

Agenda

Board meeting 11.00-13.00

ITEM	ISSUE	PRESENTER
1	Welcome, apologies and new declarations of interest	Chair
2	Minutes of meeting on 21 June 2023	Chair
3	Actions and matters arising	Chair
4	UKPHR Annual Report- Review of draft	Chair & CEO
5	UKPHR Strategy 2024-2029- Discussion of draft	Chair & CEO
6	Practitioner Registration Coordinator Role	CEO
7	Associate Registration scoping	CEO & PJ
8	For decision: <ul style="list-style-type: none"> • 8a: Revalidation policy • 8b: UKPHR Role banding • 8c: E&S Committee ToR 	CEO & PJ
9	Chief Executive's report (including Chair decisions and meetings)	CEO
10	Registration report <i>Item 10a - Minutes of RAC 22 June 2023</i> <i>Item 10b – Minutes of RAC 20 July 2023</i> <i>Item 10c – Minutes of RAC 24 August 2023</i> <i>Item 10d – Registration statistics</i> <i>No meetings of the Registration Policy Group</i>	Registrar
11	Audit, Risk and Remuneration Committee report	ARR Chair
12	Education and Standards Committee report	E&S Chair
13	Any other business	Chair
14	Date and time of next meeting	29 November 2023 2pm

UKPHR

Annual General Meeting – 13:45-15:00

ITEM	ISSUE	PRESENTER
15	Welcome and apologies	Chair
16	Minutes of meeting on 22 September 2022	Chair
17	Annual Report and Accounts	Chair
18	Retirement and reappointment of directors	Chair
19	Appointment of Chair and Vice-Chair`	Board Secretary (CEO)
20	Appointment of Chairs to Board sub-committees: <ul style="list-style-type: none">• Education and Training Committee• Audit, Risk and Remuneration Committee• Registration Approvals Committee	Chair
21	Appointment of Registrar	Chair
22	Any other business	Chair

Minutes of the meeting of the UKPHR Board held on Wednesday 21 June 2023 via Teams and 16a McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR at 14.00 hours

Present: Andrew Jones (AJ) (Chair)
Viv Speller (VS) (Vice Chair)
Jessica Lichtenstein (Chief Executive)
Gill Jones (GJ) (Registrar)
Duncan Vernon (DV)
James Sandy (JS)
Linda Smith (LS)
Ranjit Khutan (RK)
Marianne Coward (MC)
Helen Featherstone (HF)
Ben Humphreys (BH)
Joanna Dowd (JD)
Jenny Douglas (JDo)

Apologies: David Evans
Helen King

As observers: Pavenpreet Johal (PJ) (Secretariat)

1. Welcome, apologies for absence and new declarations of interest

The Chair welcomed everyone to the meeting. Apologies were noted as above. There were no new declarations of interest.

2. Minutes of Board meeting held on 20 April 2023

The minutes of the meeting held on 20 April 2023 were agreed as a true and accurate record.

ACTION	WHO	WHAT	BY WHEN
	JL	Publish 20 April 2023 Board minutes on website	ASAP

3. Actions and matters arising

All actions were on track except for two that did not meet their deadline. JL reported that a joint letter, communicating the advantages of practitioner registration to be circulated to DsPH with the FPH, has been delayed due to receiving final approval from the Faculty Council. It was acknowledged that circulation was imminent, and a final copy would be circulated to Board members.

The other overdue action was in relation to the Audit, Risk and Remuneration Committee considering a policy for corporate sponsorship/involvement in UKPHR business. This was originally discussed in relation to corporate sponsorship for the practitioner conference. Due to the 2023 conference to be held virtually, it has not been a priority and it will be more relevant if an in-person conference is held in 2024.

4. Governance forward planner

The planner is an indicative document and continuously updated. The Board acknowledged the forward planner.

5. UKPHR Reserves Policy

JL reported that it was agreed in principle to not set an upper or lower baseline for reserves but to set out in principle approximately how much reserves would be need for certain activities such as being in a position to close down the business; facing increase legal fees or extended staff leave due to sickness or parental leave. Approximate operating costs have been calculated to ascertain an upper and lower limit as part of budget discussions.

DV reported on the ARRC discussions, implementing a RAG rating on reserves to help keep them on track. The committee also discussed various scenarios where the reserves would need to be used and acknowledged that the reason for using the reserves would define how much we would need.

HF commented that the GMC aim to set reserves at approximately 20-30% of annual turnover, which JL noted was approximately the percentage that was outlined in the draft policy. The Chair also acknowledged that the organisations risk to reserves and mitigations if the reserves depleted rapidly, are continually considered by the ARRC.

The Board agreed to adopt the policy in principle, with any additional detailed comments from Board members sent to JL.

	WHO	WHAT	BY WHEN
ACTION	JL	Adopt UKPHR Reserves Policy, including any possible comments received post meeting	ASAP

6. UKPHR Strategy - timeline

The Board were presented an indicative timeline of drafting the new strategy. JL thanked Board members on the strategy working party who helped draft the timeline. The aim is to bring a draft strategy and targeted (key stakeholders and internal wider workforce) consultation document to the September Board meeting. An advanced, if not final draft is hoped to be presented to the November Board meeting and a launch before the financial year; either end of January or March 2024 is proposed. The Board acknowledged the timeline.

7. Committee/RPG recommendations for Board decision

ARRC:

a. 2022-23 Q4 accounts

The Board were presented the draft 2022-2023 Q4 accounts, which have been discussed at the ARRC. JL acknowledged that there was a lot of reconciliation yet to occur after the end of the financial year, with additional income still to be received from local practitioner schemes. JL had viewed a more up to date version of the annual accounts, which will be presented at the July meeting of ARRC and the Board in September and they look healthy. DV reported the ARRC discussions on the cyclical nature of income which may result in reserves lowering throughout the year. The Chair also noted that the with the implementation of monthly Direct Debits to spread the cost of renewal fees, income will be spread throughout the year in the following year. The Board acknowledged the Q4 accounts.

b. Practitioner Scheme Review Policy

JL reported that at the last Board meeting revised appeals rules were approved. This exercise led the RPG to consider a policy to review local verification panel decisions for practitioner registration, which are not covered by the appeal rules, as no decision is being made to admit to the Register, rather the outcome is a recommendation to the RAC to admit or not admit. The Board were presented with a draft policy which allows individuals to review a verification panel

decision that does not recommend a practitioner to UKPHR for registration. The policy is clear that there are specific grounds, similar to an appeal, which includes a serious procedural issue or new material evidence that was unable to be considered as part of the original decision. The policy has been welcomed by the scheme coordinators and considered by practitioner moderators.

JS queried whether there was a limit on the number of reviews that could be requested. JL commented that someone could only challenge once for a single verification panel decision, but an application may be presented to subsequent verification panels. JL would consider whether this needs to be clarified in the policy. VS queried whether the 28 days to submit a review was adequate as its likely that the issue would initially be attempted to be dealt with locally between the moderator, coordinator and assessor and a review would likely be submitted if this was not satisfactory to the practitioner. JL responded that an individual would need to decide between the remediation advised by the verification panel or submit a review, they would not be able to have both. However, if they decided the remediation and the application was returned to another verification panel, they would have another option of review from the second panel. The practitioner guidance has also been refined to make it clearer on the process of involving moderators etc. The Board approved the practitioner registration review policy.

	WHO	WHAT	BY WHEN
ACTION	JL	Revise policy in light of Board discussion and adopt Practitioner Scheme Review Policy	ASAP

8. **Chief Executive's report (including Chair decisions and meetings)**

The People in UK Public Health Group previously was provided administration support by PHE but since it was disbanded, the responsibilities were handed over to DHSC and OHID. However they are no long able to provide support as an English department to a four-country agenda. The group is continuing to discuss how to support the group and JL has made it clear that it was not appropriate for a regulator to be leading the agenda for workforce. JL also reported that she would be taking over chairing the group once Sally Pearson from the FPH steps down. PJ would attend as UKPHR representative once JL steps into the role of Chair.

JL reported that she was going to attend a public health workforce summit that is being run by the NHS workforce training and education directorate. The intent is to address some of the consistent workforce issues and produce an action plan that all organisations around the table can sign up to. Whilst it is being run from an English perspective and it's unclear whether representatives from other nations have been invited, the Board acknowledged the importance of a four nations approach to workforce, particularly regulation.

Progress has been made with the revalidation review and the Board is expected to receive a recommendations report in the autumn. A revised policy is currently being scrutinised by the task and finish group and the education and standards committee. The intention is to satisfy several requirements that are currently being met by evidence submitted directly to UKPHR to be satisfied via the appraisal, for example, CPD is already considered during an appraisal and a registrant would not be required to submit to UKPHR again for the purposes of revalidation. It is hoped that these changes will make the process more straightforward. The role of the responsible officer is still being considered and unsurprisingly most employer organisations do not have the capacity to take on this role for UKPHR registrants. It was also acknowledged that as a result of the revalidation review, re-registration for practitioners would also be considered to streamline the process.

The advanced practitioner report has not yet been published; it is envisaged it will be published at the end of June with a foreword from UKPHR. Progress is being made to prepare for practitioner applications via the apprenticeships. The first endpoint assessments are taking place in September/October. Practitioner moderators are involved as assessors from the first cohort from Salford University. The role of an end point assessor will be a paid role but to prevent assessors

leaving their scheme roles, only individuals who are able to commit to scheme work and have additional capacity for end point assessments will be considered.

JL thanked Board members who have supported in the preparation for the practitioner conference. The theme is around inclusivity. The agenda is still being drafted but William Roberts, RSPH Chief Executive has been confirmed as a keynote speaker, who is an engaging speaker on inclusivity. It is also hoped that the FPH's EDI and health disparities specialist interest group can deliver a session. The logistics of running country specific sessions is also being considered and the Board agreed that whilst there may not be practitioner registrants from Northern Ireland, space should be protected for them to use as they see fit. JL welcomed any ideas for sessions. Nominations for awards were also open.

PJ reported that the new registration system has continued to be working well. Annual Renewal season was well under way with approximately 60% of registrants completing renewal ahead of 1st July. The new offer of monthly Direct Debit has been taken up positively by approximately 50% of registrants renewing. The workload of renewals has been considerably less in the office, which will be evaluated further as a whole. Positive feedback has also been received from registrants. Microsoft has initiated some changes to PowerBI which has delayed access to reports but access should be regained soon. JL added that the part-time fixed term administrative support role would be rescoped after the renewal season and the Board will be expected to receive a report on the two part-time fixed term roles later this year.

There is an increased focus on the SRbPA route as one of the potential solutions to workforce issues across the system. Specialist moderators are enthusiastic to conduct a light touch review so that the system can be improved and streamlined.

JL also reported that she met with VS and LS who are approaching the point that they will no longer be able to revalidate and will have to relinquish their registration. A discussion was held on some sort of associate registration that could be explored to offer people withdrawing their registration due to retirement or career change who still have the capacity to contribute to UKPHR's wider workforce as assessors, verifiers etc, but require UKPHR registration. The next step is to measure the level of interest to consider whether this is a project to resource. It was acknowledged that this would not be a significant income stream. It is envisaged that a scoping document is presented to the next Board meeting.

9. Registration report

The Board received the registration statistics, minutes of the Registration Approvals Committee and Registration Policy Group. GJ reported that RAC had held a really good EDI training session and SRbPA workshop with moderators. This was to support members feel more comfortable in decision making. It was welcomed to hold similar sessions each year to continually support members in their knowledge of routes to registration. JL also reported that the RPG responded positively to additional clarification on the oversight of the board and committee structure and changes made to the agenda to consider Board minutes in light of feedback.

10. Audit, Risk and Remuneration Committee report

In addition to previously discussed items, DV added that the Committee discussed previous set of KPIs that Marcial had drafted. It was agreed that many felt no longer relevant and for others there were other means of seeking reassurance. It was agreed that most of it was already covered by the revised registration statistics.

11. Education and Training Standards Committee report

JL reported that there had been no meeting since the previous Board meeting. RK is due to Chair the next committee in HK's absence.

12. Any other business

There was no other business raised.

13. Date, time and venue of next meeting

Thursday 14th September 2023, Board and AGM at 11am till 3pm in person at UKPHR Office.

Action points from this meeting

ACTIONS	WHO	WHAT	BY WHEN
	JL	Publish 20 April 2023 Board minutes on website	ASAP
	JL	Adopt UKPHR Reserves Policy, including any possible comments received post meeting	ASAP
	JL	Revise policy in light of Board discussion and adopt Practitioner Scheme Review Policy	ASAP

The Chair closed the meeting at 15.15 hours.

Item 4 - UKPHR 2022-2023 End of year accounts

Summary

1. This paper reports UKPHR's financial position for 2022-2023. The ARRC reviewed an earlier draft and were content with the accounts.

Background

2. The ARRC has been reviewing UKPHR accounts quarterly, most recently Q4 at its May 2023 meeting. These accounts are subject to audit.
3. As a Limited Company, we are obliged to report our finances according to a set template. We have worked with our accountant, David Seeley of Accuo, to report these as accurately as possible, and according to the standards expected to meet our statutory obligations.
4. An independent examiner Malcolm Wilcox has been retained to audit the accounts before submission.
5. The attached draft will be approved at the UKPHR AGM and submitted to Companies House.

Discussion

6. The full draft report is annex as item 4a.
7. Our total income for 2023 was £404,301 (up from £340,098) last year, and our total expenditure was £527,939 (up from £418,243). Last year we recorded a deficit of £78,146, and this year we generated a deficit of £123,638.
8. Some points to note regarding income (as per page 17 of the report):
 - a. 'Registration fees' line item refers to specialist registration activities, including SRPbA fees. Registration numbers did rise slightly, but the increase in income is due to a different approach in reconciliation of fees.
 - b. There was a short-term shortfall in local practitioner fees as we changed the payment schedule, of approximately £30,000. All outstanding balances should have now been paid back; this will be a one-off anomaly and will be reflected as an increase in income in next year's accounts.
 - c. We are still awaiting approximately £4000 in training income from practitioner schemes, which are being chased.
9. Some points to note regarding expenditure:

- a. There was a significant rise in salaries and associated expenses- approximate £60,000- the Board agreed that this increase would be covered by reserves.
 - b. There was an increase in professional fees compared to last year; these expenses included: the values report, ED&I training/ support, accountancy annual fees, HR & professional development fees, outstanding expenses from the online training evaluation, and IT consulting. Approximately £5000 of this is related to the IT upgrade (project support) and is funded through reserves.
 - c. Telephone expenses increased as this line item now includes wifi, as well as project fees to install a new online phone system, which is working very well. We should see overall savings next year in this regard.
 - d. Moderation fees paid out increased, as the pace of things has picked up since the pandemic. This is in line with increased income.
 - e. Increased computer software costs are due to the IT upgrade and implementation costs, approximately £27,000 total- again, agreed to be paid through reserves.
 - f. PSA accreditation has, as previously discussed, significantly increased.
10. So, our income and expenditure are in line with what we would have expected for EOY and we remain in stable financial shape- we've spent the previously agreed approximately £90,000 in reserves, and we will make up for the shortfall in practitioner income during renewal season (May-July)- which accounts for the deficit.

Recommendation

11. The Board is asked to comment on and approve the EOY management accounts 2022-2023 for submission to the AGM.

COMPANY REGISTRATION NUMBER: 04776439
CHARITY REGISTRATION NUMBER: 1162895

Public Health Register
Company Limited by Guarantee
Unaudited Financial Statements
31 March 2023

MALCOLM WILLCOX FCCA

Malcolm Willcox & Co
Hagley House
93-95 Hagley Road
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Birmingham
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Public Health Register
Company Limited by Guarantee
Financial Statements
Year ended 31 March 2023

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Public Health Register

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report)

Year ended 31 March 2023

The trustees, who are also the directors for the purposes of company law, present their report and the unaudited financial statements of the charity for the year ended 31 March 2023.

Reference and administrative details

Registered charity name Public Health Register

Charity registration number 1162895

Company registration number 04776439

Principal office and registered office 16a The McLaren Building
46 Priory Queensway
Birmingham
West Midlands
B4 7LR

The trustees

Dr J Douglas
Dr JS Dowd
Professor DH Evans
Mr AP Jones
Dr R Khutan
Ms H King
Mr SJ Maddern (Resigned 1 November 2022)
Professor V Speller
Mr DR Vernon
Ms M Coward (Appointed 1 April 2022)
Ms L Smith
Mr B Humphrey (Appointed 7 February 2023)
Ms H Featherstone (Appointed 8 February 2023)

Company secretary Ms Jessica Lichtenstein

Independent examiner Malcolm Willcox FCA
Malcolm Willcox & Co
Hagley House
93-95 Hagley Road
Edgbaston
Birmingham
B16 8LA

Public Health Register

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report) *(continued)*

Year ended 31 March 2023

Structure, governance and management

Governing document

The charity is controlled by its governing document, its Articles of Association, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006. It is a Public Benefit Entity as defined by FRS 102.

Objectives and activities

Objectives and aims

The Board's vision for the Charity is:

- 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.

The Board's mission is:

- 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.

The Board works to an approved three-year Business Plan, currently for the period 2021-24. The priorities of the current Business Plan are: to be an effective regulator, to be a self-sustaining organisation and to have a strong reputation for integrity and influence across the UK and beyond.

Public Health Register

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report) *(continued)*

Year ended 31 March 2023

Objectives and activities *(continued)*

A. OUR REGISTER	
A1	We will communicate and demonstrate our commitment to public protection including through maintaining 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 our risk register up-to-date and be alert to future changes in risks.
A3	We will maintain and develop appropriate education and training standards for applicants for registration and for routes to registration with the aim of maintaining and enhancing public confidence in our register.
B. OUR RESOURCES	
B1	We will communicate and demonstrate our strong and effective governance and management of our resources, including paid staff, volunteers, finances and data, in the delivery of our functions.
B2	We will work constantly to maintain and enhance registrants' competence and fitness to practise, promote quality improvement of registrants' services, and take timely action when concerns are raised for the protection of the public.
B3	We will manage complaints about our services fairly and effectively and act on our learning from complaints, compliments and comments we receive with the aim of improving our own quality of service.
C. OUR RELATIONSHIPS	
C1	We will communicate and demonstrate the value of registration to all appropriate audiences with a view to ensuring maximum coverage of registration for the public health workforce.
C2	We will, as an organisation, support the public health system's development of an agile, flexible, multidisciplinary public health workforce.
C3	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.

Public Benefit

The Charity's public benefit is the advancement of the health and wellbeing of all people in the United Kingdom. The primary purpose of maintaining the register is protection of the public from harm caused by the misconduct and/or incompetent performance of any public health registrant.

The charity has at all times, when planning and performing its activities, had regards to the guidance on public benefit issued by the Charity Commission in England and Wales.

Public Health Register

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report) *(continued)*

Year ended 31 March 2023

Achievements and performance

During 2022-23, and in pursuit of this public benefit, the Charity has:

- Strengthened governance and decision-making by implementing new panels to discuss complex cases, and a number of policies covering registration and revalidation (for example, Extenuating circumstances and parental leave policies)
- Converted temporary registrations implemented during the COVID-19 pandemic into permanent registrants
- Increased the total number of registrants from 1233 (on 31 March 2022) to 1287 (on 31 March 2023)
- Undertaken a review of the value of UKPHR registration
- Developed and implemented a new contact management system
- Achieved a successful Professional Standards Authority Accredited Register annual review, with no recommendations
- Implemented several recommendations from an Equality, Diversity and Inclusion review, including delivering training and improving data collection for protected characteristics
- Published guidance for public health apprentices to attain in UKPHR registration
- Initiated a review of revalidation requirements
- Delivered a successful conference
- Started work on a new organisational strategy to cover 2024-2029
- Expanded staff by 50%, bringing on two fixed term team members (contracted until 31 March 2024)

The Charity's income from registration fees is reasonably predictable and is adequate for the Charity's needs. Costs are well controlled.

Policies and procedures provide comprehensive coverage for the Charity's activities and they are regularly reviewed and updated. The register is published on the Charity's website and can be accessed freely by the public.

The Charity consults registrants and stakeholders on all major changes and has carried out several formal consultations during the year.

Financial review

The Charity generated a deficit in the year of £123,638 this year (2022: deficit of £78,145), which has been deducted from the Charity's reserves.

The Charity's income is all derived from registration fees and necessary training services provided to assessors and verifiers directly related to the portfolio assessment routes to registration.

The Charity's finances are healthy and sustainable.

Small company provisions

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies exemption.

Public Health Register

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report) *(continued)*

Year ended 31 March 2023

The trustees' annual report was approved on 14 September 2023 and signed on behalf of the board of trustees by:

Mr AP Jones
Trustee

Public Health Register

Company Limited by Guarantee

Independent Examiner's Report to the Trustees of Public Health Register

Year ended 31 March 2023

I report to the trustees on my examination of the financial statements of Public Health Register ('the charity') for the year ended 31 March 2023.

Responsibilities and basis of report

As the trustees of the company (and also its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities and Trustee Investment (Scotland) Act 2005 ('the 2005 Act'), the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Companies Act 2006 ('the 2006 Act'). You are satisfied that the accounts of the company are not required by charity or company law to be audited and have chosen instead to have an independent examination.

Having satisfied myself that the accounts of the company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the charity's accounts carried out under section 44(1)(c) of the 2005 Act and section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the requirements of Regulation 11 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Since the charity is required by company law to prepare its accounts on an accruals basis and is registered as a charity in Scotland your examiner must be a member of a body listed in Regulation 11(2) of the Charities Accounts (Scotland) Regulations 2006 (as amended). I can confirm that I am qualified to undertake the examination because I am a registered member of the Institute of Chartered Accountants in England and Wales (ICAEW) which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the charity as required by section 386 of the 2006 Act, section 44(1)(a) of the 2005 Act and Regulation 4 of the 2006 Accounts Regulations; or
2. the financial statements do not accord with those records or with the accounting requirements of Regulation 8 of the Charities Accounts (Scotland) Regulations 2006; or
3. the financial statements do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination; or
4. the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Public Health Register

Company Limited by Guarantee

Independent Examiner's Report to the Trustees of Public Health Register

(continued)

Year ended 31 March 2023

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Malcolm Willcox FCA
Independent Examiner

Malcolm Willcox & Co
Hagley House
93-95 Hagley Road
Edgbaston
Birmingham
B16 8LA

Public Health Register

Company Limited by Guarantee

Statement of Financial Activities (including income and expenditure account)

Year ended 31 March 2023

		2023		2022
		Unrestricted funds	Total funds	Total funds
	Note	£	£	£
Income and endowments				
Donations and legacies	5	313,971	313,971	244,796
Charitable activities	6	84,404	84,404	89,961
Other trading activities	7	4,135	4,135	4,584
Investment income	8	1,791	1,791	757
Total income		<u>404,301</u>	<u>404,301</u>	<u>340,098</u>
Expenditure				
Expenditure on charitable activities	9,10	527,939	527,939	418,243
Total expenditure		<u>527,939</u>	<u>527,939</u>	<u>418,243</u>
Net expenditure and net movement in funds		<u>(123,638)</u>	<u>(123,638)</u>	<u>(78,145)</u>
Reconciliation of funds				
Total funds brought forward		234,925	234,925	313,070
Total funds carried forward		<u>111,287</u>	<u>111,287</u>	<u>234,925</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 10 to 16 form part of these financial statements.

Public Health Register
Company Limited by Guarantee
Statement of Financial Position
31 March 2023

	Note	2023 £	2022 £
Fixed assets			
Tangible fixed assets	16	2	3,263
Current assets			
Debtors	17	91,349	56,753
Cash at bank and in hand		132,040	260,919
		<u>223,389</u>	<u>317,672</u>
Creditors: amounts falling due within one year	18	112,104	86,010
Net current assets		<u>111,285</u>	<u>231,662</u>
Total assets less current liabilities		<u>111,287</u>	<u>234,925</u>
Net assets		<u>111,287</u>	<u>234,925</u>
Funds of the charity			
Unrestricted funds		<u>111,287</u>	<u>234,925</u>
Total charity funds	20	<u>111,287</u>	<u>234,925</u>

For the year ending 31 March 2023 the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Directors' responsibilities:

- The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476;
- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of financial statements.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

These financial statements were approved by the board of trustees and authorised for issue on 14 September 2023, and are signed on behalf of the board by:

Mr AP Jones
Trustee

The notes on pages 10 to 16 form part of these financial statements.

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements

Year ended 31 March 2023

1. General information

The charity is a public benefit entity and a private company limited by guarantee, registered in England and Wales and a registered charity in England, Wales and Scotland. The address of the registered office is 16a The McLaren Building, 46 Priory Queensway, Birmingham, West Midlands, B4 7LR.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Charities SORP (FRS 102)) and the Companies Act 2006.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis.

Going concern

There are no material uncertainties about the charity's ability to continue.

Disclosure exemptions

The entity satisfies the criteria of being a qualifying entity as defined in FRS 102 by reason of being small. As such, advantage has been taken of the following disclosure exemptions available under paragraph 1.12 of FRS 102:

- (a) No cash flow statement has been presented for the company.
- (b) Disclosures in respect of financial instruments have not been presented.

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2023

3. Accounting policies *(continued)*

Judgements and key sources of estimation uncertainty

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported. These estimates and judgements are continually reviewed and are based on experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Significant judgements

There are no judgements (apart from those involving estimations) that management has made in the process of applying the charity's accounting policies that have any significant effect on the amounts recognised in the financial statements.

Key sources of estimation uncertainty

Accounting estimates and assumptions are made concerning the future and, by their nature, will rarely equal the related actual outcome. However management does not consider there are any key assumptions or other sources of estimation uncertainty that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Restricted funds are subjected to restrictions on their expenditure declared by the donor or through the terms of a grant application. There are currently no restricted funds held by the charitable company.

Incoming resources

All income is included in the statement of financial activities when entitlement has passed to the charity, it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from subscriptions and the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2023

3. Accounting policies *(continued)*

Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes VAT as this cannot be recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all activities for raising funds.
- expenditure on charitable activities includes all costs incurred by the charity in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to charitable activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.
- All costs are allocated to expenditure categories reflecting the use of the resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Fixtures and fittings	-	25% straight line
Equipment	-	25% straight line

Defined contribution plans

Contributions to defined contribution plans are recognised as an expense in the period in which the related service is provided.

4. Limited by guarantee

The liability of members in case of the charity being wound up is limited to £1.

5. Donations and legacies

	Unrestricted Funds £	Total Funds 2023 £	Unrestricted Funds £	Total Funds 2022 £
Subscriptions				
Registration fees	285,867	285,867	187,404	187,404
Local Practitioner	28,104	28,104	57,392	57,392
	<u>313,971</u>	<u>313,971</u>	<u>244,796</u>	<u>244,796</u>

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2023

6. Charitable activities

	Unrestricted Funds £	Total Funds 2023 £	Unrestricted Funds £	Total Funds 2022 £
Training income	84,404	84,404	89,961	89,961

7. Other trading activities

	Unrestricted Funds £	Total Funds 2023 £	Unrestricted Funds £	Total Funds 2022 £
Other Income	4,135	4,135	4,584	4,584

8. Investment income

	Unrestricted Funds £	Total Funds 2023 £	Unrestricted Funds £	Total Funds 2022 £
Bank interest receivable	1,791	1,791	757	757

9. Expenditure on charitable activities by fund type

	Unrestricted Funds £	Total Funds 2023 £	Unrestricted Funds £	Total Funds 2022 £
Registration	524,146	524,146	410,399	410,399
Support costs	3,793	3,793	7,844	7,844
	<u>527,939</u>	<u>527,939</u>	<u>418,243</u>	<u>418,243</u>

10. Expenditure on charitable activities by activity type

	Activities undertaken directly £	Support costs £	Total funds 2023 £	Total fund 2022 £
Registration	524,146	–	524,146	410,399
Governance costs	–	3,793	3,793	7,844
	<u>524,146</u>	<u>3,793</u>	<u>527,939</u>	<u>418,243</u>

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2023

11. Registration

	Analysis of support costs: membership activities £	Total 2023 £	Total 2022 £
Governance costs	3,793	3,793	7,844

12. Net expenditure

Net expenditure is stated after charging/(crediting):

	2023 £	2022 £
Depreciation of tangible fixed assets	3,261	4,309

13. Independent examination fees

	2023 £	2022 £
Fees payable to the independent examiner for: Independent examination of the financial statements	3,000	4,872

14. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2023 £	2022 £
Wages and salaries	188,945	137,160
Social security costs	14,732	9,821
Employer contributions to pension plans	12,324	10,949
Contracted chief executive fees	61,164	50,805
	<u>277,165</u>	<u>208,735</u>

The average head count of employees during the year was 6 (2022: 4). The average number of full-time equivalent employees during the year is analysed as follows:

	2023 No.	2022 No.
Management	2	1
Administration and support	4	3
	<u>6</u>	<u>4</u>

No employee received employee benefits of more than £60,000 during the year (2022: Nil).

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2023

Key Management Personnel

Key management personnel include the trustees and the chief executive. Total remuneration costs in the year were £45,345. (2022: £43,850). During the year the Chief Executive was engaged on a permanent contract. Prior to her appointment she had been on secondment from an unrelated third party. This particular cost, which is not included in the annual figure, was £61,164 (2022: £50,805).

15. Trustee remuneration and expenses

No remuneration or other benefits from employment with the charity or a related entity were received by any of the trustees

16. Tangible fixed assets

	Fixtures and fittings £	Equipment £	Total £
Cost			
At 1 April 2022 and 31 March 2023	<u>6,783</u>	<u>16,639</u>	<u>23,422</u>
Depreciation			
At 1 April 2022	6,782	13,377	20,159
Charge for the year	–	3,261	3,261
At 31 March 2023	<u>6,782</u>	<u>16,638</u>	<u>23,420</u>
Carrying amount			
At 31 March 2023	<u>1</u>	<u>1</u>	<u>2</u>
At 31 March 2022	<u>1</u>	<u>3,262</u>	<u>3,263</u>

17. Debtors

	2023 £	2022 £
Trade debtors	61,902	26,299
Prepayments and accrued income	<u>29,447</u>	<u>30,454</u>
	<u>91,349</u>	<u>56,753</u>

18. Creditors: amounts falling due within one year

	2023 £	2022 £
Trade creditors	–	2,726
Accruals and deferred income	106,947	82,207
Social security and other taxes	4,245	877
Other creditors	<u>912</u>	<u>200</u>
	<u>112,104</u>	<u>86,010</u>

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2023

19. Pensions and other post retirement benefits

Defined contribution plans

The amount recognised in income or expenditure as an expense in relation to defined contribution plans was £12,324 (2022: £10,949).

20. Analysis of charitable funds

Unrestricted funds

	At 1 April 2022 £	Income £	Expenditure £	At 31 March 2023 £
General funds	<u>234,925</u>	<u>404,301</u>	<u>(527,939)</u>	<u>111,287</u>

	At 1 April 2021 £	Income £	Expenditure £	At 31 March 2022 £
General funds	<u>313,070</u>	<u>340,098</u>	<u>(418,243)</u>	<u>234,925</u>

21. Analysis of net assets between funds

	Unrestricted Funds £	Total Funds 2023 £
Tangible fixed assets	2	2
Current assets	223,389	223,389
Creditors less than 1 year	(112,104)	(112,104)
Net assets	<u>111,287</u>	<u>111,287</u>

	Unrestricted Funds £	Total Funds 2022 £
Tangible fixed assets	3,263	3,263
Current assets	317,672	317,672
Creditors less than 1 year	(86,010)	(86,010)
Net assets	<u>234,925</u>	<u>234,925</u>

Public Health Register
Company Limited by Guarantee
Management Information
Year ended 31 March 2023

The following pages do not form part of the financial statements.

Public Health Register

Company Limited by Guarantee

Detailed Statement of Financial Activities

Year ended 31 March 2023

	2023 £	2022 £
Income and endowments		
Donations and legacies		
Registration fees	285,867	187,404
Local Practitioner	28,104	57,392
	<u>313,971</u>	<u>244,796</u>
Charitable activities		
Training income	84,404	89,961
Other trading activities		
Other Income	4,135	4,584
Investment income		
Bank interest receivable	1,791	757
Total income	<u>404,301</u>	<u>340,098</u>
Expenditure		
Expenditure on charitable activities		
Wages and salaries	188,945	137,160
Employer's NIC	14,732	9,821
Pension costs	12,324	10,949
Contracted chief executive fees	61,164	50,805
Rent	43,072	38,865
Rates and water	690	3,429
Light and heat	2,442	2,303
Insurance	4,880	5,276
Motor vehicle expenses	–	158
Other motor/travel costs	1,859	15
Legal and professional fees	58,641	49,898
Telephone	9,744	2,653
Other office costs	8,199	11,102
Depreciation	3,261	4,309
Moderation and training	58,008	44,576
Publicity and public relations	–	589
Computer software	35,273	29,656
PSA accreditation	17,505	9,479
Annual practitioner conference	7,200	7,200
	<u>527,939</u>	<u>418,243</u>
Total expenditure	<u>527,939</u>	<u>418,243</u>

Public Health Register

Company Limited by Guarantee

Detailed Statement of Financial Activities *(continued)*

Year ended 31 March 2023

	2023	2022
	£	£
Net expenditure	<u>(123,638)</u>	<u>(78,145)</u>

Public Health Register

Company Limited by Guarantee

Notes to the Detailed Statement of Financial Activities

Year ended 31 March 2023

	2023	2022
	£	£
Expenditure on charitable activities		
Registration		
<i>Activities undertaken directly</i>		
Salaries	188,945	137,160
Employer's NIC	14,732	9,821
Pension costs	12,324	10,949
Contracted chief executive fees	61,164	50,805
Office rent	43,072	38,865
Rates & water	690	3,429
Light & heat	2,442	2,303
Insurance	4,880	5,276
Mileage allowances	–	158
Travel, subsistence etc	1,175	15
Legal and professional fees	55,532	42,054
Computer, internet and telephone	9,744	2,653
Other office costs	8,199	11,102
Depreciation	3,261	4,309
Moderation and training	58,008	44,576
Promotion and public relations	–	589
Computer software	35,273	29,656
PSA Accreditation	17,505	9,479
Annual practitioner conference	7,200	7,200
	<u>524,146</u>	<u>410,399</u>
Governance costs		
Governance costs - other motor/travel costs	684	–
Legal and other professional fees	3,000	7,844
Governance costs - costs of trustees' meetings	109	–
	<u>3,793</u>	<u>7,844</u>
	<u>527,939</u>	<u>418,243</u>

ITEM – 7

UKPHR Board 14 September 2023

Summary

1. At the Board meeting in June 2023, the Chief Executive reported that she met with Board Directors, Viv Speller and Linda Smith who are approaching the point that they will no longer be able to revalidate and will have to relinquish their UKPHR registration.
2. A discussion was held on some sort of associate registration that could be explored to offer people withdrawing their registration due to retirement or career change who still have the capacity to contribute to UKPHR's wider workforce as assessors, verifiers etc, but require UKPHR registration.
3. Since the last Board meeting, we have proceeded to survey our active registrants and registrants who withdrew their registration within the last 5 years (since the implementation of revalidation) to present a scoping document.

Principle of the new category

4. It is envisaged that this new category of registration would be available for existing registrants who are no longer able to meet the full requirements of revalidation/re-registration, possibly because they are looking to retire or shift career focus, similar to how doctors can remain registered with the GMC if they relinquish their license to practise.
5. The intention in introducing this new category is to enable registrants to support the public health system in roles such as assessors and verifiers once they're no longer registered. We've also heard from some of our registrants that they would wish to remain directly engaged and affiliated with the UKPHR.
6. This offer would only be available for existing registrants who are retiring or experiencing a career change, not engaging in conventional public health practice and not an entry level of registration.
7. Whilst the specifics of the eligibility criteria and requirements to maintain this level of registration still requires scoping, it is initially envisaged that it would accompany a significantly reduced annual renewal fee and the requirements of revalidation/re-registration would be eased.
8. It is also envisaged that upon initial introduction of this new category, registrants who have recently withdrawn from the Register would be provided the opportunity to apply for a transitional period.

Survey results – external demand

Existing registrants:

9. A total of 98 active registrants completed the survey. 64 were registered Public Health Specialists; nil were Public Health Specialty Registrars and 34 were Public Health Practitioners.

10. When are you likely to no longer be able to maintain UKPHR registration (for example, because you're looking to retire from a full-time public health role and unable to meet the requirements for maintaining registration)?

10% - less than a year

8% - 1-5 years

18% - 5-10 years

34% - 10+ years.

11. How likely are you to continue to work in the field of public health, either in a voluntary or paid role after full retirement?

4% - very unlikely

5% - unlikely

32% - not sure

33% - likely

27% - very likely

12. If you were to continue to work to support the public health profession, either in a voluntary or paid role as per above, for how long might you do this?

1% - less than a year

25% - 1-3 years

32% - 3-5 years

22% - 5+ years

20% - unsure

13. If you were no longer able to revalidate/re-register, how likely would you be to maintain UKPHR registration if it was offered at a reduced fee, with eased revalidation/re-registration requirements?

8% - very unlikely

6% - unlikely

10% - not sure

43% - likely

32% - very likely

14. How likely would you be to maintain UKPHR registration as per above if it also meant that you were obliged to support UKPHR as a member of their wider workforce; assessor, verifier etc?

9% - very unlikely

10% - unlikely

27% - not sure

38% - likely

15& - very likely

15. In summary, the majority of active registrants will be retired in 5+ years' time., with a third in over a decade's time. Whilst a third were unsure of whether they would be involved in a paid or voluntary public health role after retirement, over half would be likely to and this would be for at least a year. Over 75% of active registrants would be willing to maintain a retired/associate registration if it was offered at a reduced fee with eased revalidation/re-registration requirements and approximately 50% would consider to support the UKPHR wider workforce if it was a requirement of this new category of registration.

16. Some general comments provided included:

"I think it's a good development that I would be likely to take up. The fee would be the current barrier to continuing after retirement"

"this is a great development. It is an opportunity to give back and be purposeful even after paid employment finishes, which should be linked to good well-being outcomes for the registrant too, at a key transitional stage of life"

"Really good that looking to support PH professionals to continue to be registered at a reduced rate - has benefits both ways, and including to help maintain PH workforce capacity and resilience in the event of future pandemics/emergency situations at local and national level"

"I think more time should be dedicated to improving the current processes rather than creating new workstreams"

"I would assume there would be a route back to full registration and revalidation, so this wouldn't only be for those retiring or leaving the profession"

Registrants withdrawn from the Register:

17. A total of 34 ex-registrants completed the survey. 30 were registered Public Health Specialists; 2 were Public Health Specialty Registrars and 2 were Public Health Practitioners.

18. Do you continue to work in the field of public health, either in a voluntary or paid role after full retirement?

55% - yes

45% - no

19. For how long do you plan to support the public health profession, either in a voluntary or paid role?

0% - less than a year

15% - 1-3 years

25% - 3-5 years

35% - 5+ years

25% - unsure

20. Does your voluntary or paid role require UKPHR registration?

6% - yes

94% - no

21. Would you be willing to support the public health profession, either in a voluntary or paid role, which required UKPHR registration if registration was offered at a reduced fee, with eased revalidation/re-registration requirements?

6% - very unlikely
6% - unlikely
36% - not sure
33% - likely
18% - very likely

22. How likely would you be to maintain UKPHR registration as per above if it also meant that you were obliged to support UKPHR as a member of their wider workforce; assessor, verifier etc?

6% - very unlikely
12% - unlikely
40% - not sure
33% - likely
9% - very likely

23. In summary, of those ex-registrants who continued to support the public health profession post-retirement, whether it be in a paid or voluntary role, UKPHR registration was not a requirement. Those individuals were likely to continue in their roles for at least 3+ years. It was not explicitly clear whether these individuals would take up registration if they were obliged to support UKPHR, although it was likely for a few.

24. Some general comments provided included:

“Keep it simple keep it light. There is a huge loss of experience in public health when people retire and little or no mechanism to tap that wealth of experience”

“If there had been a cheap and easy way to maintain my registration, I would have carried on doing some work with my previous employer as this was offered to me”

“This scoping/potential new category of registration sounds very interesting!”

“This needs to dovetail with the FPH requirements otherwise the new category just moves the burden elsewhere. The costs of maintaining both are prohibitive unless an employer pays”

“I’m interested but need to see the small print!”

“I can see benefit of retaining the experience of retired members to support the public health system, particularly in relation to training and registration. However, requirements for maintaining registration would need to be minimal, particularly considering those who retired on health grounds”

Risks

25. Current UKPHR registrants with “full” registration and are able to maintain the requirements of “full registration” transfer to the new category of registration to save money and make use of the reduced requirements and there is a loss of income. i.e.,

there is no mechanism for UKPHR to confirm eligibility is met. For example, those working part-time, freelancing, working abroad etc.

26. There are not many individuals applying for this type of registration and therefore the resources dedicated to this development are wasted.
27. There is a misunderstanding within the public health system and employers to distinguish between “full” registration and the new category of registration. Therefore, individuals in traditional public health roles that require UKPHR registration such as Consultant or Director of Public Health are employed whilst having the retired category of registration.
28. The eased revalidation/re-registration requirements are not proportionate to reassure UKPHR of the public’s safety.

Benefits

29. Retaining registrants who would otherwise withdraw their registration and therefore retaining partial income.
30. Preparing for future public health emergencies by building a group of public health professionals readily available to support emergencies. Rather than implementing an emergency rule to register temporary registrants who were previously registered within a defined period of time to support the emergency, like the steps UKPHR took during the COVID-19 pandemic.
31. An additional pool to undertake activities where UKPHR registration is required, ie verification and assessment activities.

Internal capacity and resources

32. Should the Board wish to pursue to develop this further, it would be scheduled in the operational plan for 24/25.
33. It would require the creation of a Task & Finish group, reporting to the Education and Standards Committee and consult with the Registration Policy Group.
34. Upon introduction it would require some ROL development investment to create the online application process and workflow.

Recommendation

35. The Board is asked to confirm whether this is an opportunity that they wish to develop further, taking into account external demand and internal capacity and resources.

Pav Johal, Head of Business Development and Improvement

August 2023

ITEM 8a

UKPHR Board Meeting

14 September 2023

Summary

1. UKPHR recently formed a task and finish group to review the requirements for revalidation and ensure the process was fit-for-purpose, robust and quality assured. The group included key representatives from organisations such as the Faculty of Public Health (FPH), General Medical Council (GMC), UK Health Security Agency (UKHSA), Office of Health Improvement and Disparities (OHID), NHS England (NHSE), Public Health Wales (PHW) and Public Health Scotland (PHS). UKPHR specialist registrants were also invited to join the working group.
2. The task and finish group held 5 meetings between September 2022 and July 2023. The scope of work was split into two workstreams; the first being the revalidation requirements and the second focusing on the support the system could offer UKPHR specialists to ensure they are able to revalidate appropriately.
3. For workstream 1, the group agreed that as many elements of UKPHR's revalidation scheme were already covered in the professional appraisal documentation, and to avoid duplication of evidence received by UKPHR, UKPHR would only expect to receive a summary of the latest professional appraisal completed within 12 months at the time of revalidation. UKPHR registrants will also be required to complete a series of self-declarations confirming CPD, PDP, Indemnity arrangements, Colleague Feedback and Quality Improvement Activity covering all 5 years of the revalidation period.
4. For specialists outside of the main appraisal systems, the group agreed that they would instead submit a completed appraisal declaration form in place of the professional appraisal as part of their evidence for revalidation. An appraisal declaration form was drafted by Zaira Ejaz and shared with the group who were happy to approve this.
5. The group also agreed on the following proposed changes to the revalidation process:
 - UKPHR will require registrants to produce evidence of Quality Improvement Activity at the time of professional appraisal, similar to GMC registrants.
 - The previously named 'Quality Improvement Activity' requirement is to be changed to 'Colleague Feedback'.
 - The minimum number of raters for feedback will be based on the minimum number required by each tool provider to ensure validity.
 - UKPHR will require registrants to submit a completed reference form from their referee along with their revalidation application, instead of UKPHR contacting referees directly- eliminating the need for UKPHR to contact referee after submission of all other documents, which could delay revalidation.

6. For workstream 2, this focused on the exploration of the Responsible Officer role. The group agreed that this was a complex area of discussion and not possible across all employing organisations due to resources and capacity. To address this in the short term, UKPHR will expand the referee criteria to include a line manager and/or professional appraiser and request the referee to confirm the registrant has fulfilled all the requirements for revalidation. UKPHR will continue to engage with employers on how best to establish oversight that provides system-wide quality assurance for appraisals, in a similar way to the Responsible Officer.
7. A draft policy for the new revalidation scheme was drafted and shared with the group at its final meeting on 4th July 2023. They were happy with the content and proposed changes and recommended this to be considered by the Education and Standards Committee for further scrutiny.
8. The draft policy was presented to the Education and Standards Committee and they were happy with its contents. They endorsed the policy for Board Approval.

Recommendation

9. The Board is asked to note the work undertaken by the Revalidation Review Task and Finish group to date.
10. The Board is asked to consider the contents of the new revalidation policy and to approve.

Zaira Ejaz, Revalidation & Registration Services Officer

August 2023

ANNEX A



June 2023

5th Edition

Policy for the revalidation of Specialist Registrants

1. Introduction

Registration with UKPHR is an assurance of competence in public health practice at the time of registration. Revalidation is a means of ensuring that registrants focus on *maintaining* and *enhancing* the quality of service they provide and *improving* their public health practice while registered, to ensure they continue to meet standards.

Revalidation also complements existing systems for identifying any potential issues relating to registrants' **fitness to practise**.

Revalidation is intended to be a process, not merely a test at a single point in time, by which UKPHR, the public and others can be assured that all UKPHR's registrants maintain and build on the competence they demonstrated when they first achieved their registration.

Section 1: Revalidation standards

2. In making an assessment that specialist registrants have maintained competence and are engaged in continuous improvement of practice, UKPHR, appraisers and registrants will refer to **UKPHR's Code of Conduct 2nd Edition March 2014**, which relates to conduct and fitness to practise.
3. Whenever a question arises about any aspect of the meaning or interpretation of UKPHR's Code of Conduct it is expected that **Good Public Health Practice 2nd Edition 2016** will be consulted. *Good Public Health Practice* was developed in order to provide guidance for multidisciplinary public health practice where the General Medical Council's (GMC) *Good Medical Practice* cannot reasonably be interpreted to suit such practice - for example, where there is a need for population-based interventions rather than patient focus. The current

edition reflects the same professional standards as *Good Medical Practice* but provides guidance on public health practice specifically.

Section 2: Revalidation requirements

4. All UKPHR registrants must revalidate **except** for medical specialists also registered with the GMC and dental specialists registered with the GDC.
5. UKPHR **Specialist registrants** will have to undertake revalidation once every 5 years. The requirements of revalidation for Specialist registrants are aligned as closely as possible to those of medical practitioners on the General Medical Council's (GMC) Public Health Specialist Register.
6. **Specialty Registrars** in training programmes who are registered with the UKPHR will not be required to undertake revalidation because their training meets all the requirements of UKPHR's revalidation scheme through the supervision and quality assurance in place during their training programme. When a Specialty Registrar successfully completes the training programme and registers with UKPHR as a public health specialist, the revalidation requirements for Specialist registrants will apply from the date of registration.
7. The mandatory elements of UKPHR's revalidation scheme are:
 - Appraisal
 - Personal Development Planning
 - Health and Conduct Declaration
 - Professional Indemnity
 - Continuing Professional Development
 - Colleague feedback
 - Confirmation of Compliance
8. The requirements for each of the above elements are described in detail below.

APPRAISAL

9. Most specialist registrants will engage with both work-based appraisal and professional appraisal. **Work-based appraisal** is the process by which a line-manager examines and evaluates an employee's current and past work performance by reference to pre-set job-related objectives, documents the results, and uses the results to provide set objectives for the following year. It is used to determine work-related issues such as training needs, promotion and capability. **Professional appraisal** is a structured, objective assessment of a registrant's continuing professional competence by reference to the standards relevant to the registrant's professional status and covering their entire scope of public health practice.
10. It is good practice for all members of the public health workforce to be involved in annual **work-based appraisal**, normally arranged by the employer. UKPHR does not require a work-based appraisal for revalidation purposes, but there are cross-overs between work-based

and professional appraisal, for example in relation to personal development planning. For this reason, UKPHR may ask questions relating to work-based appraisal in the revalidation process, but an absence of work-based appraisal will not be a bar to completing the revalidation process.

11. Specialist registrants need to complete an annual professional appraisal for their revalidation. This professional appraisal should be conducted by an appraiser who has undergone training for the purpose of conducting professional appraisal. Most appraisals will take place through a formal system overseen and quality assured by an employer (i.e. SARD, SOAR and MARS). Specialists who do not have access to these appraisal systems will need to look to their employer to organise their professional appraisal or arrange their own annual professional appraisal through an external provider such as the Faculty of Public Health.
12. Responsibility for ensuring that annual professional appraisal is completed rests with the individual Specialist registrant.
13. Each professional appraisal discussion should reflect the 7 elements of UKPHR's revalidation scheme. Professional appraisers will need to see supporting information and evidence relating to each of these elements.
14. Evidence of compliance with the requirement for annual professional appraisal will be by way of **self-declaration** together with the production of the **summary of the professional appraisal** completed within 12 months preceding a revalidation due date.
15. Specialist registrants who do not use the employer-supported appraisal systems must provide a latest **appraiser declaration form** (using UKPHR's template) completed within 12 months preceding a revalidation due date with the **self-declaration**.
16. UKPHR reserves the right to request evidence associated with the professional appraisal for quality assurance purposes.

HEALTH AND CONDUCT DECLARATIONS

17. UKPHR has a standard **declaration form for health and conduct** issues included in the application for registration and annual renewal. This form must also be completed and submitted as part of the revalidation process.
18. Compliance is demonstrated by **self-declaration** on the form required by UKPHR.

PERSONAL DEVELOPMENT PLANNING

19. It is good practice for all members of the public health workforce to be involved in personal development planning in relation to their work. For those in employment this will usually be arranged, facilitated, or supported by the employer.
20. To achieve revalidation, Specialist registrants must demonstrate that they have been **engaged in personal development planning during their time as a registrant**.
21. Compliance is demonstrated by **self-declaration** on the form required by UKPHR.

PROFESSIONAL INDEMNITY – PROOF THAT ARRANGEMENT IS IN PLACE

22. UKPHR requires all registrants to have in place indemnity arrangements so that members of the public are protected from (or compensated in respect of) any service failure. This will normally be through the employer, and those who are self-employed should have arrangements in place.
23. Compliance is demonstrated by **self-declaration** on the form required by UKPHR.

CPD – PROOF OF COMPLIANCE WITH MANDATORY CPD REQUIREMENT

24. UKPHR Specialist registrants must meet the CPD requirements published by the Faculty of Public Health: a minimum of three, and a maximum of six reflective notes each financial year. Each reflective note should be linked to one or more PDP objective(s) from the previous year. There is no longer a requirement to record CPD points.
25. Specialist registrants who are not part of the Faculty's CPD scheme must complete a **minimum of three, and a maximum of six reflective notes** per financial year as evidence of compliance.
26. Specialist registrants who undertake the Faculty's CPD scheme may produce the **Faculty certificate** of compliance as sufficient evidence for their appraisal.
27. Specialists who are part of other accepted CPD schemes must complete the required CPD required by those schemes. These include those administered by the Chartered Institute of Environmental Health (CIEH) and the General Pharmaceutical Council (GPhC).
28. Compliance is demonstrated by **self-declaration** on the form required by UKPHR.

COLLEAGUE FEEDBACK

29. Specialist registrants demonstrating that they have reflected on their competence, quality improvement activity and practice is key to the revalidation process.
30. It is the nature of professional appraisal that registrants will produce some illustrative and confirmatory information at their professional appraisal, for the purpose of showing how they are meeting the professional values set out in *Good Medical Practice* and/or *Good Public Health Practice*. This information may well include multi-source feedback and may be framed within a recognised multi-source feedback tool. Appraisers will focus on what registrants think this information says about their practice and how they plan to develop or modify their practice as a result. Registrants should use a tool that UKPHR has accepted for this purpose ([as per the approved MSF/360 feedback tools document](#)), with at least the minimum number of raters recommended by each tool provider to reach validity.
31. If a listed multi-source feedback tool isn't used, the following will be accepted:
 - Feedback from two professional colleagues of the registrant
 - Feedback from two other professional who has experience of the registrant's public health practice

- Feedback from two manager or one commissioner of the registrant’s services
- Feedback from two recipient of a service delivered by the registrant
- A review of complaints, comments and compliments received within the preceding 5 years relevant to the registrant’s public health practice
- Reflective accounts by the registrant on the evidence from the above categories

UKPHR have produced specific forms and templates to collate the above feedback for discussion at appraisal and are available upon request.

32. Compliance is demonstrated by **self-declaration** in the form required by UKPHR.

CONFIRMATION OF COMPLIANCE

33. UKPHR’s revalidation scheme has no legal basis (unlike the GMC and GDC schemes). Many existing Responsible Officers overseeing GMC revalidation will engage with UKPHR revalidation, but this is still developing and inconsistent. In order to revalidate, UKPHR needs confirmation that professional standards have been met continuously for the five-year period. For this reason, UKPHR requires Specialist registrants seeking revalidation to provide a completed reference.

34. A UKPHR reference form must be completed by the registrant’s line manager. If they do not have a line manager, it can be completed by the most recent professional appraiser.

35. This reference should confirm that the registrant has complied with the following revalidation requirements:

- The registrant has actively taken steps to maintain and enhance skills and knowledge during the preceding 5 years
- The registrant has positively engaged in assessing and taking part in opportunities for CPD
- The registrant continuously reflects the values outlined in *Good Public Health Practice*

It is the registrant’s responsibility to seek a reference and ensure the form is completed, providing it to UKPHR at the time of revalidation along with their application.

36. A summary of UKPHR revalidation requirements is below:

REQUIREMENT	SATISFIED BY
Annual professional appraisal	Self-declaration PLUS summary of latest professional appraisal completed within 12 months preceding revalidation due date
Declaration of health and conduct	Self-declaration by answering in full the relevant questions in UKPHR’s declaration form

Personal Development Planning	Self-declaration that this has been covered in appraisal, according to our requirements
Indemnity arrangements in place covering practice	Self-declaration that this has been covered in appraisal, according to our requirements
CPD- Meet Faculty of Public Health standard or another professional organisation's relevant alternative	Self-declaration that this has been covered in appraisal, according to our requirements
Confirmation of participation in colleague feedback; Multi-source feedback using an approved tool and containing at least 5 raters OR feedback from: <ul style="list-style-type: none"> ▪ Feedback from two professional colleagues of the registrant ▪ Feedback from two other professionals who have experience of the registrant's public health practice ▪ Feedback from one manager or one commissioner of the registrant's services ▪ Feedback from one recipient of a service delivered by the registrant ▪ The registrant's review of complaints, comments and compliments received within the preceding 5 years relevant to the registrant's public health practice ▪ Reflective accounts by the registrant reflecting on the evidence from the above categories and on the previous 5 yearly appraisals 	Self-declaration that this has been covered in appraisal, according to our requirements
Reference to confirm attitude towards skills and knowledge, CPD and quality of service.	Completed reference form submitted by registrant to UKPHR at the time of revalidation

37. Where UKPHR requires confirmation by way of self-declaration by the registrant it is crucial to the integrity of UKPHR's revalidation scheme that declarations are full and honest. Any false declaration will put at risk a registrant's registration.

Item 8b

UKPHR Board Meeting - 14 September 2023

Summary

1. Continuing with the work we've been doing to solidify good governance, oversight, and employment practices, the ARRC agreed that we should look at formalising a role banding system.
2. In 2021, then-CEO Marcial Boo commissioned a company called Paydata to do a job role review, and benchmark pay. That was a helpful report, and as a result staff members all received pay rises as they were being paid under the recommended benchmark. As part of that exercise, UKPHR roles were mapped to other job roles in similar organisations.
3. Since then, we've added an additional two staff members to the team, and we continue a growth trajectory. A formal banding framework will now be useful to:
 - a. better understand how each role fits into the organisational structure
 - b. be clear about our expectations of each role and the skill set required
 - c. increase transparency around job roles and salaries
 - d. make clear a path for job progression to the team
 - e. help guide job descriptions/person specifications and salaries for future recruitment rounds.
4. Currently the team are all within the following bands with salaries within the appropriate ranges, with room for growth:
 - a. Jessica Lichtenstein- Band 13
 - b. Pav Johal – Band 10
 - c. Danielle Stephens – Band 8
 - d. Zaira Ejaz – Band 7
 - e. Helen Jeffries – Band 6
 - f. Sanjeeta Sekhon – Band 5
5. Because of our size and the way we work, each team member has a specific role description and ownership of a work area, some more complex than others and with different duties. We're not in a position to have more than one person within a single band. However that may change, and we've tried to allow for some flexibility within the framework, so that individuals can start to take on tasks that are the norm for the band above. Team members do as a matter of course cover for each other, so it's essential that some flexibility and movement remains.

6. Pay banding is based on analysis provided in 2021, with minor uplifts to take into account current pay trends and unprecedented inflation. It is intended that if someone reaches the top of their pay band, it may be time to undertake a role evaluation. There should also be scope for minimal exceptions to the top of the band.
7. Best practice dictates that pay bands should be reviewed every 3-5 years, although individual pay reviews will continue to happen annually.
8. The ARRC at their meeting on 18 July 2023 acknowledged that Band 12, potentially at 'director' level, doesn't exist at UKPHR now. Addition of a Band 12 at UKPHR would likely mean that the CEO/Band 13 role needs to be re-scoped, which is why that this is not included in the framework at the current time. Also note that the paydata report did include a Band 14, which is a CEO role likely designated for a larger organisation with a broader senior management structure.
9. The ARRC fully supported the implementation of this framework, with a review every 3-5 years depending on market trends and inflation. It was noted that there

ANNEX A

UKPHR- Job role banding

BAND	Responsibilities & results	Knowledge and experience
Band 13 £86,00-107,000	<ul style="list-style-type: none"> • Responsible for providing leadership and have responsibility for the culture of the organisation. • Lead and take overall responsibility for the delivery of the strategy, work plan, and budgets. • Provides high level professional / technical input based on a thorough understanding of the concepts and a sound appreciation of wider business principles. • Responsible for the integration of a broad mix of business activities, for example operations and functional support. 	<ul style="list-style-type: none"> • Applies specialist knowledge of discipline across various parts of the organisation with an understanding of the impact. Has a deep understanding of area of the specialism and is a source of advice to the company. • Leads the development of department/company policy, standards, and procedures. • Demonstrates effective people management and leadership skills to manage a number of diverse activities through other levels of management. • Establishes company management systems and sets the parameters for all business activities. • Understands and applies detailed knowledge of legislation relevant to the business. • Demonstrates deep

		<p>understanding of the process features and good understanding of the technical features of the business activities</p>
<p>Band 10/11 £45,000-59,000</p>	<ul style="list-style-type: none"> Responsible for providing professional / technical input across a business. Performs a narrow range of complex technical or professional work activities in a wide variety of contexts. Responsible for the management of work, where the work may be a mix of routine and non-routine activities and some integration of related activities is required. Develops short to medium term work programmes for the area of responsibility. 	<ul style="list-style-type: none"> Good understanding of the concepts and principles either gained academically or through long experience of the work undertaken. Has acquired an appreciation of the wider business activities related to area of specialism. Demonstrates knowledge of the theoretical basis and principles that underlie the discipline. Requires detailed knowledge of the relevant software and reporting tools applicable to the role. Provides a source of technical information and advice on their relevant work area. Awareness of relevant legislative, regulatory requirements and emergent issues and knows how to apply that knowledge. <p>For Managers:</p> <ul style="list-style-type: none"> Has a detailed knowledge of management systems relevant to the role and applies a good knowledge of the sector to deliver business results. Demonstrates technical proficiency in work managed and is recognised as the leader in that activity
<p>Band 8/9 £35,000-47,000</p>	<ul style="list-style-type: none"> Performs a range of technical or professional work activities in well-defined contexts. Responsible for delivering well specified projects, or work programmes within larger projects, and/or for conducting defined research or analysis work. <p>For Managers:</p> <ul style="list-style-type: none"> Responsible for the supervision of work, sometimes through team leaders, where the work is repetitive, has well defined 	<ul style="list-style-type: none"> Demonstrates developing knowledge of the theoretical basis and principles that underlie the discipline. <p>For Managers:</p> <ul style="list-style-type: none"> In depth knowledge of work performed by the team. Has a good knowledge of relevant company management systems. Demonstrates effective people and resource management skills. General knowledge of legislation relevant to managing the team.

	<p>procedures and clear operational focus, with due regard to the impact on related activities.</p> <ul style="list-style-type: none"> • Manages delivery of short to medium term work programmes supported by the team 	
<p>Band 6/7 £27,000-37,000</p>	<ul style="list-style-type: none"> • Responsible for workflow and for providing advanced clerical or technical services that impact people in immediately related work areas. • Performs a defined range of advanced clerical or straightforward technical/professional activities in a narrow range of contexts. 	<ul style="list-style-type: none"> • Applies company policies & procedures and has appreciation of external rules that impact the role, e.g. legislation, codes of practice or regulatory requirements. • Knowledge of principles and practices of the work area / discipline necessary to provide operational support to managers and professionals equivalent to Band 4/5. • May contribute to the delivery of well specified projects and conduct defined research or analysis work, equivalent to Band 8.
<p>Band 4/5 £21,000-28,000</p>	<ul style="list-style-type: none"> • Responsible for the completion of a mix of routine and non-routine stand-alone tasks or process activities requiring an understanding of customer needs and identifying possible solutions from a prescribed range of options. 	<ul style="list-style-type: none"> • Demonstrates established familiarity with a range of activities and processes often through on-the-job and structured training and experience. • Is competent to undertake multiple routine tasks within the field. • Is required to absorb and apply new role related information as required.



Item 8c

UKPHR Board Meeting - 14 September 2023

Summary

1. The Education and Standards Committee changed its name earlier in the year, from 'Education and Training' Committee. As part of that discussion, the group discussed its role and focus. It was discovered that there was no formal terms of reference for this group, so the below at Annex A was drafted and supported by the Committee.
2. Governance documents will need to be updated to reflect these new terms of reference, and this will be scheduled for later in the year, presuming Board support.

Decision

3. The Board is asked to approve these new terms of reference.

ANNEX A

Education and Standards Committee: Terms of Reference

September 2023

Purpose

1. The purpose of the Education and Standards Committee is to support the Board by reviewing public health standards of practice and ensuring that UKPHR systems, policies, and practices are in place that enable all registrants meet them.

Role and responsibilities

2. The Committee will undertake the following activities on behalf of the Board:
 - a. To identify and oversee the criteria, qualifications and requirements which allow entry onto the Register. This includes:
 - i. working closely with the Faculty of Public Health to enable Board support of any Public Health specialty curriculum changes.
 - ii. engaging with local practitioner schemes on requirements to ensure they continue to be realistic and relevant.
 - b. To assure the Board that UKPHR has appropriate policies and practices in place that are reflected in UKPHR guidance, including for revalidation, re-registration, and practitioner and specialist portfolio routes to the register.
 - c. To assure the Board that standards across regulators who engage with public health professionals are aligned and equivalent
 - d. To assure the Board that the methods and processes for assessing the competence of applicants for registration are reliable and quality assured
 - e. To advise the Board on public health regulatory matters, including compliance with the public sector responsibilities, EDI, and the Professional Standards Authority.
 - f. To advise the Board on emerging issues, internal and external factors which might affect UKPHR functions
 - g. To have oversight of research and evaluation on behalf of the Board
 - h. To take on other tasks delegated by the Board.

Membership

3. The Chair shall be appointed through arrangements approved by the Board. In the absence of its Chair, another Board member who sits on the Committee will chair the meeting.
4. The Committee membership will also include individuals and representatives of organisations who will contribute expertise to discussions. These include:
 - a. a representative of the Faculty of Public Health
 - b. a representative of the Royal Society of Public Health
 - c. a representative of the Association of Directors of Public Health
 - d. employer representatives from the devolved countries of the UK
5. Representatives from the UKPHR wider workforce decision makers will also join the committee:
 - a. UKPHR moderators for Specialist Registration by Portfolio Assessment
 - b. UKPHR moderators for Practitioner Registration
 - c. UKPHR Registrar (as a non-voting member)
6. In order to be quorate, at least two Board members and two other voting members (as outlined in paragraphs 6 and 7) must be present.
7. Members of the Committee will be supported by the Registrar and UKPHR staff as appropriate. The Committee may invite other persons to attend and speak at meetings but only members of the Committee may vote.

Meetings & reporting

8. The Committee will meet at least four times a year, and more frequently if circumstances demand.
9. Meeting minutes will be provided to the Board, who may ask for further detail on any area of discussion.
10. Meeting minutes will be published on the UKPHR website, once approved.

Item 11

UKPHR Board 14 September 2023

Audit, Risk, & Remuneration Committee

Minutes of meeting on 18 July 2023



Present: Duncan Vernon - Chair (DV)
David Evans (DE)
Helen Featherstone (HF)
Joanna Dowd (JD)

Jessica Lichtenstein (JL)
Pav Johal (PV)
David Seeley (DS)

Apologies: James Sandy
Jenny Douglas
Linda Smith

Item 1 – Welcome, apologies, and declarations of interest

1. DV welcomed the group and noted apologies from Jenny Douglas, James Sandy, and Linda Smith. There were no other new declarations of interest.

Item 2 – Minutes from last meeting

2. The committee noted the minutes from 25 May 2023 as an accurate record.

Item 3 – Action points and matters arising

3. Outstanding actions from the last meeting were discussed.
4. JL provided updates on all open actions, which are on track. She noted a new independent examiner, Malcolm Wilcox, who would undertake the role for a year. After that, quotes would be sought for a more permanent arrangement.
5. JL noted that a risk appetite statement would be considered after the new organisational strategy was finalised, as there would be a better understanding of priorities at that point.
6. It was noted that the financial risks hadn't been added to the risk register, which will be rectified for the next iteration.

Action: ensure to add financial risks to risk register

Item 4 – 2022/23 End of Year accounts

7. DV welcomed DS, from Accuo Accountants.

8. JL explained that the accounts looked very different to the version the ARRC had seen in May; a lot of financial reconciliation ie back dating invoices and income, had been done since then.
9. It was noted that there was a significant deficit, but that there were clear justifications that explained why. JL confirmed that the accounts looked as expected, and that she felt that they indicated a clear growth trajectory and a sound financial state. She also noted that this was a point-in-time analysis, and that directly after the end of the financial year, renewal season started, and income increased very significantly.
10. JL described several reasons for the increased deficit:
 - a. There was a short-term shortfall in local practitioner fees as we changed the payment schedule, of approximately £30,000. All outstanding balances should have now been paid back; this will be a one-off anomaly and will be reflected as an increase in income in next year's accounts.
 - b. We are still awaiting approximately £4000 in training income from practitioner schemes, which are being chased.
 - c. There was a significant rise in salaries and associated expenses- approximate £60,000- the Board agreed that this increase would be covered by reserves.
 - d. There was an increase in professional fees compared to last year; these expenses included: the values report, ED&I training/ support, accountancy annual fees, HR & professional development fees, outstanding expenses from the online training evaluation, and IT consulting. Approximately £5000 of this is related to the IT upgrade (project support) and is funded through reserves.
 - e. Telephone expenses increased as this line item now includes wifi, as well as project fees to install a new online phone system, which is working very well. We should see overall savings next year in this regard.
 - f. Moderation fees paid out increased, as the pace of things has picked up since the pandemic. This is in line with increased income.
 - g. Increased computer software costs are due to the IT upgrade and implementation costs, approximately £27,000 total- again, agreed to be paid through reserves.
 - h. PSA accreditation has, as previously discussed, significantly increased.
11. DS emphasised the difference between cash accounting and accrual accounting. The quarterly management accounts are based purely on money coming in, and money going out. Annual accounts, cover activity during the financial year, no matter when the actual transactions were made.
12. It was noted that there were areas of the cover letter to Companies House that needed updating, such as JL's permanent appointment and acknowledgement of fixed term staff, as well as the justification for the deficit. It was acknowledged that for the purposes of reporting, fixed term and permanent staff considered the same.

Action: JL to update cover paper for EOY accounts

13. JL introduced a paper relating to formalising a job role and pay banding structure within UKPHR. She noted that this is something that originally arose as when in 2021, then-CEO Marcial Boo commissioned a company called Paydata to do a job role review, and benchmark pay. That was a helpful report, and as a result staff members all received pay rises as they were being paid under the recommended benchmark. As part of that exercise, UKPHR roles were mapped to other job roles in similar organisations.
14. Since then, we've added an additional two staff members to the team, and we continue a growth trajectory. The team support this initiative, and agree that a formal banding framework will now be useful to:
 - a. better understand how each role fits into the organisational structure
 - b. be clear about our expectations of each role and the skill set required
 - c. increase transparency around job roles and salaries
 - d. make clear a path for job progression to the team
 - e. help guide job descriptions/person specifications and salaries for future recruitment rounds.
15. This band was based on the original Paydata banding and role mapping, as well as taking into account industry standards and best practice across the civil service, charity, and health sectors.
16. Current roles and salaries fit nicely into the proposed band. There can also be exceptions if an individual reaches the top of the pay band- although this would need to be carefully considered. It was confirmed that the team does not have performance-based pay rises, because of the small number of staff; across the board pay rises will continue to be the approach.
17. The ARRC received this positively, although suggested that the differentiation across bands with the same pay range should perhaps be fleshed out further. They also suggested that there is a description of roles between bands 10 and 13, although there was acknowledgement that these are Director-type roles that don't exist at UKPHR. JL confirmed that this was the CEO band assigned by the Paydata review, and that there is also a Band 14 that is likely intended for a Chief Executive of a much larger and more complex organisation.
18. There was also some acknowledgement that movement between bands needed to be further explored, but that this would come out of implementation of the framework. It was also noted that budgets could potentially reflect the higher end of bands, in case recruitment needed to happen in-year.

Item 6 – IT update

19. PJ noted that renewal season had gone well, with significant resource savings due to the new system. Less registrants missed the renewal deadline than the previous year. There are some delays in development of mass communications, but because of this Fortesium has offered additional development time.
20. The Committee thanks PJ for her efforts in leading this.

21. JD left the meeting after this item, but it was confirmed to remain quorate.

Item 7 – Top risk register

22. JL noted the change log. She'd reduced the risk level for legislative reform impacting UKPHR, as the governments priorities seem to be very much focussed on MAPS regulation, which is being delayed again. At that point, there will likely be a general election, and again potential changing priorities. There was no mention of any proposed regulatory changes in the NHS long-term plan. The ARRC was content that this was unlikely to be a live risk anytime soon.

23. There are ongoing disruptions to the wider public health system, which is accepted to be the norm now- although things are starting to settle. JL is keeping up to date on developments. There has been acknowledgement that there is a lack of leadership in the workforce arena for the four countries, which is recognised and being worked through by the system. DV confirmed that workforce is still the key agenda item across local discussions. Agenda for Change pay recommendations are unfunded, and we need to monitor impact on funding for public health.

24. It was noted that the Covid Public inquiry and any recommendations coming from that is also a significant unknown and has been added to the register.

25. JL added risk tolerance levels for missing areas. She noted that the pandemic had demonstrated the organisations tolerance for some kinds of risk had increased, as they had been proven to be able to accept and implement fundamental changes very quickly.

26. It was noted that the risk register would be reviewed in the context of the new strategy.

Item 8 – Any other business

27. No other items of business were raised.

Item 9 – Next meeting 19 October 2023

Item 12

UKPHR Board 14 September 2023

Minutes of meeting of UKPHR's Education and Standards Committee held on Tuesday 25 July 2023 by Microsoft Teams

At 14.30hrs

Present:

NAME	FOR MINUTES	ORGANISATION
Ranjit Khutan	Chair	UKPHR's Board
Jessica Lichtenstein	JL	CEO, UKPHR
David Evans	DE	UKPHR's Board
Marianne Coward	MC	UKPHR's Board
Ben Humphrey	BH	UKPHR's Board
Carol Stewart	CS	UKPHR SRbPA Moderator
Irfan Ghani	IG	UKPHR Practitioner Moderator
Ellis Friedman	EF	Faculty of Public Health
Zaira Ejaz (secretariat)	ZE	UKPHR (secretariat)

Apologies:

NAME	ORGANISATION
Helen King	UKPHR Board
Gill Jones	UKPHR Registrar
Vicki Taylor	Vice Chair, UKPHR's Registration Panel
Fiona MacDonald	Public Health Scotland
Jenny Douglas	UKPHR Board
Joanna Dowd	UKPHR Board
William Roberts	Royal Society for Public Health (RSPH)

1. Welcome, apologies and declaration of interest

The Chair welcomed everyone to the meeting and was deputising for Helen King in her absence. 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 31 January 2023 were agreed as a true record.

3. Action Points and matters arising

The Chair noted the action points as follows:

23/01 – JL reported on the difficulty of anonymising applications due to the administrative burden this would place on the team as well as there being a small workforce in public health. Other ways of handling data would be discussed later in the agenda.

23/02 – ZE confirmed all materials, meeting invites and the website was updated following the Committee’s name change.

23/03 – UKPHR moderators were invited to join the Committee and they have been added to the distribution list for future meetings.

23/04 – The new Committee member was sent the meeting invites for the Committee meetings and added to the distribution list.

4. Education & Standards Terms of Reference

JL reported that following discussions regarding membership of the Committee and the recent name change, the Committee did not have a Terms of Reference in place. The draft version of the Terms of Reference was presented to the Committee for their thoughts and comments. There was a question about the moderators’ contributions towards the Committee and it was agreed that the moderators would be supporting the Committee and presenting the moderators annual report for the Committees approval; a further regular update was not required. A suggestion about the Committee ensuring equivalence of standards between the different regulators was put forward to be included under the purpose section of the Terms of Reference and the Committee supported this addition. A date of review was also suggested to be included in the document. Overall, the Committee felt the document was well written, clear and had sufficient detail. The Committee were happy to recommend the draft terms of Reference for Board approval in September subject to including the suggested amendments.

	WHO	WHAT	BY WHEN
ACTION 23/05	JL	Include a statement on equivalence of standards between regulators in the Terms of Reference as well as a date of review	ASAP

5. UKPHR EDI update

JL presented the updated EDI action plan and introduced its purpose to the new Committee members. One of the actions on the plan was to review the assessment process for the Specialist Registration by Portfolio Assessment route to UKPHR registration in terms of fairness of assessment and the possibility of anonymising applications. UKPHR discussed with the GMC its approach to the CESR route and their challenges anonymising applications, which we share. It was agreed that the anonymising process would be very difficult for UKPHR due to the additional administration required, and the complexity of the applications. GMC confirmed that they’ve not identified significant issues when dealing with small medical specialties. Our focus will now be on undertaking a light touch review of the application form and process and removing elements that may inadvertently address bias. There is also a program of EDI training for all specialist assessors for the portfolio route which will be provided by UKPHR’s training provider, ready in the autumn for rollout. The training will focus on decision making and can also be rolled out to the wider workforce and Board.

Another key area UKPHR is reviewing as part of the action plan is data. Following the implementation of the new IT system, this has made it easier to produce reports. UKPHR will collect data on all protected characteristics from new

registrants who have joined the register since February 2023. For existing registrants, it is envisioned that this information will be requested at the time of annual renewal. UKPHR's annual report will also be expanded to include more information on data. The Committee were also notified of the new EDI standard implemented by the Professional Standards Authority (PSA) and this work on EDI would sufficiently demonstrate this standard for the return submission.

Following discussion, the Committee were happy with the agreed actions listed on the action plan and supported its implementation. CS also mentioned that she would be happy to undertake an Equality Impact Assessment on the current portfolio route and JL agreed this would set a good context for the discussion on the review of the process.

ACTION	WHO	WHAT	BY WHEN
23/06	JL and CS	Arrange for Carol Stewart to complete an Equality Impact Assessment on the current portfolio route	ASAP

6. UKPHR revalidation review

JL introduced the purpose of the revalidation review and reported that the task and finish group was very useful and included representation from the main public health employers as well as the Faculty of Public Health and Association of Directors for Public Health. The group identified two workstreams for this review, the first being the revalidation requirements themselves and the second on what support the system could offer registrants i.e. exploring the Responsible Officer function as is established for GMC registrants.

For workstream one, the group undertook a review of the process and requirements. It was identified that a lot of the evidence UKPHR required from registrants at revalidation was also included in the professional appraisal. To avoid duplication of evidence, UKPHR will only require registrants to submit their latest professional appraisal completed within 12 months preceding their revalidation due date and complete a series of self-declarations confirming engagement with the other requirements. The group also recommended the following operational changes:

- UKPHR will require registrants to produce evidence of Quality Improvement Activity at the time of professional appraisal, similar to GMC registrants.
- The previously named 'Quality Improvement Activity' requirement is to be changed to 'Colleague Feedback'.
- The minimum number of raters for feedback will be based on the minimum number required by each tool provider to ensure validity.
- UKPHR will require registrants to submit a completed reference form from their referee along with their revalidation application, instead of UKPHR contacting referees directly- eliminating the need for UKPHR to contact referee after submission of all other documents, which could delay revalidation.

For workstream two, JL outlined the Responsible Officer function already in place for GMC registrants in terms of having an oversight of an individual's practice and being legally responsible for making a revalidation recommendation to the GMC. As UKPHR does not have statutory standing, the group identified the difficulty in implementing a similar process for UKPHR registrants. However, it was noted that as the Responsible Officer ensures all GMC registered individuals who their organisation is employing are meeting the standards, this should apply to all employees including UKPHR registrants. UKPHR is currently working with employers on how best to establish this assurance To address this in the short term, UKPHR will expand the referee criteria to include a line manager and request

the referee to confirm the registrant has fulfilled all the requirements for revalidation.

The draft revalidation policy was presented to the Committee for their thoughts and comments. It was noted that the policy did not refer to how UKPHR would process any fitness to practice concerns that may deem a revalidation unsatisfactory. This was acknowledged as an oversight and would be included in the draft policy. There was also a question on when practitioner revalidation would be implemented, and it was agreed that the current focus was on ensuring specialist revalidation was robust before expanding this to practitioners. The website would also need to be updated accordingly. A few other amendments were suggested such as ensuring the guidance on personal development planning was produced as mentioned in point 19 of the policy, providing a link to the approved list of multi-source feedback tools and also clarifying the referee criteria in point 34 of the policy.

JL confirmed that the wording of the reference needed to be confirmed as it was tricky to identify a suitable referee who is able to confirm an individual's fitness to practice throughout the entire revalidation period. It is hoped that a final draft of the policy will be ready for Board approval in September and the guidance and reference form documents will be developed in line with the policy shortly after. UKPHR registrants will be notified of the changes in the registrant newsletter in November and there will be a transition period before the changes are implemented. The Committee was happy to recommend the new revalidation policy for Board approval subject to the agreed changes being made.

ACTION	WHO	WHAT	BY WHEN
23/07	JL and ZE	Amend the policy based on the suggested changes by the Committee.	ASAP

ACTION	WHO	WHAT	BY WHEN
23/08	ZE	Review the website and amend the section on practitioner revalidation	ASAP

7. Recognition of Public Health trainers on the UKPHR Register

JL presented the paper on recognition of public health trainers on the UKPHR register to the Committee following discussions with the Faculty of Public Health, Heads of Schools and Deanery. The GMC currently recognises on their medical register the status of a trainer. In the interest of maintaining equivalence between both regulators, the question was raised as to whether UKPHR would consider formally recognising public health trainers on its public register. Following discussion, the Committee were supportive of this initiative and agreed that as it would not cause a significant administrative burden. It was recognised that as the list of trainers is managed manually on an annual basis by the Heads of Schools, who submit the information to the postgraduate deaneries, who submit to the GMC. It was noted that there could be some gaps in terms of inaccurate information as it was difficult to confirm if an individual is no longer a trainer. It was also agreed that the Heads of School would manage communications with trainers relating to the formal recognition and UKPHR would then follow up.

The Committee supported UKPHR's pursuance of the recognition of trainers on the register. The next step would be to develop a policy which will then be brought to a Board meeting in the near future for its implementation.

WHO	WHAT	BY WHEN
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ACTION 23/09	JL	Start to develop a policy on the recognition of public health trainers on the UKPHR register.	ASAP
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8. Any other business

None.

9. Next meeting

Tuesday 3rd October 2023 at 14.30hrs was proposed and agreed.

Item 16

UKPHR AGM 14 September 2023

CONFIDENTIAL

Minutes of the meeting of the UKPHR AGM held on Thursday 22nd September 2022 via Teams and 16a McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR at 13.00 hours

Present: Andrew Jones (AJ) (Chair)
Viv Speller (VS) (Vice Chair) ☎
Jessica Lichtenstein (Chief Executive)
Gill Jones (GJ) (Registrar)
Duncan Vernon (DV)
James Sandy (JS)
Linda Smith (LS) ☎
Marianne Coward (MC)
David Evans (DE) ☎
Joanna Dowd (JDowd) ☎
Helen King (HK)
Jenny Douglas (JD)
Ranjit Khutan (RK)

Apologies: Steve Maddern

Pavenpreet Johal (PJ) (Secretariat)

1. **Welcome and apologies**

The Chair welcomed everyone to the meeting. Apologies were noted as above.

2. **Minutes of Board meeting held on 14 September 2022**

The minutes of the meeting held on 14 September 2022 were agreed as a true and accurate record.

3. **Annual Report and Accounts**

The Chair reported that the accounts have been presented at the Audit, Risk and Remuneration Committee, which provides added assurance. Board members were directed to page 3 which included a short account of the business during the previous year. The Board celebrated the achievements of the organisation during a challenging and transitional period. The Board thanked JL's predecessor, Marcial Boo, JL, who has now been appointed as substantive Chief Executive, starting on 1st October 2022 and UKPHR staff who have operated for a period of time in the absence of a Chief Executive.

JL reported that the organisation remains in a healthy financial position. The Board were satisfied with the reports. DV proposed and JD seconded to approve the annual report and accounts. The Board agreed to approve the annual report and accounts, which will now be submitted to Companies House.

ACTION	WHO	WHAT	BY WHEN
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	JL	Submit annual report and accounts to Companies House	ASAP and before 31 Dec 2022
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4. Retirement and reappointment of directors

The Board received Steve Maddern's resignation after the end of his 3-year term. The Board thanked Steve for this commitment and contribution during his tenure. The Board agreed to recruit a new director.

The Board noted that three directors had expiring terms at this AGM and all were eligible and willing to be reappointed. VS proposed and HK and MC seconded that AJ, DV, and JD be reappointed as directors, all for further terms of three years. The Board agreed to reappoint AJ, DV and JD as directors for further terms of three years.

AJ withdrew from the meeting and JL called for nominations for Chair. The Board acknowledged that AJ was willing to continue his term as Chair for a further year. JD proposed and MC seconded to reappoint AJ as Chair. There were no other nominations and the Board agreed to appoint AJ to Chair for a further year.

VS withdrew from the meeting and AJ called for nominations for Vice Chair. AJ proposed and JD and MC seconded to reappoint VS as Vice Chair for a further year. There were no other nominations and the Board agreed to appoint VS to Vice Chair for a further year.

ACTION	WHO	WHAT	BY WHEN
	JL	Arrange recruitment of a new Board Director and thank Steve Maddern	ASAP

5. Appointment of Chairs to Board sub-committees:

Education and Training Committee

JD proposed and RK and DE seconded to reappoint HK to Chair of the Education and Training Committee for a further year. There were no other nominations and the Board agreed to appoint HK to Chair of the Committee for a further year.

Audit, Risk and Remuneration Committee

JS proposed and LS, JDowd and MC seconded to reappoint DV to Chair of the Audit, Risk and Remuneration Committee for a further year. There were no other nominations and the Board agreed to appoint DV to Chair of the Committee for a further year.

Registration Approvals Committee

The Board acknowledged that GJ will continue to Chair the Committee in her role as Registrar.

6. Any other business

The Board acknowledged that a governance review will be conducted next year when the Board composition will be reviewed. Directors were recommended to put themselves forward to shadow the roles of Chair, Vice Chair and Chairs of Committee's to build resilience and consider succession planning.

The Chair thanked directors for their time and commitment and JL thanked the Board for their continued support.

The Chair closed the meeting at 13.50 hours.