

Minutes of the meeting of the UKPHR Board held on Thursday 14 September 2023 via Teams and 16a McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR at 11.00 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)
 Ben Humphreys (BH) ☎
 Joanna Dowd (JD) ☎
 Jenny Douglas (JDo)
 David Evans (DE) ☎

Apologies: Helen Featherstone

As observers: Pavenpreet Johal (PJ) (Secretariat)
 Zaira Ejaz (ZE)

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 21 June 2023

The minutes of the meeting held on 21 June 2023 were agreed as a true and accurate record.

ACTION	WHO	WHAT	BY WHEN
	JL	Publish 21 June 2023 Board minutes on website	ASAP

3. Actions and matters arising

JL reported that all actions were on track or completed. It was acknowledged that the action to undertake a light touch review of UKPHR governance is yet to be started and the target completion date noted as November 2023 was likely not to be met.

4. UKPHR Annual Report – review of draft

The Board received a draft copy of the 22-23 annual report and accounts which had been reviewed by the Audit, Risk and Remuneration Committee (ARRC) at its latest meeting in May 2023. JL reported that income and expenditure is in line with what was expected, and the organisation remains financially stable. The Board approved the 22-23 annual report and accounts for submission to the AGM.

5. UKPHR Strategy 2024-2029 – Discussion of draft

JL thanked the Board members who were part of a working party to draft the strategy document. The Board received a draft for comments.

DV acknowledged that unlike many other strategy documents, there is a clear rationale of how we will aim to achieve our growth. It was also recognised that there is a shift in the public health system, acknowledging the shortfall in registered public health specialists, in comparison to the views expressed when the specialist portfolio routes were introduced. Therefore, the strategy expresses an intent to directly engage with employers to support access to the route and it will be important to consider how this communicated in the system.

HK added that it was nice to see that the strategy was short, sharp and manageable. JS queried how the strategy would be reviewed once its published and queried whether the Board wanted to consider a front facing engaging version of the document. VS recognised from the document that UKPHR are potentially the only multidisciplinary public health regulator globally and the Board may wish to emphasise this as something to be proud about. BH suggested that population health is changed to public health in the vision section and emphasised the need for the document to be accessible for all audiences, including existing registrants, aspiring registrants, stakeholders, individuals on the specialty training programme etc so that the information is digestible for those who may not have knowledge of UKPHR’s work. DE queried whether the strategy document needed to recognise that there is a large group of practitioners who are not entirely convinced of the benefits of registration and how UKPHR is going to overcome this; engaging with practitioners to understand their concerns. LS recommended to monitor the targeted consultation responses to ensure that there is representation across the four nations.

JL confirmed that the Board will receive a final draft to approve, accompanied by a communications plan at their next meeting in November. Whilst there is no obligation to consult on a strategy, it was felt beneficial to conduct a targeted consultation with key stakeholders. It was recommended to engage with Marcial Boo as Chair of the Institute of Regulation.

	WHO	WHAT	BY WHEN
ACTION	JL	Update strategy document in line with comments and present final draft with communications strategy for Board approval at the next meeting	29 November 2023

[ZE left the meeting for the following item]

6. Practitioner Registration Lead Role

JL reported that Danielle Stephens had recently resigned from her role as Practitioner Registration Coordinator before her FTC was due to end in March 2024. The Board was asked to agree the next steps with regard to this role to ensure that a replacement was recruited as soon as possible, so as not to lose any of the momentum that has been built in improving and expanding practitioner registration. The options presented to the Board were; (1) recruit for the remainder of the current contract length, March 2024; (2) recruit for an extended contract length to March 2025 or (3) establish the role on a permanent basis. JL commented that the role has resulted in a lot of improvements and is key to assist the organisation in achieving the strategic vision – progressing and developing practitioner registration, including support local schemes and the apprenticeship programmes. There is discussion around a Level 3 apprenticeship for community health workers and whether this group should be regulated. The Board agreed that this role needed to continue in one form or another and there was a majority view that the role should be established on a permanent basis. It was acknowledged that that the two contracted part-time roles were intended to be reviewed together later in the year but due to the resignation of the Practitioner Registration Coordinator, the Board were required to make a decision earlier than planned. The Board will return to discussing the part-time contracted Registration Services Officer role at their next meeting.

ACTION	WHO	WHAT	BY WHEN
	JL	Recruit for permanent part-time Practitioner Registration Lead role	ASAP

[ZE returned to the meeting]

7. Associate Registration scoping

The Board received a scoping paper on a potential new category of registration for retired registrants. PJ reported that active and recently withdrawn registrants were surveyed to ascertain potential demand. The results were overwhelmingly positive. The name of the category has not been determined but retired, post-practice or associate registration has been referred to. This would not be an entry level of registration and only available for existing registrants who are no longer practising public health. It is envisaged that the category would have a reduced fee and reduced revalidation/re-registration requirements.

The Board were informed of internal resources, including the requirement of funds for ROL development and the availability to include this development in the 24/25 operational plan at the earliest. The paper outlined the benefits (increased income; preparing for future public health emergencies by building a group of public health professionals readily available to support emergencies and retaining individuals who can undertake activities where UKPHR registration is required i.e., verification and assessment activities) and risks (no one applies and therefore resources are wasted; the public health system including employers do not distinguish between “full” registration and this category; there is a loss of income where individuals who are eligible for “full” registration transfer to this new category). JL added that she had discussed with the PSA whether other accredited registers do something similar that UKPHR could emulate, and there is some learning we can take on board.

The Board welcomed the report and agreed to continue with the next step to explore this opportunity. The Board were acutely aware of the potential risks and appreciated that the nuances of the category would still need to be discussed in detail and this could potentially assist in communicating the importance of UKPHR “full” registration.

ACTION	WHO	WHAT	BY WHEN
	JL & PJ	Continue to explore potential of new category of registration for post-practice registration	End of 2023

8. For Board decision

a. Revalidation policy

JL and ZE reported that after 5 meetings of the revalidation review task and finish group, and consideration by the Education and Standards Committee, a draft revised policy for revalidation was presented to the Board for approval. The proposed changes included: (1) registrants to produce evidence of Quality Improvement Activity at the time of professional appraisal, similar to GMC registrants; (2) rename what had been called ‘Quality Improvement Activity’ to ‘Colleague Feedback’; (3) minimum number of raters for feedback will be based on the minimum number required by each tool provider to ensure validity and (4) registrants to submit a completed reference form from their referee along with their revalidation application, instead of UKPHR contacting referees directly.

The Board was informed that the exploration of the Responsible Officer role 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, the revised policy will expand the referee criteria to include a line manager and/or professional appraiser to ensure there is current and timely confirmation of the registrants. UKPHR will continue to engage with employers on how best to establish oversight that provides a system-wide quality assurance for appraisals.

The Board approved the revised revalidation policy and acknowledged that the accompanying guidance will also be amended, in addition to producing draft documents, updating online applications and agreeing a launch date and transition period.

ACTION	WHO	WHAT	BY WHEN
	JL & ZE	Finalise revised revalidation policy, draft guidance and documents and work towards implementation	ASAP

[ZE left the meeting for the following item and did not return for the remainder of the meeting]

b. UKPHR Role banding

JL reported that previously UKPHR had commissioned a piece of work to map roles to formalise roles and salaries to ensure that roles were in line with the industry. It resulted to most of the team getting pay rises. As a result, it was agreed that it would be beneficial to have a formal framework for roles at UKPHR, to support expansion and provide clear pathways for development. JL commented that the team has seen the proposed framework and had an opportunity to comment. The ARRC also reviewed the framework and comments were incorporated into the version presented to the Board. It was queried whether someone could be paid beyond the pay band in their role and JL confirmed that in line with larger organisations, this is possible with exceptional approval.

ACTION	WHO	WHAT	BY WHEN
	JL	Finalise UKPHR role banding framework	ASAP

c. E&S Committee Terms of Reference (ToR)

JL reported that it was noted that there was no formal ToR for the Education and Standards Committee. A draft ToR was presented to the Board. The Board agreed to approve the draft Education and Standards Committee terms of reference.

ACTION	WHO	WHAT	BY WHEN
	JL & ZE	Finalise Education & Standards Committee Terms of Reference	ASAP

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

There was no Chair's action taken since the last Board meeting. JL reported that there has been a lot of development in the area of workforce. There is growing support for a practitioner registration scheme in Northern Ireland, with representatives invited to the conference and a meeting scheduled to regroup with colleagues in Northern Ireland.

JL chaired her first People in UK Public Health meeting as the group still determines arrangements for administration post PHE. It was agreed that chairing and secretariat would be split across difference organisations.

NHS England is still undergoing its transformation programme following HEE's move. NHS England WT&E supported by the Faculty of Public Health held its first public health workforce summit in June. There was rich discussion and agreement to draft a consensus statement on workforce but overall, the outcomes and next steps were unclear.

The advanced practitioner report has been published and available on our website. It has been well received but unclear how the actions will be taken forward. It is however part of the England public health leadership ongoing discussion.

Practitioner moderators are apprenticeship providers are working closely to align local schemes and the apprenticeship. UKPHR moderators are ready to act as end point assessors to ensure individuals are appropriate for registration.

Preparations for the practitioner conference are progressing well with record number of registrations. A draft programme was presented to the Board, which included a targeted session for each of the four nations. Judging for the awards was also progressing, with an increased in nominations from last year.

The new IT system continues to work well. PJ is due to train on PowerBI so that we can produce additional bespoke reports. An evaluation of the system will be presented to the ARRC and presented to the Board later in the year as part of the exercise to review the additional part-time contracted role.

A light-touch review of the SRbPA route is going to begin soon, in light of several areas for improvement already noted, in addition to numerous local and national initiatives to support applicants. London has identified funding to support individuals and JL reported that UKPHR have been working on a proposal to deliver some sessions. It would be clear that this would not impact application outcomes and it could provide an effective model to roll out to other regions.

10. Registration report

The Board received the registration statistics and minutes of the Registration Approvals Committee. There were no meetings of the Registration Policy Group since the last meeting. GJ reported that the new IT system is working well. There is a noted increase in the quality of SRbPA pre-applications and portfolios and the number of defined specialist portfolios is steadily decreasing. The complex case panel has proved useful in ensuring that decisions can be defended. GJ commented that both the RP and RAC have discussed the use of 'Consultant' in Public Health titles when individuals are not registered as a public health specialist with UKPHR/GMC/GDC. JL added that it is agreed that UKPHR cannot take any enforcement action and she had raised it with FPH and ADPH to ensure that the professional bodies are aware and can take any necessary action.

11. Audit, Risk and Remuneration Committee report

In addition to previously discussed items, DV added that the committee have continued to review the Risk Register and key organisational risks. Some risks such as those because of the regulatory reform have been downgraded. The strategy document also addresses some key external facing components that impacts the Risk Register and therefore the committee will continue to look at the relationship between the strategy and how it helps support mitigations against risks.

12. Education and Standards Committee report

HK thanked RK for chairing the previous meeting in her absence. The Committee received an EDI update, in particular how applications can be anonymised with regard to the SRbPA applications. However, after discussions with the GMC, it was felt that for an organisation our size, this would be problematic and the processes we have in place would meet the PSA EDI standards. Although the light touch review would make sure that anything related is addressed. The committee acknowledged that with the changes in the IT system, EDI data on registrants can be accurately recorded at the time of annual renewal. Specialist moderator, Carol Stewart also agreed to support an equalities impact assessment of the SRbPA route. The Board will also in future be receiving a paper on recoding educational supervisors on the public Register.

13. Any other business

The Chair informed the Board that he will be returning to support PHW in a workforce and public inquiry role after retirement from his substantive role.

14. Date, time and venue of next meeting

Wednesday 29th November 2023 via Teams.

Action points from this meeting

ACTIONS	WHO	WHAT	BY WHEN
	JL	Publish 21 June 2023 Board minutes on website	ASAP
	JL	Update strategy document in line with comments and present final draft with communications strategy for Board approval at the next meeting	29 November 2023
	JL	Recruit for permanent part-time Practitioner Registration Lead role	ASAP
	JL & PJ	Continue to explore potential of new category of registration for post-practice registration	End of 2023
	JL & ZE	Finalise revised revalidation policy, draft guidance and documents and work towards implementation	ASAP
	JL	Finalise UKPHR role banding framework	ASAP
	JL & ZE	Finalise Education & Standards Committee Terms of Reference	ASAP

The Chair closed the meeting at 13.20 hours.

DRAFT