a fees consultation together, to be circulated in January 2022**



Change options

Issues and outline income estimates
for the Risk and Audit Committee

Potential additional expenses (approximate costings)

23/24 total: **£45,000**

- ▶ Registrar stipend: £6000
- ▶ Salary increases: £22,000 (based on rise in line with 10% inflation)
- ▶ Extension of staff contracts/ potential permanent roles: £15,000 (total cost is closer to £29,000, but approx. half of this is covered by savings carried over from IT upgrade in 22/23)

24/25 total: **£40,000**

- ▶ Registrar stipend: £6000
- ▶ Salary increases: £11,000 (based on 6% increase and reduction of admin resource due to IT system implementation)
- ▶ Permanent part time Practitioner Registration Coordinator role: £23,000

Total over 2 years: **£85,000**

Potential increased income- assumptions:

- ▶ Annual Practitioner Registration increases - **50 per year**
- ▶ Apprenticeship programmes- up to **9 registrants in 23/24** and **85 in 24/25**
- ▶ Specialist Registration portfolio applications- due to increase, but scale is unknown. Best guess – **additional 10 pre-apps and portfolios/year**

Comparing fees- specialists

	UKPHR	GMC	GDC
Renewal (annual)	£336	£420	£680 + £72 per specialty
Portfolio (one off)	£105 pre app £525 full portfolio No fees charged for un-assessable applications nor for withdrawal of application	£1727 Fees charged for additional assessments and £96-700 charged for withdrawal of application	£529.20 for DCP £88.60 for Dentists who pass exam
Appeal	£525	£1727 (written) £2613 (oral)	unknown

Comparing fees- practitioners

	UKPHR	Dental care professionals	NMC	Social Work England	HCPC
Renewal (annual)	£108	£120 + 72 per specialty	£120	£91	£98.12

UKPHR - Specialist portfolio, appeals, and other fees:

	Current	Recommended	Total additional income	
Pre application	£105	£200 (90% increase)	If 16/year: £1500	
Portfolio assessment	£525	£690 (31% increase)	If 12/year: £1980	
Application returned bc un-assessable	0	£150 full assessment stage (the rest is re-funded)	If 2/year: £300	
Restoration Admin fee	£45 practitioners £84 specialists	No change recommended		
Appeal	£525	£950 (45% increase) (to be refunded if we lose)		

TOTAL approx. additional income per year: £4000

	OPTION 1 6% each year (12% total)	OPTION 2 8% each year (16% total)	OPTION 3 7%, then 5% for practitioners 9% for specialists, then 7%	OPTION 4 8% for practitioners 11% for specialists (16% and 22%)
Practitioners 23/24: 550 24/25: 670 Specialty Reg: 8 £108	£6.50 rise p/a 23/24: £3575 24/25: £8040	£9 rise p/a 23/24: £4950 24/25: £12,060	£7.50, then £5.50 23/24: £4125 24/25: £8710	£9 rise p/a 23/24: £4950 24/25: £12,060
Specialists 23/24: 784 24/25: 794 £336	£20 rise p/a 23/24: £15,680 24/25: £31,760	£27 rise p/a 23/24: £21,168 24/25: £42,876	£30, then £23.50 rise p/a 23/24: £23,520 24/25: £42,479	£37 rise p/a 23/24: £29,008 24/25: £58,756
Total add'l income	23/24: £19,255 24/25: £39,800 Other: £3000	23/24: £26.118 24/25: £54,936 Other: £3000	23/24: £27,645 24/25: £51,189 Other: £3000	23/24: £33,958 24/25: £70,816 Other: £3000
Expenditure	23/24: £45,000 24/25: £40,000	same	same	same
Difference	23/24: £22,745 24/25: £2800	23/24: £15,882 24/25: £17,936	23/24: £14,355 24/25: £14,189	23/24: £8042 24/25: £33816

Additional income vs expenditure

- ▶ Projected Reserves as of 31 March 2023: £250,000, which is approx. 7 months operating costs
- ▶ OPTION 3 RECOMMENDED:
 - likely to reduce reserves in 23/24, but total still over 6 months operating costs (approx. £236,000)
 - 24/25 increase to bring reserves back up to approx £250,000
 - Reasonably small increases for practitioners, which is desirable bc of voluntary nature
 - More significant increases for specialists who are obligated to register and have a responsibility to support practitioners
 - Increased specialist fees still less than current GMC/GDC
 - Rises remain less than (anticipated) inflation, which may be needed to retain goodwill

28 February 2020

UKPHR CONSULTATION

in relation to

Registration fees and other fees and charges
from July 2020 to June 2021

Title	Registration fees for 2020-21
Commencement Date	Friday 28 February 2020
Date consultation closes	Monday 30 March 2020, 10.00hrs
Send responses to	David Kidney, Chief Executive UKPHR, 18c McLaren Building, 46, Priory Queensway, Birmingham B4 7LR Email: register@ukphr.org
Or complete online survey	https://www.surveymonkey.co.uk/r/ZT7KHV3

UKPHR CONSULTATION *in relation to* Registration fees for 2020-21

This consultation

At the meeting of UKPHR's Board held on 18 February 2020 the Company's budget for the Financial Year 2020-21 was considered.

As part of the budget process, the Board reviewed UKPHR's actual financial performance against the budgeted finances in 2019-20. Key findings were:

- Registrant numbers continue to grow and income from registration fees was broadly in line with the budget;
- Most costs were also in line with the budget, with some excesses in IT provision, QA & training and legal professional fees.

Major projects for introducing revalidation for specialist registrants and amending the standards for practitioner registration were completed within budget.

The Board identified cost savings going forward, for example in relation to office costs, however these savings alone will not be enough to ensure that the organisation remains financially sustainable for the future. Projects still underway in the coming Financial Year will include an e-portfolio for the new SRbPA route and introduction of revalidation for practitioner registrants.

The Board therefore intends to increase registration fees and other fees and changes with effect from 01 July 2020 by around 3 per cent and seeks views of registrants and other stakeholders on these proposals.

Registration fees

For 2019-20 registration fees have been as follows:

Category of registrant	Current fee	Increase on the previous year	Percentage increase
Specialist	327	6	1.87%
Specialty Registrar	104	2	1.96%
Practitioner	104	2	1.96%

For 2020-21, the Board's proposed increases would result in registration fees as follows:

Category	Current fee £	Increase £	% increase	2020-21 £
Specialist	327	9	2.75%	336
Specialty Registrar	104	4	3.85%	108
Practitioner	104	4	3.85%	108

In opting for a proposed increase of around 3 per cent, the Board took into account that:

- Price inflation, measured by the Government's preferred CPIH measure, rose by **1.40 per cent** in the 12 months to December 2019.
- Measured by RPI, inflation was **2.2 per cent** over the same period
- Median full-time weekly earnings increased **3.2 per cent** (September-November)

Source: ONS

The Board considered four years ago whether to increase registration fees significantly to cover the additional cost to UKPHR of three major developments: introducing revalidation, replacing existing specialist portfolio assessment routes with a new retrospective portfolio assessment route and the first review of practitioner registration.

The Board decided on a strategy of gradual increase in registration fees for so long as would be necessary to complete these developments.

The Board also committed not to introduce any new additional fees payable by registrants for UKPHR's revalidation operations.

Other fees and charges

In 2019-20, the Board decided to keep other fees and charges at the same level as the previous year. This kept these charges as follows:

	Other registration fees and charges					
	2018-19			2019-20		
	Practitioner	Specialist	Specialty Registrar	Practitioner	Specialist	Specialty Registrar
Specialist Portfolio Assessment Fee	-	£510	-	-	£510	-
SRbPA preapplication fee	-	£102	-	-	£102	-
Restoration Administrative Fee	£42	£80	£42	£42	£80	£42
Arrears of fees payable on Restoration	Varies depending on total arrears accumulated					

For 2020-21, the Board's proposed increases would result in other fees and charges as follows:

	Other registration fees and charges					
	2019-20			2020-21		
	Practitioner	Specialist	Specialty Registrar	Practitioner	Specialist	Specialty Registrar
Specialist Portfolio Assessment Fee	-	£510	-	-	£525	-
SRbPA preapplication fee	-	£102	-	-	£105	-
Restoration Administrative Fee	£42	£80	£42	£45	£84	£45
Arrears of fees payable on Restoration	Varies depending on total arrears accumulated					

In opting for a proposed increase of around 3 per cent, the Board took into account the need to keep fees and charges up to date and for income from these fees and charges to contribute fairly to the organisational effort.

Financial implications

If the increases in registration fees and other fees and charges are implemented, and if the Board's forecasts prove accurate (for example, in relation to registration numbers), the Board anticipates there being a surplus at the end of its Financial Year 2020-21 of approximately £20,000 on a gross turnover of between £300,000 and £350,000.

Within the expenditure that we anticipate during the coming Financial Year, development of an e-portfolio for the SRbPA route is expected to cost around £20,000 and implementation costs for practitioner revalidation are expected to come to about £20,000.

The main expenditure headings are for staff and office accommodation. Reserves are at the level of approximately half of one-year's running costs. The Company is a not for profit charity and any surplus is retained within the organisation. Board members are unpaid.

To respond to this consultation

This consultation will be open from Friday 28 February 2020 and will close at 10.00hrs on **Monday 30 March 2020**. The Board intends to consider responses to this consultation at its meeting to be held on 28 April and UKPHR's budget for 2020-21 will then be finalised.

This consultation will be published on UKPHR's website and will be publicised in emails and announcements to registrants and stakeholders and by Twitter to wider audiences. UKPHR has set up an online survey where you can respond to this consultation. You can access the survey here: <https://www.surveymonkey.co.uk/r/ZT7KHV3>

UKPHR does not solely require responses to be by means of completing the online survey. You can send a written response to UKPHR in the post or by email also.

Free text responses will be welcome.

Summary of matters under consideration by UKPHR's Board

The issues raised by this consultation include:

1. UKPHR is a small organisation with four salaried employees and about 1,200 registrants. The Company is self-sufficient, relying entirely on income generated by its own registration and training activities.
2. UKPHR is introducing revalidation for registered practitioners and an e-portfolio for the SRbPA route for specialists. Work on the recommendations that came out of the review of practitioner registration is continuing. These are all major projects for UKPHR and its registrants, marking a further steps forward in the register's development and the assurance of ongoing competence and quality of service of the public health workforce.
3. Registration is voluntary and UKPHR looks to reduce costs before increasing fees and charges.
4. In 2019-20, budgeted income was £334,178 and budgeted expenditure was £303,738.
5. Price inflation, measured by the Government's preferred CPIH measure, rose by 1.4 per cent in the 12 months to December 2019. Measured by RPI, inflation was 2.2 per cent over the same period. Median full-time weekly earnings increased 3.2 per cent compared with 2018. *Source: ONS.*
6. Last year the Board increased registration fees from 1st July 2019 as follows: Specialist from £321 to £327 (1.9 per cent), Specialty Registrar from £100 to £102 (2 per cent) and Practitioner from £100 to £102 (2 per cent). These increases raised income by approximately £6,000.
7. The Board considered four years ago whether to increase registration fees and charges significantly to cover the additional cost to UKPHR of three major projects: introducing revalidation, replacing RSS and defined specialist portfolio assessment routes with the SRbPA route and the first review of practitioner registration. Instead, the Board decided on a strategy of gradual increases in registration fees for as long as necessary.
8. UKPHR's Board proposes to increase all registration fees by around 3 per cent and other fees and charges by between £3 and £15.

We would be grateful for your answers to the following questions. In addition, the consultation provides the opportunity to give comments.

Who is invited to respond

Any registrant and any individual or organisation with an interest in the levels of registration fees and other fees & charges set by UKPHR is welcome to respond to this consultation. The consultation will be live on UKPHR's website throughout.

How to respond

UKPHR has set up an online response facility (survey monkey) and you are welcome to complete the survey. You can access the survey here:

<https://www.surveymonkey.co.uk/r/ZT7KHV3>

Alternatively, you are welcome to respond in your own way in writing and send your response to UKPHR by post or email. UKPHR is not prescribing a format for responding to this consultation in this way nor is it providing a form for completion and return.

The proposed schedule of registration fees is set out in this consultation document showing the proposed fees to be charged for registration **from 1st July 2020**.

When to respond

This consultation will close on **Monday 30th March 2020 at 10.00hrs**

Where to send responses

If you post your response, please address it to:

David Kidney, Chief Executive,
UKPHR,
18c McLaren Building, 46, Priory Queensway, BIRMINGHAM B4 7LR

If you email your response, please send it to:

register@ukphr.org

Please state "Registration fees 20-21" in your response.

Any queries?

If you have any queries about this consultation, please telephone David Kidney on 0121 296 4370 or email him at d.kidney@ukphr.org

Consultation questions

Q1. Annual practitioner registration fees will rise from £104 to £108, specialist registration fees will rise from £327 to £336 and Specialty Registrar registration fees will rise from £104 to £108.

Do you agree with the Board's proposal?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Any comment:

Q2. The Board's priorities in managing UKPHR's finances are (1) long-term sustainability; (2) improved registration services for registrants; (3) successful implementation of revalidation, new portfolio assessment route for specialists and completion of review of practitioner registration.

Do you agree with the Board's priorities?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Any comment:

Q3. UKPHR is committed to the introduction of revalidation for registered practitioners (having introduced revalidation for registered specialists last year). It will involve UKPHR in some additional cost but UKPHR believes that the revalidation scheme is essential and therefore meeting the cost is necessary. UKPHR intends to bear, as much as it possibly can, the cost of introducing revalidation itself.

Do you agree with the Board's judgement?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Any comment:

Q4. The Board has decided to increase other fees and charges this year, having left them unchanged last year, by between £3 and £15. Do you agree with the Board's proposal?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Any comment:

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Only complete Q5 & Q6 if you do not already pay by Direct Debit.

Q5. Registration fees can be paid by (1) Annual Direct Debit; (2) bank transfer; (3) PayPal; (4) standing order instalments and (5) cheque.

Are you aware of these options?

Yes	No

Q6. Are you willing to pay in future by Direct Debit?

Yes (Click here to download a DD mandate and post to our Birmingham office)	No

Q7. Do you have any further comment in response to UKPHR's consultation?

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Proposed schedule of registration fees from 01 July 2020

Category	Current fee £	Increase £	% increase	2020-21 £
Specialist	327	9	2.75%	336
Specialty Registrar	104	4	3.85%	108
Practitioner	104	4	3.85%	108

Proposed other fees and charges fees from 01 July 2020

Other registration fees and charges						
	2019-20			2020-21		
	Practitioner	Specialist	Specialty Registrar	Practitioner	Specialist	Specialty Registrar
Portfolio Assessment Fee	-	£510	-	-	£525	-
SRbPA preapplication fee	-	£102	-	-	£105	-
Restoration Administrative Fee	£42	£80	£42	£45	£84	£45
Arrears of fees payable on Restoration	Varies depending on total arrears accumulated					

UKPHR Board

23 November 2022

Item 7 – Strategic planning & timeline

Issue

1. To discuss how UKPHR will approach a new strategic plan, for 2023/24

Background

2. After a strategy day in early 2019, the Board began planning its Business Plan for the three year period 2019-2021. The Board approved the plan (item 7a) in February 2019. The Board also agreed a vision statement, a mission statement and a statement of value proposition, which are all included in the Business Plan:

OUR VISION

All UK citizens shall have the best possible health and wellbeing and that inequalities between communities are reduced as far as possible, assisted and enabled by our registrants in their population health practice.

OUR MISSION

To protect the public from harm from poor population health practice by assuring the competence of those who achieve registration with us and by ensuring that registrants maintain and enhance their professional competence during their time of registration with us.

OUR VALUE

Through registration with us, public health professionals are able to demonstrate their competence in population health practice and our public register allows everyone to check who is registered and to report concerns about registrants so that we are able to act on public protection issues.

3. These three areas above are meant to be static and a constant reflection of UKPHR's business. A strategic plan should sit below this and evolve periodically. Strategic planning is a process in which organisational leaders define their vision for the future and identify their organisation's goals and objectives. The process includes establishing the sequence in which those goals should be realized so that the organisation can reach its stated vision.
4. Best practice indicates that strategic planning typically represents mid- to long-term goals with a life span of three to five years, though it can go longer. This is different than business planning, which typically focuses on short-term, tactical goals, such as how a budget is divided up. The time covered by a business plan can range from several months to several years.
5. We currently have an improvement plan which is nearing completion (update at next Board meeting) and an expired business plan, which is really more akin to a strategic plan. The UKPHR team is in the process of formulating a lower-level business plan for the period of 2023-2024, which will inform budget setting for that year. This detail will be presented to the Board in the new year, and will be updated on an annual cycle.

6. It's time for the Board to start to construct a new strategic plan. A strategy away day is planned for March 2023, and this will be an ideal time to kick off this essential work. Prior to the strategy day, we will pull together information packs for Board members including detail of how to approach strategic planning, and information about key partner organisations plans ie Faculty of Public Health, Royal Society of Public Health, as well as those of key regulators such as the GMC, HCPC, NMC.
7. Key stages of the process are proposed as follows:

January-March 2023	Strategy away day planning
March 2023	Board Strategy away day
March-September 2023	Research and Drafting Consultation drafting (?)
October-December- Consultation	Consultation open (?)
January-March 2023	Re-drafting
April 2023	Board approval Launch

8. Last time, there was a Strategy Working Party of Board members, and it makes sense to have a small group overseeing content and development.

Recommendations

- 9. To agree the general approach to strategic and business planning, and timeline**
- 10. To agree to formulation of a Strategy Working Party**

UKPHR Business Plan 2019-21- Objectives

A. OUR REGISTER

- A1 We will maintain a register that is accurate, easily accessible to the public and upholds standards of competence for public health professionals
- A2 We will regularly carry out assessment of risks presented by registrants' public health practice to service users and the public, keep its risk register up-to-date and be alert to future changes in risks
- A3 We will aim for continuous improvement of our own performance

B. OUR RESOURCES

- B1 We will maintain and enhance UKPHR's resources, including paid staff, volunteers and finances, to achieve effectiveness and continuous improvement of delivery of our functions
- B2 We will uphold, review and change as required the standards for registration and maintaining registration in the public interest
- B3 We will aim for continuous improvement of registrants' public health practice

C. OUR RELATIONSHIPS

- C1 We will, as an organisation, behave with integrity, be open and transparent and be accountable to registrants, the public and stakeholders and be socially responsible
- C2 We will support the public health system's development of an agile, flexible, multidisciplinary public health workforce
- C3 We will promote the value of registration and its role in public protection and encourage more people to register by actively communicating with all appropriate audiences

UKPHR Business Plan 2019-21- Objectives

OUR VISION

All UK citizens shall have the best possible health and wellbeing and that inequalities between communities are reduced as far as possible, assisted and enabled by our registrants in their population health practice.

OUR MISSION

To protect the public from harm from poor population health practice by assuring the competence of those who achieve registration with us and by ensuring that registrants maintain and enhance their professional competence during their time of registration with us.

OUR VALUE

Through registration with us, public health professionals are able to demonstrate their competence in population health practice and our public register allows everyone to check who is registered and to report concerns about registrants so that we are able to act on public protection issues.

In the following pages, “PSA Standards” refers to the Professional Standards Authority’s Standards for Accredited Registers.

PRIORITY A PUBLIC PROTECTION AND ASSURANCE OF STANDARDS OF COMPETENCE

Purpose	Business Plan objectives	Relevant programmes of work	Board lead	Timelines	Measures of success
To protect the public from harm by setting and upholding standards of competence for public health professionals and their practice, and acting on evidence of malpractice	<p>A1 We will maintain a register that is accurate, easily accessible to the public and upholds standards of competence for public health professionals</p> <p>PSA Standards 1, 2, 10,11</p>	<p>Improving engagement with public, employers and stakeholders to raise awareness of the register.</p> <p>Maintenance of FtP panel and ability to respond to complaints on professional competence.</p>	Andrew Jones	Jan 2019 – Apr 2019 and ongoing	<p>UKPHR raises its levels of communication activity to and from target groups over time.</p> <p>UKPHR seeks feedback, carries out surveys and commissions research to assess awareness in target groups.</p>
	<p>A2 We will regularly carry out assessment of risks presented by registrants' public health practice to service users and the public, keep its risk register up-to-date and be alert to future changes in risks.</p> <p>PSA Standards 3, 7, 9</p>	<p>Audit & Risk Committee's regular review of risk matrix and reports to Board.</p> <p>Development of an interactive version of the risk register.</p> <p>Ongoing horizon scanning by Board.</p> <p>Ongoing surveillance and intelligence gathering by UKPHR.</p>	<p>Duncan Vernon</p> <p>Duncan Vernon</p> <p>Duncan Vernon</p> <p>Chief Executive on Board's behalf</p>	<p>Jan 2019 – Aug 2019 and ongoing</p> <p>Jan 2019 – Aug 2019 and ongoing</p> <p>Jan 2019 – Aug 2019 and ongoing</p> <p>Jan 2019 – Aug 2019 and ongoing</p>	<p>Committee reduces overall level of organisational risk and keeps Board informed of public health practice risks.</p> <p>Board identifies new risks and changes in existing risks and acts early to address them.</p>
	<p>A3 We will aim for continuous improvement of our own performance.</p> <p>PSA Standards 7, 8</p>	Review of Quality Assurance.	Duncan Vernon	Sep 2018 – Apr 2019	<p>UKPHR adopts new QA framework that is comprehensive.</p> <p>QA arrangements include proactive means of measurement which UKPHR will action.</p>

PRIORITY B UKPHR IS, AND IS PERCEIVED TO BE, AN EFFECTIVE REGULATOR

Purpose	Business Plan objectives	Relevant programmes of work	Board lead	Timelines	Measures of success
To inspire confidence of registrants, their employers, commissioners of public health services, the public and UKPHR's other stakeholders in the effectiveness of UKPHR's register and its ability to set and uphold and develop standards of public health practice	B1 We will maintain and enhance UKPHR's resources, including paid staff, volunteers and finances, to achieve effectiveness and continuous improvement of delivery of our functions. PSA Standards 4, 7, 9	Improved financial accounting system.	Duncan Vernon	Jan 2019 – Mar 2019	Improved quality of reporting to Board and A & R Committee.
		Oversight by Audit & Risk Committee.	Duncan Vernon	Jan 2019 – Aug 2019 and ongoing	Regular consideration, evidenced in minutes, of finances and other resources including staffing.
		Succession planning for staffing.	Andrew Jones	Jan 2019 – Aug 2019 and ongoing	Plan finalised and communicated to Board and staff.
	B2 We will uphold, review and change as required the standards for registration and maintaining registration in the public interest. PSA Standards 6, 8, 9	New portfolio assessment route for specialists.	Viv Speller	Jan 2019 – Aug 2019	Launched on 01 Sep 2018, no. of applications for registration, progress of assessments of portfolios.
		Amended standards for practitioner registration.	Viv Speller	Aug 2018 – Apr 2019	Assess responses to consultation; no. of applications for registration.
	B3 We will aim for continuous improvement of registrants' public health practice. PSA Standards 6, 8, 9, 10	Introduction of revalidation of registrants.	Andrew Jones	Apr 2019 – Mar 2020 and ongoing	Specialist revalidation begins on time (Mar 2019); Practitioner revalidation is launched in 2019; Revalidations are completed on time.

PRIORITY C PROMOTE UKPHR AS THE REGULATORY HOME OF THE CORE PUBLIC HEALTH WORKFORCE

Purpose	Business Plan objectives	Relevant programmes of work	Board lead	Timelines	Measures of success
<p>To be an organisation which has high standards of governance, leadership, operational efficiency and openness making it the natural regulatory home for public health specialists, Specialty Registrars and public health practitioners</p>	<p>C1 We will, as an organisation, behave with integrity, be open and transparent and be accountable to registrants, the public and stakeholders and also be socially responsible.</p> <p>PSA Standard 5</p>	<p>Compliance with company and charitable regulatory requirements and PSA accreditation.</p> <p>Commitment to Annual Report, Annual Meeting, Annual Practitioners' Conference and regular Consultative Forum meetings.</p>	<p>Andrew Jones</p> <p>Andrew Jones</p>	<p>Jan 2019 – Aug 2019 and ongoing</p> <p>Jan 2019 – Aug 2019 and ongoing</p>	<p>Green status and absence of regulatory issues.</p> <p>Maintenance of frequency of activities, positive feedback from participants.</p>
	<p>C2 We will support the public health system's development of an agile, flexible, multidisciplinary public health workforce.</p> <p>PSA Standard 7</p>	<p>UKPHR's participation in relevant public health partnerships, bodies and meetings.</p> <p>Visible backing for public health system's initiatives, for example, Consensus Statement on Placements, Employers' standards for public health teams and a public health apprenticeship.</p>	<p>Andrew Jones</p> <p>Helen King</p>	<p>Jan 2019 – Aug 2019 and ongoing</p> <p>Jan 2019 – Aug 2019 and ongoing</p>	<p>Good attendance record of UKPHR's representatives and meaningful reports back to Board and others.</p> <p>Patent quantity, quality and timeliness of supportive actions when requested by partners and other stakeholders.</p>
	<p>C3 We will promote the value of registration and its role in public protection and encourage more people to register by actively communicating with all appropriate audiences.</p> <p>PSA Standards 7, 10</p>	<p>Revised Board strategy, Business Plan and risk matrix.</p> <p>Regular reports to Board and regular review by Board of UKPHR's communications activity and strategy.</p>	<p>Andrew Jones</p> <p>Andrew Jones</p>	<p>Jan 2019</p> <p>Sep 2018 – Mar 2019</p>	<p>New, fit for purpose strategy, Business Plan and interactive risk matrix.</p> <p>No. of communications, channels used, and feedback received.</p>



UKPHR

Public Health Register

Protecting the public – improving practice

UKPHR Business Plan 2019-21- *Actions*

UKPHR's ACTION PLAN FOR IMPLEMENTING ITS BUSINESS PLAN 2019-2021

The Objective	The Actions we intend to take	Timings for actioning	Who is the owner
<p>A1 We will maintain a register that is accurate, easily accessible to the public and upholds standards of competence for public health professionals</p>	<ul style="list-style-type: none"> ▪ Publish the register constantly ▪ Keep the register up to date in real time ▪ Regularly check the register is accurate ▪ Publicise the register's existence 	<ul style="list-style-type: none"> ▪ All day, every day ▪ Full-time staff working office hours ▪ Team audit checks at regular intervals ▪ Audit & Risk Committee checks quarterly ▪ Communications strategy in constant use 	<p>Board member with responsibility is with the Chair. Staff responsibility is with the CEO.</p>
<p>A2 We will regularly carry out assessment of risks presented by registrants' public health practice to service users and the public, keep its risk register up-to-date and be alert to future changes in risks.</p>	<ul style="list-style-type: none"> ▪ Audit & Risk Committee will consider risks of practice and UKPHR's risk matrix at all meetings, and meet quarterly ▪ Board will consider horizon scanning at every Board meeting ▪ Board will have in place process for translating risks identified into action plans for UKPHR to implement 	<ul style="list-style-type: none"> ▪ Every meeting of Audit & Risk Committee for three years ▪ Every Board meeting for three years ▪ Board to consider at its meetings at least once a year 	<p>Board's Chair of Audit & Risk Committee</p>
<p>A3 We will aim for continuous improvement of our own performance.</p>	<ul style="list-style-type: none"> ▪ Board will oversee QA arrangements ▪ Audit & Risk Committee will provide Board with Annual Report every year ▪ Board will have in place appraisal system and ensure all employees are appraised annually 	<ul style="list-style-type: none"> ▪ Board will publish QA documentation in H1, 2019 ▪ Audit & Risk Committee to deliver Annual Report to Board by June every year ▪ All employees will have annual appraisal and mid-year review, every year 	

UKPHR's ACTION PLAN FOR IMPLEMENTING ITS BUSINESS PLAN 2019-2021

The Objective	The Actions we intend to take	Timings for actioning	Who is the owner
B1	<ul style="list-style-type: none"> ▪ Publish the register constantly ▪ Keep the register up to date in real time ▪ Regularly check the register is accurate ▪ Publicise the register's existence 	<ul style="list-style-type: none"> ▪ All day, every day ▪ Full-time staff working office hours ▪ Team audit checks at regular intervals ▪ Audit & Risk Committee checks quarterly ▪ Communications strategy in constant use 	Board member with responsibility is with the Chair. Staff responsibility is with the CEO.
B2	<ul style="list-style-type: none"> ▪ Audit & Risk Committee will consider risks of practice and UKPHR's risk matrix at all meetings, and meet quarterly ▪ Board will consider horizon scanning at every Board meeting ▪ Board will have in place process for translating risks identified into action plans for UKPHR to implement 	<ul style="list-style-type: none"> ▪ Every meeting of Audit & Risk Committee for three years ▪ Every Board meeting for three years ▪ Board to consider at its meetings at least once a year 	Board's Chair of Audit & Risk Committee
B3	<ul style="list-style-type: none"> ▪ Board will oversee QA arrangements ▪ Audit & Risk Committee will provide Board with Annual Report every year ▪ Board will have in place appraisal system and ensure all employees are appraised annually 	<ul style="list-style-type: none"> ▪ Board will publish QA documentation in H1, 2019 ▪ Audit & Risk Committee to deliver Annual Report to Board by June every year ▪ All employees will have annual appraisal and mid-year review, every year 	

UKPHR's ACTION PLAN FOR IMPLEMENTING ITS BUSINESS PLAN 2019-2021

The Objective	The Actions we intend to take	Timings for actioning	Who is the owner
C1	<ul style="list-style-type: none"> ▪ Publish the register constantly ▪ Keep the register up to date in real time ▪ Regularly check the register is accurate ▪ Publicise the register's existence 	<ul style="list-style-type: none"> ▪ All day, every day ▪ Full-time staff working office hours ▪ Team audit checks at regular intervals ▪ Audit & Risk Committee checks quarterly ▪ Communications strategy in constant use 	<p>Board member with responsibility is with the Chair. Staff responsibility is with the CEO.</p>
C2	<ul style="list-style-type: none"> ▪ Audit & Risk Committee will consider risks of practice and UKPHR's risk matrix at all meetings, and meet quarterly ▪ Board will consider horizon scanning at every Board meeting ▪ Board will have in place process for translating risks identified into action plans for UKPHR to implement 	<ul style="list-style-type: none"> ▪ Every meeting of Audit & Risk Committee for three years ▪ Every Board meeting for three years ▪ Board to consider at its meetings at least once a year 	<p>Board's Chair of Audit & Risk Committee</p>
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UKPHR Board 23 November 2022

Item 8c

Verifier changes

Background

1. UKPHR sets standards for admission to the register and remaining on the register for Public Health Practitioners. While the practitioner schemes which make recommendations to the UKPHR for registration are run locally, the final decision on registration is made by UKPHR's Registration Approvals Committee.
2. As schemes are delegated, UKPHR has a quality assurance process in place to ensure standards continue to be met. The Verifier role is essential to UKPHR's quality assurance of practitioner scheme. Although they are recruited and managed locally, they are trained by UKPHR and are making decisions on behalf of the regulator. Upon successfully completing training, they will meet to scrutinise each practitioner portfolio to check that the assessment has been carried out appropriately; they provide independent scrutiny. Verifiers may receive applications that have already been through a moderation process or may refer applications to moderation if they have any concerns.
3. These roles are voluntary, although can be counted towards CPD. Some local scheme coordinators have found the recruitment and retaining of Verifiers extremely challenging, both pre and post the Covid pandemic, which has led to a backlog of portfolios awaiting verification. In many cases, those Verifiers already trained no longer have capacity to undertake the role alongside their current employment or have moved out of the region/changed job roles.
4. At present, quoracy at verification panels is three. The difficulty organizing this and ensuring availability means that portfolios are not being approved/recommended to the UKPHR for practitioner registration.
5. The Board is asked to consider two issues: Verifier criteria and verification panel quoracy:

Verification criteria

Current situation

6. Recently UKPHR reviewed the Verifier eligibility and subsequently reduced the timescale of registered specialists post registration from 2 years to allow newly registered Specialists to become Verifiers. This change has encouraged more registered Specialists to come forward, although this is not consistent across all regions. Verifiers can now continue to work as verifiers

even after their registration ends (e.g., if they retire) provided there are no fitness to practice issues, and CPD in relation to verification is maintained.

7. The demand and appetite of Practitioners wishing to join a local scheme has increased in recent years and this is putting increased pressure on existing Verifiers and/or delaying the registration process to due to the availability of Verifiers to attend quarterly panel meetings. For example, one scheme currently has two active verifiers who are required to verify for a yearly cohort of 10 practitioners. Other schemes who may have more verifiers, often find they have to rely on the same individuals each time verification is required. Ad hoc solutions such as asking UKPHR Moderators to help address the backlog has helped. However, a more sustainable and futureproof system is required to ensure against future backlogs. There is a significant risk of Practitioners becoming disillusioned and demoralized, when there are delays near the end of what can be a two-year process. This could potentially discourage individuals from joining schemes, or cause schemes to deny admission to schemes because of bottlenecks. Freeing up capacity to ensure schemes can expand as appropriate is essential to the reputation of the schemes and UKPHR, and to the future of Practitioner Registration.
8. There has been extensive discussion regarding further changes to increase the verifier pool, particularly the **removal of the requirement that the individual be a registered public health specialist.**
9. The original rationale for specialists being verifiers was linked to credibility of the practitioner route, and it important this is maintained. There are still a variety of views on this, and some concerns about the approach. It has been discussed with practitioner coordinators and moderators, and there does seem to be acknowledgement that this is an acceptable approach if the risks are mitigated by limiting this to registered practitioners with significant experience of assessing such as scheme coordinators.
10. A SWOT analysis of expanding the verifier pools is
11. below:

Strengths	Weaknesses
<p>An additional cohort of verifiers who have a good understanding of the programme and the standards. This lessens bottlenecks in the system and allows for additional practitioners to become registered</p>	<p>There is a small pool of additional people who could become verifiers through this route - the impact could be limited</p>
<p>The coordinators role within the schemes ensures they have a good understanding of UKPHR standards and quality assurance, as they are responsible for local QA of schemes.</p>	<p>Scheme coordinators who are registered practitioners and assessors may not have the breadth of experience than a PH specialist would normally have.</p>

Smooth and timely processing of applications mitigates reputational risk for UKPHR and improves perception of registration.	
<p>Opportunities Development opportunity for the workforce</p> <p>For coordinators- could give increased insight of how schemes operate and promote improvement.</p> <p>Could raise status of practitioner registrants if they're included in the verifier cohort</p> <p>Additional mitigations to be put in place will provide additional assurance- ie strengthening verifier eligibility criteria, monitoring, reviewing this after six months, putting a flag on a file to identify trends at RAC</p>	<p>Threats</p> <p>Perception of the role if not filled by specialists might result in potential credibility issues</p> <p>May deter some PH specialists becoming verifier resulting in disengagement of specialist workforce from being engaged in the scheme</p> <p>Threat of potential dilution of the QA process</p>

12. The practitioner guidance is being reviewed as a priority, and the verifier criteria will be reviewed as part of this. The RPG has agreed that in order to mitigate risk, the assessor experience required for non-specialists will be considered and clarified; significant experience is essential.
13. An evaluation will be designed, to take place after six months. If this is deemed to be a successful initiative and the risks are being managed, the amendment will become permanent. If it is successful, there is also the potential for other areas to be explored further ie opening up to senior academics who work closely with our standards but may not be registered. However, there is a risk here since these are not registrants; this will need to be carefully considered if it is to be explored further.
14. UKPHR has a responsibility for UKPHR to influence local PH systems to ensure this kind of activity is supported as CPD, and to work closely with schemes to continue to promote and support these roles.
15. There is an immediate need for additional verifiers, so the following recommendation is being put forward for consideration. This will be reviewed in six months.

Recommendation: the verifier role is opened up to practitioner registrants who meet the verifier criteria.

Verification Panel Quoracy

Background

16. Public Health Practitioners who are wishing to register with UKPHR must compile a portfolio which is assessed to demonstrate knowledge, understanding and

application of UKPHR's Practitioner Standards. After the completion of an assessment, the application is referred to a regional verification panel. Verification panels are constituted locally and must be comprised of trained UKPHR verifiers and be subject to UKPHR moderation. The applicant's portfolio is discussed, and the panel will then agree whether the applicant can be recommended for registration.

17. A Practitioner Scheme Coordinator raised an issue regarding the quoracy of verifiers at verification panels at the Registration Panel Group in September 2022. The issue was raised as a result of a shortage of available verifiers who can attend the verification panels. Verifiers hold senior public health positions and therefore have many responsibilities, meaning often they are unable to attend verification panels or must cancel at the last minute due to other commitments. This consequently causes a bottleneck in practitioner registration, as applicants cannot be recommended for UKPHR registration if a verification panel is unable to be held.
18. Following the discussion, a workaround solution was agreed: if three or more portfolios are to be discussed, the aim is for three verifiers as it increases reliability and robust discussion. However, if logistically it is proving impossible for whatever reason and in the interest of not holding up applications and increasing bottlenecks, the workaround of having smaller verification panels which meet the requirement of a minimum of two verifiers where one or two portfolios are to be discussed is acceptable, although not ideal. In the interest of continuous improvement, the verifier training and refresher training will ensure that messaging is clear to empower verifiers to challenge and ensure objectivity in decision making.

Current situation

19. The Practitioner Moderators held a meeting on the 10th October 2022 and discussed the issue raised at the Registration Policy Group. Three questions were raised during the discussion:
 1. Is there a need to have three verifiers if there are three or more portfolios being discussed at the verification panel.
 2. Does having three verifiers present increase validity and reliability.
 3. Is there a need to strengthen the declaration of interests at the verification panel.
20. The Practitioner Moderators agreed that the verification panel should be more focused on the quality of verification rather than numbers of verifiers present at the panel. They observed that the portfolio should be presented by the verifier of that portfolio and the verifier involved must review and participate in the active discussion. The practitioner registration working group that met in November 2022 agreed with this recommendation.

Recommendation: The requirement for three verifiers present at a verification panel to be changed to a minimum of two verifiers.

UKPHR

Public Health Register

Protecting the public | improving practice

12th Annual Conference 2022

Wednesday 5th October

**THE UKPHR PUBLIC HEALTH PRACTITIONER CONFERENCE &
INNOVATION IN PUBLIC HEALTH AWARDS**

Valuing the Public Health Practitioner Workforce

CONFERENCE EVALUATION

@UKPHRI #PHPCConf2022

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UKPHR

Public Health Practitioner Conference & Innovation in Public Health Awards

Valuing the Public Health Practitioner Workforce

5 October 2022

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Event summary

Feedback from post event survey

Participant attendance for CPD*

**Please note, this is not the full list of registrants – included are only those who attended sessions*

Event question data *

**Please note, this is not the full list of registrants – included are only those who attended sessions*

Chair's Welcome from UKPHR

UKPHR – improving and developing registration

Keynote Speaker Professor Kevin Fenton

Framing public health language/messaging

CPD requirements for registrants

Hep C Elimination

Promoting Health in Early Years Settings – how can we make it better?

UKPHR

Public Health Practitioner Conference & Innovation in Public Health Awards

Valuing the Public Health Practitioner Workforce

5 October 2022

Metric	Value
Total Registrations	311
Additional registrants added on the day	11
Total attendees	212
Number of attendees who joined table in the Lounge	20
Number of reactions(emojis used)	2,795
Average number of sessions attended per attendee	5

Session-wise attendance details

Chair's Welcome & Morning Plenary Session: How employers value public health practitioners	165
UKPHR: Improving & Developing Registration	156
Fluid Networking Session	56
Chair's Closing Remarks	71
CPD requirements for registrants [Naveed Syed]	64
Keynote Speaker: Professor Kevin Fenton, President of the Faculty of Public Health	134
Challenges, solutions and support required by the wider public health workforce [Dr Fernanda Perez]	47
Framing public health language/messaging [Louise Marshall]	64
Hep C Elimination [Louise Hansford]	20
Promoting Health in Early Years Settings – how can we make it better? [Catherine Perry]	30
UKPHR Awards Presentation & Showcase	114

Sponsor engagement summary

Total views of sponsor area in reception	648
Total unique views of sponsor area in reception	174

UKPHR

Public Health Practitioner Conference & Innovation in Public Health Awards

Valuing the Public Health Practitioner Workforce

5 October 2022

Feedback from the post event survey

Invitations to feedback were sent to all those who pre-registered for the UKPHR practitioner event (n =311). We received 35 responses to this feedback survey using the JotForm online survey facility, this represents a response rate of 11.25%.

One survey respondent had severe issues with the Airmeet platform and could not join sessions, they have therefore answered only some of the survey questions.

The remaining 34 survey respondents represents 16% response rate (virtual attendees n=212).

1. Please share your overall impression of the UKPHR Conference & Awards 2022

- UKPHR Conference & Awards 2022 event was excellent. Very well planned with excellent guest speakers from across the various disciplines/practices within Public Health - all speakers conveyed a good understanding of their respective roles/areas and spoke with a compelling interest & passion about their roles/future plans for working collaboratively with UKPHR/Public Health, the value of Public Health, the changing Workforce and the profession. It was my first ever conference, I was gripped listening to guest speakers/presenters and am very much looking forward to attending next year!
- Very well organised, I didn't use the free spaces, but all the presentations and focussed sessions ran very well and the platform was easy to navigate. All speakers were very positive about the scheme which was great.
- I thought it was very well organised and structured and flowed well, the fluid networking was new to me, and I didn't navigate it well but there were clear instructions sent in plenty of time
- Brilliant - informative, engaging, good pace, well organised, excellent speakers, thought provoking
- It was really well organised and there was a range of interesting speakers and topics covered
- Very well organised and an interesting programme. Good questions from participants which helped to focus discussion on key issues for practitioners.
- Well organised event, it was good to get more connected to Public Health colleagues and learn about the registration process I am undertaking. It was also good to learn first-hand about UKPHR & FPH and how the two organisations work together. It was helpful to hear about Practitioner experiences after this, recognising they are unique to the practitioner. Excellent presentation from the FPH President, very clear communication regarding priorities going forward and great to hear about the level of consultation in Kevin's first 100 days & opportunities to get involved. Also, great to try some new technology. I will make better use of the fluid networking session next time, now that I know what I am doing. I enjoyed the two learning sessions I attended and left with links to new information that I will follow up on. It was great to hear about projects in other areas through the awards section. I hope we will have representation from the Scottish Borders at future awards :).
- A useful conference and good opportunity to link with peers.
- Thoroughly enjoyed it
- very good and engaging. Good number of participants. Limited interaction as I couldn't figure out the social spaces....
- Brilliant platform, nicely paced, good range of breakout sessions.
- It was a useful day, a nice break from the 'day job' and I thought the IT platform was really good. Really well organised etc
- Well organised with a good spread of speakers and topics, and a different type of online platform that looked really slick.
- really useful to connect with others in a similar position to me and good to hear the speakers and their backgrounds.

- "Good platform. Awards nicely done. Andrew and Kevin's commitment to collaboration was a highlight
- However I found the key messages in the main speakers presentations the same as when I last attended 5 years ago - we want to embed, develop the Practitioner reg, we value you (not sure that is evident in how the scheme operates) and I feel not as much has moved on as I would have expected (also Practitioner reg numbers dropping off), although allowances for Covid can be made in that respect."
- I thought the online platform was excellent. Very easy to navigate and very clear.
- Fantastic delivery
- "This was a very well-prepared conference with some exhilarating speakers. I came away feeling very motivated after 2.5 years of working long hours trying to balance my work portfolio along with supporting the covid response. It all flowed well.
- Breakout sessions and polls were a real bonus
- Great conference, good to see people not seen in a while. Excellent content for the day. Good choice of breakout sessions and mix of discussion and presentations. Look forward to future events.
- I found it really insightful and informative. It has given me a broad aspect to what I will expect once I'm registered and also the workforce, it's benefit and impacting the wider population.
- Excellent platform, slick production, and very informative sessions
- Really well organised and chaired, excellent speakers and good level of participation. My Internet connection didn't allow me to network via lounge or breakout sessions so missed out on meeting people. Would be good to include a little exercise or movement session, mindful practice demo.
- The Conference was fantastic and well worth attending. The virtual platform on the whole worked well and was easy to navigate. Everyone involved were excellent in their roles and it was great to have Kevin Fenton speak directly to us all
- Well organised- excellent platform and engaging content
- A great conference, the fluid chat room was perfect to talk to different people. Lots of knowledgeable people from all over the United Kingdom coming together to discuss something they are passionate about.
- Really professional
- I really enjoyed it, good mix of formats and sessions
- I absolutely loved the conference today. So well organised and the platform was amazing, allowing for networking and navigation to all the sessions. The awards section was great, so much innovation. Maybe the award winners could offer CPD sessions throughout the year to upskill anyone interested. Then we'd grown collectively from sharing our resources and inspire others too.
- Brilliant, really interesting and great platform which was easy to use and navigate
- Very well organised. Ran smoothly and liked the flexibility of moving around the event online.

Specific issues with the virtual platform

- I couldn't access the conference
- Not a very good event. It was too long, and the platform used was not very user friendly.
- I wasn't able to join for the full session as my work laptop / IT system not compatible with Airmeeet. Eventually managed to join using my own personal laptop at about 1.30pm
- Logged on for 30 mins or so. The instructions are far too long. Hard to digest it all with busy work schedule.

2. Which session or speaker(s) did you find most engaging? Please include why if possible.

- Can't actually pick any out they were all useful and good
- I thought it was all useful, I took something away from all the sessions.
- "All speakers were excellent with an array of practice knowledge, lots of passionate/committed experience in Public Health. Sessions/speakers I found most engaging were [comments below picking out Jessica, Louise Marshall & the awards]
- "I enjoyed all the joint sessions, and both of the breakout sessions were informative and exactly as described in the title. All presenters appeared used to presenting virtually and were clear and engaging"
- Oh, blimey that is tough. I don't think I can say because they were all valuable in different ways. I was interested in Kevin's new leadership of FPH and their plans, the same with Jessica and UKPHR. I guess I like seeing the vision and strategic plans so I can see where my work relates and how I may need to consider my stuff differently. I didn't think I would be interested in the awards, but I really was - across all the nominees showcased excellent practice around the country that could be picked up by colleagues working on similar portfolios - what works and why.
- I found all the sessions interesting and was pleased to hear Kevin Fenton's priorities and the direction of travel for the FPH. Session on CPD and reflective notes also very helpful and hope the slides will be circulated. The awards session was also very well presented.
- I found Dr Fernanda Perez, Andrew Jones, and Kevin Fenton more engaging because they talked about Valuing the Public Health workforce which entails inclusion and leaving no one behind and also how to maintain our health and wellbeing
- Louise Marshall, Kevin Fenton, Andrew Jones, Naveed Syed - all excellent and engaging speakers.
- I found the networking really useful, and enjoyed Kevin Fenton and Fernanda Perez talks
- Public Health messages
- Andrew Jones, Deputy National Director, Health Protection and Screening Services PHW. Great introduction/overview about the conference, role as Chair of UKPHR, support for UKPHR registrants. Good outline of what to expect from the day, came across really well. I was 16.5 fully immersed/engaged, great welcome introductions for guest presenters, throughout the conference.
- Andrew was a good Chair.
- Jessica Lichtenstein, Chief Executive UKPHR, conveyed a very strong commitment to valuing the Public Health workforce/profession, the registrants/future registrants and all supporting stakeholders/partners. An upbeat introduction to the Virtual Awards Ceremony in the afternoon, which was lively and achieved a similar feel to as if I was there in person. Awards Ceremony was excellent the virtual platform came across really well.
- Jessica Lichtenstein
- I really enjoyed Naveed Syed CPD, his knowledge and understanding of the topic and ease of presenting made it really enjoyable would
- Naveed Syed, CCDC UKHSA and Director CPD FPH, UKHSA and Faculty of Public Health, I was interested in Naveed's presentation about support for registrants at FPH and the various support material available from UKPHR & FPH to assist with reflective CPD/teaching & learning."
- Challenges, solutions, and support required by the wider public health workforce [Dr Fernanda Perez] - interesting topic, interactive and friendly engaging approach
- Kelly McFadyen - it was really interesting to hear about the approach in Wales, to improve the support for practitioners and encourage registration
- Peter Smith [2]
- Fiona MacDonald
- Dr Aguilar Perez
- "I enjoyed all presentations in particular Challenges, solutions and support required by the wider public health workforce [Dr Fernanda Perez] as I felt she spoke so candidly!
- Breakout sessions

- Louise Marshall from The Health Foundation - really interesting topic and well presented
- Louise Marshall, Senior Public Health Fellow, The Health Foundation. I was interested in Louise' presentation about her work within the Health Foundation, describing the negative use of framing within health and her reference to focusing on the wider determinants of health, health inequalities and complex system approaches.
- Reframing how we talk about Public Health Louise Marshall
- Louise Marshall, The Health Foundation
- "I attended two different presentations: (1) CPD Requirements for Reflective Writing - Excellent presentation, made clear the importance of reflection and explained why and how to do this effectively. Presenter used experiences and examples to demonstrate theory and practice and made it accessible overall. (2) Framing Public Health Language & Messaging - It was trickier to hear this presentation effectively as there was an ongoing background noise (digital interference). I look forward to building my knowledge by accessing the presentation report and other links shared by the presenter."
- Challenges, solutions, and support required by the wider public health workforce. Alix Sheppard
- I also enjoyed the early years presentation as it relates to my workload."
- Professor Kevin Fenton, FPH
- Kevin Fenton - open, honest, and inspiring
- Professor Kevin Fenton in particular but I found all the speakers and sessions to be knowledgeable, enthusiastic and positive about what they do and the role of Public Health.
- Kevin Fenton - really interesting / useful overview.
- Prof Fenton. It is truly amazing to have representation at the highest level from someone who understands the significance of being Black or Asian or an ethnic minority. I feel positive that what will be necessary to happen to reduce barriers to career progression can and will be done.
- Prof Fenton. It is truly amazing to have representation at the highest level from someone who understands the significance of being Black or Asian or an ethnic minority. I feel positive that what will be necessary to happen to reduce barriers to career progression can and will be done.
- Professor Kevin Fenton Really inspiring
- "Kevin Fenton - good to hear what the faculty is planning to do under his presidency, and he has an engaging manner
- Professor Kevin Fenton, President of FPH & Senior Public Health Expert, Faculty of Public Health. Great presentation, good explanation/overview of his role - President of FPH, the function of Public Health within society, the disparities that health inequalities place on communities. Future plans - FPH working collaboratively with UKPHR/partners.

3. What change(s) can we make to the content, structure, or style of the event to improve it for you?

Face to face

- Face to face not online
- Aim to have conference in-person next year.
- Face to face next year please
- Face to face session to support good quality networking. Otherwise, an excellent event, very well chaired with a range of quality speakers and learning opportunities. Inspiring to hear the commitment to UKPHR and see the Awards in action. Thank you very much.
- The virtual approach really worked well please do not stop offering this going forward
- It would be great to do this face-to-face next year!

Programme

- I liked the structure, opportunity to choose sessions of interest in the afternoon was great, you could poll members beforehand to see what areas they would wish to see/hear about and make it more tailored to these requests where possible.
- Would have liked to have attended more breakout sessions, and had a shorter summary of the local practitioner programme schemes
- It was a great balance of speakers and breakout sessions so no changes to suggest
- "I think the first session on the importance of practitioners etc was probably a bit overdone - one or two speakers on this topic would probably have been enough?"
- I would have liked to join more of the afternoon sessions and felt that maybe a little too much time was spent on the morning topic. A shorter morning topic and an extra "options" session would have been good for me.
- I think it would be great to include more evidence into practice updates that give practical insight into how PH issues are being tackled Nationally.
- More related to 8 competency areas
- Maybe a few more slides, more mix between slides and panel discussion - possibly more joint panel discussion.
- Well planned agenda but some sound issues at times
- more breaks
- I liked the structure and style. Unfortunately, one of the presentations suffered a bit of background noise which distracted a little but was not too problematic. It sounded like maintenance work outside of the presenters control I would think
- I would have loved a dedicated session for those preparing to apply. A simple checklist for us to tailor to our specialism in order to frame the competencies and get us collating evidence. At the moment I'm unsure as to what I can be doing in preparation.
- no all good and paced very well with breaks
- All day for any online event is far too long. Suggest 2-3 hours max.

Feedback on facilitators/breakouts

- A lot smaller breakout sessions would be useful
- I would ensure there was a facilitator in each breakout room as in my group no one wanted to take the lead so I ended up trying to engage the group whilst also taking the notes, but a facilitator would have been able to do this much better than me. Sam joined our group but was jumping between two and it worked much better when she was there.

Platform

- I thought all that was really brilliant. It felt like being in a real conference where you could go up to people and join in convos during the break - very clever. It took me a while to get my head around the platform which seemed very intimidating at first. Maybe to stress that to folk beforehand - it may look intimidating at first but is worth familiarising before the event. The instructions were really helpful but if anyone doesn't read them like me, we just jump right in. You could offer maybe a pre-meet 20 mins before start to walk us around the conference space? see how it works?
- As a virtual event I thought it went smoothly and instructions were clear.
- I liked the idea of 'taking a virtual chair' for an informal chat but wasn't brave enough to actually do it I'm afraid."
- I had a few issues staying connected, but the structure of the event was good
- Perhaps (and sorry if this was in place but I missed it) a short video showing people how to navigate around the event that people could view to help.
- Please use another platform.

Concurrent afternoon workshops session

- Interaction during breakouts e.g., Practitioner Session, I wanted to ask more Q's
- It may have been me, but it would have been nice to have seen each other in the workshop sessions, but maybe it wasn't using the IT correctly! I was able to do this for the earlier breakout session and it was nice to be able to see people whilst we were discussing things in some groups

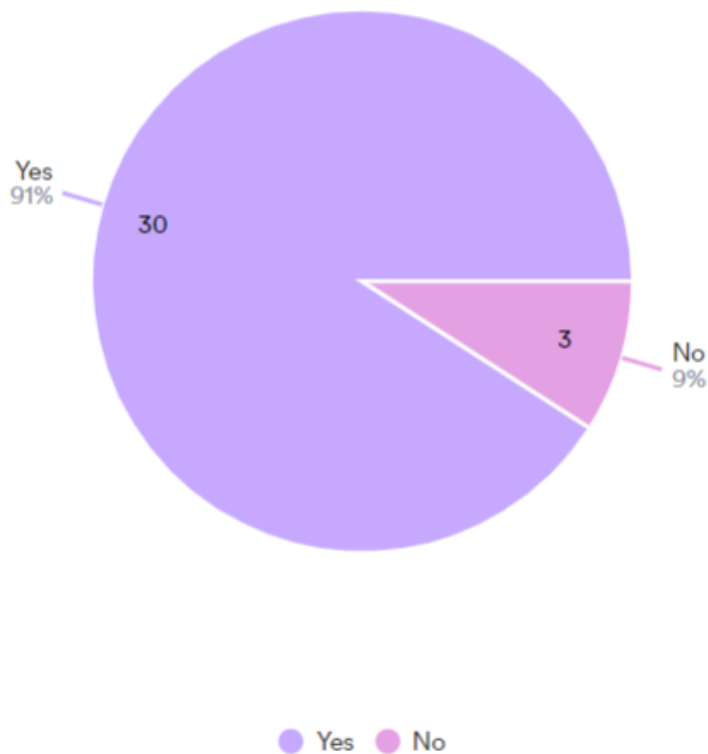
Awards

- I liked the videos produced by the applicants for the awards. If there can be other formats included in the main body of the conference, I think that would help break up the talking heads/presentations. However, I know producing videos/visuals is time consuming and expensive, and actually the talking heads/presentations were still very interesting.

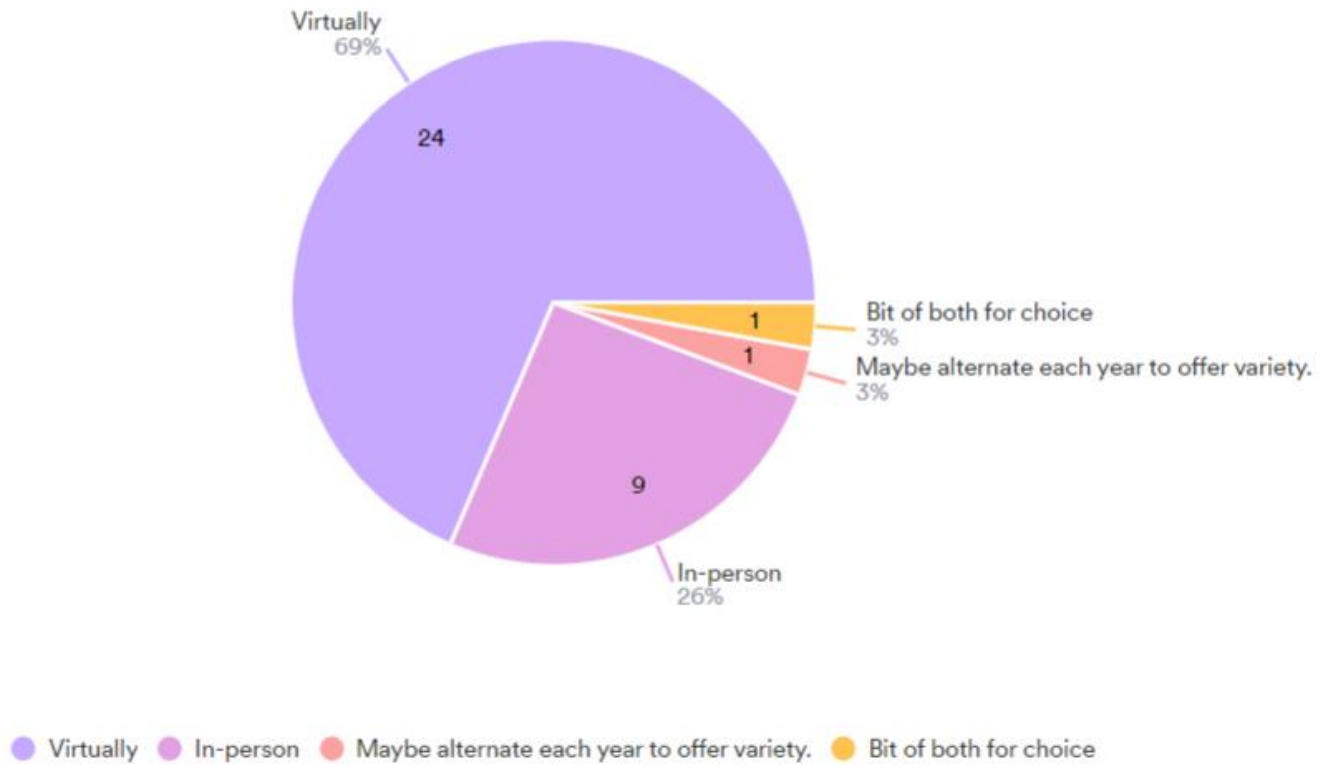
Other

- Could there be an address board to aid networking based on the specific themes that align with speakers e.g., health protection, health promotion to help us find and make connections beyond regions which can close gaps around CPD needs and help to further interest in new areas.
- Nothing really
- I really enjoyed it

4. Would you recommend the UKPHR Conference & Awards to a colleague?



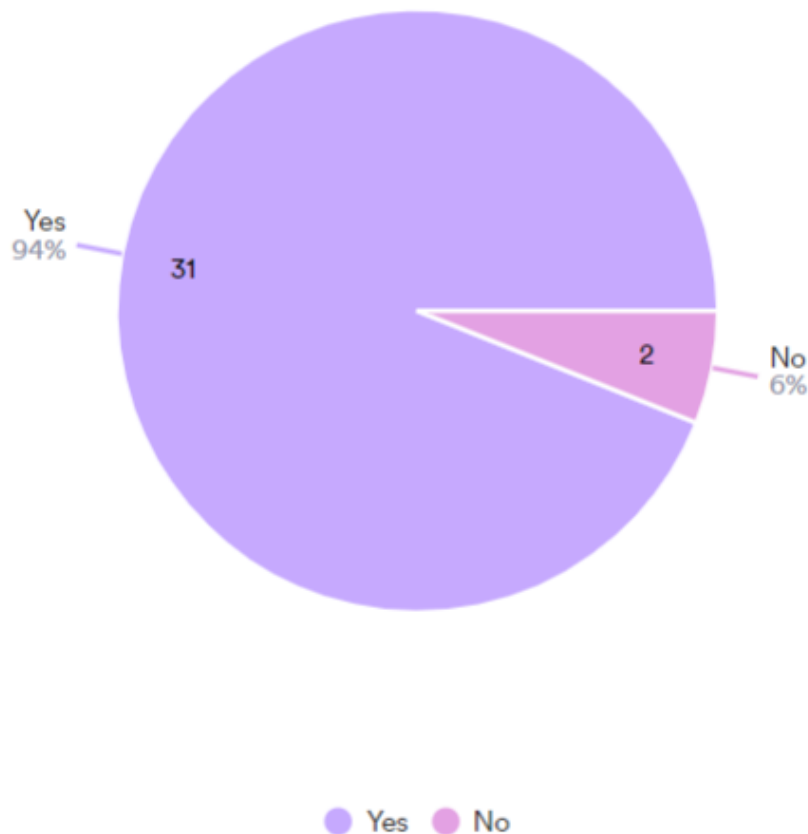
5. Did you feel that joining the Conference virtually was productive, or would you have preferred to attend in person?



Additional comments:

- "It was productive to attend virtually, the technology was excellent, and it made it easy to go between sessions and a lot more could be fitted in. It was however a long full day on Teams.
- My personal preference for conferences and events is face to face."
- I thought it worked really well
- The platform was good for a virtual conference. I would try to come to the conference if it was in person not every year - but given to option, I would save the time and travel and do remote
- I think the option to attend virtually is great when it is a UK wide event but it's always good to network face to face too.
- Please going forward offer the option of both virtually and in-person.
- I have been to both in-person and virtual and both work well. Virtual allows for more distraction away from the day and events. In person focuses the attention to the event. Alternating could be an option. Travelling is a barrier to in-person events.
- I prefer in-person, but this online platform worked really well
- Virtual means Equity of access for those with limited resources - however face to face would have bn nice as well. Hybrid model would be nice.
- Although would also like in person

6. Do you plan to attend the UKPHR Conference & Awards next year?



Additional comments:

- The virtual conference makes it much more practical and cost effective to attend. I very much hope that UKPHR will reach out to practitioners not working in traditional settings to offer more support in their career development. This could be mentorship, routes to specialist training, CPD opportunities and funding for CPD.
- I couldn't find the subtitle tab to be able to turn it on. I have a hearing loss, so like to follow meetings with live captions (Teams and Zoom have it). Surprised it wasn't on this platform.
- The breakout room activity did not work very well as there were people in my room for whom the questions were not applicable, so the conversation was taken up by explaining application to them.
- I would like some more detail around the expectation of the specialist route. the exams, the costs, the expected workload and how to access further help
- well done and thank you - excellent and spot on
- My first time attending - it was great thank you. I'd prefer to continue attending virtually as it is more accessible without having to add traveling time.
- While it's great to meet face to face, it can be challenging to be out of the office all day, so the virtual conference was ideal for me. The virtual 'tables' was a brilliant idea, to encourage conversations that are usually missing from virtual events.
- Thank you to all the organisers for an excellent event.
- "I would like to aim to attend next year, my goal is to have registered with UKPHR and be able to share my experience of the process, hopefully in a way that is engaging, honest and supportive of anyone thinking of undertaking the process.
- I would also like to submit a presentation as part of the Awards Process

- Please review how the scheme operates - for example, the requirement for employers to buy into the scheme before practitioners can apply immediately prevents many people undertaking the scheme. I don't really feel valued by the UKPHR - especially the annual and re-registration components.
- It was my first time attending and I thought it was a great platform and lots of different speakers to keep audience engaged too and I liked that you could network with people virtually too.
- The technology was a bit complex. More guidance to navigate your way around could be useful in the future.
- It would be good to hear from people about their registration/assessment experiences. Also, any case studies of career progression after or career journeys to registration. It would be interesting to hear more on and from specialist registrants and the requirements to specialist registration and how practitioners might take those next steps.
- Perhaps it would be good to do a poll to show how much more diverse the workforce is becoming across public sector roles. It would be good to hear from practitioners in NHS, ICB, VCSE and recognise how collaboration in public health is dynamic at all levels.
- I tried to log in to the link after the event had ended as I wanted to replay some of the workshops I couldn't attend, but this wasn't possible - I wonder whether it would be useful to leave the event open for replaying sessions for a couple of days after the event?
- I would like to get my registration but being on short term contracts makes it difficult to commit to. Would love to see what the outcome of the feedback from everyone is.
- I left the conference full of ideas and inspired to look at nominating my colleagues. thank you for such a wonderful conference, I'm buzzing :-)
- I really enjoyed the day and felt it was paced really well. Good speakers and content

Chamberlain Dunn
Oct 2022

UKPHR

Public Health Practitioner Conference & Innovation in Public Health Awards

Valuing the Public Health Practitioner Workforce

5 October 2022

Chair's Welcome

Total participants who posted a question	Total questions posted in the session
6	8

Participant name	Email	Organisation	Job Title	Question
				How can the register adapt/flex to support those who move into roles out with the tradition public health sphere to maintain registration e.g. not having access to specialists for registration sign off etc?
				I would be interested in hearing how employers have responded to standardising support in-house for practitioners, as I find it varies greatly between employers.
				How can the UKPHR support practitioners in ongoing support and opportunities for career skills and development apart from the vital component of the competency registration process? Something around forums and best practice opportunities to share?
				Are internships a possible route to generating interest at grassroots e.g. works experience options, colleges (in a similar way to how other professions in health and social care sector are promoted) ?
				What strikes me is that we have an array of Public Health Workforce across a range of sectors / organisations and, geography across the UK. To the speakers - how can we collate & share the breadth of knowledge & experience to support best practice?
				As workforces change and more practitioners are self employed or on short term contracts what route/support is being developed to ensure this growing group have access to career development and are included in workforce pl
				As workforces change and more practitioners are self employed or on short term contracts what route/support is being developed to ensure this growing group have access to career development and are included in workforce planning?
				What professional development support is available for Registered Practitioners now working in the private sector, who wish to develop their skills and training?

UKPHR – improving and developing registration

Total participants who posted a question	Total questions posted in the session
13	15

Participant name	Email	Organisation	Job Title	Question
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To apply for the specialty training is it a must to have 2 years work experience in public health before applying?

It would be great if there was additional support for existing practitioner registrants to submit a portfolio for specialist entry and if there was perhaps a link here- i.e. to reward those already registered. Is there any thoughts on doing this?

Is the scheme open at the moment for us to sign up to? Apologies if I missed a discussion about this.

Could the evidence for re-registration eg reflective notes incorporate a way to collate case studies of good practice that gives our work more visibility and accountability?

In terms of the statutory RO role for CPH/ other regulated workforce groups , there is a historical gap (for reasons) that they may not a line of sight to registered practitioners - maybe something to note.

Aligned to my question above re 'drop-out's is it possible to flag these and we can try and support practitioners to retain their registration?

Could you provide more guidance around the content needed for the reflective notes needed to retain your registration please? How comprehensive do they need to be ?

underlying reasons behind dropout e.g. if from burnout is important to explore as a huge investment goes into registration.

Is there opportunity to open up learning / training opportunities across the UK given the breadth of orgs and roles registered? More sharing? More a Q for us to collaborate.

What support is being put into place for those of us who would like to do the registration but are on FTC and will be moving around. We will struggle to apply for jobs if it is part of the requirements to apply.

There's a wide variety in numbers of practitioners across the UK, what is being done currently to try to even this up and enable a better take up and more resource to support?

From Christine Farr - I'm interested in how I (and others in theory) would maintain registration as a newly minted freelance worker in what I would consider is a 'wider public health' role? In a similar vein how do those having a 'career break' maint

Not sure if there is a way of letting local schemes know who drops off? We dont necessarily know this

Thank you

Is there support available for those interested in exploring registration without applying for registration?

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Keynote Speaker - Professor Kevin Fenton

Total participants who posted a question	Total questions posted in the session
6	6

Participant name	Email	Organisation	Job Title	Question
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What advice do you have for us / employers to do recruitment better to diversify the ph workforce to be more representative of their communities?

What are we doing to increase diversity in the faculty- there are very few BAME in senior position which send the wrong message and impact on trust in the system

In what ways are pathways for practitioners entering UKPHR registration from different routes being stymied?

Thank you for timely update - can you give any insight into where the FPH is in terms of any discussions on workforce planning for now and the future, or where does this need strengthened UK / home nations specific ?

In supporting the PH workforce, how can the FPH support local communities (grassroots organisations) to identify their own PH practitioners, whether it is local community research or implementing change?

In our group this AM there was confusion about the role of FPH and UKPHR. Paul S provided some really useful descriptors and definitions. How can we best narrate to the workforce the integration but also the specific offer of each

Framing public health language/messaging

Total participants who posted a question	Total questions posted in the session
12	15

Participant name	Email	Organisation	Job Title	Question
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Thank you. You mentioned twitter, have you explored social listening as a methodology to determine trends in feeling withing the wider population?

thank you!

The language we all use is important and how we present it. How do you think communities and voluntary groups can access simple communication methods about health too?

Is there an evaluation framework to go with the toolkit or by local design?

Are there any examples of it being used in practice already?

Thanks for the presentation. Have you taken the findings of the work forward in your role?

Do frameworks delvier training on how to use this toolkit?

How do we challenge the ever changing / evolving language in public health? Eg "hard to reach groups" has been challenged a lot but not always replaced with useful replacements. How to challenge & consolidate?

We've nboticed a real difference now that we have an applied psychologist in public health within our health improvement team :)

What were the demographics of the people that informed this research/study and creation of the toolkit? Just wondering how reflective the tool is of our diverse & different populations

Thank you - would be useful to look at reframing to include our diverse communities. is the toolkit available in different formats, language etc

Thank you for a great presentation Louise. Is there any training being offered by the HF to help people apply and implement this approach?

Did your research specifically look at framing PH messaging to other communities - people not British, or who do not identify themselves as British?

Thank you to Louise Marshall for an excellent session. We will now be moving on to our UKPHR Awards ceremony for 2022! Please move to this session using the View Schedule tab. These will take a few minutes to begin while everyone joins;

CPD requirements for registrants

Total participants who posted a question	Total questions posted in the session
9	16

Participant name	Email	Organisation	Job Title	Question
				The emphasis is placed on 'new' learning, does this mean we are unable to use mandatory learning as CPD?
				Will the slides be on a website or emailed out?
				how best to link with the standards
				can I clarify re the 'new' learning...there are learning situations that may lead to 'new' thinking. so not necessarily new learning but this new thinking is informed by being reflective??
				Not a question but a comment - thank you Naveed. Really helpful!
				Yes, but to pay £180 plus a year....it's really expensive for a practitioner!
				Is there a CPD mentor that practitioners can contact for advice?
				In regards to the reflective notes do we need to attached evidence alongside it ?
				Any plans for an open source CPD tracker? Currently you can only use the faculty one, if you are a member, and for a practitioner, it's expensive to join!
				sorry, just thinking there are 32 / 34 standards so should the 3 pieces match all these annually?
				Great session - thank you Naveed.
				Where might I find a suitable local CPD advisor please (I am employed by an NHS Trust)?
				Is this retrospective? I am due to revalidate in Feb and will I need to follow the old system for the last 4 years and this new system for the final year? I have been keeping a log of my CPD over the last 4 f years but not submitted yet as not had to
				Have I picked this up right.. from next year as part of the review there will be a function / platform to upload CPD directly to UKPHR in real time?
				Many learning offers have moved online which opens up a wider array of opportunities. But, these are not certificated. I have found other ways to evidence but any thoughts on lack of certified learning offers out there?
				Can someone use the FPH CPD function if not a member

Hep C Elimination

Total participants who posted a question	Total questions posted in the session
7	10

Participant name	Email	Organisation	Job Title	Question
				Has your project been implemented in other areas?
				Thinking about vaccines. Do you have knowledge on the progress of a vaccine for HEP C? I participated in the first in human trials 4 years ago. Felt awful on the 2nd jab.!!! But wondering if there is any development
				I lived in Egypt for many many years. 20% of the poulatin have hep C
				joanne.mcewan@ - you can contact me
				Thanks
				There's a similar plan in place in Scotland. Do you collaborate with others team in Scotland, Wales and Northern Ireland?
				Have you got any experience of carrying out microelimination in a prison?
				Who did your team consist of and how did you manage to get buy in from clinicians to run the local clinics?

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Promoting Health in Early Years Settings – how can we make it better?

Total participants who posted a question	Total questions posted in the session
1	1

Participant name	Email	Organisation	Job Title	Question
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Lead for children, young people and famili Fab work Catherine, just wondered if any specific work around engage dads within the programme?

Figures at 31 March
 "-" do not have figures & shaded is not applicable

	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	TREND
Generalist Specialist (Training route)										
New registrants	30	42	32	30	35	46	43	35	37	
Total on register	-	-	-	-	-	-	357	389	417	
Specialist Registration by Portfolio Assessment (SRbPA)										
Pre-apps received						5	10	9	12	
Pre-apps approved						1	5	3	4	
Pre-apps rejected						4	3	4	8	
Portfolios received						0	1	1	4	
Portfolios approved						0	0	0	0	
Portfolios unassessable						0	0	0	1	
Portfolios rejected						0	0	0	0	
New Defined Specialists	7	19	14	15	17	15	13	14	20	
Total on register (Defined Specialists)	-	-	-	-	-	-	125	134	147	
New Generalist Specialist - (RSS portfolio)	6	0	2	0	1	0	0	0	1	
Total on register (Generalist Specialist - RSS - portfolio)	-	-	-	-	-	-	223	201	185	
Total on register (Specialist Registration by Portfolio Assessment)						0	0	0	0	
New Generalist/Defined Specialist conversion	0	1	0	0	0	1	0	0	1	
Total on register (Generalist Specialist/Defined Specialist)	0	1	1	1	1	2	2	2	3	
Dual registrants										
New registrants	1	0	0	1	0	0	0	4	1	
Total on register	-	-	-	-	-	-	2	6	4	
Specialist & Specialty Registrar Renewals										
Total number of active specialists on register	-	-	-	-	-	-	709	732	756	
Total lapsed on Register	-	-	-	-	-	-	69	73	88	
Total relinquished registration	-	-	-	-	-	-	153	182	204	
Relinquished in year	4	1	6	4	18	19	20	23	22	
Specialist Revalidation Applications										
Applications approved						3	95	16	202	
Deferrals granted							7	74	40	
Specialty Registrar										
New registrants			2	1	5	1	0	6	0	
Total number of active specialty registrars on register			-	-	-	-	4	8	7	
Practitioners										
New registrants	44	33	58	79	74	66	78	71	78	
Total number of active practitioners on register	-	-	-	-	-	-	373	424	470	
Practitioner Renewals										
Lapsed on Register	-	-	-	-	-	-	103	118	142	
Total relinquished registration	-	-	-	-	-	-	38	43	51	
Relinquished in year	0	0	0	1	4	2	3	3	8	
Practitioner Re-Registration Applications										
Applications approved	-	-	-	-	20	25	18	11	70	
Deferrals granted	-	-	-	-	-	1	0	38	6	
Restoration Applications										
Applications received		1	17	14	19	15	32	21	98	
Granted with continuity		1	16	14	19	15	32	21	95	
Granted with loss of continuity		0	1	0	0	0	0	0	1	
Refused		0	0	0	0	0	0	0	0	

Audit, Risk, & Remuneration Committee

Minutes of meeting on 19 October 2022



Present: Duncan Vernon - Chair (DV)
David Evans (DE)
James Sandy (JS)
Joanna Dowd- (JD)
Linda Smith (LS)
Jessica Lichtenstein (JL)
Pav Johal (PV)

Apologies: Jenny Douglas

Item 1 – Welcome, apologies, and declarations of interest

1. DV welcomed the group and noted apologies from Jenny Douglas. There were no new declarations of interest.

Item 2 – Minutes from last meeting

2. The committee noted the minutes from 20 July 2022 as an accurate record without further comment.

Item 3 – Action points and matters arising

3. Outstanding actions from the last meeting were discussed.
4. JL noted that in relation to action 21/71, a reserves policy would be brought to the ARRC once she was able to access the bank accounts and seek financial advice from the Lloyd's business account manager. Although the previous chief executive's name is still on the accounts, he can't access it and the ARRC agreed this was relatively low risk.
5. Item 12/22 regarding a communication plan for the fees review is discussed elsewhere in the agenda.
6. JL confirmed that according to action 2/22 she was working with the Accuo on identifying a new independent examiner.
7. DV agreed to share slides from the NHS Provider network .

Item 4 – Quarter 2 22/23 accounts

8. JL introduced the Q2 accounts. Overall she noted that they were slightly under predicted income (by 2%), but 12% underspent compared to the re-forecasted budget.
9. She noted that columns had been added to the budget to allow tracking against what was budgeted for the quarter and the year, and that she'd re-forecasted the budget in several areas due to unexpected expenses or overspend: increased fees for consultancy for the fees

review and ED&I work, pension adjustments, increased PSA fees, e-portfolio development, confidential waste removal, and increased Paypal fees.

10. The ARRC asked for some longitudinal data regarding so they could see patterns from previous years.

Action: Q3 accounts to include longitudinal data re budget/income/expenditure in an excel table

11. The ARRC asked whether we had the right amount of money in the Lloyd's account that would afford the appropriate protection, particularly during renewals season which sees a significant increase in deposited funds.

Action: JL to discuss distribution of funds across accounts with Lloyds once she is able to access account, and include this detail in reserves policy.

Item 5 – Value of registration and fees review

12. The ARRC agreed that the report was of good quality and provided a really useful strategic focus and options for ways forward, particularly to ensure registrants continue to engage with the register and there is limited attrition. It was noted that the link between strategy and finance was particularly useful and will inform next year's strategic plan discussions. It also highlighted the risks and practices that are particularly vulnerable.
13. DE helped advise on the report and felt that some of the content of the report was particularly interesting- for example, framing practitioner registration as a higher level of registration, with an additional 'entry' level at graduation. This has been discussed previously, and other professions referenced in the report have a practice-based educational requirement, which doesn't exist with most public health academic programmes. He noted the absence of a strategy to deal particularly with getting more practitioners on the register, which is key UKPHR aim.
14. The data on comparable registration fees was particularly useful. There was acknowledgement that there are limits on what the market will bear in terms of raising practitioner fees, and that real growth potential is in increasing the number of practitioners. There's more work to be done about how we model the impact of continuous growth of the practitioner register without pricing ourselves out of it. The report, quite rightly, raises a lot of questions that don't yet have answers.
15. There was caution in direct comparison of fees for practitioners particularly, for example with the NMC, who charges one fee whether one is a graduate or a nurse consultant. It was also
16. It was noted that the report confirms the UKPHR has high impact, but there are still fundamental questions about purpose and funding- which may not be a helpful way of framing. know if that's helpful or not but.

17. There was agreement that the term 'go for growth' may not be the most useful framing considering the current political climate, and that alternative descriptors should be used. They also suggested changing 'keep calm and carry on'.
18. JL presented slides that included more detailed financial comparisons and options of different approaches to fee-setting for the next two years. She noted that there are too many iterations of fee increases that could be presented, so she asked the ARRC for a steer on their preferred approach and tolerance for increases in fees so it can be mapped out further for the Board in November 2022 to discuss.
19. She also talked through some of the key risks/areas that required more immediate spending, that could be covered by a fees increase such as formalisation/payment of the Registrar role, extending the Practitioner Registration Coordinator's contract to continue growth of the programme, a web/comms review, staff pay rises in line with inflation, and funding the e-portfolio development work.
20. Unpaid roles in the UKPHR such as assessors and verifiers were considered in the context of this review, but increasingly there seems to be this recognition and acknowledgement that, particularly for practitioners, the assessors and verifiers come from within the local public health system and that this is considered CPD. Although it may be worth exploring in the future, a more effective push may be getting more involved in local workforce discussions. In terms of portfolio assessors, we are oversubscribed so this is probably not the right time to fully consider this. Although if there are significant increases in portfolio numbers this may be something we return to.
21. The ARRC agreed that there should be a more direct connection in the proposal between the cost of additional elements of the business plan and the fee increases, with an acknowledgement that the strategic plan discussion has not yet happened. The proposals will need to therefore be based on immediate requirements, as outlined above.
22. There was a clear acknowledgement that the bulk of the fee rises should be focussed on specialists, as there is a ready market and the comparable specialist fees are significantly higher than what UKPHR charges. The fees for specialists should be higher than inflation, along the lines of the moderate option presented by the report. It was agreed that the 'do nothing' approach was not appropriate, but that it would be difficult to forecast unknown factors such as inflation rates over the next year.
23. All increases should be clearly linked to covering costs and the specific areas we wish to pursue- confirming that they should be linked to consolidation and security, rather than rapid expansion and growth. It was agreed that business planning and forecasting are key to this. Messaging should reflect this.
24. It was also agreed that renewal fees should be pitched as percentage rises, rather than flat rises across the board- with larger percentage rises for specialists- and that this should be presented as an incremental rise over two years.

25. Longer term, it was also agreed that it would be useful to map out additional income from increased registration of practitioners, and to establish some sort of financial targets around this.
26. The ARRC also accepted the recommended fee rises for portfolio assessment and appeals.
27. It was noted that the narrative and communications around how we're going to show the value of the fees increase is essential to bring registrants along with us. We want to be transparent about how we're spending the money to registrants.

Action: JL to reframe and re-forecast potential fee rises for Board discussion in November 2022.

Item 6: Staff remuneration

28. At its last meeting the ARRC asked whether there was anything else the Board could do to remunerate staff outside of in-year pay rises; when increases were introduced in April 2022, inflation was approx. 6%. Since then it's increased to over 10%. In decided pay rises, the Board made clear it's aspiration to match general NHS pay rises. At the time, it was anticipated that these would be 3%. Staff rises were agreed at 3.5%. In the end NHS rises were set at 4%.
29. JL and PJ declared potential conflicts of interest, as they are staff who would receive any remuneration agreed by the Board.
30. JL noted that she'd been very cognisant of ensuring the team had benefits that weren't salary related ie introduction of a flexitime schedule. They also still qualify for a home working tax benefit. The ARRC agreed it's a balance between wanting to reward our staff and watching them not to take the hit from inflation
31. JL explained that the options included £200 in vouchers (£1200 total), which count as trivial benefits and are not taxable. The other option is a bonus, which is taxable and could be any amount. These costs aren't budgeted but should be absorbed in a likely underspend for the rest of the year. The ARRC also noted the option of an in-year pay review, but this would have additional costs such as pension adjustment fees.
32. It was noted that those who are on a lower salary would be more impacted by the cost of living crisis, and that perhaps any bonuses should be given based on percentage of salary rather than fixed bonus.
33. DV noted that there is a fixed process for re-considering salaries and because these will be reviewed again in the new year, a one-off payment around Christmas time might be the most impactful. It was also noted that this could be framed as a reduction of inequalities.

Action: JL to engage with the team and reframe bonuses in terms of % and re-submit paper to Board for final decision

Item 7 – Temporary contract extensions

34. The temporary roles of Registration Services Officer and Practitioner Registration Coordinator were for a duration of one year, and expire January and February 2023 respectively. JL noted that these two new roles have allowed UKPHR to take on new challenges like the IS upgrade, dedicated work on improving and expanding practitioner registration, and have significantly improved staff morale and wellbeing.
35. Some responsibilities taken on by the Registration Services Officer role are intended to phase out after implementation of Registration Online (ROL), as it is expected that this will significantly reduce the administrative burden on the team. However, there will still be admin that needs to be re-allocated and dealt with. Ending this contract just as ROL is going live is a great risk, and puts UKPHR in a vulnerable position before the impact of ROL is measured.
36. The Practitioner Registration coordinator has been able to take on a number of improvement projects to ease bottlenecks in the system and increase access to schemes. There are also plans for increased employer engagement and promotion of graduate and apprenticeship guidance. To end this post severely restricts the momentum we've gained in this area. Eventually this post is envisaged to be permanent, as practitioner numbers continue to increase.
37. As there was significant underspend this year on project management services for the IS upgrade, salary costs for the remainder of the financial year are affordable. Costs will be build into the budget for 23/24.
38. The ARRC agreed that they would prefer a 12 (rather than the proposed 6) month contract extension; none of these projects are going to happen quickly and it gives the team ample notice if they need to start job searches. They generally agreed that this should be affordable, and the benefits of increased resource for a longer period would continue to enable improvement and expansion. This is in line with the vision expressed through the fees increase discussion.

Item 10 – Risk register (item taken early)

39. JL presented an updated risk register. She noted that the red risks are now mostly in relation to issues outside of UKPHR's direct control such as workforce issues impacting on the system's ability to continue to support registration, and HEE coming under the auspices of NHS England/NHS Improvement with potential budget cuts. A new risk has been added that focusses on the workforce issues. It was agreed that the best mitigation for these risks was to continue to foster close working relationships, engage in workforce conversations, and monitor closely.
40. DV noted that it would be useful to understand age profile of registrants, as specialists leave the profession because of burnout. JL confirmed that this data would be collected with the implementation of the ROL, so in time we'll better understand the risk.

41. DV asked that the risk around the Registrar not being contracted or paid be added to the register.

Action: JL to add risk regarding nature of Registrar role to the risk register.

42. DV also noted that any decisions on how any income from fee rises are spent should be linked to risk.

Item 8 – reduced fees

43. PV presented an item on potentially implementing a reduced fees policy. This links to recently approved extenuating circumstances and reasonable adjustments policies.

44. Currently there is no reduced fees framework, although there is tax relief available. The Registrar may make considered decisions to reduce or defer fees based on individual circumstances- but these decisions can be difficult to make without setting unintentional precedents.

45. There isn't a feeling from registrants that this is an urgent issue, but as we're looking to formalise many of our decisions with clear policies, this seemed like a gap. Four out of nine other regulators explored offer something like this. We receive about 5 or so registration enquiries that refer to sick or parental leave.

46. A number of options were modelled, which were discussed. The very highest estimation would result in approximately a 3% loss in income. Reduction levels would vary based on average incomes at different levels of registration, and this could be reviewed.

47. The ARRC noted that whether someone was full time or part time would impact salary, so we would want to base anything of FTE equivalent salary. They also felt that since demand hadn't been high, we may not wish to advertise this. That said, it's good to have transparent policies and decision making. It's also important to define the purpose- is it reduced income because of hardship, or because of missing work due to parental or sick leave? A policy would have to be clear that these are very specific circumstances with sound justification. A graded discount could also prevent overuse of the policy.

48. The ARRC agreed that this is something to progress, but cautiously and with clear rational and criteria. It would need a risk-based approach.

Action: PJ to re-work policy and bring to next meeting in January 2023.

Item 9 - IT update

49. PJ noted the work was progressing at pace, contracts had been signed, and first invoices had been paid. Revalidation and re-registration were currently being developed. There will be some additional development time required for bespoke requests, and testing will be starting soon. Everything is on track to go live in January. A comms plan is being developed for registrants.

50. She re-iterated that extensive use of the project manager hadn't been necessary, but that we would wish to bring him back in to help with e-portfolio development next year.
51. The ARRC thanks PJ for all of her work and initiative on this. She confirmed that there are really positive relationships in place with Fortesium.

Item 11 – Any other business and future meetings

52. PJ confirmed that invites for 2023 meetings would be sent out shortly, and that the committee would convene in the new year.

CONFIDENTIAL

Minutes of meeting of UKPHR's Education and Training Committee
held on Tuesday 04 October 2022 by Microsoft Teams

At 14.30hrs

Present:

NAME	FOR MINUTES	ORGANISATION
Helen King	Chair	UKPHR's Board
Jessica Lichtenstein	JL	CEO, UKPHR
David Evans	DE	UKPHR's Board
Ranjit Khutan	RK	UKPHR's Board
Joanna Dowd	JDowd	UKPHR's Board
Jenny Douglas	JDouglas	UKPHR's Board
Marianne Coward	MC	UKPHR's Board
Julie Parkes	JP	Faculty of Public Health
Carole Wood	CW	UKPHR Moderator
Zaira Ejaz (secretariat)	ZE	UKPHR (secretariat)

Apologies:

NAME	ORGANISATION
Fiona Macdonald	Public Health Scotland
Gill Jones	UKPHR Registrar
Vicki Taylor	Vice Chair, UKPHR's Registration Panel

1. Welcome, apologies and declaration of interest

The Chair welcomed everyone to the meeting. Attendance and apologies were all listed above. There were no new declarations of interest.

2. Minutes of previous meeting

The minutes of the meeting held on 26 July 2022 were agreed as a true record.

3. Action Points and matters arising

The Chair noted the action points as follows:

22/07 – The Chair reported that she met with JL to discuss the work on EDI and the action plan was updated as a result. The work on policy was highlighted as a priority in the action plan. There was some discussion on data which was an item to be discussed on the agenda. The Chair and JL also discussed communication regarding this work. This discussion was reported to the Board at its last meeting on 24th September 2022 and the Board was happy with the progress of this work as

well as this being a standing item on the agenda for the Education and Training Committee.

4. **Specialist Registration by Portfolio Assessment review against the Faculty of Public Health 2021 specialty training curriculum**

CW presented the report on the review of the Specialist Registration by Portfolio Assessment framework of competencies against the Faculty of Public Health review of their specialty training curriculum. She informed the group that this paper was first considered by the Registration Policy Group and was brought to this Committee for approval as there were some key decisions that needed to be made.

The Faculty of Public Health curriculum was reviewed in 2020 as a light touch analysis. This review considered the framework set by the General Medical Council (GMC) as well as looking at any areas of competencies that needed to be updated or amended and took a few years before this was published as a revised version. Judith Hooper (JH) who is a Faculty of Public Health board member was able to access the tracked changes copy of the curriculum to refer to when reviewing UKPHR's framework of competencies. The first step was reviewing the GMC framework of competencies and then look at UKPHR's framework of competencies specifically. The key areas of the Faculty of Public Health curriculum are like the 10 domains of public health under which UKPHR's framework of competencies are separated out into Know How's and Show How's. The key areas were reviewed, and CW and JH went back to the original mapping of the Faculty of Public Health competencies against UKPHR's competencies to see if they mapped across and to ensure nothing was missing regarding the professional capabilities. There was a gap in one area which needed to be addressed which was about safeguarding of children and adults. As the UKPHR competencies were based on the Faculty of Public Health competencies, the latter did not explicitly mention safeguarding hence why this was not included. Following the mapping of the GMC professional capabilities, the Faculty of Public Health identified the need to explicitly amend in the competencies about safeguarding in children and adults. **This now also applies to the UKPHR competencies and the table in the report references where UKPHR at which stage of the portfolio assessment assesses those competencies. It is recommended that the wording of safeguarding of children and adults is explicitly mentioned in UKPHR's competencies and CW proposed that this is included in the wording of one of the Know How competencies which is KH7.8h and one of the Show How competencies which would apply this wording.**

Another element of Duty of Candour was identified as something that needed to be more explicitly referenced in the Faculty curriculum review. CW felt that this was best placed to address in the reference which is required at the pre-application stage of the portfolio assessment. Currently, Duty of Candour is not explicitly mentioned, and CW suggested that this is included in the reference so that this can be actively addressed in the provision of the reference. In practice, this change has already been made and the reference form has been updated to reflect this wording. The Committee was to note that this work has taken place and there was not a need to change any of the other competencies which were derived from the Faculty of Public Health competencies in 2018. Because of this work, it is assumed that they are supported and the UKPHR competencies would now be updated and referred to as the UKPHR competencies 2022. CW asked the group the question about how these changes would be phased in with respect to applicants currently completing their portfolio and are about to submit this to UKPHR. At what point are they required to address the updated version? CW mentioned that following a discussion with JH, those who have been approved to submit a portfolio following the pre-application stage, it wouldn't be reasonable to expect them to address the updated competencies as they require additional training and practice if they do not have this. CW asked the Committee on how best to proceed with this work in terms of finalising the updated competencies to be published as this was ready to go.

The Chair thanked CW for her report and said this was very clear. JP endorsed CW's suggestion in not expecting applicants who are due to submit their portfolios to address the updated competencies as this has been done for the Specialty Registrars who are on the training programme via the previous curriculum. They have advised that until February 2023, applicants can join the training via the previous curriculum. JP added that where the report lists the Generic Professional Capabilities is similar to where the Faculty have listed them. She also mentioned that a few learning outcomes were omitted from the original competencies for UKPHR, namely 8.8 which is working with academic partners to submit an article for publication and 6.9 relating to the on-call capability. JP asked whether this was an opportunity to completely align the two curricula to the GMC's CESR route and this specialist portfolio route. CW responded that this wasn't specifically looked at but the 8.8 competency is not actually written in the competency but is included in the guidance as a requirement. For 6.9, CW said that this was not resolved. However, in order to achieve the competencies, many candidates are going on short term placements to obtain the experience following the COVID pandemic. However, this is ad hoc and the system isn't formally set up at the moment so more work needs to be done. JP said that the Faculty will look at this on their Curriculum Assessment Committee and will keep UKPHR informed. JL sought clarity from JP regarding the deadline of February as a deadline of August was previously mentioned. JP clarified that all registrars moved to the new curriculum in August 2022 but for those who are in their final year and were going to complete their training by February 2023, they would still be on the previous curriculum as they were right at the end of their training and not to disadvantage them. The new cohort that will begin in August 2023, all registrars will be on the new curriculum. After discussion with JH, JL suggested a transitional period of 18 months as this aligns with the timescale for completing a pre-application and portfolio assessment and not to disadvantage UKPHR portfolio applicants by submitting a new portfolio with the updated competencies. DE supported JL's suggestion of the transition period of 18 months as UKPHR's portfolio assessment is different to a registrar completing the training programme. He also mentioned regarding the competency 6.8 that in order to have the on-call experience as a requirement, the system and employers have to be ready to facilitate this. The COVID pandemic has changed this to make it easier for people to gain this experience, so it is in the right direction of travel. However, there needs to be caution about this being done too quickly until the system enables people to get the appropriate experience. JP agreed with DE's comments and said that the portfolio route like the CESR route offered by the GMC is a retrospective route so applicants should be working at consultant level. The 18 month period is for applicants to provide all the evidence required. JP also added that there are a lot more opportunities for on call experience, especially in local authorities. There was some discussion on what the competency 6.9 is asking applicants to demonstrate and the importance of on call experience in achieving the competency.

The Committee was happy to approve the changes proposed in the report about updating the competencies for the Specialist Registration by Portfolio Assessment route in line with the Faculty of Public Health's curriculum review. The Committee was also happy to approve a transition period of 18 months for the changes to the portfolio competencies to take effect. The proposed wording on safeguarding of children and adults and duty of candour as referring the new set of competencies as the 2022 competencies was approved and noted by the Committee. In terms of next steps, the Chair asked JL and ZE about how to proceed following the approval. JL said that this will be brought to the Board to note for completeness in the minutes and this will be discussed with CW, JH and Helen Jeffries regarding publishing this.

The Chair thanked CW for all her hard work in the specialist portfolio route and moderation as CW will be stepping down from her role as UKPHR moderator.

5. UKPHR EDI data strategy

JL presented the report on the UKPHR ED&I work and data strategy and informed the Committee on the importance of the data collected by UKPHR of its registrants. It will review the types of data collected considering the new IT upgrade that will be launching in early 2023. UKPHR will be undertaking some dedicated work on reporting data that it collects as it is a key aspect of the EDI work that has been discussed recently. An action plan has been produced as a result. As the Faculty of Public Health are undertaking a lot of work at the direction of the GMC on their data, it is something that UKPHR need to start look at as a part of its core business. The Board previously discussed the data it collects on employers as some of the other regulators do not do this. However, this data is collected in the absence of a Responsible Officer network, so this data is looked at by UKPHR directly. The data on employers does not give a full picture of UKPHR's registrants aside from where they work. JL said that she and the Chair discussed the action plan in detail. As this requires a lot of work with very limited resources, it will be challenging to achieve everything in the action plan, however this is a good starting point. JL proposed a short, focused data strategy that outlines UKPHR's commitment to collecting, publishing data and taking action where it is required. JL requested the endorsement from the Committee on this initiative and to seek volunteers who will be happy to contribute to this work as well as someone who is able to lead on this work.

The Chair thanked JL for her report and said that this was helpful in outlining where UKPHR is at with this work. The Chair invited the Committee to put themselves forward as volunteers to help with this work and also mentioned that JDowd was also keen to ensure that the data collected is applicable to the needs of all the nations within the United Kingdom and to refer to the framework by the Office of National Statistics. RK said he was happy to help and contribute to this work and suggested that if there was a group of people coming together to undertake this work, this will help with managing workloads for this work. RK suggested looking at what needs to be done in the short term and then how some things can be done partially and building on that would make it more manageable. JL thanked RK for putting himself forward and said she will pick this up as a separate conversation with him. DE highlighted an issue about maximising the use of all board members as he mentioned he was involved in a few initiatives such as the fees review and assessing the applications for the awards for the practitioner conference. DE said that it would be good to ensure all board members are invited and encouraged to contribute towards UKPHR's initiatives in order to ensure the work is spread across the Board. JDouglas also put herself forward to contributing to this work. MC also said she was happy to get involved and potentially happy to lead on this work but requested a discussion with JL and the Chair first as she was involved in the EDI working party. The Chair thanked those who put themselves forward to contribute and mentioned that this can be the start of a small task and finish group to undertake this work. The Chair said if others were happy to take part to email her or JL. JL also thanked those who had volunteered and mentioned to MC that she will be in touch to arrange a discussion about leading this work.

JL suggested setting up a mini task and finish group with the aim of making significant progress with the action plan. Once JL has spoken with ML, a meeting can then be set up to assign manageable tasks to complete this work. JL said that the online form for the new contact management system was modelled on the Office for National Statistics categories and what information some of the other four country regulators asked for and said she will double check this was covered. The

Chair extended the offer of contributing this work to JDowd and JDowd said she would be happy to contribute.

	WHO	WHAT	BY WHEN
ACTION 22/08	Jessica Lichtenstein	Speak with Ranjit Khan about volunteering to contribute to the work on the data strategy	As soon as possible

	WHO	WHAT	BY WHEN
ACTION 22/09	Jessica Lichtenstein	Arrange a discussion with Marianne Coward and Helen King about leading on the data strategy work	As soon as possible

6. Any other business

JDowd asked RK about the mapping exercise with the universities for the undergraduate courses and creating a short animation. RK said he will pick this up again and reported that another mapping exercise was completed and received by Queen Margaret University in Edinburgh, and this was published on the UKPHR website. RK informed the Committee that the short animation would help explain the mapping process using free software online.

JP asked the question about whether there was a discussion on UKPHR being able to register Specialty Registrars who are aiming for UKPHR registration at the beginning of their training as currently medical registrars are able to register with the GMC. However, this is not the same for UKPHR specialty registrars. The Chair said that was something that may need to be looked at the Board rather than this Committee. ZE informed JP that UKPHR does have specialty registrar registration in place for those who want to be registered whilst completing their training and UKPHR would have a regulatory role with specialty registrars from the time they are registered. They are a small number of registrants on the UKPHR registrar. JP said that she would discuss this separately with ZE about this. DE added that the numbers of UKPHR specialty registrars are relatively small in comparison to medical specialty registrars registered with the GMC and this may be based on lack of awareness for this route to registration and failure to liaise with the heads of training on the availability of UKPHR registration for specialty registrars. DE mentioned that this should be encouraged and promoted widely in terms of liaising with the regional training programmes. JP agreed and said that for those who are UKPHR specialty registrars, it would be good for them to be registered with UKPHR so that it has a role in professional regulation for this group of people. DE suggested to the Chair that this would be something to discuss with Duncan Vernon as he was registered as a Specialty Registrar to identify what the attitude is amongst non-medical specialty registrars and what can be done to promote this registration. ZE informed the Committee that the UKPHR office has also changed the requirement of the type of evidence required with the Specialty Registrar registration application from a letter to a template prescribed by UKPHR. ZE offered to have a discussion with JP and provide a link to the specialty registrar registration information on the UKPHR website. The Chair thanked all those who contributed to this discussion and said to have an offline discussion with ZE about whether this should be taken to the next meeting of the Registration Policy Group. The Chair confirmed this would be mentioned at the next Board meeting.

The Chair asked the Committee to note that the apprenticeship guidance was now being published and thanked the Committee for their hard work on redrafting this.

ZE provided an update on the first meeting of the revalidation review task and finish group which took place on 28th September 2022. It was a positive first meeting with a lot of representation from the Faculty of Public Health, NHS England, OHID and the plan for the review was discussed. It was agreed that the review would be a light touch analysis and would focus on two workstreams, the first workstream looking at the requirements and the second looking at how UKPHR can support its registrants to achieve the requirements. There will be a further five meetings and the review will be taking place from September 2022 and July 2023. At the end of the review, there will be a set of recommendations to take to the Board for approval before any changes are made. ZE mentioned that this review will also be communicated to UKPHR registrants to keep them informed. The Chair thanked ZE for the update.

7. Next meeting

ZE informed the Committee that the dates for the Committee meetings in 2023 were not confirmed and ZE will be in touch with the Committee once those dates have been confirmed. ZE asked the Committee if they were happy to have the quarterly meetings for 2023 and all agreed that they were happy with this. The Chair added that if a need for a further meeting arises, this can be done remotely.

	WHO	WHAT	BY WHEN
ACTION 22/10	Zaira Ejaz	Circulate the confirmed meeting dates for 2023 to the Committee	As soon as possible