

UKPHR BOARD MEETING AND ANNUAL GENERAL MEETING - AGENDA

25 September 2024

**At UKPHR Office, 16a McLaren Building, 46 Priory Queensway,
Birmingham B4 7LR**

Board meeting 11.00-13.00

ITEM	ISSUE	PRESENTER
1	Welcome, apologies and new declarations of interest	Chair
2	Minutes of meeting on 27 June 2024 Item a: public minutes Item b: private minutes	Chair
3	Actions and matters arising	Chair & CEO
4	Governance forward planner – 2024	Chair & CEO
	<i>For decision</i>	
5	Annual accounts 2023-24 Item a: Accounts submission to Companies House	CEO
6	Annual report 2023-24 Item a: Full Annual report 2023-24 for publication Item b: Moderators' reports: Specialist and Practitioner	Head of Business Development & Improvement (HoBDI)
7	New registration type - Retired associated registration Item a: Business case (New registration type - Retired associated registration)	Head of Business Development & Improvement (HoBDI)
8	Business Continuity Plan & Test update Item a: Business continuity plan testing	Head of Business Development & Improvement (HoBDI)
9	Updating Good Public Health Practice Item a: Good Public Health Practice FINAL	CEO
	<i>To note</i>	
10	Lapsed registrant survey Item a: Lapsed registrant survey combined results Item b: Lapsed registrant survey individual responses	Head of Business Development & Improvement (HoBDI)
11	Registration reports Item a: RAC minutes 24 June 2024 Item b: RAC minutes 22 July 2024 Item c: RAC minutes 27 August 2024 Item d: RPG minutes 3 September 2024	Registrar & HoBDI

12	Audit, Risk and Remuneration Committee report – including Risk Register discussion Item a: ARRC minutes 25 July 2024 Item b: Risk Register	ARRC Chair
13	Education and Standards Committee report Item a: E&S Minutes 23 July 2024	E&S Chair
	<i>Private meeting</i>	
14	Chief Executive’s report Item a: OHID governance arrangements	CEO
15	Board skills audit and development – for discussion	JS, LS, BH
16	Any other business <i>None raised in advance</i>	Chair
17	Date and time of next meeting	27 November 2024, 2-4pm (virtual)

AGM 13.45-15.00

ITEM	ISSUE	PRESENTER
18	Welcome and apologies	Chair
19	Minutes of AGM meeting on 14 September 2023	Chair
20	Annual Report and Accounts	Chair
21	Retirement and reappointment of directors	Chair
22	Appointment of Chair and Vice-Chair`	Board Secretary (CEO)
23	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
24	Any other business	Chair

UKPHR Board Meeting 25 September 2024
ITEM 3

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

Meeting Date	Number	Action	Owner	Progress update	RAG
27/06/2024	24/9	Publish 24 April 2024 Board minutes on website	CEO		
27/06/2024	24/10	Update the drafts of: 5a. Policy statement on inter-regulatory decision co-ordination. 5b. Processing applications from those with pending investigations from other regulators. and circulate to Chair and the Board.	CEO/HBDal		
27/06/2024	24/11	Write to the Board members who also serve as	CEO		
27/06/2024	24/12	Conduct full review of Standing Orders and share with the Board for approval	CEO		
27/06/2024	24/13	Action the conditions and recommendations as per the PSA report.	CEO		
27/06/2024	24/14	Finalise the Annual Report template and prepare the completed report for the next Board meeting.	HBDal		
27/06/2024	24/15	Implement the new registration data reporting approach (linked to action 24/14 above)	CEO		
27/06/2024	24/16	Engage with new government post-election	CEO	Initially to be actioned asap, now scheduled for Q4, that seems to be a better timing.	
09/02/2022	21/55	Undertake a light- touch review of Board and committee structures, reporting, and terms of reference.	CEO, Chair	Re-framed. Now part of operational plan, includes Board development action plan	

Target for completion
DONE
DONE
DONE
Q4 2024
October 2024 and February 2025
Board meeting and AGM on 25 September
ASAP, post Board and AGM
Q4 2024
Dec-24

UKPHR Governance forward planner 2023-24



UKPHR Board meeting 25 September 2024

Item 4

MONTH	Board	Audit, risk, & remuneration committee	Education & standards committee
OCTOBER		Q1 & Q2 accounts	Re-registration review SRbPA review
NOVEMBER	Q1 & Q2 accounts Re-registration review Fees review (possibly feb 24) ID checks SRbPA review		

UKPHR Board
25/9/2024
Item 5a

COMPANY REGISTRATION NUMBER: 04776439
CHARITY REGISTRATION NUMBER: 1162895

Public Health Register
Company Limited by Guarantee
Unaudited Financial Statements
31 March 2024

Public Health Register

Company Limited by Guarantee

Financial Statements

Year ended 31 March 2024

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Public Health Register

Company Limited by Guarantee

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

Year ended 31 March 2024

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 2024.

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
Professor V Speller
Mr DR Vernon
M Coward
L Smith
Mr B Humphrey
Ms H Featherstone
Mr JM Sandy

Company secretary Ms Jessica Lichtenstein

Independent examiner Malcolm Willcox FCA
Malcolm Willcox & Co
Chartered Certified Accountants
Hagley House
93 Hagley Road
Birmingham
B16 8LA

Public Health Register

Company Limited by Guarantee

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

Year ended 31 March 2024

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 vision

UK Public Health Register (UKPHR) is an independent, dedicated regulator for public health professionals in the United Kingdom, providing professional regulation to public health specialists, specialty registrars and practitioners from a variety of backgrounds, all of whom have a common core of knowledge and skills. We are an Accredited Register with the Professional Standards Authority (PSA), who have awarded us a Quality Mark.

The Board's vision for the Charity is:

The public will benefit from excellent public health practice delivered by an effectively regulated multi-disciplinary profession who continuously maintain and enhance their professional competence.

The Board launched a new five-year strategy in early 2024. The strategy has four themes which will help us work towards our vision:

Theme 1 - Maintain, develop, and grow our Register

Theme 2 - Support and enable the multi-disciplinary public health workforce to maintain professional standards **Theme 3 - Promote collaboration across the public health and regulatory sectors to enhance public safety** **Theme 4 - Invest in our people and systems**

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 always has, when planning and performing its activities, had regard 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 2024

Achievements and performance

During 2023-24, and in pursuit of this public benefit, the Charity has:

- Undertaken a decision-making review to ensure consistent decisions about registration are being made at the right level
- Increased the total number of registrants from 1287 (on 1 April 2023) to 1378 (on 31 March 2024)
- Delivered training to 55 assessors and 11 verifiers for practitioner registration
- Delivered 8 workshops for potential applicants and mentors for specialist registration by portfolio route
- Initiated a review of our specialist registration by portfolio route
- Achieved a successful PSA Accredited Register annual review, with clear plans for recommendations and conditions
- Delivered staff and stakeholder surveys to understand how UKPHR is viewed
- Delivered a successful and well-received practitioner conference
- Started collecting data from our registrants on all protected characteristics for the first time
- Developed a new approach to data reporting
- Registered our first apprentice graduate public health practitioners
- Completed a review of revalidation for specialist registrants and launched a new process
- Delivered a successful virtual conference
- Launched a new organisational strategy to cover 2024-2029

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 £31,406 (2023: deficit of £123,638), 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.

Public Health Register

Company Limited by Guarantee

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

Year ended 31 March 2024

Financial review *(continued)*

Reserves Policy

The trustees have set a preferred level of reserves of three months normal operating costs. This is such that the charity could continue to fulfil its services in the extremely unlikely event that its income ceased or it was forced to close down. Based on the expenditure reported in the year ended 31 March 2024 the target reserves should be approximately £125,000. Actual reserves at that date were approximately £80,000 which would mean a shortfall of £45,000.

As mentioned above it is extremely unlikely that a reserve level as set would ever be required. In addition there has been substantial reorganisation over the past two years or so. Nevertheless the chief executive of the charity has undertaken a review of both costs and income streams with a view to improving financial performance and to build up reserves to the target level. This may take more than one year but the board and chief executive are confident about the future.

Small company provisions

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

The trustees' annual report was approved on 31 July 2024 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 2024

I report to the trustees on my examination of the financial statements of Public Health Register ('the charity') for the year ended 31 March 2024.

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 2024

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
Chartered Certified Accountants
Hagley House
93 Hagley Road
Birmingham
B16 8LA

Public Health Register

Company Limited by Guarantee

Statement of Financial Activities (including income and expenditure account)

Year ended 31 March 2024

		2024		2023
		Unrestricted	Total funds	Total funds
	Note	funds	£	£
		£	£	£
Income and endowments				
Donations and legacies	5	362,733	362,733	313,971
Charitable activities	6	95,464	95,464	84,404
Other trading activities	7	5,547	5,547	4,135
Investment income	8	3,011	3,011	1,791
Total income		<u>466,755</u>	<u>466,755</u>	<u>404,301</u>
Expenditure				
Expenditure on charitable activities	9,10	<u>498,161</u>	<u>498,161</u>	<u>527,939</u>
Total expenditure		<u>498,161</u>	<u>498,161</u>	<u>527,939</u>
Net expenditure and net movement in funds		<u>(31,406)</u>	<u>(31,406)</u>	<u>(123,638)</u>
Reconciliation of funds				
Total funds brought forward		<u>111,287</u>	<u>111,287</u>	<u>234,925</u>
Total funds carried forward		<u>79,881</u>	<u>79,881</u>	<u>111,287</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 9 to 16 form part of these financial statements.

Public Health Register
Company Limited by Guarantee
Statement of Financial Position
31 March 2024

	Note	2024 £	2023 £
Fixed assets			
Tangible fixed assets	16	2	2
Current assets			
Debtors	17	57,797	91,349
Cash at bank and in hand		102,478	132,040
		<u>160,275</u>	<u>223,389</u>
Creditors: amounts falling due within one year	18	<u>80,396</u>	<u>112,104</u>
Net current assets		<u>79,879</u>	<u>111,285</u>
Total assets less current liabilities		<u>79,881</u>	<u>111,287</u>
Net assets		<u>79,881</u>	<u>111,287</u>
Funds of the charity			
Unrestricted funds		<u>79,881</u>	<u>111,287</u>
Total charity funds	20	<u>79,881</u>	<u>111,287</u>

For the year ending 31 March 2024 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 31 July 2024, and are signed on behalf of the board by:

Mr AP Jones
Trustee

The notes on pages 9 to 16 form part of these financial statements.

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements

Year ended 31 March 2024

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 2024

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 2024

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 2024 £	Unrestricted Funds £	Total Funds 2023 £
Subscriptions				
Specialist Registration fees	303,822	303,822	285,867	285,867
Practitioner Registration fees	58,911	58,911	28,104	28,104
	<u>362,733</u>	<u>362,733</u>	<u>313,971</u>	<u>313,971</u>

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

6. Charitable activities

	Unrestricted Funds £	Total Funds 2024 £	Unrestricted Funds £	Total Funds 2023 £
Training income	95,464	95,464	84,404	84,404

7. Other trading activities

	Unrestricted Funds £	Total Funds 2024 £	Unrestricted Funds £	Total Funds 2023 £
Other Income	5,547	5,547	4,135	4,135

8. Investment income

	Unrestricted Funds £	Total Funds 2024 £	Unrestricted Funds £	Total Funds 2023 £
Bank interest receivable	3,011	3,011	1,791	1,791

9. Expenditure on charitable activities by fund type

	Unrestricted Funds £	Total Funds 2024 £	Unrestricted Funds £	Total Funds 2023 £
Registration	494,596	494,596	524,146	524,146
Support costs	3,565	3,565	3,793	3,793
	<u>498,161</u>	<u>498,161</u>	<u>527,939</u>	<u>527,939</u>

10. Expenditure on charitable activities by activity type

	Activities undertaken directly £	Support costs £	Total funds 2024 £	Total fund 2023 £
Registration	494,596	–	494,596	524,146
Governance costs	–	3,565	3,565	3,793
	<u>494,596</u>	<u>3,565</u>	<u>498,161</u>	<u>527,939</u>

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

11. Registration

	Analysis of support costs: membership activities	Total 2024	Total 2023
	£	£	£
Governance costs	3,565	3,565	3,793

12. Net expenditure

Net expenditure is stated after charging/(crediting):

	2024	2023
	£	£
Depreciation of tangible fixed assets	—	3,261

13. Independent examination fees

	2024	2023
	£	£
Fees payable to the independent examiner for: Independent examination of the financial statements	3,000	3,000

14. Staff costs

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

	2024	2023
	£	£
Wages and salaries	237,613	188,945
Social security costs	20,301	14,732
Employer contributions to pension plans	15,569	12,324
Contracted chief executive costs	—	61,164
	<u>273,483</u>	<u>277,165</u>

The average head count of employees during the year was 6 (2023: 6). The average number of full-time equivalent employees during the year is analysed as follows:

	2024	2023
	No.	No.
Management	2	2
Administration and support	3	4
	<u>5</u>	<u>6</u>

The number of employees whose remuneration for the year fell within the following bands, were:

	2024	2023
	No.	No.
£110,000 to £119,999	1	—

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

14. Staff costs *(continued)*

Key Management Personnel

Key management personnel include the trustees and the chief executive. Total remuneration costs in the year were £114,791. (2023: £45,345). For the latter part of the previous 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 for the year ended 31 March 2023 was £61,164

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

Travel expenses totalling £444 were paid to 3 trustees for attending either full or sub-committee meetings in the year. (2023-5 trustees were paid £684).

16. Tangible fixed assets

	Fixtures and fittings £	Equipment £	Total £
Cost			
At 1 April 2023 and 31 March 2024	<u>6,783</u>	<u>16,639</u>	<u>23,422</u>
Depreciation			
At 1 April 2023 and 31 March 2024	<u>6,782</u>	<u>16,638</u>	<u>23,420</u>
Carrying amount			
At 31 March 2024	<u>1</u>	<u>1</u>	<u>2</u>
At 31 March 2023	<u>1</u>	<u>1</u>	<u>2</u>

17. Debtors

	2024 £	2023 £
Trade debtors	46,690	61,902
Prepayments and accrued income	<u>11,107</u>	<u>29,447</u>
	<u>57,797</u>	<u>91,349</u>

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

18. Creditors: amounts falling due within one year

	2024	2023
	£	£
Trade creditors	2	2
Accruals and deferred income	73,414	106,947
Social security and other taxes	6,980	4,245
Other creditors	–	910
	<u>80,396</u>	<u>112,104</u>

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 £15,569 (2023: £12,324).

20. Analysis of charitable funds

Unrestricted funds

	At			At 31 March
	1 April 2023	Income	Expenditure	2024
	£	£	£	£
General funds	<u>111,287</u>	<u>466,755</u>	<u>(498,161)</u>	<u>79,881</u>

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

Public Health Register

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

21. Analysis of net assets between funds

	Unrestricted Funds £	Total Funds 2024 £
Tangible fixed assets	2	2
Current assets	160,275	160,275
Creditors less than 1 year	(80,396)	(80,396)
Net assets	<u>79,881</u>	<u>79,881</u>

	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>

22. Operating lease commitments

The total future minimum lease payments under non-cancellable operating leases are as follows:

	2024 £	2023 £
Later than 1 year and not later than 5 years	83,664	125,496
	<u>83,664</u>	<u>125,496</u>

Public Health Register
Company Limited by Guarantee
Management Information
Year ended 31 March 2024

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 2024

	2024 £	2023 £
Income and endowments		
Donations and legacies		
Specialist Registration fees	303,822	285,867
Practitioner Registration fees	58,911	28,104
	<u>362,733</u>	<u>313,971</u>
Charitable activities		
Training income	95,464	84,404
Other trading activities		
Other Income	5,547	4,135
Investment income		
Bank interest receivable	3,011	1,791
Total income	<u>466,755</u>	<u>404,301</u>
Expenditure		
Expenditure on charitable activities		
Wages and salaries	237,613	188,945
Employer's NIC	20,301	14,732
Pension costs	15,569	12,324
Contracted chief executive costs	–	61,164
Rent	41,570	43,072
Rates and water	–	690
Light and heat	6,245	2,442
Insurance	5,708	4,880
Motor/travel costs	1,675	1,859
Legal and professional fees	25,474	58,641
Computer, internet and telephone	23,324	9,744
Other office costs	10,570	8,199
Depreciation	–	3,261
Moderation and training	44,085	58,008
Computer software	35,133	35,273
PSA accreditation	18,389	17,505
Annual practitioner conference	12,505	7,200
	<u>498,161</u>	<u>527,939</u>
Total expenditure	<u>498,161</u>	<u>527,939</u>

Public Health Register

Company Limited by Guarantee

Detailed Statement of Financial Activities *(continued)*

Year ended 31 March 2024

	2024	2023
	£	£
Net expenditure	<u>(31,406)</u>	<u>(123,638)</u>

Public Health Register

Company Limited by Guarantee

Notes to the Detailed Statement of Financial Activities

Year ended 31 March 2024

	2024 £	2023 £
Expenditure on charitable activities		
Registration		
<i>Activities undertaken directly</i>		
Salaries	237,613	188,945
Employer's NIC	20,301	14,732
Pension costs	15,569	12,324
Contracted chief executive fees	–	61,164
Office rent	41,570	43,072
Rates & water	–	690
Light & heat	6,245	2,442
Insurance	5,708	4,880
Travel, subsistence etc	1,110	1,175
Legal and professional fees	22,474	55,532
Computer, internet and telephone	23,324	9,744
Other office costs	10,570	8,199
Depreciation	–	3,261
Moderation and training	44,085	58,008
Computer software	35,133	35,273
PSA Accreditation	18,389	17,505
Annual practitioner conference	12,505	7,200
	<u>494,596</u>	<u>524,146</u>
Governance costs		
Governance costs - other motor/travel costs	565	684
Legal and other professional fees	3,000	3,000
Governance costs - costs of trustees' meetings	–	109
	<u>3,565</u>	<u>3,793</u>
Expenditure on charitable activities	<u>498,161</u>	<u>527,939</u>

ITEM 5c

Moderators' reports: Specialist and Practitioner

Annex A - *Update from the UKPHR Practitioner Moderation Team*

Annex B - *SRbPA Moderator annual report April 2023-24*

Summary

1. Since the start of 2024 we received two written reports from our Moderators: in March, Practitioner Moderators provided their update relating to years 2020-2023, and in July 2024 SRbPA Moderators completed their annual report relating to financial year 2023-24.
2. The Practitioner Moderators update was considered by the Education and Standards Committee in March 2024.
3. The SRbPA Moderators annual report is listed for discussion at the October Education and Standards Committee.
4. Both reports indicate that a number of improvements have been made in the last year and beyond, that are allowing for a more streamlined process and better quality assurance. We are also getting more efficient at gathering assessment and moderation data and drawing valuable insights from them.
5. The future plan is that both Practitioner and SRbPA Moderators will present an annual report relating to their work to UKPHR head office, covering subsequent financial years. They will be then submitted to Education and Standards Committee for discussion and to the Board as an annex to the UKPHR Annual Report.

Recommendation

These reports are shared for consideration and awareness.

Annex A: Update from the UKPHR Practitioner Moderation Team

Update from the UKPHR Practitioner Moderation Team

Summary:

1. Prior to the Covid19 Pandemic, moderators regularly contributed to the UKPHR Annual Reports, outlining key activities undertaken for the Practitioner Registration. This was temporarily ceased during the pandemic.
2. Following recent discussions with the Chief Executive, it was agreed that the Board will start receiving annual reports on moderation functions from next year
3. This brief report provides the key achievements covering the period 2020 to 2023. During this period the moderation team have undertaken the key moderation functions (undertaking moderations, attending verification panels, supporting local schemes, updating guidance, delivering training and sharing of learning points to all stakeholders) and supported the:
 - a. response to covid-19
 - b. transition of training to an online platform
 - c. expansion of verifier eligibility criteria
 - d. implementation of the revised standards
 - e. endpoint assessment of the apprenticeship route
4. Moderators are introducing a digital process of collation of quantitative data and learning points from various activities. This information will be used to provide updates for the future annual reports.

Recommendations:

5. Board to note the highlights for the period covering 2020 to 2023
6. Board to note the plans for future annual reports

1. Background

Moderation is integral to UKPHR's system of Quality Assurance and Quality Management for all registration services, including the assessment of portfolios and the devolved process of practitioner registration. Moderation is undertaken to ensure consistency of standards and outcomes across the devolved UK schemes, and to support the process by providing advice, feedback, and suggestions. A detailed description of moderation functions is available at

[UKPHR-Practitioner-Guidance-for-Applicants-Assessors-Verifiers-May-23.pdf](#) (Annex 6)

2. Moderation Team:

There were some changes to the moderation team over the last three years. Carole Wood, Louise Holden and David Spence left the team and will be greatly missed by all involved in practitioner registration. The current team consists of Kate Lees, Ann Crawford, Irfan Ghani, Donna Sager and Nicola Benge.

3. Key Activities:

3.1 Response to Covid-19: Moderators responded to the concerns faced by applicants, assessors and verifiers, for example, meeting the currency requirements and verifier capacity. Moderators also provided a temporary verification function for local schemes which face issues with verifier capacity.

3.2 Implementation of the Revised Standards: Following a comprehensive review, revised standards for the Practitioner Registration were introduced in April 2019. Moderators supported local schemes through refresher sessions to update assessors and verifiers. All schemes have now successfully moved to new standards.

3.3 Training: All training sessions (assessor training, verifier training and refresher sessions) were successfully moved to online platforms. An external evaluation concluded that the transition was successful, however it provided recommendations to ensure that all learning objectives were met. Moderators developed an action plan to review and respond to these recommendations as required. Previously training sessions were provided locally. From 2020, assessor and verifier sessions are also delivered centrally (co-ordinated by the UKPHR Office) in response to challenges to running training locally due to small number of participants attending local sessions.

3.4 Verifier eligibility criteria: Moderators supported the review of verifier capacity undertaken by the UKPHR. An initial review of verifier eligibility in 2021 reduced the timescale of registered specialists post registration from two years to allow newly registered specialists to become verifiers. In addition, it was agreed that existing verifiers could continue to work as verifiers even after their registration ends (e.g., if they retire) provided there are no fitness to practice issues, and CPD in relation to verification is maintained. Further work was undertaken in 2022/2023 to explore other options to increase the capacity. In 2023, verifier eligibility was expanded to include public health specialty registrars who are in the last 6 months of ST4, or in ST5, and those practitioners who are applying for specialty registration by portfolio and have demonstrated they are working at or above this level, or those accepted onto a local scheme for support to develop SRbP. This criteria will be reviewed in near future.

3.5 PH Apprenticeship Route: Moderators agreed to be trained as endpoint assessors for the first cohort of apprentices with the aim of understanding the process, sharing good

practice, providing advice and recommendations for further development of the programme and supporting recruitment of assessors. The endpoint assessment of the first cohort was recently completed. Moderators will provide feedback to the UKPHR.

3.6 Updates to the Guidance and Supporting Information: An annual cycle of revising key guidance documentation was introduced through regular collation and review of feedback and issues from verification panels, moderation and training sessions. Updated documents are published in Spring every year. Learning points to improve assessment practice are fed back to practitioner schemes and individual assessors and verifiers as appropriate and incorporated into training and refresh sessions.

3.7 Support to local schemes: Scheme coordinators are pivotal in the quality assurance of practitioner registration; the moderation team provided telephone and email support to them when requested.

3.8 Other activities:

- participation in the regular teleconferences of scheme coordinators, Registration Policy Group, Practitioner Registration Work Group and Edi Working Group.
- attendance at verification panels (virtual meetings)
- contribution to the annual UKPHR Practitioner Conference.
- moderation of assessments: Moderators regularly discussed issues and shared moderation reports amongst themselves to ensure consistency within the team.

4. **Next Steps:** The moderation team will be collating information on all their activities through online data collection forms (please see appendices 1,2 and 3) from 1s April 2024. This data (quantitative and qualitative) will be used to provide detailed information on moderation functions in future annual reports.

Appendix 1:

Feedback on Moderation

To be completed for every moderation

Q1	Name of the Moderator	Drop Down List – Ann Crawford, Donna Sagar, Irfan Ghani, Kate Lees, Nicola Benge
Q2	Name of the Scheme	Drop Down List for all schemes
Q3	Date of Moderation	DD/MM/YYYY
Q4	Rationale for Moderation	Drop Down List <ul style="list-style-type: none"> - Moderation of the first commentary of a new assessor - Focussing on a specific issue on indicator prior to the Verification Panel - Moderation requested by the Verification Panel - Random Moderation of a complete portfolio as a retrospective audit - Other reason
Q5	If applicable, please add any additional details regarding the rational	Free Text
Q6	Number of commentaries assessed	Drop Down List <ul style="list-style-type: none"> - 1 - 2 - The whole portfolio - Random sample of standards
Q7	Any issues / areas/ themes/ Lessons Learnt to highlight for training / refresher sessions or guidance / supporting documentation	Free Text
Q8	Any other comments	
Q9	Time taken to complete the moderation	Drop down List <ul style="list-style-type: none"> - 1 hr - 2 hrs To - 10 hrs

Appendix 2:

Verification Panels Feedback

To be completed after every Panel

Q1	Name of the Moderator	Drop Down List – Ann Crawford, Donna Sagar, Irfan Ghani, Kate Lees, Nicola Benghe
Q2	Name of the Scheme	Drop Down List for all scheme
Q3	Date of the Panel	DD/MM/YYYY
Q4	Number of the Verifiers on the Panel	Drop Down List 1 – 10
Q5	Number of portfolios presented	Drop Down List 1 – 10
Q6	Number of portfolios recommended for registration	Drop Down List 1 – 10
Q7	Number of portfolios referred for second assessment Please add the reasons for second assessment	Drop Down List 1 – 10 Free Text
Q8	Number of portfolios referred for moderations Please add the reasons for moderation	Drop Down List 1 – 10 Free Text
Q9	What went well in the session	Free Text
Q10	What could have gone better in the session (for example; quoracy, issues with access to paperwork, variation in overall comments etc)	Free Text
Q11	Any issues / areas/ themes/ lessons learnt to highlight for training / refresher sessions or guidance / supporting documentation	Free Text

Appendix 3

UKPHR Training Feedback

To be completed after every Training

Q1	Name of the Moderator	Drop Down List – Ann Crawford, Donna Sagar, Irfan Ghani, Kate Lees, Nicola Benghe
Q2	Date of the Training	DD/MM/YYYY
Q3	Assessor / Verifier / Refresher Training	Drop Down List – Assessor, Verifier, Refresher Training
Q4	Centralised or Local Training	Drop Down List – Centralised, Local
Q5	Name of the Scheme	Drop Down List for all schemes
Q6	Number of the Attendees	Drop Down List 1 – 10
Q7	Number of Attendees not successfully completing the training Please add the reasons and next steps for attendees who have not successfully completed the training	Drop Down List 1 – 10 Free Text
Q8	What went well in the session	Free Text
Q9	What could have gone better in the session	Free Text
Q10	Any issues / areas/ themes/ lessons learnt to highlight for training / refresher sessions or guidance / supporting documentation	Free Text

Annex A: SRbPA Moderator annual report April 2023-24

SRbPA Moderator annual report April 2023-24

UKPHR registration serves as a valuable indication that Specialists possess the necessary expertise to practice independently, thereby instilling trust and assurance in the public health workforce among both the public and potential employers. The overall purpose is public protection in respect of the responsibilities carried by registered Public Health Specialists.

This report outlines the work undertaken by the moderation team within the above period.

What is the role of the moderators?

The moderators are responsible for the day-to-day quality assurance of the specialist registration process in ensuring consistency of standards and outcomes. See appendix for the assessment processes for preapplication and portfolio assessments in the Specialist Registration system.

The overall purpose of the moderator role is:

- To help ensure that the assessment processes are appropriate, consistent, fair, objective, robust and valid.
- To assist with the interpretation of standards and other aspects of the Framework and Guidance.

Specifically

- To provide support and training to assessors.
- To provide advice and support if assessors can not reach an agreement on the outcome of elements of an assessment.
- To answer queries that have been submitted to the UKPHR on the SRbPA route.
- Keep FAQ's up to date.
- To update guidance for applicants and assessors as issues or changes occur.

Moderators maintain close links with the UKPHR chief executive and are accountable to the Registrar of the UKPHR. They may also approach the UKPHR Board as required.

Who are the moderators?

Since the retirement of Carole Wood in 2022, three colleagues joined Judith Hooper in the team: Carol Stewart, Elisabeth Smart and Sally Hogg (who resigned in May 2024). Judith has been a moderator since 2017, a retired DPH, Sally, Carol and Elisabeth are all consultants in Bristol, Cumberland and Highlands respectively.

Specialist pre-applications and portfolio assessments

The Defined Specialist route closed in 2019. However, at the start of 2024 there were still five portfolios being assessed.

The SRbPA route started in 2018 and had a very slow start, mainly due to the large number of portfolios that were received by UKPHR before the closure of the Defined route. This route has a preapplication step to ensure that potential applicants were working at the right level and had experience across the breadth of public health to gain registration. Once an applicant had approval from their preapplication they have three attempts at portfolio submissions. These differences to the Defined route were to stop the length of time some portfolios were taking to reach conclusion, as shown by those Defined portfolios still being assessed now.

By the start of 2024:

58 preapplications were received, 32 failed giving an overall rate of 55%. In 2023 the failure rate had dropped to 39%.

There were four registrants and 10 others having portfolios assessed in the SRbPA route.

To ensure that potential applicants really understood the new processes a number of activities occurred:

- Podcasts were created by Judith and Carole Wood, which are widely viewed and positively received.
- Six workshops were led by moderators with the CEO.
- A virtual group is now run by the ADsPH for potential applicants, and Judith attends every quarter to answer queries.
- Regions are encouraged to offer some support to potential applicants, with Viv Speller and others providing that support independently of UKPHR.

Moderation reports

The moderators respond to queries from the assessors before reporting to the Registration Panel. The Panel can also ask for a moderation report on the whole of a portfolio or part of one, a spot moderation. On completing the moderation report, the moderator will have a discussion with the assessors to reach agreement on the outcomes. This final version of the report is then presented to the Registration Panel. In these two years there have been seven moderation reports presented to the Registration Panel. These reports can take about 15 hours to complete and can be up to 30 and longer if complex.

Other work

In July 2023, the moderators developed the **Quality Assurance Process** for the SRbPA route, which received endorsement from the UKPHR Education and Standards Committee. This has been shared with the RPG and assessors.

In November 2023, moderators conducted an **Equality Impact Assessment** on the SRbPA route. The goal of this assessment was to evaluate how the policy, practice, function, or service affects different groups of staff and registrants and to identify opportunities to proactively promote equality. The findings and recommendations were presented to the Registration and Policy Group, and all recommendations have now been implemented.

Light Touch Review group: the moderators worked with colleagues to review this SRbPA route in 2024. A number of useful suggestions for improvement / simplifying were made which will be incorporated into the guidance.

A moderator also attends the Education and Training group and the Registration Policy Group.

Specialist assessors

There are 18 assessors for the SRbPA route, and we hope to have recruited a further eight by the autumn. New assessors are always paired with experienced assessors. The assessment itself is virtually the same as for the Defined route, the main difference being the competencies.

There main challenges for assessors seem to be:

- Having enough time to undertake the assessment especially for the portfolios
- Given much of the application is now electronic, this does require the assessor to have access to two screens which some do not

- The competencies are more complex than the Defined route in their adaptation from the 2022 Public Health Training Curriculum. This has led to regular review of the competencies and their supporting guidance. As time has passed as we all get used to them, this is easing.
- It has meant the guidance is detailed and does need to be read by the applicant. So often it seems the applicants have not take full notice of the guidance. They are strongly advised to read the guidance repeatedly as they write their portfolios. This will help maintain a focus on what is required for registration and by the assessor rather than too giving too much detail about the story of the work.

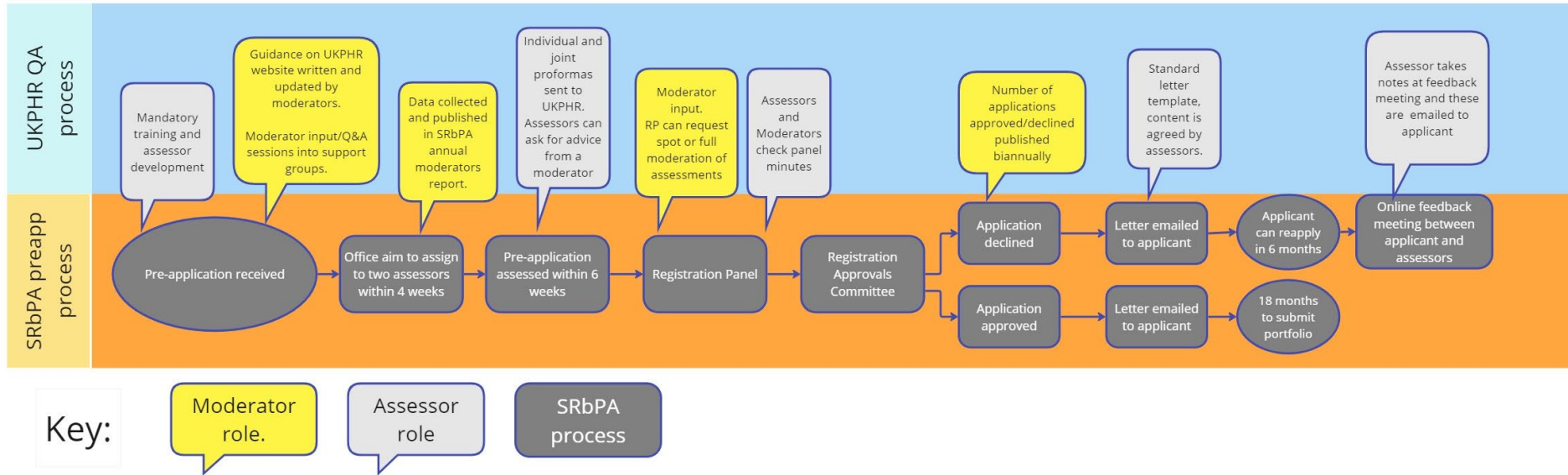
During these two years there have been four assessor development sessions, attendance at least one of these per year is a requirement. These cover a wide range of topics, from issues in assessing specific competencies, changes in guidance, shared experience of assessing etc. and are generally a lively, learning experience for all.

Summary

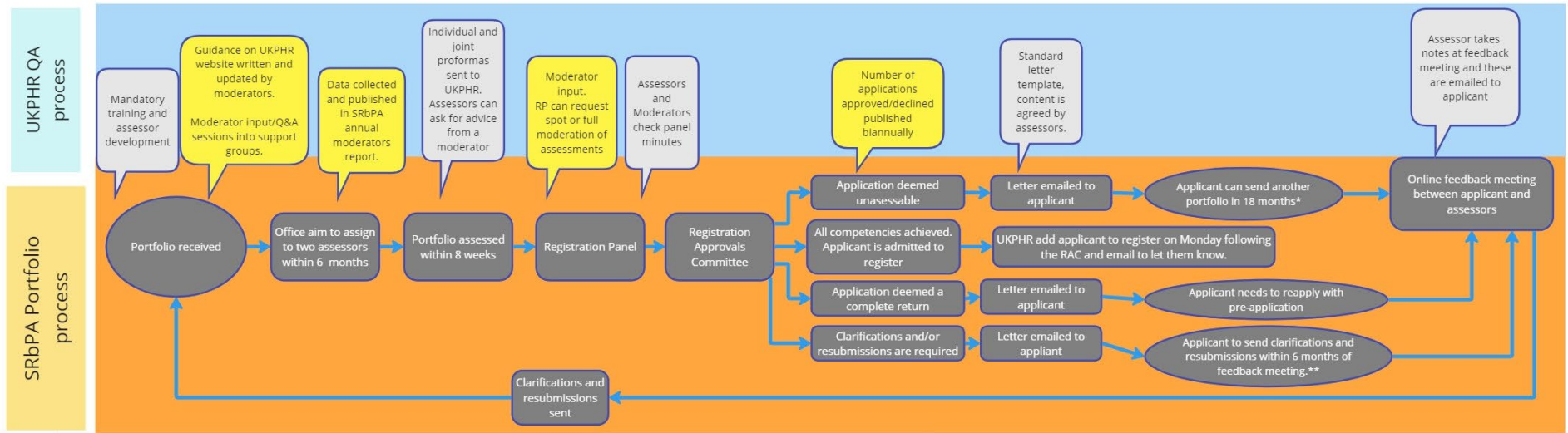
There is a sense of frustration that we still have some Defined portfolios being assessed five years after it closed. Conversely the SRbPA has been slow to start but is now increasing in preapplications. Our work in providing detailed guidance, workshops, webinars, podcasts, and the increasing regional support from others seems to be having an impact as the preapplication failure rate dropped markedly in 2023. The message "*Only put a preapplication in when portfolio ready*" seems to be getting through.

Judith Hooper, Elisabeth Smart, Carol Stewart
July 2024

UKPHR SRbPA Pre- Application Q&A Standards process



UKPHR SRbPA Portfolio Q&A Standards process



Key:

Moderator role.

Assessor role

SRbPA process

* When sending another portfolio they have 3 attempts in to total.
 ** the applicants' portfolio will have 3 assessments in total

ITEM 7

UKPHR Board – 25 September 2024

New registration type: Retired – associated registration

Summary

1. The Board agreed on 14 September 2023 (paper [here](#)) to further explore the possibility of starting a project to introduce a new registration type: Retired – associated registration. The proposal was that this registration type:
 - 'would be only available to existing registrants who are no longer able to meet the full requirements of revalidation/re-registration and are retiring or experiencing a career change, not engaging in conventional public health practice.
 - would not be available as an entry level of registration (so not available to those who lapsed or relinquished their registration previously).
 - would be offered at significantly reduced annual renewal fee and the requirements of revalidation/re-registration would be eased.'
2. Since last year, we scoped this potential project further, including a cost-benefit analysis. Results are presented in the enclosed Business case document (Item 7b). The Business case also outlines options for delivery, including our preferred option.

Recommendation

3. We request that the Board decide whether we should proceed with the work, and if so which option for delivery is most suitable.

Business case

Name of project	Introducing new registration type: Retired - associated registration
Project lead	Anna Lubasinska, Head of Business Development and Improvement
Strategic aim link	Theme 1: Maintain, develop, and grow our Register.

Background

The Board agreed on 14 September 2023 (paper [here](#)) to further explore the possibility of starting a project to introduce a new registration type: Retired – associated registration. The proposal was that this registration type:

- 'would be only available to existing registrants who are no longer able to meet the full requirements of revalidation/re-registration and are retiring or experiencing a career change, not engaging in conventional public health practice.
- would not be available as an entry level of registration (so not available to those who lapsed or relinquished their registration previously).
- would be offered at significantly reduced annual renewal fee and the requirements of revalidation/re-registration would be eased.'

Since last year, we scoped this potential project further, including a cost-benefit analysis. The request is to decide whether we should proceed with the work, and which option for delivery is most suitable.

In the broader healthcare sector, there are existing examples of organisations that offer a retired registration status or additional statuses such as 'career break' or 'career change'. These seem to be limited to membership bodies, some accredited registers and associations, such as Chartered Society of Physiotherapy, British Association of Counselling Psychology, Human Givens Institute.

None of the statutory regulators offer this registration type.

Those who have a retired status, charge reduced fees and offer a host of benefits such as access to publications, member-only information or events.

Problem statement

What is the idea/problem we want to address?

This initiative does not address an existing threat or a problem and is not driven by an external demand. The idea is related to two key opportunities, as per initial scoping paper presented to the Board.

In preparation of this Business case, we explored the two opportunity arguments in more depth.

1. Using retired registrants as assessors and verifiers.

Initially, we said that 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.'*

Currently our volunteer capacity is 265 Practitioner assessors and 76 Practitioner verifiers, and 23 Specialist assessors, incl. 3 moderators. Anecdotally, there are some challenges with recruiting new assessors and verifiers, but there is no proven direct link to availability of active registrants. The reason may be the time commitment required for performing the role or its volunteer/non-remunerated nature. This area could benefit from more investigation and any procedural barriers/potential enhancements if a recruitment issue persisted.

What other bodies do: We looked at number of other registers and membership bodies, to understand the registration and CPD requirements for those who serve in the capacity of an assessor or examiner.

- GMC case – our proposed 'retired – associated registration' has been previously compared to GMC registration without the licence to practice. There are significant differences though, for example there are limitations relating to being an appraiser or an examiner if a license to practice is not held.
- Others - other regulatory, professional and membership bodies require their assessors to have full registration to practice and comply with current CPD/revalidation requirements. We checked with the following: General Pharmaceutical Council ([here](#)), Health and Care Professions Council ([here](#)), British Psychological Society ([here](#)), College of Optometrists ([here](#)), Academy of Healthcare Science ([here](#)), British Association of Counselling Psychology ([here](#))

Whether assessors are paid for their work varies, with some working on an unpaid volunteer basis.

It is worth noting that we are flexible with our own requirement to be a registration assessor, as per the role description they need to be a *'Registered as a PH specialist with UKPHR, GMC or GDC, now or within past 5 years if retired (from application as an assessor).'* See more [here](#).

Expanding the role of an assessor/verifier to those who have been retired and potentially out of practice in public health for a number of years (and their main current experience in this area is working for us) brings up a question of currency of knowledge and experience when making judgement on the entry to the Register.

2. Potential new revenue stream.

Our survey

In August 2023, ahead of presenting the idea to the Board, we carried out a survey of all active registrants and all those who relinquished their registration within the last five years. 98 active registrants (c. 7%) and 34 ex-registrants (c. 24%) responded to the survey. The key findings:

- Active registrants - 75% of those surveyed said they would be likely or very likely to keep some form of registration post-retirement if it was offered at reduced fees and reduced requirements. Around 50% said they would support the wider workforce if it was a requirement of that type of registration (verifier, assessor).

- Retired registrants – 51% surveyed said they would likely or very likely keep some form of registration post-retirement if it was offered at reduced fees and reduced requirements. About half said they continue to work in public health post-registration, and 94% said their current roles do not require UKPHR registration. Around 40% said they would support the wider workforce if it was a requirement of that type of registration (verifier, assessor).

Current voluntary relinquishment numbers

To calculate potential income, we used findings from another 2023 survey, where we asked our registrants why they relinquished their registration. This was the first time we captured this type of data so it limited but allowed us to assume that 60% of those leaving are doing so due to retirement. This makes for an average of 17 registrants/year retiring from the Register.

In the last five financial years, we had stable numbers of those voluntarily leaving the Register:

	2019/20	2020/21	2021/22	2022/23	2023/24
Specialist	20	23	22	27	20
Practitioner	3	3	8	7	7
Total	23	26	30	34	27
Retired	14 (assumed)	17 (assumed)	18 (assumed)	20 (assumed)	17 (actual)

Another data source about potential retirement numbers could be the survey of active registrants we quoted above – there, 18% of active registrants declared they will be retiring in under 5 years. If we translated this into the size of the register, it would give us numbers higher than our data-based predictions. We decided to go with the confirmed reasons for relinquishment rather than declarations, appreciating that this returns more conservative numbers overall.

Fees

Potential fees for the new registration type would need to be carefully determined. For the cost-benefit analysis, we carried out a review of other organisations that offer ‘retired’ registration type or status.

The annual fee is typically set at 25%-30% of full registration fee. This would be, with current registration fees, and for illustration purposes only:

Public Health Specialist: £116/year (£388 x 30%)

Public Health Practitioner: £36/year (£121 x 30%)

Projected income

If we based potential take up of the new registration type on the survey of active registrants, this would equate to c.13 registrants staying on the register as ‘retired-associated’, per year.

It is important to remember that those registrants would be likely to stay on the Register for limited time (according to our survey, only 22% will do it for more than 5 years), therefore we are likely to keep a rolling pool of c.65 ‘retired-associated’ registrants, with c. fifth of those being Public Health Practitioners.

Public Health Specialist: 52 x £116/year = £6,032/year

Public Health Practitioner: 13 x £36/year = £468/year

This gives a total projected income per year of **£6,500**. Please note this is based on a number of assumptions drawn from limited data we have to hand.

These numbers could be higher if the new registration type included those on career breaks in addition to retirement.

Cost/benefit and options for delivery

Options

Option 1: Do nothing

Cost/Resource	£0
Impact	Potential spending can be re-directed to other initiatives that promote savings or increase our income, i.e. promoting wider uptake of registration (particularly for Public Health Practitioners), improving our website, further development of ROL functionality to include greater communication and notification service, more self-service options such as e-portfolios etc.

Option 2

Park the idea until more evidence is gathered and return to exploring in FY 2025/26.	
Cost/Resource	£0
Impact	As per Option 1.

Option 3

<p>Proceed with the project in phases:</p> <ol style="list-style-type: none"> 1. Full requirements scoping (include designing the process, mapping system requirements, full assessment of impact). 2. Consultation with key stakeholders and our registrants. 3. System development and testing. 4. PSA accreditation for the new registration type. 5. Changes to our website, forms, marketing information. 6. Roll out and transition to BAU (include training and comms campaign). 	
Cost/Resource	<p>Investment:</p> <ul style="list-style-type: none"> • Internal staff time: 30% of HBD&I time, 30% of one of the office staff, 10% of CEOs time over the duration of the project. • Assessors/Registrar time: TBC. • PSA accreditation of addition to the Register cost: £1,352 (more information here). • ROL development cost: c. £10,000. <p>Ongoing costs: ongoing maintenance of this type of registration: 10% of one of the office staff on ongoing basis.</p>
Duration	Q2 2025 – Q1 2026 (to capture new registration status in the May-July renewal cycle)
Impact	The following will be impacted:

	<ul style="list-style-type: none"> - Our process - Our system - Our policies and communications - Our current registrants - Employers - Other stakeholders
Dependencies	<p>Work can't start until Q2 2025 due to limited resource availability in the UKPHR office.</p> <p>Ability to deliver on time will depend on:</p> <ul style="list-style-type: none"> - availability of staff - system development constraints - length of PSA accreditation process

What is your preferred option and why?

Balancing the cost of investment, potential income and the current business needs, we favour the 'Do-nothing' option with the possibility of returning to the idea at a later stage.

What is the evidence to support doing this now?

There is no specific requirement to proceed with this project now.

Have you talked about any of the options to our stakeholders? What was the outcome?

We had an initial exploratory chat about the potential new registration type with the PSA. They said: *'as long as the public is clear about what this means for each registrant, and the risk of being treated by a practitioner who lacks the required protections is effectively mitigated.'*

Measuring success

What are the expected key benefits, and how will they be measured?

1. Retaining registrants and an income of c. £6,500/year. This can be measured through annual accounts reports.
2. Building a group of public health professionals readily available to support public health emergencies. This can be measured by monitoring Register numbers.

Support

Who will need to support the go-ahead option?

Internal	External
CEO	System developers (Fortesium)
HBD&I	IT support (AirIT)
At least one other member of staff	
Registrar	
Registration Assessors	

Risk analysis

What are the key risks associated with this project?

Risk	Detail
Misuse of this type of registration	Current UKPHR registrants with “full” transfer to the new category of registration to save money and make use of the reduced requirements. Subsequently there could be a loss of income.
Cost exceeding benefits	Limited numbers applying for this type of registration and therefore the resources dedicated to this development are wasted.
External confusion over different types of registration	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.
Our status as a regulator	No other statutory regulators offer ‘retired’ registration at present, and it is more indicative of membership organisations, therefore the lines between us and for example FPH may be further blurred.
Public safety	The eased revalidation/re-registration requirements are not proportionate to reassure UKPHR of the public’s safety. Those who are unable to re-register/revalidate, are likely to not have appropriate indemnity arrangements to cover their practise.
Fairness of assessment process	Assessors and verifiers who have been retired for a number of years and keep in touch with professional developments only through their role with UKPHR, may not offer the best quality, fair assessment to our applicants.

Item 9 – Good Public Health Practice update

Summary

1. The FPH document ‘Good Public Health Practice’, which UKPHR has adopted as its key standards document, has been updated. UKPHR as well as other key stakeholders have been working with a FPH-run working group to ensure the document is updated, in line with the GMC’s Good medical practice. The third edition of this document does not constitute statutory guidance, it clearly outlines our expectations of practice for all UKPHR registrants and can be used if registration or professional practice is questioned.

Background

2. Good Public Health Practice was last updated in 2015. In January 2024, the GMC published a revised version of Good Medical Practice (GMP).
3. A working group was formed by the FPH with senior representation from the DCMO (England), UKHSA, LGA, NHS England, the devolved nations, UKPHR and the FPH Responsible Officer. The working group met twice and collectively worked on a shared version of the new guidance.
4. The draft was shared with several UKPHR board members, who also contributed to the draft. Suggestions were offered to the FPH on wording regarding how UKPHR and UKPHR registrants use this document, which were accepted.

The revised guidance

5. The new edition of GPHP covers four key areas; knowledge, skills and development; patients, partnership and communication; colleagues, culture and safety; trust and professionalism. In the revised edition there is an increased focus on behaviours and values to reflect the unique ethical domain of the public health profession. This also mirrors some of the changes made in Good Medical Practice earlier in the year.

Next steps

6. UKPHR currently uses GPHP as well as a code of conduct to instruct registrants on the standards they must meet. The Code of Conduct (see Item 9b) replicates GPHP. Rather than update the Code of Conduct, UKPHR is considering a supporting guidance document which outlines how registrants should use GPHP, rather than have in place overlapping and duplicative documents.
7. GPHP will be launched by the FPH at an event in October; JL will be closely involved in this event, and we will work closely with the FPH comms team on communicating with relevant audiences and stakeholders. The guidance will not become ‘live’ until 1 December 2024.
8. Any UKPHR supporting documents will not be ready in time for launch, but we can flag that a ‘user guide’ is coming, to our registrants. This could be ready at the time of the next Board meeting in November, before the ‘go live’ date.

Recommendations

9. Board members to consider the revised version of GPHP and approve the document to be published as the new UKPHR standards document.
10. Board to agree scrapping the UKPHR 'Code of Conduct' and publishing a 'UKPHR user guide' alongside the new standards document



**FACULTY OF
PUBLIC HEALTH**

Protecting and improving the health of the public
through the organised efforts of our members

Good Public Health Practice Framework

Revised September 2024

Version 9 for FPH Board of Trustees, 16 September 2024

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What is Good Public Health Practice?

Good Public Health Practice (GPHP) was first published in 2002. Its purpose is to describe the required standards of practice for all registered public health professionals (registered specialists and practitioners) in the UK, regardless of whether they are registered with the United Kingdom Public Health Register (UKPHR), General Medical Council (GMC) or General Dental Council (GDC).

This is the third edition of the guidance provided by the Faculty of Public Health, building on previous versions, *Good Public Health Practice – General Professional Expectations of Public Health Professions* (2008) and *Good Public Health Practice Framework* (2016). It has been reviewed and updated as necessary in line with developments in professional practice and other relevant guidance. The updated standards have a stronger focus on behaviours and values which reflect the unique ethical domain of the public health profession. Moreover, these align professionals in the UK with wider ethical principles and codes of practice for public health developed by the ethics and law network from the Global Network of Academic Public Health.

The four domains of Good Public Health Practice

The guidance is divided into four domains, which reflect the structure of parallel professional documents. They are:

A: Knowledge, skills and development

B: Patients, partnership and communication

C: Colleagues, culture and safety

D: Trust and professionalism

What are the Good Public Health Practice standards?

In January 2024, the GMC published a revised version of [Good Medical Practice 2024](#), the document that states the standards of professionalism expected of their medical registrants. In light of this, Good Public Health Practice has now been updated to ensure that it remains relevant to the practice of UKPHR, GMC and GDC registrants and focuses on the standards required of professionals who work with populations rather than individuals.

The key changes to the GMC Good Medical Practice professional standards are grouped under five themes:

1. Creating respectful, fair and compassionate workplaces.
2. Promoting patient centred care.
3. Helping to tackle discrimination.
4. Championing fair and inclusive leadership.
5. Supporting continuity of care and safe delegation.

A summary table of the GMC Good Medical Practice changes can be found on the [GMC website](#).

Why do we have public health standards?

Public health specialists and practitioners are drawn from a wide variety of professions and disciplines, many of which are governed by professional codes. These include Good Medical Practice, a range of Health and Care Professions Council (HPCP) professional codes and the Civil Service Code of Business Conduct. Together with the Nolan Principles, these codify a common set of behaviours that are expected of any professional in the service of the public. Despite their commonalities, different professional codes have different aims and achieve these often in strikingly different ways.

The primary purpose of a professional code is to promote and support professional behaviours. They are also used by regulators to call professionals to account when their behaviour falls short of those expected.

Public health professionals have to consider their practice and behaviours in the context of Good Public Health Practice, alongside other professional codes. These other codes might be those of the profession they came into public health from, or those that apply in their workplace. It is important that Good Public Health Practice aligns with these other codes to avoid conflicting standards or the possibility of double jeopardy if called to account.

Definitions: what is public health practice?

The practice of public health is defined by the Faculty of Public Health as 'the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society'.

Public health practice includes organised efforts to improve health outcomes in those at risk of poorer health. It seeks to address health inequalities across society by tackling wider determinants of health and wellbeing as well as protecting the population from hazards to health.

- Public health practice is **population-based**.
- It emphasises **collective responsibility** for health, health protection and disease prevention.
- It recognises the **key role of the state**, linked to a concern for the underlying socio-economic and wider determinants of health, as well as disease.
- Public health practice also emphasises **partnership working** with all those who contribute to the health of the population.

Public health practice comprises the three public health *domains* of health improvement, health protection and healthcare public health. It includes three underlying *functions*: public health knowledge and intelligence; academic public health; and workforce development.

More detail about public health definitions can be found in the [FPH Functions and Standards](#) document, pages 2-9.

How to use Good Public Health Practice as a public health professional

You should use Good Public Health Practice to apply the standards to your day-to-day public health practice. This means working out how the professional standards are relevant to your circumstances, role, and settings.

Application: the basis for good professional practice

This guidance provides the basis for good professional practice in public health, setting out the standards which the Faculty expects **all** members to work to and within. It applies to all members of the core specialist public health workforce¹, including public health practitioners, specialists and those training to become practitioners and specialists.

These standards are intended to support the practice of registered public health professionals regardless of whether they are UKPHR, GDC or GMC registrants.

This guidance is designed to:

- Assist the public, public health professionals, colleagues and employers to better understand what good practice in public health should look like.
- Promote and support good public health practice.
- Guide public health professionals when planning their continuing professional development (CPD).
- Act as a source document for public health professionals in preparing for appraisals and revalidation.
- Inform the framework within which public health professionals will be appraised and recommended for revalidation.
- Be a reference source whenever a person's registration or professional practice is called into question.

This is not statutory guidance, nor is it intended to be an exhaustive resource. It cannot cover all forms of professional practice, nor define all forms of misconduct which may bring your registration or professional practice into question. You must always therefore be prepared to reflect on and be accountable your actions, conduct and decisions.

Good Public Health Practice sets out the standards of practice expected of all registered public health professionals. Those registered with UKPHR must confirm periodically that they are meeting these standards in order to maintain their registration. Doctors regulated by the General Medical Council must meet the standards set out in Good Medical Practice (GMP). Dental public health specialists registered with the General Dental Council must meet the relevant standards set out by the GDC. Good Public Health Practice is not a substitute for Good Medical Practice (or any other guidance), but sits alongside and complements GMP, and both documents should be borne in mind by public health doctors in their practice. The standards in this guidance are designed to be complementary to those contained in other professional codes of practice. It is your responsibility to ensure that you are aware of, and adhere to, other professional codes of practice and conduct as set by other organisations and statutory regulatory bodies with which you may be registered, or which may apply to your work.

Relationship to fitness to practice and revalidation

FPH has a wider role in supporting public health and more details about the Faculty's role in revalidation and fitness to practice can be found here: [Revalidation - Faculty of Public Health](#). These standards describe good practice in public health but deviation from them may not represent a fitness to practice issue. Any fitness to practice concern will be addressed through the relevant regulator's processes. Public health practice is sufficiently

¹ The specialist public health workforce is a diverse group of professionals who have the skills and expertise to identify and respond to public health threats. They work in local and central government, the NHS, academia, research and the non-profit sector. The three domains of public health are health protection, health improvement and healthcare.

distinct from other health related professions that it requires its own code of conduct to recognise that it focusses on groups and populations rather than individuals. Despite this, large parts of Good Public Health Practice are sufficiently similar to other codes to adopt similar terminology. The new revision of Good Medical Practice is particularly helpful in this regard in separating behaviours into 'musts' and 'shoulds' and Good Public Health Practice adopts this terminology wherever possible. It uses the terms 'you must' and 'you should' in the following ways.

'You must' is used for a legal or ethical duty you're expected to meet.

'You should' is used for duties or principles that either may not apply to you or to the situation you're currently in, or you may not be able to comply with because of factors outside your control.

Domain A: Knowledge, skills and development

Public health practice is a lifelong journey. Keeping pace with rapidly changing social, legal and technological developments means learning new skills while maintaining others. Sharing knowledge – gained through research and innovation, as well as experience – is fundamental to being a public health professional. Good public health professionals are competent, keep their knowledge and skills up to date and provide a good standard of practice and care. They strive to develop and improve their professional performance. They reflect regularly on their standards of practice and use feedback and evidence to develop personal and professional insight.

- 1. You must be competent in all aspects of your work as a public health professional (including, where applicable, formal leadership or management roles, research and teaching) and retain your competence throughout your working life.** It is a personal responsibility to maintain your professional competence and performance. You can do this through regular participation in relevant and appropriate continuing professional development (CPD); reflection on practice; and such forms of appraisal, personal development planning and revalidation as apply to you and your work.
- 2. You should recognise and work within the limits of your competence, seeking further advice from appropriate bodies (e.g. commissioners, employing organisation) and consulting with colleagues where this is required.** There is a responsibility on your managers and/or commissioners not to require you to work beyond your limits of competence. However, the ultimate decision to act, or not to act (in order protect the public) is for you to make and you are expected to say no if necessary.
- 3. You must keep up to date with guidelines and development that affect your area of public health practice** through CPD relevant to your whole scope of practice.
- 4. You must follow the law and guidance on professional standards** and other regulations relevant to your public health practice. Where aspects of public health practice are governed by law or regulated by other statutory codes of practice, you should observe these and keep up to date with changes in them that may affect your practice.
- 5. You must have the necessary knowledge of the English language** to provide a good standard of public health practice in the UK.
- 6. You must provide a good standard of practice to the populations you service.** This may include investigating and acting on risks to health; poor outcomes in particular populations; or providing professional advice to others on emerging health issues, based on the best available evidence of information. You should make and record a full assessment of situations, evidence base and rationale for actions including, where necessary, potential negative or unintended consequences of actions and inactions.
- 7. You must be satisfied that you have valid authority for interventions, including consent where informed consent is required.** You should ensure that you are acting in accordance with the appropriate authority for the work you are doing, and that you do not exceed that authority. Remember that in some instances informed consent will be required before carrying out an intervention, such as prophylaxis. This can also include consent for data and research.
- 8. You must keep your professional knowledge and skills up to date.** You should access education, training, mentoring/coaching and quality improvement opportunities and reflect on how these will improve your practice. You must participate in regular

professional appraisal (and workplace-based appraisals), continuous professional development and revalidation as appropriate to your professional background.

9. **You must be able to receive and act upon feedback on your practice and performance, both positive and negative.** Where concerns have been raised in relation to your practice you have a professional responsibility to address these and cooperate with any related investigations. Where positive and constructive feedback is given, you should reflect on how to respond.
10. **You must take care to delegate responsibility to others safely.** Where a task or area of work is delegated by you to someone else, you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to complete the task required. You retain overall management responsibility through delegation of the task; people to whom you delegate will be accountable for their own decisions and actions.
11. **You must keep records of important decisions, actions, and consequences.** You have a personal responsibility to keep records – these should be clear, accurate, secure, and contemporaneous. Records should report relevant findings, decisions made, the process and who was involved, the information given to colleagues and the public, the resulting action and/or any follow-up. Documentation relating to your work should be held securely, shared appropriately, and accessible to others who may later need to refer back to it or may require access under legislation including the Freedom of Information Act 2000. You should not document or share official information, important decisions or any other information that may be subject to scrutiny or legal challenge using informal (electronic) or volatile media. Any documentation that contains confidential information (including emails) should be held securely and should only be shared in line with organisational and national guidance² on information governance.
12. **You must provide safe and effective public health advice** whether face-to-face, or virtually.
13. **You should consider opportunities to conduct or participate in research** that may benefit current and/or future patients and help to improve the public health of the population.
14. **You must make good use of resources available to you**, and provide the best public health service possible, taking into account your responsibilities to population health. You should choose sustainable solutions when you are able to, and support initiatives to reduce the environmental impact.

² <https://www.iso.org/standard/62542.html>

Domain B: Patients, partnership and communication

The approach and attitude of a public health professional can have a lasting impact on populations. Treating individuals, communities and populations with kindness, compassion and respect can profoundly shape their experience of care. Good public health professionals recognise that individuals have diverse needs, and don't make assumptions about the options or outcomes. They listen and work in partnership with communities and populations, including vulnerable communities. They do their best to make sure everyone receives good care and treatment that will support them to live as well as possible, whatever their illness or disability.

1. **You have a duty to protect the health and wellbeing of your population.** You must treat everyone with kindness, fairness, courtesy and respect. This means communicating sensitively and considerately, listening, not making assumptions and explaining rationale for your advice or decisions, with particular attention to vulnerable groups and individuals within your population. Vulnerable groups and individuals may include (but are not limited to) children and young people, people with physical and/or mental health issues, older people and people in disadvantaged communities. Take special care when seeking vulnerable people's consent and consult with them or their advocates in appropriate ways to be clear whether consent is being given or withheld. You should offer assistance to vulnerable individuals or groups, including where necessary advocating on their behalf if you have reason to think that their rights have been abused or denied.

When communicating with vulnerable individuals or groups or communities you must:

- Treat them with respect and listen to their views, be open and honest and be compassionate with individuals and those supporting them.
 - Answer their questions to the best of your ability.
 - Provide information in a clear way that can be understood.
 - Check information provided has been understood, taking into account language and communication needs, including: any hidden or visible disabilities or impairments, including physical, and relevant psychological, spiritual, social, economic, and cultural factors.
2. **Your duty to vulnerable groups extends to their relatives, carers and partners.** When dealing with matters concerning vulnerable individuals and vulnerable communities, you must be considerate to relatives, carers, partners, and others close to the person, and be sensitive and responsive in providing information and support. In doing this, you must follow the guidance in relation to confidentiality, information governance and appropriate data sharing in line with the Data Protection Act 2018, GDPR and the Caldicott principles³.
 3. **You must consider the needs and welfare of populations, across the life course, who may be vulnerable, to safeguard children, young people and adults** who are at risk of harm, acting promptly on any concerns of risk of, or signs of, abuse or neglect. You must act promptly on any concerns you have.
 4. **You must plan and act in accordance with available evidence and use resources effectively and efficiently.** You should ensure that any actions you take or recommendations that you make in the course of your work are based on a clear

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http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publications/policyandguidance/browsable/dh_5133529

analysis of the available intelligence and evidence. You are expected to pay due regard to efficacy and to effective use of resources across partnerships, including:

- Formulating policies and interventions when you have adequate knowledge of the population's health and are satisfied that the policies and interventions serve the population's needs.
 - Formulating effective policies and interventions based on the best available evidence.
 - Taking steps to monitor, evaluate and review the impact of a given course of action where the evidence is unclear or does not exist.
5. **You must be professional and ethical in your public health practice at all times.** You must not allow your personal views regarding lifestyle choice, culture, belief system, race, ethnicity, gender, sexuality, disability, marital or parental status, age or social or economic status to affect negatively or to prejudice the professional services you provide or arrange. You must not refuse or delay action that is otherwise justified because you believe that an individual's or population's actions have contributed to their situation. You should challenge colleagues and partners if their behaviour does not comply with this guidance. You must not express to individuals and groups you work with your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress. If you have a conscientious objection to a particular public health task or intervention, you must make sure that the way you manage this does not act as a barrier to the needs of the community or population being served.
6. **You must make sure that you and other professionals are able to be professional and ethical in your and their public health practice.** You must take part in systems of quality assurance and quality improvement to promote safe systems and improved quality of your work. If you have management responsibilities, you should ensure that mechanisms are in place through which colleagues and partners can raise, in confidence, concerns about risks to the public. You must contribute to adverse event recognition and reporting systems. Those public health professionals with additional professional registrations should also pay due regard to relevant codes of conduct.
7. **As a public health professional, you must be mindful of your professional communications, including social media.** You should be aware that private communication, including instant messaging services, may become public. You must follow this guidance and declare any conflicts of interest; you must not exploit people's vulnerability or lack of medical or public health knowledge; and you must make sure that what you communicate is in line with your duty to promote and protect the health and wellbeing of patients, the public and your population. Further guidance is available from GMC on use of social media as well as organisational employer guidance.⁴
8. **You must maintain financial rectitude in all your public health practice dealings.** You must make sure that the funds you manage and/or receive for use in connection with your public health practice are used for the purpose for which they were intended. If you have responsibility for managing finance, you must ensure that there are processes in place to provide financial assurance and that these are followed.

⁴ <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/using-social-media-as-a-medical-professional/using-social-media-as-a-medical-professional#:~:text=Respecting%20patient%20confidentiality%2C%20privacy%20and%20dignity&text=When%20using%20social%20media%20of,and%20their%20right%20to%20privacy.>

<https://www.bma.org.uk/media/1851/bma-ethics-guidance-on-social-media-2018.pdf>

9. **You must declare any relevant commercial or financial conflicts of interests you may have.** In any professional setting where your sphere of influence could lead to an actual or a perceived beneficial financial or commercial advantage, you must be completely transparent and accountable in the decisions you make, and the decisions you withdraw from making. This includes keeping records and publishing these records to relevant audiences. It is essential that any relevant interests you have do not affect and are seen not to affect your professional judgement of standards of practice.
10. **You must not allow your own health and wellbeing to affect adversely your professional practice.** If you know or suspect that you have a condition which could harm colleagues or communities (including vulnerable communities) you come into contact with, or which could impair your professional judgement or performance, you must inform a suitably qualified individual. You must act on the advice that you are given as to what action needs to be taken.
11. **You must have in place arrangements to compensate anybody who may suffer as a result of deficiencies in your work or that of your team.** You must check whether your employer or commissioner has appropriate insurance cover, and you must take out adequate insurance including professional indemnity cover for any part of your practice not covered by such insurance in the interest of all individuals and groups you work with as well as your own.
12. **You must conduct research (including designing, organising and carrying out research) with honesty and integrity.** If you take part in or arrange clinical trials, or other research involving the public, you must make sure that the individuals concerned give fully informed written consent to take part and that the research is not contrary to an individual's interests. You should always seek further advice where your research involves individuals who are not able to make decisions for themselves. You may also benefit from additional advice where your research involves children. You must check that the research protocol has been approved by a properly constituted research ethics committee. In all cases:
 - Put the protection of the participants' interests first.
 - Follow all aspects of the research protocol.
 - Follow the appropriate national research governance guidelines.
 - Ensure that your conduct is not influenced by payments, gifts or other gratuities.
 - Accept only those payments approved by a research ethics committee.
 - Always record your research results truthfully and at all times maintain accurate records.
 - When publishing results, you must not make unjustified claims for authorship.
 - You have a duty to report evidence of fraud or misconduct in research to an appropriate person or authority.
13. **You must be open and honest when things go wrong and respond to concerns and complaints.** Individuals or populations who raise concerns or complain about services they have received (or not received) have a right to expect a response which:
 - a. Is prompt and appropriate, includes an explanation and, if possible, how to put it right.
 - b. Includes an apology (apologising does not mean that you are admitting legal liability for what's happened).
14. Additionally, you should **co-operate fully with any complaints procedure** that applies to your (or a colleague's) work. You must not allow an individual's (or community's) complaint to prejudice the advice you give, or interventions you may arrange for them.

15. **You must respond, when and where you are able, in emergencies.** You have a duty to offer help in an emergency, within your competence and safety, in the absence of other more qualified or able people on scene.

Domain C: Colleagues, culture and safety

Culture is determined by the shared values and behaviours of a group of people. Everyone has the right to work and train in an environment which is fair, free from discrimination, and where they are respected and valued as an individual. Good public health professionals communicate clearly and work effectively with colleagues in the interests of populations. They develop their self-awareness, manage their impact on others, and do what they can to help create civil and compassionate cultures where all staff can ask questions, talk about errors and raise concerns safely.

- 1. You must work in, and manage, partnerships and teams effectively and with due consideration of others treating them with kindness, fairness, courtesy and respect.** Public health professionals will be expected to manage, develop and foster collaborative relationships across organisations with colleagues, communities, the wider public and sometimes individual patients. Successful relationships depend on trust, openness, transparency and good communication. Elements of effective and successful relationships include: compassion; listening to and respecting the views of others; responding honestly; using accessible and appropriate language and media for the audience; understanding the implications of sharing information with wider audiences and respecting confidentiality.
- 2. You must be open and honest with patients and families, and make sure that relevant information is shared.** This includes complying with duty of candour responsibilities when things go wrong and includes saying sorry and taking action to put things right where possible. You must ensure that information is not withheld, where it may affect a decision or course of action that would have an impact on health.
- 3. You must ensure truthful and meaningful communications.** Appropriate steps should be taken to ensure that all communities (including marginalised and minority groups) are able to: contribute to the design of services and interventions; co-produce interventions and services where appropriate; assist in identifying and utilising community assets effectively; and help monitor outcomes so as to protect health and improve health and wellbeing. It is a key principle of public health practice that you should work with and mobilise communities and individuals to facilitate and support them to develop solutions to address their health and wellbeing needs (including advocating for them where necessary) through community development models of practice.
- 4. You must make sure information to be shared is meaningful.** You must share with the public, in a way they can understand, the information they want or need to know about their health and health care and the health options available to them, including associated risks and uncertainties. You should respond to the public's questions and keep them informed about the progress of interventions aimed at improving their health.
- 5. You must respect the right of people to decline to take part in interventions, initiatives, teaching or research even if it may be of benefit to them.** Respect for human rights, for freedom of choice and for the preferences individuals and groups may have are key to public health practice. Where you believe that individuals are making decisions harmful to their own (or others') health and wellbeing:
 - consider the effect on others;
 - be sure to provide relevant information;
 - leave the door open to reconsideration later and return to the issue from time to time; and
 - consider if others within their community may be able to exercise helpful influence.

6. **You must maintain your focus on the effectiveness of interventions.** Focus on the health impacts of your professional contribution when designing, working on, and evaluating interventions, including collaboratively across partnerships. Population-based and individual-based outcomes are at the core of the public health contribution. Where a given course of action has potential to increase health inequalities, public health professionals must highlight this, and where necessary advocate for actions that will avert any adverse impact.
7. **You must treat colleagues and individuals fairly and with kindness, courtesy and respect, to contribute to a positive working environment.** You must work collaboratively with colleagues, respecting their skills and contributions. You must not subject them to bullying or harassment, or unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance. Where colleagues are experiencing health or performance problems, you should be supportive of them. However, this support should not compromise or be at the expense of public safety. If you are an employer or manager, you should take any bullying or discrimination complaint seriously and investigate it as soon as possible, ensuring that you are aware of the relevant policies and procedures in your organisation.
8. **You have a professional responsibility to support trainees and colleagues in your training environment,** through formal supervision, formal and informal mentoring, and modelling professional public health practice. This support includes providing honest and objective assessment of performance and supporting trainees or staff you manage with appropriate levels of supervision. Be prepared to raise concerns about competence where unsatisfactory standards of practice are evident. Communities and the public may be put at risk if you confirm the competence of someone who has not met the required standard of practice.
9. **You should role model behaviours consistent with your organisation's values** and be aware of how your behaviour may influence others within and outside of your team and training environment. You should always respect others and not abuse or discriminate (based on any protected characteristic) or bully or harass others. You should be aware of risk of bias, and consider how your own life experience, culture and beliefs can influence your interactions with others and may impact on your decisions and actions. You should consider what active steps you can take to avoid bias when making decisions.
10. **You should demonstrate and maintain required leadership behaviours at all times.** This includes supervision, appraisals and performance management, providing professional support through mentoring, coaching, teaching and training and ensuring fair access to training, development and employment opportunities. If you delegate, you have a responsibility to ensure that any person you delegate to has the required knowledge, skills, and training to carry out the delegated task and that you provide them with clear instructions and support.
11. **You should record your work clearly, accurately and legibly.** You must make sure that formal records of your work (including patients' records during outbreaks) are clear, accurate and legible; these notes should be made at the time or as soon as possible afterwards. You should take a proportionate approach to the level of detail and keep records securely and in line with data protection laws where they contain personal information.
12. **You should ensure you keep patients safe.** You should be familiar with clinical governance and risk management structures and processes in your organisation. You must contribute to confidential inquiries, incident reviews and investigations, and respond to requests from organisations monitoring public health. You should respond

promptly to any safety risks, such as concerns that a colleague is not fit to practise, putting a patient at risk.

13. **You should manage risks posed by your health.** You should try to take care of your own health and wellbeing, recognising if you may not be fit for work. You must seek advice from qualified professionals and follow their advice if your judgement or performance could be affected by a condition. You should be immunised against common serious communicable diseases (unless contraindicated).

Domain D: Trust and professionalism

Populations and communities must be able to trust public health professionals, and public health professionals must be able to trust each other. Good public health professionals uphold high personal and professional standards of conduct. They are honest and trustworthy, act with integrity, maintain professional boundaries and do not let their personal interests affect their professional judgements or actions.

- 1. You must ensure at all times that your standards of practice justify the public's trust in your work**, and in the work of the wider public health profession. You must ensure that your conduct justifies the trust and confidence of the populations that you serve. In order to do that you must be prepared to be accountable for your professional actions and engage constructively with organisations and individuals, including elected members, who have a legitimate reason to scrutinise your professional activities. This means acting with honesty and integrity including in your public health practice and public health research:
 - **Integrity:** put your service obligations above your personal interests.
 - **Honesty:** be truthful and open.
 - **Objectivity:** base advice and decisions on rigorous analysis of evidence.
 - **Impartiality:** act solely according to the merits of a case without prejudice.
- 2. You must maintain personal and professional boundaries.** As a public health leader or manager, if you are made aware of inappropriate behaviours, including inappropriate sexual behaviours, you must act to ensure these behaviours are addressed, individuals affected are supported and concerns are dealt with promptly. You should be aware of relevant new legislation, including the Worker Protection (Amendment of Equality Act 2010) Act 2023 which introduces a new duty on employers to take reasonable steps to prevent sexual harassment.
- 3. You must be honest and trustworthy in all your professional written, verbal, and digital communications and maintain patient confidentiality.** It is your responsibility to check communications are accurate, relevant, do not minimise or trivialise risks of harm and do not present opinion as fact.
- 4. As a public health professional, you must be mindful of your professional communications, including social media advertising your services or endorsing or promoting services or products.** You should be aware that private communication, including instant messaging services, may become public.
- 5. You must declare any conflict of interest, including financial and commercial conflicts.** You must not exploit vulnerabilities, and ensure you fulfil your duty to promote and protect the health of the public or population. You must not allow any interests you have to affect or be seen to affect the way you commission public health services.
- 6. You must disclose professionally facts which may have a bearing on your professional performance.** You must always be honest about your experience, qualifications, and position, particularly when applying for posts. You must inform your regulator and professional body without delay if, anywhere in the world: you have accepted a caution; been charged with or found guilty of a criminal offence; or if another professional body has made a finding against your registration as a result of fitness to practise procedures. If you are suspended from a post (or have restrictions placed upon your practice) because of concerns about your standard of practice, performance or conduct, you must inform any other organisations for whom you undertake similar work. Independently of such organisations, you must also inform

individuals, communities or populations that you work with, if the advice or services you provide are within the area of concern relating to the suspension or restriction.

7. **You must be vigilant about issues concerning data confidentiality and data protection.** When handling information about individuals or communities, you must ensure that information is dealt with in a sensitive way and confidentiality is maintained where required. This may include seeking the consent of individuals prior to sharing information. Exceptions to this may occur where there is a balance of greater risk to the population through non-disclosure. Such cases may require further specific clinical or legal advice.
8. **You must be honest and objective when assessing the performance of those you have supervised, trained, or worked with.** Your duty of candour extends to your assessment of colleagues, locums, and students. Communities and the public may be put at risk if you confirm the competence of someone who has not reached or maintained a satisfactory standard of practice.
9. **You must be honest and trustworthy when writing reports, and when completing or signing references, forms, reports and other documents.** You must do your best to make sure that any documents you write, or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.
10. **You must co-operate with legitimate requests for information from official organisations monitoring public health.** As a general rule, you should respond to requests for information from official sources with due regard to your duty not to disclose confidential information without consent. However, there are situations where the official request for information may override your duty of confidentiality. In cases of doubt or uncertainty, you should seek professional and/or legal advice before responding to any part of a request where confidentiality is an issue.
11. **You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own (or a colleague's) conduct, performance, or health.** You must co-operate fully with any formal inquiry into the treatment of a patient or the public, and with any complaints procedure that applies to your work. You must take part in and/or contribute to confidential inquiries and critical incident reporting, to help reduce the risk to communities and the public. You must assist a coroner or procurator fiscal in an inquest or inquiry by responding to their enquiries and by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you. If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.
12. **Advertising of your services must be truthful, honest, legal and decent.** If you publish or broadcast information, that information must be factual and verifiable. It must be published in a way that conforms with the law and with the guidance issued by the Advertising Standards Authority. If you publish information about specialist services, you must still follow the guidance. You must not make unjustifiable claims about the quality or outcomes of your services in any information you provide to the public. Information you publish about your services must not put pressure or undue influence on people to use a particular service, for example, by needlessly arousing concerns or fears about future health and wellbeing.



2nd edition March 2014

UKPHR Code of Conduct

About this document

This document sets out the principles you must follow as a UKPHR registrant. It is the basis of all other guidance we issue. It is your professional responsibility to be prepared to justify any departure from the principles. Serious or persistent failure to follow this code will put your registration at risk.

This code complements *Good Public Health Practice* ([http://www.fph.org.uk/uploads/Good%20Public%20Health%20Practice%20-%20\(Jan12\)%20-%20DRAFT.pdf](http://www.fph.org.uk/uploads/Good%20Public%20Health%20Practice%20-%20(Jan12)%20-%20DRAFT.pdf)), which is endorsed by UKPHR

The seven principles

These key principles will guide and support you in the work you do and the decisions you make. They should influence all areas and stages of your professional education and practice. You should apply them to any work you are involved in, making appropriate judgements about how they apply to you.

As a UKPHR registrant you must:

1. Make the health and protection of the public your prime concern
2. Maintain high standards of professional and personal conduct
3. Be honest and trustworthy
4. Protect confidentiality
5. Respect the dignity of individuals and treat everyone fairly
6. Know the limits of your competence and act within them
7. Cooperate with the teams with which you work and interact

1. Make the health and protection of the public your prime concern

- 1.1 The interests of the public are paramount: put them before your own interests and those of any colleague or organisation
- 1.2 Provide prompt, clear and accurate information and advice to the public, employers and colleagues, exercising leadership in the promotion of public health

- 1.3 Take swift action and speak with candour if you become aware that your health, behaviour or professional performance, or those of a colleague, or the policy or practice of an organisation, may pose a risk to the health of the public, or of particular individuals or groups
- 1.4 If you are unsure how to act in a particular situation, seek advice and assistance from an experienced and appropriately qualified colleagues or a professional organisation
- 1.5 If, in a situation you are facing, you perceive a conflict between two or more principles in this Code, or between them and any other code or guidance that applies to you, take the course of action that you judge most likely to protect the public and promote public health

2. Maintain high standards of professional and personal conduct

- 2.1 Maintain proper standards of work and keep accurate records
- 2.2 Never abuse your professional position
- 2.3 Do not allow your professional independence to be compromised and never act under duress or undue influence: you should refuse offers of gifts and hospitality that may affect, or be perceived as affecting, your judgement
- 2.4 Avoid conflicts of interest that may arise between your professional work and the health of the public
- 2.5 Ensure that all your financial arrangements are transparent and would stand up to scrutiny if subject to public challenge
- 2.6 In all walks of life, avoid conduct that could affect or undermine the confidence placed in you and your profession
- 2.7 To show and maintain a personal, public and professional level of competence, you must engage and successfully complete all relevant revalidation processes

3. Be honest and trustworthy

- 3.1 Be honest and fair in all your dealings
- 3.2 Keep your promises
- 3.3 Maintain your integrity and justify the trust the public, employers and colleagues have in you and your profession
- 3.4 Do not knowingly mislead anyone
- 3.5 Be scrupulous in all financial matters
- 3.6 Apply best evidence honestly and impartially

4. Protect confidentiality

- 4.1 Information you learn about individuals in the course of your work must remain confidential unless there are lawful and justifiable reasons for disclosing it
- 4.2 Disclose information only to those entitled to receive it or to whom you are required or authorised to disclose it, and take effective steps to prevent accidental disclosure

- 4.3 Use information only for its intended purpose unless there are good, justifiable grounds for using it in another way
- 4.4 Ensure the safety of electronic and paper documents in your possession: store and transmit them securely; disclosed them only to those entitled to see them

5. Respect the dignity of individuals and treat everyone fairly

- 5.1 Treat everyone politely and with respect, recognising their dignity as individuals and their right to make choices and be involved in decisions which affect them
- 5.2 Treat everyone equally regardless of their age, gender, disability, race, appearance, ethnic or national origin, sexual orientation, marital or family circumstances, religion, beliefs, communication difficulties or perceived social status
- 5.3 Recognise the differences between individuals and groups; avoid stereotyping and treat everyone fairly and with compassion, paying particular attention to the needs of disadvantaged and vulnerable people
- 5.4 Listen to individuals, groups and communities and give them all necessary and relevant information in a way they can use
- 5.5 Maintain appropriate professional boundaries in your dealings with colleagues and others, and do not abuse professional relationships.

6 Know the limits of your competence and act within them

- 6.1 Develop and update your professional knowledge and skills throughout your working life, undertaking relevant training and learning about best practice
- 6.2 Keep your knowledge, skills and professional performance under continuous review, reflecting on them systematically to identify strengths and weaknesses and complying with all requirements for continuing professional development
- 6.3 Take part in reflective quality assurance and audit activities
- 6.4 If you have responsibilities for learning and teaching, or training and mentoring, develop and maintain the skills, attitudes and practices such activities require
- 6.5 Find out about, understand and comply with, laws and regulations which affect your work
- 6.6 If you lack the knowledge, skills, experience or authority to undertake a piece of work, seek advice and assistance and, where indicated, refer the matter on to an appropriately qualified and experienced colleague
- 6.7 Do not hold yourself out as having a qualification or experience that you do not.

7 Cooperate with the teams with which you work and interact

- 7.1 Work collaboratively and do not undermine the work of others
- 7.2 Understand and respect the role each team member plays
- 7.3 Communicate effectively and share your knowledge, skills and experience with colleagues, employers and others in the interests of the public

- 7.4 Be flexible and adapt your working methods to match the needs of the teams and communities with whom you work
- 7.5 Provide proper supervision of tasks you have delegated to others, recognising that you remain accountable for work you have delegated
- 7.6 Be honest and impartial in assessing someone's suitability for employment or the performance of someone you have trained or supervised
- 7.7 Ensure you, or if employed, your employing organisation has arrangements in place to provide appropriate compensation for any who may suffer as a result of deficiencies in your work or that of your team
- 7.8 Make sure there is an effective complaints procedure where you work and follow it at all times
- 7.9 Act promptly and be open, truthful and transparent if something goes wrong; cooperate fully with those investigating or adjudicating upon a complaint
- 7.10 Make readily available to service users and the public served information about the complaint processes of UKPHR.

Review and ongoing relevance

This Code of Conduct is intended to be a living document which will need to be constantly monitored to ensure its ongoing relevance to public health practice. Such review will inevitably lead to its updating from time to time in the future. It is the UKPHR's responsibility to ensure that any updating is timely, effective and relevant. It is each registrant's responsibility to check for updates and to adjust practice in accordance with them.

ITEM 10

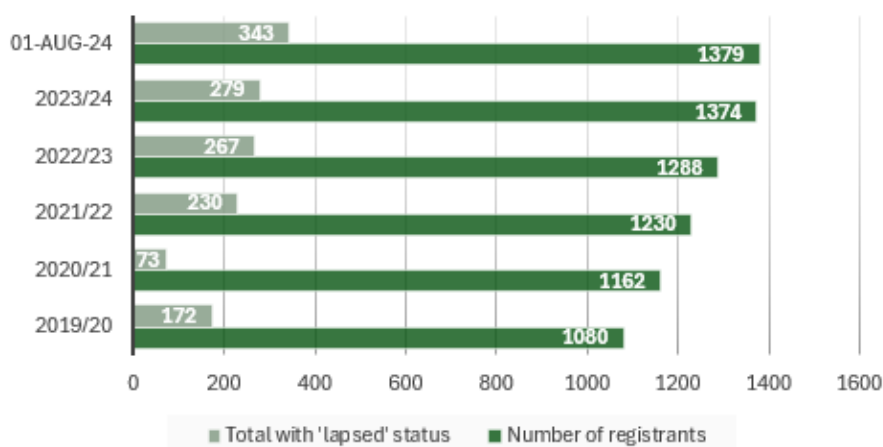
UKPHR Board – 25 September 2024

Lapsed registrants survey

Summary

1. UKPHR registrants are required to renew their registration annually, and depending on their registration type, revalidate or re-register every five years. Should they fail to complete one of these processes within the specified timeframe, their registration will 'lapse'. Lapsing is a passive process, automated in our systems. Registrants are notified via email in such an event.
2. In the last five financial years, the numbers of registrants with lapsed status increased, but so has the size of the register. according to the table below, in 23/24 – it is important to note that the number of those registering (and size of the Register) also grew. The table below indicates the total number of registrants with a lapsed status, not the number of new 'lapses'. Between 2022/23 and 2023/24, the size of the register grew by 86 (an increase of 6.3%), while the number of lapsed registrants grew by 12 (an increase of 4.3%). So, last year the growth of the register outpaced the growth of lapsed numbers.

Size of the Register and 'lapsed' status



3. The number of lapsed registrants between 2024/25 will reduce from the number reported on 1 August 2024, as many registrants will have renewed, albeit a bit late, during August as further reminders were sent out. Generally, about 20% of those who lapse directly after the renewal deadline restore their registration.
4. Some registrants do lapse intentionally – for reasons such as retiring, no longer practicing in public health or taking an extended career break. We are working on ensuring registrants in these circumstances choose to submit a voluntary withdrawal

application rather than letting their application lapse. A pro-active declaration via voluntary withdrawal allows us to keep better track of why and when applicants choose to leave the Register, as opposed to them failing to comply with registration requirements (annual renewal, revalidation, re-registration).

5. Following annual renewal process completion in July 2024, we created a survey of all those that previously lapsed of the Register, to better understand the reasons behind their lapsed status. The survey was open throughout August 2024.
6. We invited 343 former registrants to take part. 63 replied – an 18% response rate. Detailed results of the survey are included as annexes, under Item 9b & Item 9c.
7. We asked only three questions, with multiple answers allowed for question c:
 - a. What category of registration did you hold?
 - b. When did your registration lapse?
 - c. Reasons for letting the registration lapse.
8. A majority of the respondents lapsed between 1-5 years ago (59%). 22% of respondents lapsed within the last year.
9. Whilst most of the reasons chosen were as expected and generally evenly spread, almost half of all former registrants who took part chose saw no benefit in registration as a reason. See below:



10. The survey included an 'Optional comment' section. Almost half of the survey respondents decided to comment (28 respondents).

The most common reasons for not requiring UKPHR registration were due to personal circumstances such as moving abroad, caring for a family member, or a career change outside of public health.

More detailed analysis of comments given by those who chose 'See no benefit of registration' as a reason reveals that in those cases registration with UKPHR was not required to perform their role (four Practitioners, two Specialists, one Specialty Registrar) or they were registered with another organisation and felt no additional registration was beneficial or affordable (three Practitioners).

11. Reading the comments, we identified some potential opportunities for improvement, such as ensuring our restoration guidance (requirements and fees) is clear and accessible, and stepping up our work to explain and promote the benefits of registration.

12. We intend to survey newly lapsed registrants on an annual basis, after the renewal process is completed.

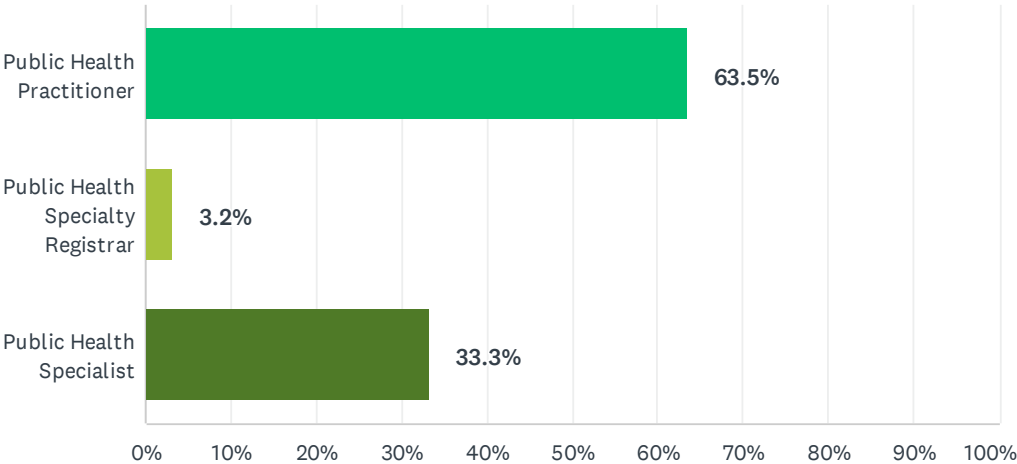
Recommendation

13. The Board to consider and discuss these survey results.

UKPHR lapsed registrant survey - August 2024

Q1 What category of registration did you hold?

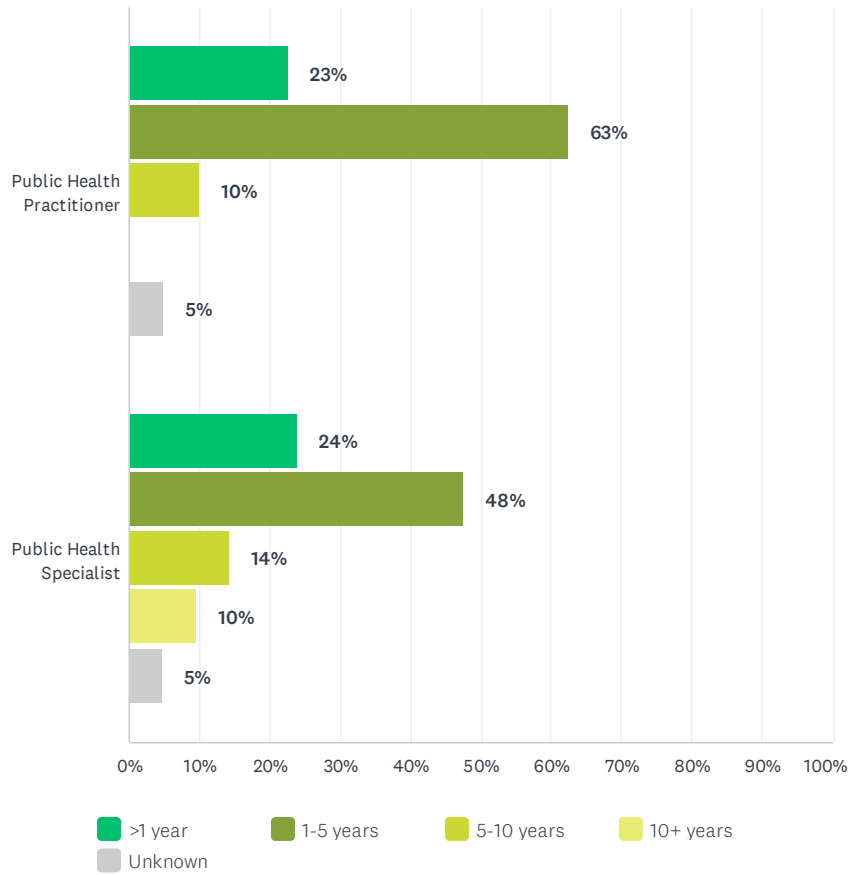
Answered: 63 Skipped: 0



ANSWER CHOICES	RESPONSES	
Public Health Practitioner	63.5%	40
Public Health Specialty Registrar	3.2%	2
Public Health Specialist	33.3%	21
TOTAL		63

Q2 When did your registration lapse?(answers per registration type)

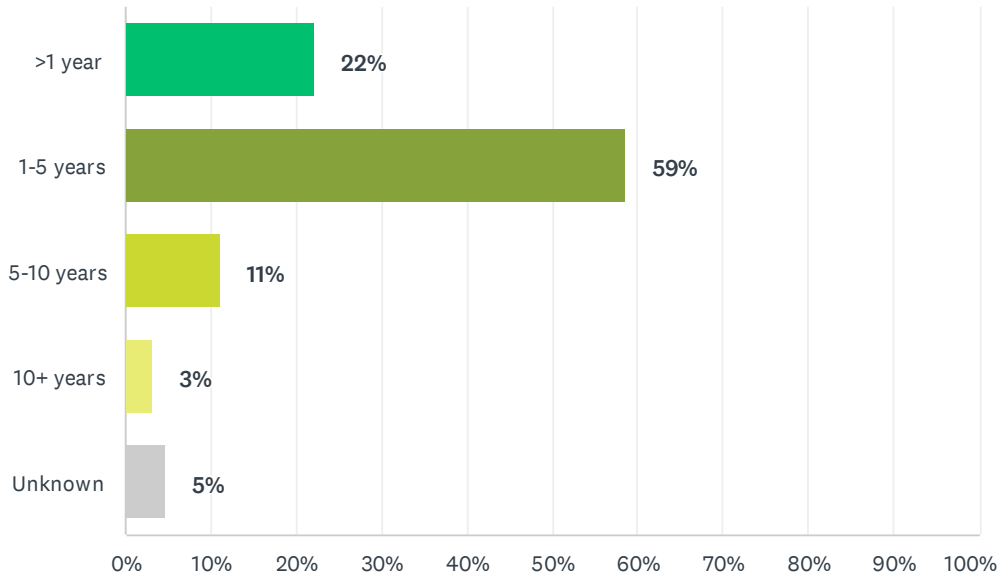
Answered: 61 Skipped: 0



	>1 YEAR	1-5 YEARS	5-10 YEARS	10+ YEARS	UNKNOWN	TOTAL
Public Health Practitioner	23% 9	63% 25	10% 4	0% 0	5% 2	66% 40
Public Health Specialist	24% 5	48% 10	14% 3	10% 2	5% 1	34% 21
Total Respondents	14	35	7	2	3	61

Q2 When did your registration lapse? (answers combined)

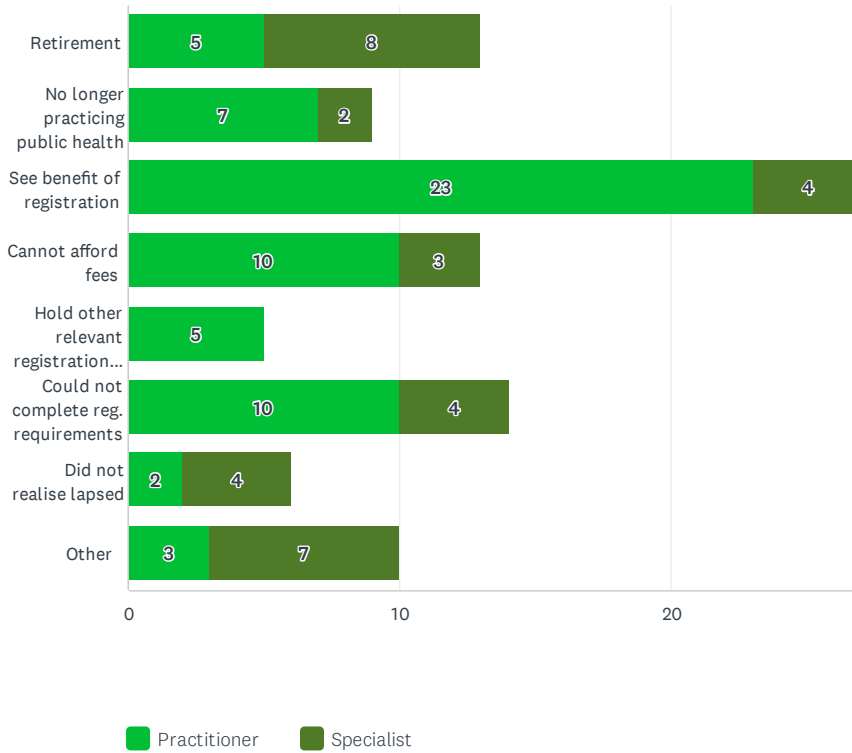
Answered: 63 Skipped: 0



ANSWER CHOICES	RESPONSES	
>1 year	22%	14
1-5 years	59%	37
5-10 years	11%	7
10+ years	3%	2
Unknown	5%	3
TOTAL		63

Q3 Reason(s) you let your registration lapse (answers per registration type)

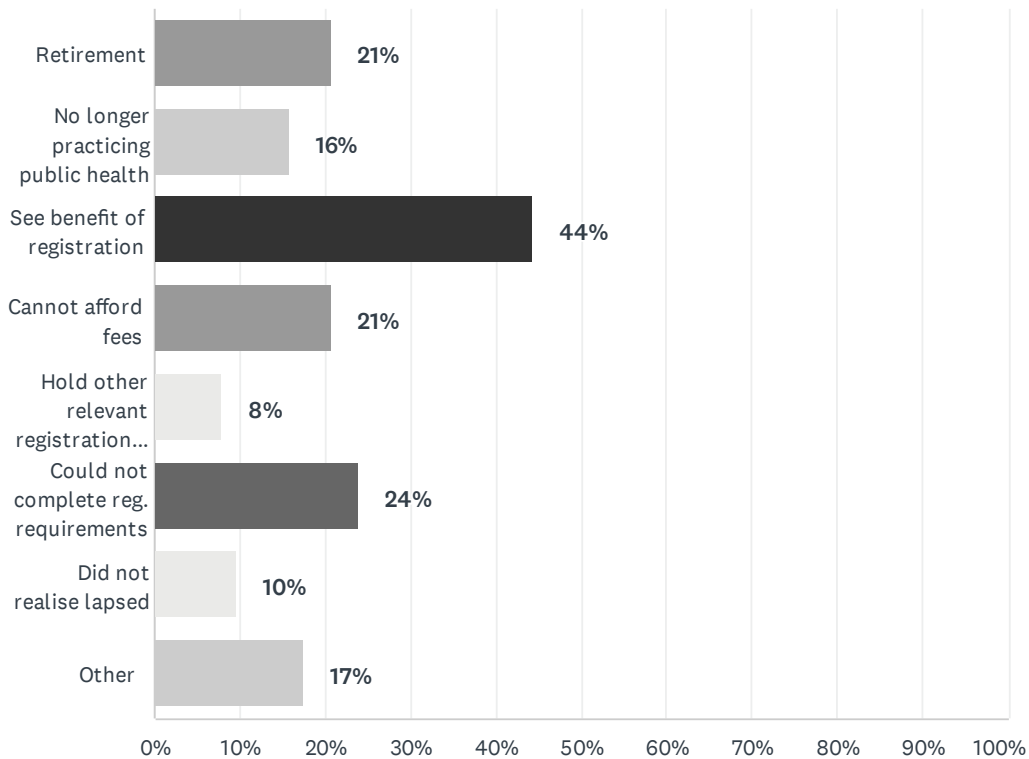
Answered: 61 Skipped: 0



	PRACTITIONER	SPECIALIST	TOTAL
Retirement	38% 5	62% 8	21% 13
No longer practicing public health	78% 7	22% 2	15% 9
See benefit of registration	85% 23	15% 4	44% 27
Cannot afford fees	77% 10	23% 3	21% 13
Hold other relevant registration with a regulator	100% 5	0% 0	8% 5
Could not complete reg. requirements	71% 10	29% 4	23% 14
Did not realise lapsed	33% 2	67% 4	10% 6
Other	30% 3	70% 7	16% 10
Total Respondents	40	21	61
Comment (optional)	17	9	26

Q3 Reason(s) you let your registration lapse (combined)

Answered: 63 Skipped: 0



ANSWER CHOICES	RESPONSES	
Retirement	21%	13
No longer practicing public health	16%	10
See benefit of registration	44%	28
Cannot afford fees	21%	13
Hold other relevant registration with a regulator	8%	5
Could not complete reg. requirements	24%	15
Did not realise lapsed	10%	6
Other	17%	11
Total Respondents: 63		

#	COMMENT (OPTIONAL)	DATE
1	<p>Specialist I let my registration lapse for a combination of reasons. I realised that it wasn't required for any snr PH intelligence roles, I decided to focus on data and analytics rather than general PH roles. The cost of registration and FPH membership for my CPD was around £1k a year and couldn't be justified to myself or my family. I did one year's validation exercise and found it onerous in the extreme. It felt out of proportion to what it gave me. As the rules state I would need to pay for any missed years and not just from the point of wanting to be reinstated, that doesn't feel like an option I'm likely to pursue.</p>	8/19/2024 7:22 PM
2	<p>Specialist I am from the UK but have been working overseas for some years in public health roles in a global development context. I lost track of my registration and also my faculty CPD. On return two years ago I was considering applying for a public health role but discovered my registration has lapsed and so I looked into the re instatement. Given my circumstances were different to the usual I requested advice on how to go about getting input from previous</p>	8/12/2024 9:53 AM

UKPHR lapsed registrant survey 2024

employers and what would be acceptable but I did not get any advice beyond a link to the guidance and I took some other work consulting and sort of lost interest given the lack of response. I would however like to explore reinstatement but would need some advice on how to manage it given my different overseas experience.

3	Practitioner I had worked a long time in public health before completing the registration. I was pleased to hold the registration for a few years and I felt it 'rubber stamped' my experience but I never felt it personally benefitted me in particular any way. That said, I still think it is a useful scheme for some of the young practitioners to complete as it takes a wide view of public health with emphasis on the application of skills rather than the academic side form a BSc or MSc in public health or related subjects	8/8/2024 8:38 AM
4	Specialist I am dually registered with another PSRB. Due to personal circumstance I faced financial hardship and I could not afford to pay for two PSRB annual fees. However, I have diligently kept up to date and satisfied my CPD requirements. I am in a better position now and would like to get my registration resorted on UKPHR.	8/6/2024 3:20 PM
5	Practitioner Working in public health commissioning and they dont require a registration for this therefore withdraw to save money	8/5/2024 4:07 PM
6	Practitioner I swapped role last year and didn't notice my registration had lapsed.	8/5/2024 11:29 AM
7	Practitioner spent a lot of time doing the UKPHR and held the registration for a number of years, but then covid happened and was no longer office working. i have also never seen any benefit to the several hundreds of pounds i spent	8/5/2024 10:56 AM
8	Practitioner My UKPHR re-registration / revalidation came due just after the covid pandemic was waning. During that time it was all I could do to keep up with the increased workload plus working towards my doctorate and had no time to focus on UKPHR CPD requirements, prep for revalidation and so on. I need my midwifery registration(s) to work and therefore that was my priority for revalidation and was much easier (for me) to evidence as I am employed as a registered midwife and registered midwifery teacher. I did try to evidence why my work for midwifery and my doctorate research and thesis should be also suitable for UKPHR revalidation / reregistration but it was not accepted. After that I could not afford to spend any more time on trying to prove I was worth being revalidated with the UKPHR. I suppose the point I am trying to make is being revalidated / re-registered with UKPHR should not be more difficult than evidencing worthiness for revalidation and re-registration with the Nursing and Midwifery Council.	8/5/2024 4:14 AM
9	Practitioner Am now working in private practice in mental health so could not see how I could maintain my membership now out of public sector work	8/4/2024 3:59 PM
10	Practitioner Also would not need to update portfolio/ reassessment after 5 years.	8/3/2024 8:50 AM
11	Practitioner I hold an RMN nursing registration and didn't need my Public health registration, hence I was paying for 2 registrations. I think The UKPHR has found it's place within the market, for those who don't hold other registrations and want to progress. I think the learning was priceless.	8/2/2024 3:01 PM
12	Practitioner I was advised by someone at UKPHR to not refer to my practitioner registration in my application for specialist registration as it would 'work against me' so I did not resume payment for registration. If the registering body itself doesn't even recognise it as any kind of assurance of fitness to practice, or deemed to demonstrate any credible knowledge or experience in the field, what hope is there In a subsequent attempt to submit an application for specialist registration (rejected) I had been working freelance and identified myself as a registered public health professional, only to be told by the UKPHR that this was too ambiguous, and indicated that I'd been potentially posing (fraudulently, presumably) as a registered specialist. Not only was I deeply insulted by this, I found it equally concerning that the UKPHR might not consider practitioners to be registered professionals	8/2/2024 1:00 PM
13	Practitioner My new role wasn't directly PH related but it would have feasible to renew/retain, had my manager/employer supported me to retain registration - which would have been my preference.	8/1/2024 11:19 PM
14	Practitioner Am taking a career break to raise my children.	8/1/2024 8:22 PM
15	Specialist After an intense period working 12 hours days on Covid, i took a career break. I then spent two years exploring jobs outside of public health. I have however recently returned	8/1/2024 6:28 PM

UKPHR lapsed registrant survey 2024

to public health in a role not requiring registration. This survey has served as a good reminder that I should try to reregister which I will now!

16	Practitioner Qualification wasn't really suited to my role and I very much felt it was expected of me to do it (from my employer at the time) rather than there being any desire on my part to do it or hold it. Lack of relevance for me individually I guess, and I have now moved on to another company and role that is not public health related.	8/1/2024 6:13 PM
17	Practitioner I'm at a point in my career when I am thinking about retiring and therefore completing registration requirements was not a priority.	8/1/2024 5:47 PM
18	Practitioner Decided not to continue with registration as couldn't see any value for money in maintaining it - wasn't getting anything from it. Was in one of the first tranches to go through registration and was promised a lot - e.g. that we wouldn't be able to apply for PH jobs in the future and it would become mandatory etc etc. So just decided to give it up about 5 years ago and haven't felt the need to revalidate it and saved myself over £500	8/1/2024 4:54 PM
19	Practitioner My 6yo daughter has cancer so I am away from work at the moment.	8/1/2024 4:31 PM
20	I was a consultant in public health. The cost was too much to hold in dormant when I had to stop working for family reasons.	8/1/2024 4:24 PM
21	Practitioner Hi, I didn't realise my registration has expired. I didn't receive any emails about it, to the best of knowledge. I will reregister, but on the day-to-day I don't see any significant benefit of the registration. I'm only registering on the chance that I'll need it at some point in the future, but I'm not sure exactly which circumstances this would be.	8/1/2024 3:51 PM
22	Specialist Moved to Canada in 2016. Was not able to maintain and registration not recognized in Canada.	8/1/2024 3:27 PM
23	Specialist I am retired. I was unaware that my (proudly fought for) registration had lapsed. I am a fully paid up Fellow of the Faculty of Public Health. I am an active Volunteer in the health and social care sector in Moray, Scotland, working with vulnerable adults in the community. My specialist area has always included the health inequalities agenda, and working on the wider determinants of health. I try to deploy my knowledge and expertise gained in my Public Health career, as appropriate, and contribute to a range of initiatives; for example using my NHS Retirement Fellowship links to provide the 'new' General Dental Council with some content for their patient information policy pages, following a trawl for available bodies to lend expertise (my MSc dissertation was on HIV and Community Dentistry. However, I doubt that I could complete the requirements to maintain registration, even though I frequently attend learning opportunities, health events etc, in order to ensure that my personal practice remains relevant and current. I have specific links with both the Military community (RAF Lossiemouth) and with the Moray Council and contribute to general health and well-being of the local populations. I hope this information helps. Thank you for the opportunity to comment. E Muscroft 1 August 2024	8/1/2024 3:12 PM
24	Practitioner I retired to France and hence allowed my registration to end. I am now working again and would be interested in finding out what I would need to do to have it reinstated? Thank you	8/1/2024 2:47 PM
25	Specialist I was off sick when the reminder came through and therefore forgot to renew. It's only been lapsed for 2 weeks.	8/1/2024 2:42 PM
26	Specialist I did not intend for my registration to lapse and in fact it has only done so for one week. I used my NHS email for my registration and had not checked my emails for some time resulting in my NHS email being permanently deleted. I therefore did not get my registration reminder email (so had not completed the required form), although fees had already been taken out of my bank account by direct debit. I understand that I have completed the 'restoration' process so would be grateful if this could be confirmed please.	8/1/2024 2:31 PM
27	When I moved to Australia in 2016, the communications I had with UKPHR were difficult to navigate and understand regarding the upkeep of my registration. I am coincidentally returning to the UK in 2025 so any info/opportunities to revalidate would be welcome.	8/1/2024 2:24 PM
28	Specialist Only been approved on the register on the 24th June 2024 and did not receive any invitation/notice for renewal or the start of the grace period. Only aware of the lapsed of registration when the automated system sent me an email saying that my registration is no longer active as I did not respond/renew in the grace period	8/1/2024 2:20 PM

#1

COMPLETE

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Started: Thursday, August 01, 2024 2:14:58 PM
Last Modified: Thursday, August 01, 2024 2:15:32 PM
Time Spent: 00:00:34
IP Address: 86.190.22.32

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse **Cannot afford fees**

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:15:53 PM
Last Modified: Thursday, August 01, 2024 2:16:23 PM
Time Spent: 00:00:29
IP Address: 147.161.142.199

Page 1

- Q1** **Public Health Practitioner**
What category of registration did you hold?
-
- Q2** **1-5 years ago**
When did your registration lapse?
-
- Q3** **Did not see benefit of registration**
Please select the reason(s) you let your registration lapse
-

#3

COMPLETE

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Started: Thursday, August 01, 2024 2:16:04 PM
Last Modified: Thursday, August 01, 2024 2:16:34 PM
Time Spent: 00:00:29
IP Address: 62.64.208.68

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Cannot afford fees**

Please select the reason(s) you let your registration lapse

#4

COMPLETE

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Started: Thursday, August 01, 2024 2:17:28 PM
Last Modified: Thursday, August 01, 2024 2:17:57 PM
Time Spent: 00:00:28
IP Address: 62.254.184.4

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Cannot afford fees,**
Hold other relevant registration with a regulator (not membership such as FPH membership)
,
Could not complete requirements to maintain registration

#5

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:17:47 PM
Last Modified: Thursday, August 01, 2024 2:18:41 PM
Time Spent: 00:00:53
IP Address: 85.115.52.201

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **5-10 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**
Hold other relevant registration with a regulator (not membership such as FPH membership)
,
Could not complete requirements to maintain registration

#6

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:18:15 PM
Last Modified: Thursday, August 01, 2024 2:18:50 PM
Time Spent: 00:00:34
IP Address: 90.204.40.100

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**
Hold other relevant registration with a regulator (not membership such as FPH membership)

Please select the reason(s) you let your registration lapse

#7

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:17:31 PM
Last Modified: Thursday, August 01, 2024 2:20:11 PM
Time Spent: 00:02:40
IP Address: 159.86.183.20

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Did not realise my registration had lapsed,**

Please select the reason(s) you let your registration lapse

Other,

Comment (optional):

Specialist Only been approved on the register on the 24th June 2024 and did not received any invitation/notice for renewal or the start of the grace period Only aware of the lapsed of registration when the automated system sent me an email saying that my registration is no longer active as I did not respond/renew in the grace period

#8

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:22:00 PM
Last Modified: Thursday, August 01, 2024 2:22:38 PM
Time Spent: 00:00:37
IP Address: 82.132.187.87

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration**

Please select the reason(s) you let your registration lapse

#9

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:21:02 PM
Last Modified: Thursday, August 01, 2024 2:24:04 PM
Time Spent: 00:03:02
IP Address: 124.178.192.152

Page 1

Q1 **Public Health Specialty Registrar**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**
Could not complete requirements to maintain registration

Please select the reason(s) you let your registration lapse

,
Other,

Comment (optional):

When i moved to australia in 2016, the communications i had with UKPHR were difficult to navigate and understand regarding the upkeep of my registration. I am coincidentally returning to the UK in 2025 so any info/opportunities to revalidate would be welcome.

#10

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:27:54 PM
Last Modified: Thursday, August 01, 2024 2:30:50 PM
Time Spent: 00:02:56
IP Address: 194.168.89.195

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Did not realise my registration had lapsed,**

Please select the reason(s) you let your registration lapse

Other,

Comment (optional):

Specialist I did not intend for my registration to lapse and in fact it has only done so for one week. I used my NHS email for my registration and had not checked my emails for some time resulting in my NHS email being permanently deleted. I therefore did not get my registration reminder email (so had not completed the required form), although fees had already been taken out of my bank account by direct debit. I understand that I have completed the 'restoration' process so would be grateful if this could be confirmed please.

#11

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:41:44 PM
Last Modified: Thursday, August 01, 2024 2:42:29 PM
Time Spent: 00:00:44
IP Address: 82.42.152.192

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Other,**

Please select the reason(s) you let your registration lapse

Comment (optional):

Specialist I was off sick when the reminder came through and therefore forgot to renew. It's only been lapsed for 2 weeks.

#12

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:43:31 PM
Last Modified: Thursday, August 01, 2024 2:44:29 PM
Time Spent: 00:00:58
IP Address: 86.132.4.120

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **No longer practicing public health,
Did not see benefit of registration**

Please select the reason(s) you let your registration lapse

#13

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:45:30 PM
Last Modified: Thursday, August 01, 2024 2:45:46 PM
Time Spent: 00:00:16
IP Address: 194.82.246.125

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration**

Please select the reason(s) you let your registration lapse

#14

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:44:17 PM
Last Modified: Thursday, August 01, 2024 2:47:04 PM
Time Spent: 00:02:47
IP Address: 90.40.73.79

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **5-10 years ago**

When did your registration lapse?

Q3 **Retirement,**

Please select the reason(s) you let your registration lapse

Comment (optional):

Practitioner I retired to France and hence allowed my registration to end. I am now working again and would be interested in finding out what I would need to do to have it reinstated? Thank you

#15

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:52:57 PM
Last Modified: Thursday, August 01, 2024 2:53:22 PM
Time Spent: 00:00:25
IP Address: 81.154.27.84

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#16

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 3:09:50 PM
Last Modified: Thursday, August 01, 2024 3:10:17 PM
Time Spent: 00:00:27
IP Address: 51.146.64.5

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#17

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 2:54:05 PM
Last Modified: Thursday, August 01, 2024 3:12:40 PM
Time Spent: 00:18:35
IP Address: 95.144.37.124

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **Unknown**

When did your registration lapse?

Q3 **Did not realise my registration had lapsed,**

Please select the reason(s) you let your registration lapse

Other,

Comment (optional):

Specialist I am retired. I was unaware that my (proudly fought for) registration had lapsed. I am a fully paid up Fellow of the Faculty of Public Health. I am an active Volunteer in the health and social care sector in Moray, Scotland, working with vulnerable adults in the community. My specialist area has always included the health inequalities agenda, and working on the wider determinants of health. I try to deploy my knowledge and expertise gained in my Public Health career, as appropriate, and contribute to a range of initiatives; for example using my NHS Retirement Fellowship links to provide the 'new' General Dental Council with some content for their patient information policy pages, following a trawl for available bodies to lend expertise (my MSc dissertation was on HIV and Community Dentistry. However, I doubt that I could complete the requirements to maintain registration, even though I frequently attend learning opportunities, health events etc, in order to ensure that my personal practice remains relevant and current. I have specific links with both the Military community (RAF Lossiemouth) and with the Moray Council and contribute to general health and well-being of the local populations. I hope this information helps. Thank you for the opportunity to comment. E Muscroft 1 August 2024

#18

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 3:17:33 PM
Last Modified: Thursday, August 01, 2024 3:18:02 PM
Time Spent: 00:00:29
IP Address: 148.252.144.208

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse **Cannot afford fees**

#19

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 3:26:06 PM
Last Modified: Thursday, August 01, 2024 3:27:25 PM
Time Spent: 00:01:18
IP Address: 173.180.195.238

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **5-10 years ago**

When did your registration lapse?

Q3 **Could not complete requirements to maintain registration**

Please select the reason(s) you let your registration lapse

,

Comment (optional):

Specialist Moved to Canada in 2016. Was not able to maintain and registration not recognized in Canada.

#20

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 3:48:57 PM
Last Modified: Thursday, August 01, 2024 3:51:31 PM
Time Spent: 00:02:34
IP Address: 91.244.229.215

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Unknown**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse

Did not realise my registration had lapsed,

Comment (optional):

Practitioner Hi, I didn't realise my registration has expired. I didn't receive any emails about it, to the best of knowledge. I will reregister, but on the day-to-day I don't see any significant benefit of the registration. I'm only registering on the chance that I'll need it at some point in the future, but I'm not sure exactly which circumstances this would be.

#21

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 4:22:10 PM
Last Modified: Thursday, August 01, 2024 4:23:52 PM
Time Spent: 00:01:41
IP Address: 95.144.177.135

Page 1

Q1 **Public Health Specialty Registrar**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **No longer practicing public health,**

Please select the reason(s) you let your registration lapse

Comment (optional):

I was a consultant in public health. The cost was too much to hold in dormant when to had to stop working for family reasons.

#22

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 4:30:15 PM
Last Modified: Thursday, August 01, 2024 4:31:14 PM
Time Spent: 00:00:59
IP Address: 82.132.215.155

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Other,**

Please select the reason(s) you let your registration lapse

Comment (optional):

Practitioner My 6yo daughter has cancer so I am away from work at the moment.

#23

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 4:32:52 PM
Last Modified: Thursday, August 01, 2024 4:33:30 PM
Time Spent: 00:00:37
IP Address: 82.16.78.1

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration**

Please select the reason(s) you let your registration lapse

#24

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 4:34:44 PM
Last Modified: Thursday, August 01, 2024 4:54:23 PM
Time Spent: 00:19:39
IP Address: 86.170.61.186

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse

Cannot afford fees,

Comment (optional):

Practitioner Decided not to continue with registration as couldn't see any value for money in maintaining it - wasn't getting anything from it. Was in one of the first tranches to go through registration and was promised a lot - e.g. that we wouldn't be able to apply for PH jobs in the future and it would become mandatory etc etc. So just decided to give it up about 5 years ago and haven't felt the need to revalidate it and saved myself over £500

#25

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 5:05:19 PM
Last Modified: Thursday, August 01, 2024 5:05:44 PM
Time Spent: 00:00:25
IP Address: 86.165.47.247

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse **Cannot afford fees**

#26

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 5:08:13 PM
Last Modified: Thursday, August 01, 2024 5:08:53 PM
Time Spent: 00:00:39
IP Address: 176.25.225.84

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration**

Please select the reason(s) you let your registration lapse

#27

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 5:14:08 PM
Last Modified: Thursday, August 01, 2024 5:14:35 PM
Time Spent: 00:00:26
IP Address: 80.0.69.87

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#28

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 5:44:03 PM
Last Modified: Thursday, August 01, 2024 5:47:17 PM
Time Spent: 00:03:13
IP Address: 90.212.102.216

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse

Comment (optional):

Practitioner I'm at a point in my career when I am thinking about retiring and therefore completing registration requirements was not a priority.

#29

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 5:57:12 PM
Last Modified: Thursday, August 01, 2024 5:58:05 PM
Time Spent: 00:00:53
IP Address: 86.152.225.198

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **5-10 years ago**

When did your registration lapse?

Q3 **No longer practicing public health,
Did not see benefit of registration**

Please select the reason(s) you let your registration lapse

#30

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 6:10:58 PM
Last Modified: Thursday, August 01, 2024 6:13:23 PM
Time Spent: 00:02:25
IP Address: 134.65.130.170

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Other,**

Please select the reason(s) you let your registration lapse

Comment (optional):

Practitioner Qualification wasn't really suited to my role and I very much felt it was expected of me to do it (from my employer at the time) rather than there being any desire on my part to do it or hold it. Lack of relevance for me individually I guess, and I have now moved on to another company and role that is not public health related.

#31

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 6:25:15 PM
Last Modified: Thursday, August 01, 2024 6:27:46 PM
Time Spent: 00:02:30
IP Address: 89.241.206.159

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **No longer practicing public health,**

Please select the reason(s) you let your registration lapse

Did not see benefit of registration,

Cannot afford fees,

Comment (optional):

Specialist After an intense period working 12 hours days on Covid, i took a career break. I then spent two years exploring jobs outside of public health. I have however recently returned to public health in a role not requiring registration. This survey has served as a good reminder that I should try to reregister which I will now!

#32

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 7:34:53 PM
Last Modified: Thursday, August 01, 2024 7:35:15 PM
Time Spent: 00:00:21
IP Address: 194.113.46.17

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#33

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 8:14:28 PM
Last Modified: Thursday, August 01, 2024 8:15:17 PM
Time Spent: 00:00:49
IP Address: 31.214.156.229

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **10+ years ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#34

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 8:19:36 PM
Last Modified: Thursday, August 01, 2024 8:22:26 PM
Time Spent: 00:02:50
IP Address: 199.15.236.15

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Could not complete requirements to maintain registration**

Please select the reason(s) you let your registration lapse

,

Comment (optional):

Practitioner Am taking a career break to raise my children.

#35

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 10:01:06 PM
Last Modified: Thursday, August 01, 2024 10:01:34 PM
Time Spent: 00:00:28
IP Address: 92.20.5.201

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **No longer practicing public health**

Please select the reason(s) you let your registration lapse

#36

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 01, 2024 11:16:17 PM
Last Modified: Thursday, August 01, 2024 11:19:15 PM
Time Spent: 00:02:57
IP Address: 86.20.83.36

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Could not complete requirements to maintain registration**

Please select the reason(s) you let your registration lapse

,
Comment (optional):

Practitioner My new role wasn't directly PH related but it would have been feasible to renew/retain, had my manager/employer supported me to retain registration - which would have been my preference.

#37

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 02, 2024 8:38:38 AM
Last Modified: Friday, August 02, 2024 8:39:14 AM
Time Spent: 00:00:36
IP Address: 86.154.80.136

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse **Cannot afford fees**

#38

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 02, 2024 12:52:32 PM
Last Modified: Friday, August 02, 2024 1:00:21 PM
Time Spent: 00:07:49
IP Address: 147.161.225.14

Page 1

Q1**Public Health Practitioner**

What category of registration did you hold?

Q2**1-5 years ago**

When did your registration lapse?

Q3

Please select the reason(s) you let your registration lapse

Other,

Comment (optional):

Practitioner I was advised by someone at UKPHR to not refer to my practitioner registration in my application for specialist registration as it would 'work against me' so I did not resume payment for registration. If the registering body itself doesn't even recognise it as any kind of assurance of fitness to practice, or deemed to demonstrate any credible knowledge or experience in the field, what hope is there In a subsequent attempt to submit an application for specialist registration (rejected) I had been working freelance and identified myself as a registered public health professional, only to be told by the UKPHR that this was too ambiguous, and indicated that I'd been potentially posing (fraudulently, presumably) as a registered specialist. Not only was I deeply insulted by this, I found it equally concerning that the UKPHR might not consider practitioners to be registered professionals

#39

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 02, 2024 1:50:27 PM
Last Modified: Friday, August 02, 2024 1:51:31 PM
Time Spent: 00:01:04
IP Address: 167.98.168.133

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **No longer practicing public health,
Did not see benefit of registration,
Could not complete requirements to maintain
registration**

Please select the reason(s) you let your registration lapse

#40

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 02, 2024 2:57:04 PM
Last Modified: Friday, August 02, 2024 3:00:39 PM
Time Spent: 00:03:35
IP Address: 208.127.196.77

Page 1

Q1

Public Health Practitioner

What category of registration did you hold?

Q2

1-5 years ago

When did your registration lapse?

Q3

Please select the reason(s) you let your registration lapse

Did not see benefit of registration,

Hold other relevant registration with a regulator (not membership such as FPH membership)

Comment (optional):

Practitioner I hold an RMN nursing registration and didn't need my Public health registration, hence I was paying for 2 registrations. I think The UKPHR has found it's place within the market, for those who don't hold other registrations and want to progress. I think the learning was priceless.

#41

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Saturday, August 03, 2024 8:47:46 AM
Last Modified: Saturday, August 03, 2024 8:49:56 AM
Time Spent: 00:02:10
IP Address: 78.146.42.149

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **No longer practicing public health,**

Please select the reason(s) you let your registration lapse

Did not see benefit of registration,

Comment (optional):

Practitioner Also would not need to update portfolio/
reassessment after 5 years.

#42

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Saturday, August 03, 2024 10:19:17 AM
Last Modified: Saturday, August 03, 2024 10:20:13 AM
Time Spent: 00:00:55
IP Address: 168.86.196.33

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **No longer practicing public health,
Did not see benefit of registration,
Could not complete requirements to maintain
registration**

Please select the reason(s) you let your registration lapse

#43

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Saturday, August 03, 2024 5:31:21 PM
Last Modified: Saturday, August 03, 2024 5:33:03 PM
Time Spent: 00:01:42
IP Address: 109.154.129.244

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Retirement,**
Could not complete requirements to maintain registration

Please select the reason(s) you let your registration lapse

#44

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, August 04, 2024 8:09:04 AM
Last Modified: Sunday, August 04, 2024 8:09:31 AM
Time Spent: 00:00:26
IP Address: 82.132.216.177

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **10+ years ago**

When did your registration lapse?

Q3 **Could not complete requirements to maintain registration**

Please select the reason(s) you let your registration lapse

#45

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, August 04, 2024 3:57:48 PM
Last Modified: Sunday, August 04, 2024 3:58:40 PM
Time Spent: 00:00:52
IP Address: 104.28.88.119

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Hold other relevant registration with a regulator (not membership such as FPH membership)**

Please select the reason(s) you let your registration lapse

,

Could not complete requirements to maintain registration

,

Comment (optional):

Practitioner Am now working in private practice in mental health so could not see how I could maintain my membership now out of public sector work

#46

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, August 04, 2024 7:44:41 PM
Last Modified: Sunday, August 04, 2024 7:45:36 PM
Time Spent: 00:00:54
IP Address: 82.132.217.3

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Retirement,
No longer practicing public health,
Could not complete requirements to maintain
registration**

Please select the reason(s) you let your registration lapse

#47

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 05, 2024 4:06:43 AM
Last Modified: Monday, August 05, 2024 4:13:41 AM
Time Spent: 00:06:57
IP Address: 82.12.111.184

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Could not complete requirements to maintain registration**

Please select the reason(s) you let your registration lapse

Comment (optional):

Practitioner My UKPHR re-registration / revalidation came due just after the covid pandemic was waning. During that time it was all I could do to keep up with the increased workload plus working towards my doctorate and had no time to focus on UKPHR CPD requirements, prep for revalidation and so on. I need my midwifery registration(s) to work and therefore that was my priority for revalidation and was much easier (for me) to evidence as I am employed as a registered midwife and registered midwifery teacher. I did try to evidence why my work for midwifery and my doctorate research and thesis should be also suitable for UKPHR revalidation / reregistration but it was not accepted. After that I could not afford to spend any more time on trying to prove I was worth being revalidated with the UKPHR. I suppose the point I am trying to make is being revalidated / re-registered with UKPHR should not be more difficult than evidencing worthiness for revalidation and re-registration with the Nursing and Midwifery Council.

#48

COMPLETE

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Started: Monday, August 05, 2024 8:55:25 AM
Last Modified: Monday, August 05, 2024 8:57:10 AM
Time Spent: 00:01:44
IP Address: 83.104.180.202

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Could not complete requirements to maintain registration**

Please select the reason(s) you let your registration lapse

#49

INCOMPLETE

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Last Modified: Monday, August 05, 2024 10:55:30 AM
Time Spent: 01:52:17
IP Address: 194.81.126.100

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse

Cannot afford fees,

Could not complete requirements to maintain registration

,

Comment (optional):

Practitioner spent a lot of time doing the UKPHR and held the registration for a number of years, but then covid happened and was no longer office working. i have also never seen any benefit to the several hundreds of pounds i spent

#50

COMPLETE

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Started: Monday, August 05, 2024 11:27:58 AM
Last Modified: Monday, August 05, 2024 11:29:04 AM
Time Spent: 00:01:05
IP Address: 86.159.208.101

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Did not realise my registration had lapsed,**

Please select the reason(s) you let your registration lapse

Comment (optional):

Practitioner I swapped role last year and didn't notice my registration had lapsed.

#51

INCOMPLETE

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Last Modified: Monday, August 05, 2024 4:06:52 PM
Time Spent: 00:01:19
IP Address: 212.219.86.190

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse

Cannot afford fees,

Comment (optional):

Practitioner Working in public health commissioning and they dont require a registration for this therefore withdraw to save money

#52

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 06, 2024 1:36:17 PM
Last Modified: Tuesday, August 06, 2024 1:36:41 PM
Time Spent: 00:00:24
IP Address: 176.26.243.248

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#53

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 06, 2024 9:58:01 AM
Last Modified: Tuesday, August 06, 2024 3:20:15 PM
Time Spent: 05:22:13
IP Address: 147.197.100.218

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **5-10 years ago**

When did your registration lapse?

Q3 **Cannot afford fees,**
Did not realise my registration had lapsed,
Other,

Please select the reason(s) you let your registration lapse

Comment (optional):

Specialist I am dually registered with another PSRB. Due to personal circumstance I faced financial hardship and I could not afford to pay for two PSRB annual fees. However, I have diligently kept up to date and satisfied my CPD requirements. I am in a better position now and would like to get my registration resorted on UKPHR.

#54

COMPLETE

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Last Modified: Tuesday, August 06, 2024 5:33:31 PM
Time Spent: 00:00:34
IP Address: 86.176.123.52

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Other**

Please select the reason(s) you let your registration lapse

#55

COMPLETE

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Last Modified: Wednesday, August 07, 2024 5:35:15 PM
Time Spent: 00:00:48
IP Address: 31.52.28.67

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#56

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 08, 2024 8:31:28 AM
Last Modified: Thursday, August 08, 2024 8:38:20 AM
Time Spent: 00:06:52
IP Address: 217.155.98.142

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse

Comment (optional):

Practitioner I had worked a long time in public health before completing the registration. I was pleased to hold the registration for a few years and I felt it 'rubber stamped' my experience but I never felt it personally benefitted me in particular any way. That said, I still think it is a useful scheme for some of the young practitioners to complete as it takes a wide view of public health with emphasis on the application of skills rather than the academic side form a BSc or MSc in public health or related subjects

#57

COMPLETE

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Started: Saturday, August 10, 2024 3:53:41 PM
Last Modified: Saturday, August 10, 2024 3:54:06 PM
Time Spent: 00:00:25
IP Address: 62.205.15.42

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **5-10 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration**

Please select the reason(s) you let your registration lapse

#58

COMPLETE

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Last Modified: Monday, August 12, 2024 9:53:11 AM
Time Spent: 00:06:14
IP Address: 93.160.24.93

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Other,**

Please select the reason(s) you let your registration lapse

Comment (optional):

Specialist I am from the UK but have been working overseas for some years in public health roles in a global development context. I lost track of my registration and also my faculty CPD. On return two years ago I was considering applying for a public health role but discovered my registration has lapsed and so I looked into the re instatement. Given my circumstances were different to the usual I requested advice on how to go about getting input from previous employers and what would be acceptable but I did not get any advice beyond a link to the guidance and I took some other work consulting and sort of lost interest given the lack of response. I would however like to explore reinstatement but would need some advice on how to manage it given my different overseas experience.

#59

COMPLETE

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Started: Monday, August 19, 2024 7:17:41 PM
Last Modified: Monday, August 19, 2024 7:22:01 PM
Time Spent: 00:04:20
IP Address: 143.159.18.172

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse

Cannot afford fees,

Comment (optional):

Specialist I let my registration lapse for a combination of reasons. I realised that it wasn't required for any snr PH intelligence roles, I decided to focus on data and analytics rather than general PH roles. The cost of registration and FPH membership for my CPD was around £1k a year and couldn't be justified to myself or my family. I did one year's validation exercise and found it onerous in the extreme. It felt out of proportion to what it gave me. As the rules state I would need to pay for any missed years and not just from the point of wanting to be reinstated, that doesn't feel like an option I'm likely to pursue.

#60

COMPLETE

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Started: Tuesday, August 27, 2024 9:38:00 AM
Last Modified: Tuesday, August 27, 2024 9:38:26 AM
Time Spent: 00:00:26
IP Address: 18.130.245.70

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **Less than 1 year ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#61

COMPLETE

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Last Modified: Tuesday, August 27, 2024 4:48:17 PM
Time Spent: 00:00:53
IP Address: 217.137.147.124

Page 1

Q1 **Public Health Practitioner**

What category of registration did you hold?

Q2 **1-5 years ago**

When did your registration lapse?

Q3 **Did not see benefit of registration,**

Please select the reason(s) you let your registration lapse **Cannot afford fees**

#62

COMPLETE

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Started: Thursday, August 29, 2024 10:19:51 PM
Last Modified: Thursday, August 29, 2024 10:20:38 PM
Time Spent: 00:00:47
IP Address: 81.156.55.40

Page 1

Q1 **Public Health Specialist**

What category of registration did you hold?

Q2 **5-10 years ago**

When did your registration lapse?

Q3 **Retirement**

Please select the reason(s) you let your registration lapse

#63

COMPLETE

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Started: Friday, August 30, 2024 12:31:51 PM
Last Modified: Friday, August 30, 2024 12:32:44 PM
Time Spent: 00:00:53
IP Address: 86.158.61.45

Page 1

Q1

Public Health Practitioner

What category of registration did you hold?

Q2

Unknown

When did your registration lapse?

Q3

Retirement,

Please select the reason(s) you let your registration lapse

No longer practicing public health

Audit, Risk, & Remuneration Committee

Minutes of meeting on 25 July 2024



Present: Linda Smith- Acting Chair (LS)
James Sandy- Acting Chair (JS)
Joanna Dowd (JDowd)
David Evans (DE)
Helen Featherstone (HS)
Linda Smith (LS)

Jessica Lichtenstein (JL)
Anna Lubasinska (AL)
David Seeley (DS)

Apologies: Duncan Vernon – Chair
Jenny Douglas

Item 1 – Welcome, apologies, and declarations of interest

1. LS and JS acted as chair (JS stepped in as LS had connectivity issues), as Duncan Vernon had given apologies. There were also apologies from Jenny Douglas. There were no new declarations of interest.

Item 2 – Minutes from last meeting

2. The committee noted the minutes from 23 May 2024 as an accurate record.

Item 3 – Action points and matters arising

3. Outstanding actions from the last meeting were discussed. JL confirmed that the only outstanding action was regarding the SRbPA review, which is ongoing and will report to the Board in September.

Item 4 – EOY accounts for 23/24

4. DS presented the accounts, which were still in draft form, but would be finalised and signed off at the AGM in September. He generally discussed UKPHR's financial situation, focusing on the issue of deferred income and the current net deficit of just under 34,000 pounds, which is expected because of agreed reserves spending for the last financial year. He also highlighted challenges with suppliers' invoices and the importance of careful payment handling due to the way Registration Online handles and reports on payments. Ongoing discussions are being had to try to simplify this.
5. There was a discussion about the agreed reserve targets and the procedure to be followed when the cash balance dips below these targets ie JL informs

DV and Chair Andrew Jones. DS noted that the reported reserves reflect the current situation, but the policy's target should be reflected in the annual accounts. There was a suggestion about visualizing the reserves situation to make it more understandable, and DS agreed to work with the team to provide more clarity and information about the reserves policy in future reports.

Action: JL and DS to work on how to better report reserves to the ARRC/Board as part of quarterly accounts management.

6. DS highlighted salary discrepancies due to JL moving out of a contracted to a permanent role, as well as where there were increased costs for 23-24 ie the conference, and general IT costs.
7. Overall there was a trend in reduction of expenses of 6%, with a 15% growth in income. The ARRC agreed that the focus needed to be increase in income for the future. JL confirmed that a discussion on fees for 2025-26 would be brought to the ARRC in autumn.
8. DS noted that approximately £50,000 in income had been deferred to the 2024-25 financial year. He explained the challenges in accounting for income on a cash basis due to company law and the need to match income to the period to which it belongs. He acknowledged that there would never be a perfect solution to these issues.
9. DS and JL noted a discrepancy between the year-to-date actual and budget renewal fees, attributing this to an underestimation of the number of people choosing to use direct debit. They will monitor this situation.
10. There was discussion about earning interest. There is £75,000 kept in a Nationwide account which earns a bit over £3000 annually. There will be higher yields but it is significant administration to make changes, so may not be worth it. However, the current account is with CAF Bank and there is also the opportunity to use an instant access CAF savings account, which could earn something, although not a significant amount.

JL and DS to explore utilising the CAF instant access savings account, and will ask DV and Andrew Jones to take Chair's action if it looks like a good idea.

11. Overall, DS confirmed that the accounts are in a healthy state. The next steps are to engage Malcolm Wilcox as independent examiner, and the final accounts will be signed off at the AGM in September. Then they will be submitted to Companies House.

Item 5 – Q1 2024-25 accounts

12. JL and DS presented management accounts from the 1st quarter of 2024-25. DS noted an additional column which indicated income or expenditure from this period that needs to be backdated to the 2023-24 accounts, which helps give a better picture of monies coming in and going out.
13. The ARRC was satisfied with the picture so far.
14. DS left the meeting after this item.

Item 6 – Business continuity plan

15. AL presented an updated business continuity plan. She noted that the previous version, drafted prior to COVID, had been corrupted so she was unable to share it. However, she researched best practice across similar organisations and adapted to UKPHR's individual needs ie limited resources and small size.
16. This new version includes business recovery detail, succession planning, and contingencies for a pandemic. She confirmed that disruption to the physical office would have less of an impact because of the team's mostly virtual working. They discussed the need for an alternative communication method in case of an extended internet outage. It was agreed that the team would print and distribute this document to keep in the office and at home. There was also the need to update certain documents, including the contact details for Board members.

Action: Business continuity plan to be updated with Board details. The team will print out hard copies to keep in the office and at home.

Item 7 – Risk register

17. The risk register was discussed. It was acknowledged that the two red risks were associated with external factors, particularly changes to public health systems and structures, and a struggling workforce. It is still unknown how the new government's policies will impact these risks, but there has been an emphasis on prevention, which could mean more investment in public health.
18. JL also highlighted a new risk regarding staffing. AL is Pav Johal's maternity cover but will be going on maternity leave herself at the end of November. The Head of Business Development and Improvement will be vacant from December through February. December and January are relatively quiet months for UKPHR and Pav will be back near the end of February. The team has discussed this and have agreed that getting in backfill will require a significant amount of resource to cover a short period of time and were

confident that they could keep things running during that period. The team will review the operational plan to see whether there is anything that needs to be delayed or scrapped because of this. Pav will utilise her keep in touch days to ensure a smooth handover before Anna leaves.

19. JL agreed to update the Board if any ongoing or new work will be significantly impacted.

Item 8 – Any other business

20. No other business was raised

Item 9 – date and time of next meeting- 24 October 2025

CONFIDENTIAL

Minutes of the meeting of the UKPHR AGM held on Thursday 14th September 2023 via Teams and 16a McLaren Building, 46 Priory Queensway, Birmingham, B4 7LR at 13.45 hours

Present: Andrew Jones (AJ) (Chair) ☎
 Viv Speller (VS) (Vice Chair) ☎
 Jessica Lichtenstein (Chief Executive & Company Secretary)
 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

Pavenpreet Johal (PJ) (Secretariat)

1. Welcome and apologies

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

2. Minutes of AGM meeting held on 22 September 2022

The minutes of the AGM meeting held on 22 September 2022 were agreed as a true and accurate record.

3. Annual Report and Accounts

The Chair reported that the annual report and accounts were minimalistic compared to previous years but still met the relevant governance requirements. The Board celebrated the achievements of the organisation during a busy year following the pandemic as we returned to business as usual. There has been a positive trajectory in registration numbers. The organisation has also begun to take forward pledges under equality and diversity and expanded the team. The Board thanked JL and the UKPHR team.

The Board were satisfied with the reports and acknowledged that they were scrutinised by the Audit, Risk and Remuneration Committee. The Board agreed to approve the annual report and accounts, which will now be submitted to Companies House.

ACTION	WHO	WHAT	BY WHEN
	JL	Submit annual report and accounts to Companies House	ASAP and before 31 Dec 2023

4. Retirement and reappointment of directors

JL recommended that Board terms were extended so that they all expired in March to support an easier annual recruitment cycle. The Board agreed with this amendment.

The Board noted that five directors had expiring terms in March 2024. VS and HK have indicated that they wish to resign at the end of their terms. The Board accepted the resignations of VS and HK at the end of their terms in March 2024. RK, DE and JD indicated that they were willing to remain as a director and it was recommended to appointment them for another 3-year term. The Board agreed to reappoint RK, DE and JD for a further term.

It was acknowledged that despite the retirement of Board directors, the Board was quorate and there were no explicit gaps that required recruitment to. The Board agreed and this would be reviewed next year.

5. Appointment of Chair and Vice-Chair

The Chair 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. There were no other nominations and the Board agreed to reappoint AJ to Chair for a further year.

The Chair returned to the meeting and called for nominations for Vice Chair as VS is resigning from her role in March 2024. Nominations were received from JS and LS. Both JS and LS withdrew from the meeting. AJ proposed and DV and DE seconded to appoint JS as Vice Chair. VS proposed and HK seconded to appoint LS as Vice Chair. The Board agreed to appoint both JS and LS to Vice Chair for one year.

6. Appointment of Chairs to Board sub-committees:

Education and Standards Committee

RK expressed interested in the role as Chair as HK was resigning from her role in March 2024. HK proposed and MC seconded to appoint RK as Chair. There were no other nominations and the Board agreed to appoint RK to Chair of the Committee for a year.

Audit, Risk and Remuneration Committee

DV was willing to be reappointed Chair of the Audit, Risk and Remuneration Committee for a further year. DE proposed and JD seconded to reappoint DV. There were no other nominations and the Board agreed to reappoint 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 if the Board agree an extension to her term in item 7.

7. Appointment of Registrar

GJ was willing to be reappointed as Registrar for another term. The Board agreed to reappoint GJ as Registrar for a second three-year term. JL thanked GJ on behalf of the team.

8. Any other business

There was no other business.

The Chair closed the meeting at 14.30 hours.

Items 20-23: AGM Report

Summary

1. This paper sets out the issues to be resolved at the Board’s Annual General Meeting, following the approval of the Annual Report and Accounts, including the reappointment of directors, the election of a Chair and Vice-Chair, the agreement to the charring of Board sub-committees, and the extension of the Registrar’s term.

Action

2. For the Board to discuss and agree:
 - a. Any director reappointments and recruitment.
 - b. To appoint a Chair and Vice-Chair for the coming year.
 - c. The charring arrangements for Board sub-committees.
 - d. The extension of the Registrar’s term of service.

Composition of the Board

At present, the UKPHR Board comprises the following members:

Board composition on 14 September 2023				
Name	Category	Date of first appointment	Most recent appointment date (if different)	Term ends
Andrew Jones	Specialist Chair (until until March 2026)	September 2016	Sept 2022	March 2026
Marianne Coward	Lay	February 2022	February 2022	March 2025
Jenny Douglas	Lay	September 2016	September 2022	March 2026
Joanna Dowd	Lay	November 2019 for 1 year	September 2020	March 2027
David Evans	Lay	Sep 2017	September 2020	March 2027
Helen Featherstone	Lay	March 2023	March 2023	March 2026
Benjamin Humphrey	Practitioner	March 2023	March 2023	March 2026

Ranjit Khutan	<i>Lay</i>	<i>Mar 2020</i>	<i>March 2020</i>	<i>March 2027</i>
James Sandy	<i>Lay</i>	<i>Jan 2021</i>	<i>January 2021</i>	<i>March 2025</i>
Linda Smith	<i>Specialist</i>	<i>Feb 2022</i>	<i>February 2022</i>	<i>March 2025</i>
Duncan Vernon	<i>Specialist</i>	<i>Apr 2016</i>	<i>September 2022</i>	<i>March 2026</i>

Reappointment of directors

3. James Sandy's term on the Board is due to expire. He has indicated that he wishes to remain a Board Director, so the Board is recommended to begin the process to re-appoint him for another term.
4. Marianne Coward's term on the Board is due to expire. He has indicated that he wishes to remain a Board Director, so the Board is recommended to re-appoint him for another term.
5. Linda Smith's term on the Board is due to expire. She has indicated that she wishes to remain a Board Director, so the Board is recommended to re-appoint her for another term. Because she has relinquished her UKPHR registration, she will become a lay member of the Board.

Appointment of Chair and Vice-Chair

6. The current Chair, Andrew Jones, was appointed for four consecutive terms of one year at the 2020, 2021, 2022, and 2023 AGMs. The Chair is willing to be reappointed for one further year, to ensure continuity. He will withdraw from the meeting while nominations are called for and a decision is made. This section of the meeting will be chaired by the Company Secretary, currently the UKPHR Chief Executive.
7. Other directors may be nominated to be Chair. If more than one nomination is made, the Board must vote to appoint a Chair. The term of appointment to Chair for a different director would be for up to the remaining duration of the director's current term of office.
8. The current Vice-Chairs James Sandy and Linda Smith were appointed at the 2023 AGM and are willing to be appointed again for a further year.
9. Any directors may be nominated to be Vice-Chair. If more than one nomination is made, the Board must vote to appoint a Vice-Chair. The term of appointment to Vice-Chair is one year.

Appointment of Chair of committees

10. UKPHR has several committees. At this AGM, the Board is asked to confirm the arrangements for chairing these committees. Membership of the committees and their meeting arrangements can then be taken forward by the committee chairs.
11. The three main committees of the Board are:
 - a. The Audit, Risk and Remuneration Committee, currently chaired by Duncan Vernon.
 - b. The Education and Standards Committee, currently chaired by Ranjit Khutan.
 - c. The Registration Approval Committee, currently chaired by Gill Jones.
12. The Board is invited to discuss and agree the chairing arrangements for 11a and 11b.
13. Gill Jones' current term as Registrar will expire in 2026, so she will continue as RAC chair until then.
14. We do not propose any change to those governance arrangements, subject to any discussion at this AGM. The Board will continue to receive reports on registration activity at each meeting.

Recruitment of new Board Directors

15. 11 Board members are in place. There is scope to recruit one additional Board member, as the maximum number allowed by the Standing Orders is 12.
16. Currently, the registered Board members are Andrew Jones, Benjamin Humphrey, and Duncan Vernon. The Board has always run with four or more specialist Board members, and in 2023 we were delighted to appoint our first Practitioner Registrant Board member.

Recommendation: the Board to decide whether to recruit a further board member at this time.

*Jessica Lichtenstein, Company Secretary
September 2024*