UKPHR
Public Health Register
Protecting the public | improving practice

UKPHR BOARD MEETING

27 November 2024 14:00-16:00

ITEM	ISSUE	PRESENTER
1	Welcome, apologies and new declarations of interest	Chair
2	Minutes of meeting on 25 September 2024	Chair
3	Actions and matters arising	Chair & CEO
4	Governance forward planner – 2024	Chair & CEO
	For decision	
5	SRbPA light touch review	CEO & HJ
6	SRbPA ID checks	CEO & HJ
7	Re-registration review	CEO & ZE
8	Sexual Harassment policy	CEO
9	Registration Support Officer role	CEO
10	Joining the UK Health Alliance on Climate Change	CEO
	To note	
11	Q1-2 2024/25 accounts	CEO
12	Conference wrap-up and evaluation	CEO
13	UKPHR User Guide to Good Public Medical Practice	CEO
14	Registration reports Item a: RAC minutes 28 October 2024 Item b: RPG minutes 5 November 2024	Registrar
15	Audit, Risk and Remuneration Committee report – including Risk Register discussion Item a: ARRC minutes 25 July 2024 Item b: Risk Register	ARRC Chair
16	Education and Standards Committee report Item a: E&S Minutes 23 July 2024	E&S Chair
	Private meeting	
17	Board skills audit- verbal update	JS, LS, BH
18	Chief Executive's report	CEO
19	Any other business	Chair
20	Date and time of next meeting	**19 February 2025 2-4pm**

UKPHR Board Meeting 27 November 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
25/09/2024		Ensure all relevant policies and documents are updated with references to Good Public Health Practice.	CEO	In progress	
25/09/2024		Ensure that our registrants are informed of the updated Good Public Health Practice.	CEO	Flagged in Nov newsletter and employer guide; message to be sent to all registrants	
25/09/2024		Work on producing UKPHR User Guide to Good Public Health Practice.	CEO		
25/09/2024		Ensure the BC Plan copies are disseminated to all ARRC, Board and office team members as hard copies.	AL		
25/09/2024		make changes to annual report: -Add information explaining high-level governance. -Consider adding EDI monitoring form as an Annex. -Clarify lapsing data (‘accumulation of lapsed status’) -Review how age data is shown in the report -Produce an infographic with key highlights	AL		
25/09/2024		Finalise the Annual accounts 2023/24 for submission.	CEO		
25/09/2024		Publish 27 June 2024 Board minutes on website	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	All actions are progressing; some require ROL changes and will be made in Feb.	
27/06/2024	24/14	Finalise the Annual Report template and prepare the completed report for the next Board meeting.	HBDaI		
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 actionned asap, now scheduled for Q4, that seesm 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, inlcudes Board development action plan	

Target for completion
01/12/2024
01/12/2024
DONE
DONE
DONE
DONE
DONE
Q4 2024

Feb-25
DONE
DONE
Q4 2024
Dec-24

UKPHR Board
27 November 2024
Item 5

Specialist Registration by Portfolio Assessment light touch review

Background

1. The UKPHR SRbPA registration route opened in 2018 and has proved popular. A lot of learning has emerged from experience with this route, with identification of several areas for improvement. The process itself was considered robust, but some aspects needed to be clarified and potentially amended after several years of operation.

2. Therefore, the Board agreed in 2023 to undertake a light-touch review. This review aimed to consider

    a. Identifying the issues/barriers from an applicants' perspective
    b. Identifying issues that lead to inconsistent assessments.
    c. Whether the GMC's new approach to CESR means we should make any changes to the process/competencies/guidance in order to better align.
    d. An EDI impact assessment of the SRbPA application process, and whether any changes need to be made as a result of this.
    e. Is it feasible to undertake a pre-application assessment with one assessor?
    f. A review of relevant timescales
    g. A review of guidance
    h. Clarification of evidence requirements

3. The aim of the review was to have an improved and more streamlined application and assessment process and ultimately, more people applying and becoming registered via the SRbPA route. Key deliverables were defined as:

    - Amended guidance and supporting documents.
    - Amended application form and application process.
    - Amended assessment process for preapplication and portfolio.

4. A review group was established including key stakeholders such as assessors, moderators, applicants, the Registrar, Registration Panel members, Registration Approval Committee members, regional workforce leads, and the Faculty of Public Health. The group met four times and worked their way through a set of questions.

5. Overall, there was generally consensus and agreement on ways forward.

Key amendments and improvements

6. Many of the improvements discussed were tweaks to the guidance and forms, agreeing on the clearest and most impactful ways of describing the requirements. These changes were discussed and supported by the Education and Standards Committee.

7. There were a few key changes to the process that were recommended:

Change	Reason
The option for pre-application moderation should be introduced if there are issues or disagreement between assessors	Some pre-applications can be complex, borderline, or assessors don't agree. Moderation would improve the robustness of the final decision.
If an unsuccessful outcome, there shouldn't be a requirement to wait six months to apply again.	It may be that gaps could be filled in a short time, or some evidence was missed. It should be left to the applicant to decide when they are ready to re-apply.
Extension of portfolio assessment timescale from 8 to 12 weeks.	Experience tells us that realistically, it takes closer to 12 weeks. These applications can be very long and complicated and we want to manage expectations without putting undue pressure on volunteer assessors.
Increase number of assessments from 3 to 4. A fee should be introduced for assessments 3 and 4 (all three used to be included in the basic fee, which did not cover costs).	Most applications don't get through the full portfolio assessment on their first try. Applicants reported undue stress at assessment three. Introducing a payment for the last 2 assessments means that applicants may only apply if they feel they are truly ready/have provided necessary additional information.
No refund if portfolio is deemed unassessable.	Unasessable applications still require as much, if not more, work from the office and assessors than assessable applications. The work needs to be covered by fees, and the onus is on the applicant to submit an assessable application.
Requirement to engage with formal CPD scheme one year before application, but more flexibility as to what this looks like- as long as it is a 'formal' and 'quality assured' CPD system.	The group felt that this is non-negotiable and should be a requirement to demonstrate that standards are met. The restrictions on the 'approved list of CPD providers' have been made more flexible.
Unsuccessful CESR/GMC applicants may apply 18 months following outcome letter.	The previous guidance prevented this category of applicants from applying at all. This new requirement puts them on an even footing with unsuccessful SRbPA applicants.
Removal of the requirement that applicants must have gained some of their competencies in the UK.	The PSA has set a requirement for the UKPHR to open the route up to international applicants to avoid limiting equal opportunities. However, they would still need to demonstrate that they meet every competency- which in reality could be quite difficult overseas- but the onus is on them.
Addition of Show-How to address emergency planning	This is a curriculum requirement and registrars are expected to understand and lead emergency planning processes.

Clarification to wording of ‘health technology’ show how.	There was consistent feedback that the wording was confusing, so this has been clarified.

Next steps

8. The moderators and the UKPHR team are putting the finishing touches on revised guidance and forms.

9. An implementation date needs to be set, and some changes will require a transition period (ie addition of a show how to address emergency planning). It is likely that those who have already had pre-applications accepted prior to the implementation date will not be asked to demonstrate this show-how.

10. Changes will need to be communicated to all workforce leads running support programmes, posted to the ADPH peer support network, as well as to all existing and unsuccessful applicants.

Recommendations:

11. The Board to agree changes to the SRbPA requirements.

ITEM 6

UKPHR Board – 27 November 2024

Summary

1. Historically and up to now, UKPHR have never requested proof of identification as part of the application process. Most new applicants for registration would have been approved for registration through a route organised by an external organisation that involves employment or student identity checks (for example, Practitioners via local schemes and apprenticeships, and Specialists via the FPH Specialist Training route).

2. Other professional regulators perform identity checks directly before they add someone to their registers and whilst readmitting after lapsing from the register. We identified that our current approach poses a small risk of identity fraud, and the process most vulnerable to this risk is Specialist Registration by Portfolio Assessment (SRbPA), where applicants come to us directly rather than through an external provider/organisation.

3. To minimise the risk, and to bring us in line with other regulators such as the GMC, NMC or HCPC, who all request proof of photo ID for registrants, we propose to introduce an ID check for all SRbPA pre-applications.

4. The new requirement will be to request photographic proof of applicants' identity as part of pre-application. This will be in the form of a certified copy of a passport or government issued ID. If they are unable to send this, we will offer a list of alternatives aligned to Electoral Commission's recommendations (it can be found here).

5. ID checks will become part of the standard checks carried out on all SRbPA pre-applications by UKPHR office staff, and additional time spent on an application will be minimal. There will be no system development required, as the pre-applications are currently processed manually outside of ROL.

6. From the applicant's perspective, there will also be limited additional application preparation time added, and no extra cost. The applicant is already asked to electronically send copies of certificates endorsed by their referee, and they could also certify the required ID.

7. At some point in the future, UKPHR may wish to consider introducing ID checks for all applicants when they register with us; this would require further consideration and development of the UKPHR registrant database- which would need financial investment.

Recommendation

8. The Board is asked to discuss and approve this proposed change. It will be actioned as part of the SRbPA documents review launch (by the end of November 2024).

UKPHR Board

27 November 2024

Item 7 – Re-registration review

Background

1. Re-registration is a five-yearly check to ensure registered practitioners continue to meet fitness to practise requirements and to promote improvement in the quality of practise, including through appropriate CPD; it is similar to revalidation for specialists, although the requirements are not as intensive. To ensure we continue to support practitioner registrants to fulfil regulatory requirements, UKPHR is undertaking a review of the re-registration process.

2. To initiate this review, UKPHR hosted two focus group sessions in July for the first phase of this work. Practitioner registrants were invited to provide their thoughts and feedback on the current process and suggest areas for improvement. 20 self-selected practitioners were invited to the sessions and 15 attended across the two sessions. This group included registrants who had previously completed re-registration and registrants who were new to the process. The sessions focused on addressing key questions to enable discussion and generate feedback from registrants.

3. We reviewed the themes emerging from the focus group, and sense checked with the practitioner scheme coordinators and moderators, who are tuned into local and national practitioner networks. This feedback has enabled us to work through a number of proposed improvements to the process.

Summary of Feedback

4. The majority, if not all practitioners felt the re-registration process was valuable and allowed them to reflect on their development whilst also being on equal footing with what is required from other health professions such as nurses and physiotherapists. Re-registration also provided a legitimate reason to request CPD opportunities from their employer.

5. The appraisal and PDP requirement felt attainable and achievable as it largely managed by employers.

6. For self-employed practitioners, they could experience difficulty in having an appraisal and PDP so evidence required for this group would need to be flexible and realistic. It was suggested that a testimonial could be provided in place of an appraisal, and a PDP could be drafted by the individual as a reflective piece. UKPHR would also need to be open to alternative forms of evidence for the appraisal due to the format varying across different organisations and the need to not add to anyone's administrative burden.

7. The number of reflective notes required for CPD should be communicated clearly and reviewed to consider what is reasonable and achievable for practitioners. The current requirements set by the Faculty of Public Health are 3-6 reflective notes per financial year. As these are aimed at specialists, they may not be achievable for practitioners. A reasonable alternative would be for practitioners to submit a minimum (although with more recommended) of 2 reflective pieces per financial year with a total of at least 10 reflective notes across the five year period.

8. There was unanimous agreement that a registered specialist would not always be best placed to countersign an appraisal and PDP. Organisational structures differ, and many practitioners may not work closely with a registered specialist and would have difficult accessing one for this purpose. The purpose of the countersignature is to confirm that the practitioner has recorded the appraisal and PDP accurately- it does not require detailed knowledge of standards. Because of this, there was agreement that a line manager or head of department/service would be suitable as they would be familiar with a practitioner's work. There was discussion as to whether this person would need to be a registered professional, with agreement that this also could be difficult to enforce due to the different types of environments practitioners would work in. For example, someone working for government may not be working closely with a registered professional.

Proposed changes

9. The discussions have been straightforward, and those we've spoken to have largely been in agreement. Changes were discussed in detail with the Education & Standards Committee, who supported the following changes to the policy:

    a. UKPHR to simplify the CPD requirement so that it is manageable for practitioners – allowing more flexibility in the type and amount of CPD required ie minimum of 2 reflective notes per year
    b. Removing the specialist countersignatory requirement and replacing this with a line manager or head of department/service who can sign off the appraisal and PDP.

10. The complete policy is below, and supporting guidance has also been drafted. We've made every effort to ensure the guidance is as clear as possible.

Recommendations:

11. Discuss and agree updated re-registration policy, as per below.

November 2024

1st Edition

Policy: Practitioner Re-registration

Introduction

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

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

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

Section 1: Re-registration standards

2. When Practitioner registrants re-register, they are demonstrating that they continue to meet the required standards. **The Good Public Health Practice Framework 2024** describes the required standards of practice for all registered public health professionals in the UK who work with populations rather than individuals, It aligns with the General Medical Council's (GMC) *Good Medical Practice* (GMP) and provides guidance for multidisciplinary public health practice GMP cannot reasonably be interpreted to suit such practice - for example, where there is a need for population-based interventions rather than patient focus. The current edition reflects the same professional standards as GMP but provides guidance on public health practice specifically.

Section 2: Re-registration requirements

3. UKPHR **Practitioner registrants** have to complete re-registration once every 5 years. The requirements of re-registration for Practitioner registrants are aligned as closely as possible to those of medical practitioners on the General Medical Council's (GMC) Public Health Specialist Register.

4. The mandatory elements of UKPHR's re-registration scheme are:

- Appraisal
- Personal Development Planning
- Health and Conduct Declaration
- Professional Indemnity
- Continuing Professional Development

5. The requirements for each of the above elements are described in detail below.

APPRAISAL

6. Most practitioner registrants will engage with a work-based appraisal. **Work-based appraisal** is the process by which a line-manager examines and evaluates an employee's current and past work performance by reference to pre-set job-related objectives, documents the results, and uses the results to provide set objectives for the following year. It is used to determine work-related issues such as training needs, promotion and capability.

7. Practitioner registrants need to complete an annual work-based appraisal for their re-registration. This is normally arranged by the employer and must be signed off by a line manager or head of department/service. Practitioners who work as freelance or self-employed and do not have access to an appraisal via an employing organisation will need to instead **provide a testimonial from either a registered Public Health Specialist, a senior colleague or someone you have been contracted to do work for to fulfil this requirement.** The testimonial confirms that:

- the registrant consistently maintains a commitment to making the health and protection of the public of prime concern
- the registrant has maintained high standards of professional and personal conduct

- registrant has been honest and trustworthy in their practice and acted with integrity
- the registrant has remained objective and impartial when practicing public health and acted with discretion
- the registrant has adhered to principles of equality, diversity and inclusion.
- the registrant has met their obligations in regard to CPD, PDP planning, registrant's personal health and professional indemnity cover.

12. Responsibility for ensuring that annual work appraisal is completed rests with the individual Practitioner registrant.

13. Each appraisal discussion should refer to the newly updated standards of Good Public Health Practice (2024)

14. The Practitioner registrant must complete the **self-declaration** and submit a **work-based appraisal** completed within 12 months preceding a re-registration due date.

15. UKPHR reserves the right to request additional evidence associated with the work-based appraisal for quality assurance purposes.

HEALTH AND CONDUCT DECLARATIONS

16. UKPHR has a standard **declaration form for health and conduct** issues included in the application for registration and annual renewal. This form must also be completed and submitted as part of the re-registration process.

17. Compliance is demonstrated by **self-declaration** on the form required by UKPHR.

PERSONAL DEVELOPMENT PLANNING

18. It is good practice for all members of the public health workforce to be involved in personal development planning in relation to their work. For those in employment this will usually be arranged, facilitated, or supported by the employer.

19. To achieve re-registration, Practitioner registrants must demonstrate that they have been **engaged in personal development planning during their time as a registrant**.

20. Compliance is demonstrated by **self-declaration** on the form required by UKPHR.

PROFESSIONAL INDEMNITY

21. UKPHR requires all registrants to have in place indemnity arrangements so that members of the public are protected from (or compensated in respect of) any service failure. This will normally be through the employer, and those who are self-employed should have arrangements in place.

22. Compliance is demonstrated by **self-declaration** on the form required by UKPHR.

CPD

23. UKPHR Practitioner registrants must complete CPD requirements which are based on the standard set by the Faculty of Public Health for Continuing Professional Development (CPD). Practitioners are required to complete a **minimum of two**

reflective notes, although they should aim to complete three to six reflective notes each financial year. Each reflective note should be linked to one or more PDP objective(s) from the previous year. There is no longer a requirement to record CPD points.

25. Practitioner registrants who participate in the Faculty's or other approved CPD scheme may produce a **certificate** of compliance as sufficient evidence for their appraisal.

26. Practitioner who are part of other CPD schemes must complete the required CPD required by those schemes.

27. Compliance is demonstrated by **production of the completed reflective notes for the full five-year registration period** required by UKPHR.

28. A summary of UKPHR re-registration requirements is below:

REQUIREMENT	**SATISFIED BY**
Annual work-based appraisal	**Self-declaration PLUS** summary of latest work-based appraisal completed within 12 months preceding re-registration due date
Declaration of health and conduct	**Self-declaration** by answering in full the relevant questions in UKPHR's declaration form
Personal Development Planning	**Self-declaration** that this has been covered in appraisal, according to our requirements
Indemnity arrangements in place covering practice	**Self-declaration** completed at the time of re-registration
CPD	**Production of a minimum of 2 CPD reflective notes per financial year for the five year registration period or certificate of compliance from approved CPD scheme**

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

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ITEM 8
UKPHR Board – 27 November 2024

Sexual Harassment Policy

Summary

1. On 26 October 2024 the law regarding the prevention of sexual harassment changed. The new Worker Protection (Amendment of Equality Act 2010) Act 2023 follows a government consultation in 2021, in which 54% of people indicated that they had experienced some form of harassment at work. The Act introduces that employers have a positive legal duty to take reasonable steps to prevent sexual harassment of their workers.

2. The Equality and Human Rights Commission (EHRC) has published updated guidance to help employers to understand their legal responsibilities in relation to harassment and victimisation, the steps they must take to prevent sexual harassment at work and what they should do if harassment occurs: https://www.equalityhumanrights.com/guidance/sexual-harassment-and-harassment-work-technical-guidance

3. Employers must be proactive in assessing risk, identifying action and regularly reviewing their processes. UKPHR did not previously have a Sexual Harassment Policy, and our HR consultancy advised us to adopt one following the change.

4. The enclosed UKPHR Sexual Harassment Policy follows the advice we received.

Recommendation

5. The Board to consider and approve the policy as presented.

Sexual Harassment Policy

Introduction

All members of staff, board members, and UKPHR volunteers are entitled to be treated with dignity and respect in our place of work. This means freedom from sexual harassment, feeling safe and supported and having access to redress if such behaviour does arise.

Sexual harassment takes many forms, but whatever form it takes it is unlawful under the Equality Act 2010 (EqA) as amended. We will not tolerate it.

The law requires employers to take reasonable steps to prevent sexual harassment of their workers. We take action to prevent sexual harassment from occurring and have clear reporting procedures for our staff to make a complaint about sexual harassment. If you have been sexually harassed, or you have witnessed sexual harassment, we encourage you to tell us so that we can deal with the matter swiftly.

The Chief Executive has overall responsibility for the operation of this policy but may delegate elements of implementation or decision-making to other staff. We will maintain an open-door policy and we encourage all staff to come forward with any concerns in relation to sexual harassment. All our staff have a responsibility to behave in line with the requirements of this policy.

Instances of sexual harassment or victimisation may lead to disciplinary action up to, and including, termination of employment.

This policy is reviewed regularly to ensure it remains up to date and in order to monitor its effectiveness. Any changes required will be implemented and communicated to our workforce.

Scope

We deplore all forms of sexual harassment and seek to ensure that the working environment is safe and supportive to all those who work for us. This includes employees, workers, agency workers, volunteers and contractors in all areas of our Organisation, including any overseas sites.

Definitions

Sexual harassment is unwanted conduct of a sexual nature which has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person. It also covers treating someone less favourably because they have submitted to, or refused to submit to, unwanted conduct of a sexual nature or in relation to gender reassignment or sex.

Sexual harassment may be committed by a fellow worker, an agent of an organisation, or a third party. It does not need to occur in person. It can occur via digital means, including social media sites or channels (e.g. WhatsApp). Someone may be sexually harassed even if they were not the target of the behaviour. Examples of sexual harassment include, but are not limited to:

- sexual comments or jokes, which may be referred to as “banter”
- displaying sexually graphic pictures, posters or photos
- suggestive looks, staring or leering
- propositions and sexual advances
- making promises in return for sexual favours
- sexual gestures
- intrusive questions about a person’s private or sex life or a person discussing their own sex life
- sexual posts or contact in online communications, including on social media
- spreading sexual rumours about a person
- sending sexually explicit emails, text messages or messages via other social media
- unwelcome touching, hugging, massaging or kissing.

Victimisation is subjecting someone to detriment because they have done, are suspected of doing, or intend to do, an act which is protected under discrimination and harassment laws. These are outlined below. It is not necessary for the person to have done the protected act in order for detrimental treatment to be considered as victimisation.

The protected acts are:

- making a claim or complaint under the EqA (e.g. for discrimination or harassment)
- helping someone else to make a claim by giving evidence or information in connection with proceedings under the EqA
- making an allegation that someone has breached the EqA
- doing anything else in connection with the EqA.

Examples of victimisation may include:

- failing to consider someone for promotion because they have previously made a sexual harassment complaint
- dismissing someone because they accompanied a colleague to a meeting about a sexual harassment complaint
- excluding someone from work meetings because they gave evidence as a witness for another employee as part of an employment tribunal claim about harassment.

Circumstances which are covered

This policy covers behaviour which occurs in the following situations:

- a work situation
- a situation occurring outside of the normal workplace or normal working hours which is related to work, e.g. a working lunch, a business trip or social functions
- outside of a work situation but involving a colleague or other person connected to the Organisation, including on social media
- against anyone outside of a work situation where the incident is relevant to your suitability to carry out the role.

What to do if you are subject to sexual harassment or victimisation

We are committed to ensuring that there is no sexual harassment or victimisation in our workplace. Allegations of sexual harassment and victimisation will be treated as a disciplinary matter, although every situation will be considered on an individual basis and in accordance with the principles of our disciplinary procedures, a copy of which is available in the shared HR folder.

Informal complaint

We recognise that complaints of sexual harassment or victimisation can be of a sensitive or intimate nature and that it may not be appropriate for you to raise the issue through our normal grievance procedure. In these circumstances, you are encouraged to raise such issues with a senior colleague or Board member of your choice (whether or not that person has a direct supervisory responsibility for you) as a confidential helper. This person cannot be the same person who will be responsible for investigating the matter if it becomes a formal complaint.

If you experience sexual harassment and you feel comfortable to do so, you should make it clear to the harasser on an informal basis that their behaviour is unwelcome and ask the harasser to stop. If you feel unable to do this verbally then you should hand a written request to the harasser, and your confidential helper can assist you in this.

In addition, you may also choose to raise concerns during your regular communication with your manager, e.g. in a one-to-one meeting. Your manager will listen to you and take your concerns seriously if you do this but may encourage you to follow the reporting procedures set out below. If you don't have a one-to-one meeting scheduled with your manager, you can ask to meet with them to discuss any concerns that you may have.

Formal complaint

Where the informal approach fails or if the sexual harassment or victimisation is more serious, you should bring the matter to the attention of the chief executive or your line manager as a formal written complaint and again your confidential helper can assist you in this.

If possible, you should keep notes of what happened so that the written complaint can include:

- the name of the alleged harasser
- the nature of the alleged harassment
- the dates and times when the alleged harassment occurred
- the names of any witnesses
- any action already taken by you to stop the alleged harassment.

On receipt of a formal complaint, we will take action to separate you from the alleged harasser to enable an uninterrupted investigation to take place. This may involve a temporary transfer of the alleged harasser to another work area or suspension with contractual pay until the matter has been resolved.

The person dealing with the complaint will invite you to attend a meeting, at a reasonable time and location, to discuss the matter and carry out a thorough investigation. The meeting will normally be held within five working days of receipt of your complaint. You have the right to be accompanied at such a meeting by your confidential helper or another work colleague of your choice and you must take all reasonable steps to attend. Those involved in the investigation will be expected to act in confidence and any breach of confidence may be dealt with under the disciplinary procedure.

On conclusion of the investigation, which will normally be within 10 working days of the meeting with you, the decision of the investigator, detailing the findings, will be sent in writing to you.

You have the right to appeal against the findings of the investigator. If you wish to appeal, you must inform the chief executive within five working days of receiving the outcome. You will then be invited to a further meeting. As far as reasonably practicable, the Organisation will be represented by a more senior manager than the manager who attended the first meeting (unless the most senior manager attended that meeting).

Following the appeal meeting, you will be informed of the final decision, normally within 10 working days, which will be confirmed in writing.

Regardless of the outcome of the procedure, we are committed to providing the support you may need. This may involve mediation between you and the other party or some other measure to manage the ongoing working relationship.

You will not be victimised for having brought a complaint.

What to do if you witness sexual harassment or victimisation

If you witness sexual harassment or victimisation, you are encouraged to take action appropriate action to address it. You should not take any action that may put you at risk of sexual harassment or other harm. If you feel able, you should intervene to prevent the matter continuing. If you are not able to do this, your action may include offering support to the person who has been sexually harassed and encouraging them to report the incident or reporting the incident yourself.

If reporting the incident, you should bring the matter to the attention of the chief executive or your line manager in writing.

Your concerns will be handled by the chief executive or a named Board member who will sensitively talk to the person subject to sexual harassment to determine how they want the matter to be handled.

Third-party sexual harassment

Third-party sexual harassment occurs when a member of our workforce is subjected to sexual harassment by someone who is not part of our workforce but who is encountered in connection with work. This includes our registrants, stakeholders,, suppliers, members of the public, etc.

Third-party sexual harassment of our workforce is unlawful and will not be tolerated. The law requires employers to take steps to prevent sexual harassment by third parties and we are committed to doing so.

The law does not provide a mechanism for individuals to bring a claim of third-party harassment alone. However, failure for an employer to take reasonable steps to prevent third-party sexual harassment may result in legal liability in other types of claim.

In order to prevent third-party sexual harassment from occurring, we will:

- attach signage to the walls of the areas within the workplace where customers are present to warn that sexual harassment of our staff is not acceptable
- inform third parties (i.e. suppliers) of our zero-tolerance sexual harassment policy within our supplier documentation

If you have been subjected to third-party sexual harassment, you are encouraged to report this as soon as possible to the chief executive.

Should a customer sexually harass a member of our workforce, we will as appropriate warn the registrant, stakeholder, or supplier about their behaviour, initiate fitness to practice processes. Any criminal acts will be reported to the police.

We will not tolerate sexual harassment by any member of our workforce against a third party. Instances of sexual harassment of this kind may lead to disciplinary action, including termination of employment.

Disciplinary action

If the decision is that the allegation of sexual harassment or victimisation is well founded, the harasser/victimiser will be liable to disciplinary action in accordance with our disciplinary procedure up to, and including, summary dismissal. An employee who receives a formal warning or who is dismissed for sexual harassment/victimisation may appeal by using our disciplinary appeal procedure.

When deciding on the level of disciplinary sanction to be applied, we will take into consideration any aggravating factors affecting the case. One example of aggravating factors is an abuse of power over a more junior colleague.

If, due to the investigation, it is concluded that your complaint is both untrue and has been brought with malicious intent, disciplinary action will be taken against you.

Communication

We will ensure all staff and Board members are aware of this policy, which will be easily accessible.

UKPHR
Public Health Register
Protecting the public | improving practice

professional standards authority
accredited register

ITEM 10
UKPHR Board – 27 November 2024

Joining the UK Health Alliance on Climate Change

Summary

1. The UK Health Alliance on Climate Change is an alliance of UK-based health organisations including Royal Colleges, Associations and Societies, BMJ, The Lancet, Academy of Medical Sciences, British Medical Association and British Dental Association. Collectively, the total membership of members is over one million healthcare professionals. The Faculty of Public Health was a co-founder and are a central member organisation.

2. Their mission is:
   We work together to coordinate action, provide leadership and amplify the voice of health professionals across the UK. We are also actively involved in global work through the Global Climate and Health Alliance and the WHO Alliance for Transformative Action on Climate and Health.

3. They lead the UK health professional response to climate change by:
   1. Uniting health professionals on a platform of policy and practice
   2. Amplifying health voices in advocating for change
   3. Empowering members to champion climate action
   4. Enabling members to reduce the climate impact of their activities.

4. JL met with the co-chairs of the UKHACC to discuss their work and the possibility of UKPHR joining. It was clear that this organisation has a mission that aligns with likely a majority of UKPHR registrants. It would be a reputational boost for UKPHR to join, improving our climate credentials in a way that we couldn't do on our own as a micro organisation. This is particularly important as climate change has an increasing impact on public health, and is clearly something that our registrants are passionate about (as recently demonstrated at our Practitioner Conference).

5. Because of our small size, UKPHR relies heavily on outsourcing operational functions such as HR and finance, but also has truly benefited from being part of membership organisations such as the Institute of Regulation, which provides networks, best practices, and practical policy access. This is an area that UKPHR on its own would neve be able to develop.

6. Cost of joining for an organisation the size of ours would be approx. £500 per year, which is affordable and could easily be integrated into the 2025/26 budget. The benefits are outlined in item 10a.

Recommendation

5. The Board to consider whether UKPHR should join the UKHACC

UK Health Alliance on Climate Change

Joining pack

UK-based organisations that represent health professionals are welcome to apply to join our growing alliance of health voices leading the call for action and advocacy on the combined threat of climate change and nature loss. This pack provides information about the work we do and what it means to be a member.

About us

The UK Health Alliance on Climate Change is an alliance of UK-based health organisations including Royal Colleges, Associations and Societies, BMJ, The Lancet, Academy of Medical Sciences, British Medical Association and British Dental Association. Collectively, the total membership of our members is over one million healthcare professionals.

We work together to coordinate action, provide leadership and amplify the voice of health professionals across the UK. We are also actively involved in global work through the Global Climate and Health Alliance and the WHO Alliance for Transformative Action on Climate and Health.

Our purpose is to promote for the public benefit the conservation, protection and improvement of the physical and natural environment and the advancement of health in particular by:

- enabling and supporting health professionals and health bodies to promote public health in the face of climate change and related issues, and
- supporting strategies and methods of reduction, mitigation and adaptation in response to climate change which improve public health.

We lead the UK health professional response to climate change by:

- Uniting health professionals on a platform of policy and practice
- Amplifying health voices in advocating for change
- Empowering our members to champion climate action
- Enabling our members to reduce the climate impact of their activities

Our strategic priorities

1. **Engage and influence decision makers to strengthen policies responding to the climate and ecological crisis**

2. **Emphasise that we are an Alliance and that we all, including all members, must work to respond to the climate and ecological crisis**

3. **Raise awareness of the impact of the climate and ecological emergency on health**

4. **Support sustainable health service delivery across the four UK nations**

5. **Act as an influential leader and voice for the health community on the climate and ecological emergency**

Why join?

As a member of the Alliance, your organisation will be a member of an active group of leading health voices, demanding and delivering the urgent action that's needed to mitigate and adapt to climate change to protect and promote health. Membership provides credibility and influence in this critical area and access to:

- Intelligence and insight from the influencing work of the Alliance
- Robust and tested policy development
- Reduced duplication of effort within the sector
- Ability to respond to your own members' demands for greater emphasis on climate action
- Opportunities to get involved in shaping policy linked to specific organisational objectives
- Partnership and knowledge sharing on best practice and challenges

Your role as a member

All members of the Alliance are encouraged to actively engage in shaping our focus, supporting and promoting policy positions and sharing best practice with other members. On joining you will be asked to:

- Assign a lead representative from your organisation to our Council, which meets twice a year
- Assign a communications/policy lead to join our monthly policy meeting and be a key point of contact for your organisation
- Be willing to share and communicate our work to your members and other stakeholders and influencers
- Be willing to share learning with other members of the Alliance
- Be willing to support project funding when appropriate

Find out more

Click here to read our 2023 End of Year Report
Click here to read our 2024 Operational Plan
Click here to view our subscription fees

Click here to complete an application form

Visit our website: www.ukhealthalliance.org

ITEM 12

UKPHR Board – 27 November 2024

UKPHR's Public Health Practitioner Conference and Awards 2024

Summary

1. UKPHR's Public Health Practitioner Conference and Awards 2024 were held at the Studio in Birmingham on Tuesday 1 October 2024. The event has been hosted online since 2021, after skipping a year in 2020, and this was the first time we came back to meeting in person. We had 144 registered attendees, which far exceeded pre-pandemic levels (in 2019 we had 83 practitioners attending).

2. The conference programme was focussed on the theme of 'Community connections: Strengthening Public Health Together'. Board Vice-Chair, James Sandy hosted.

   We had plenary presentations from:

   - Musshabir Ajaz, Head of Health & Communities from the West Midlands Combined Authority - a snapshot of what the health of the West Midlands Population looks like and what's being done to improve it;
   - Andy Bell from the Mental Health Foundation – a session focused on mental health as public health (keynote);
   - A panel of public health leads from different areas of the UK – discussing how they've worked to build strong public health communities.

   We also had a number of panels that run concurrently. Participants had an option to pick two to attend on the day.

3. The annual Innovation Awards recognised some exceedingly excellent work led by our registrants, in six categories (Collaborative Working Award, Best Digital Initiative, Employer of the Year, Improving Public Health Practice to Reduce Health Inequalities, Community Public Health Hero, Best Social Media Campaign).

4. Information about the conference, along with award shortlist/winners, as well as view some of the presentations are available on our website here.

5. The event has been organised with the help of an external event's company, Chamberlain Dunn. We got sponsorship from the RSPH, Open University, Panoramic Associates, and PH Wales. UKPHR office team assisted int eh run up and on the day. Unfortunately the FPH was unable to participate.

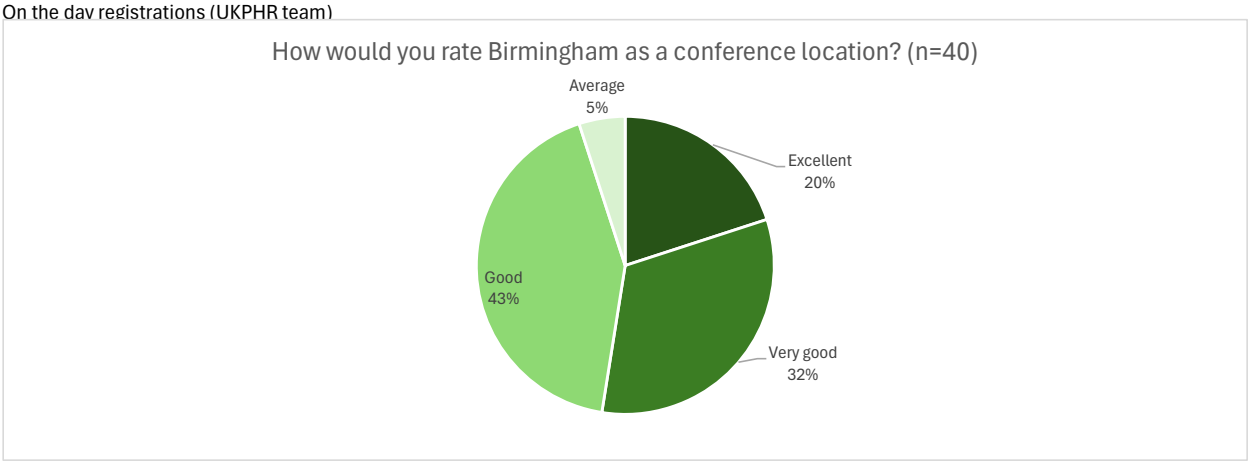
6. As a follow up to the event, Chamberlain Dunn hosted a survey of participants for us (see Annex). Close to 40% of participants decided to provide their feedback, which we found very valuable.
7. The feedback has been largely positive:
    a. 87% marked the conference programme as at least good, very good or excellent.
    b. 80% would recommend the conference to a colleague, with the remaining 20% saying ‘Not sure’ rather than ‘Not’.
    c. The keynote session from Andy Bell has been particularly enjoyed.
    d. The more practical aspects of the conference such as choice of location, venue, refreshments all good very positive feedback.
8. The team discussed the findings and considered learning for the future. The key takeaways for us were:
    a. Ensure greater involvement of practitioner registrants in the planning of the conference programme.
    b. Ensure open communication channels between the office staff and the events management company, to make the organisation more seamless.
    c. Work to make the event more enticing for sponsors.
9. We’d budgeted £17K for the conference, to be offset by approximately £6k in sponsorship monies- a net of £11k. Expenditure was £22.6K, offset by £5560- a net of £17,040. We were overspent by approximately 6K due to several factors: lack of budgeting for travel expenses for presenters and speakers, over-subscription so increased catering costs, increased overall charges from the Studio implemented after we’d done our original costings. This will all be fed into future budgeting for the conference.
10. Next year we are planning to return to an online conference, which will cost significantly less- probably closer to 10K total, plus any sponsorship monies.
11. Overall, the team and Board who attended felt that it was a very worthwhile day- an excellent opportunity for us to celebrate our registrants and the growth of our register, and a tangible product/benefit of registration. It provided an opportunity for energetic support and engagement, which is impossible to be done virtually.

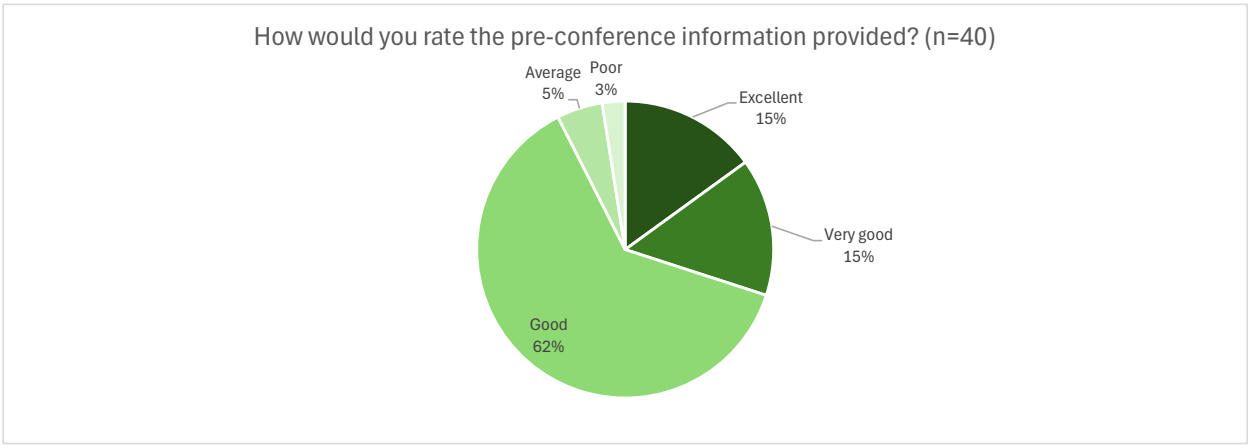
Recommendation

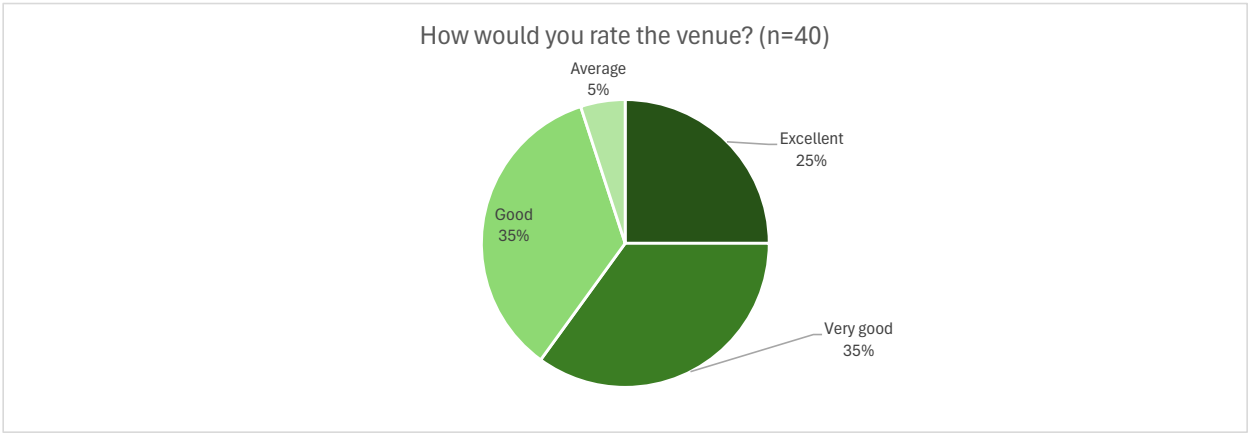
12. The Board to note the update from the Conference.

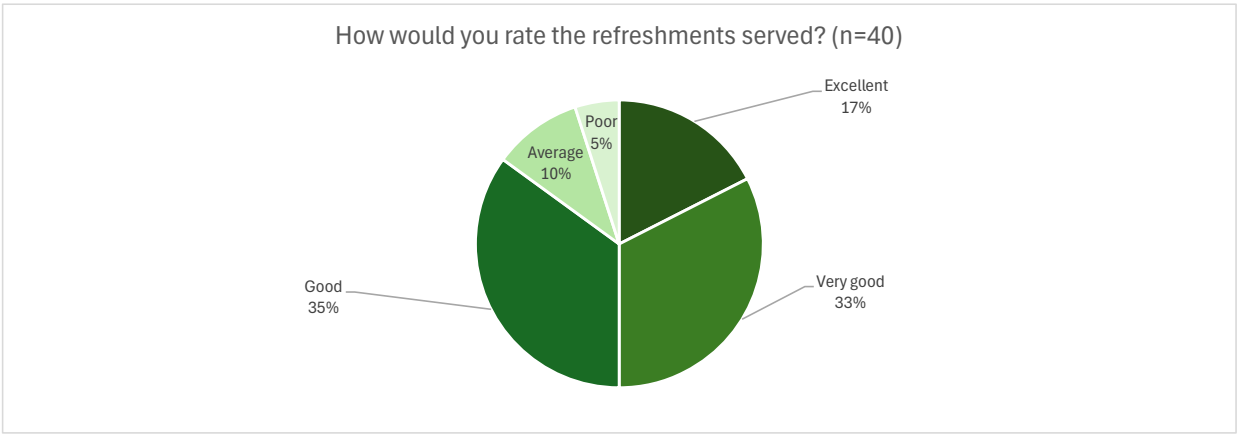
UKPHR Conference Feedback - Tues 1 October theStudio, Birmingham

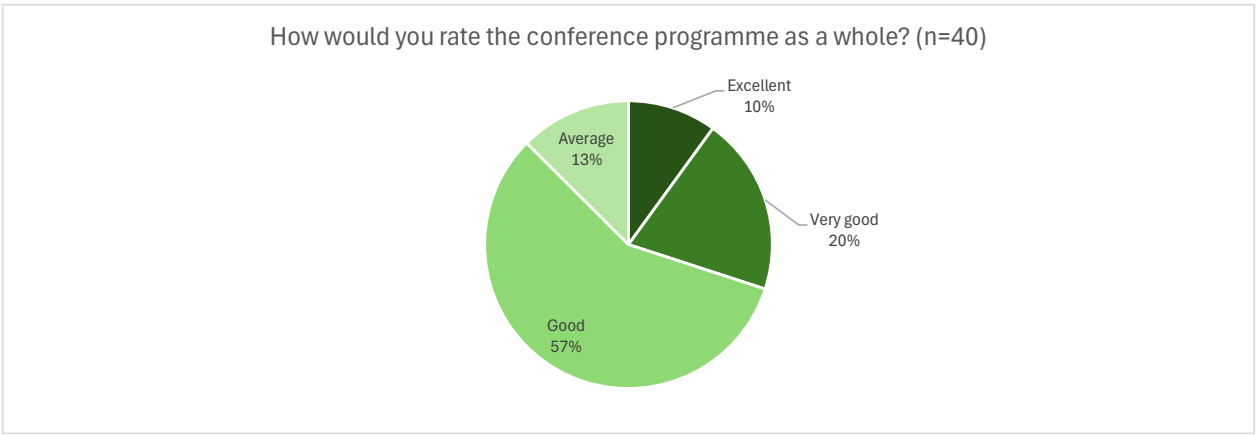
40 respondants - represents 39.2% of audience
144 participants registered (waiting list operated)
32 No shows
10 Pre event cancellations
3 On the day registrations (UKPHR team)

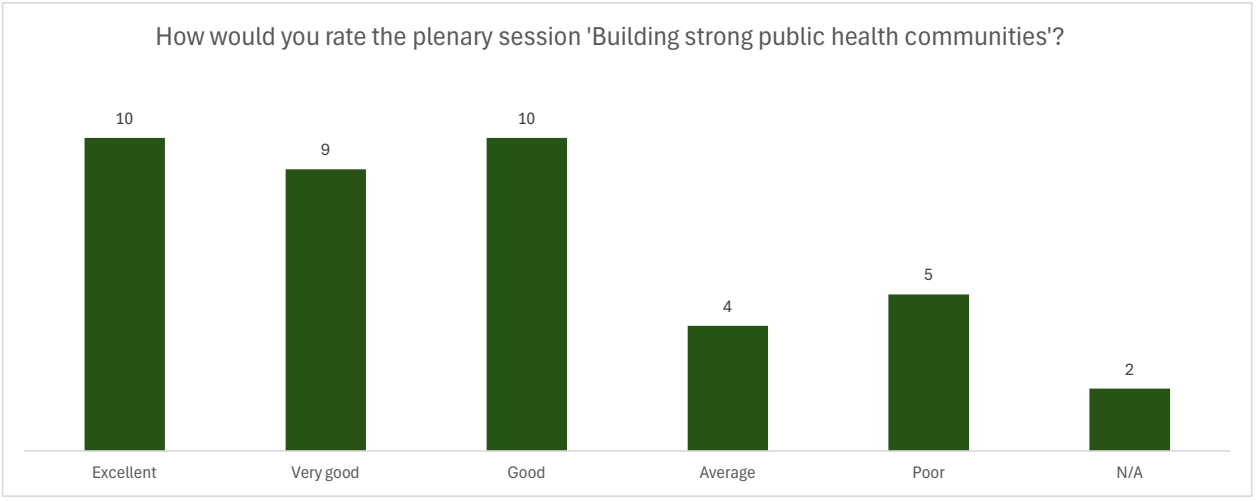


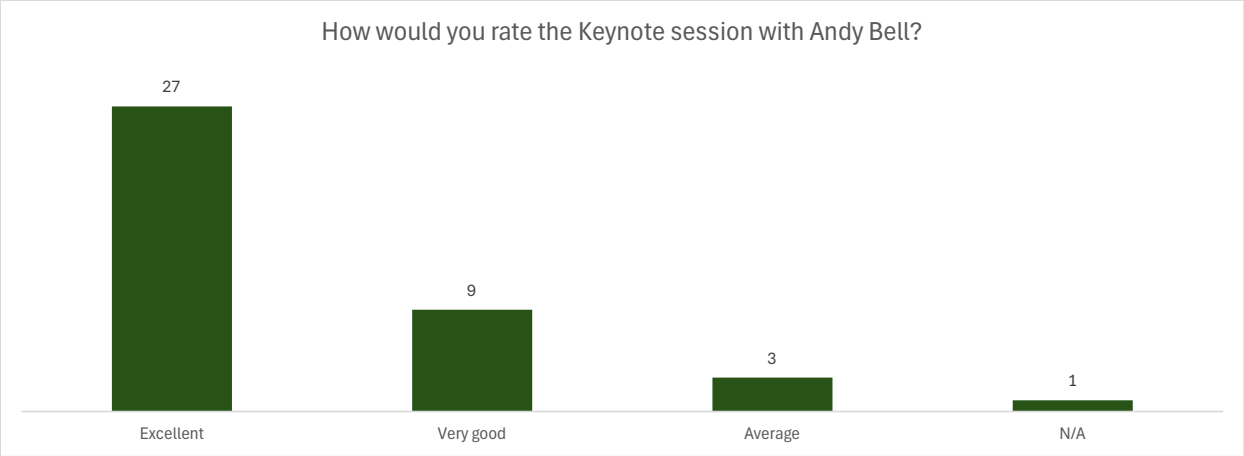


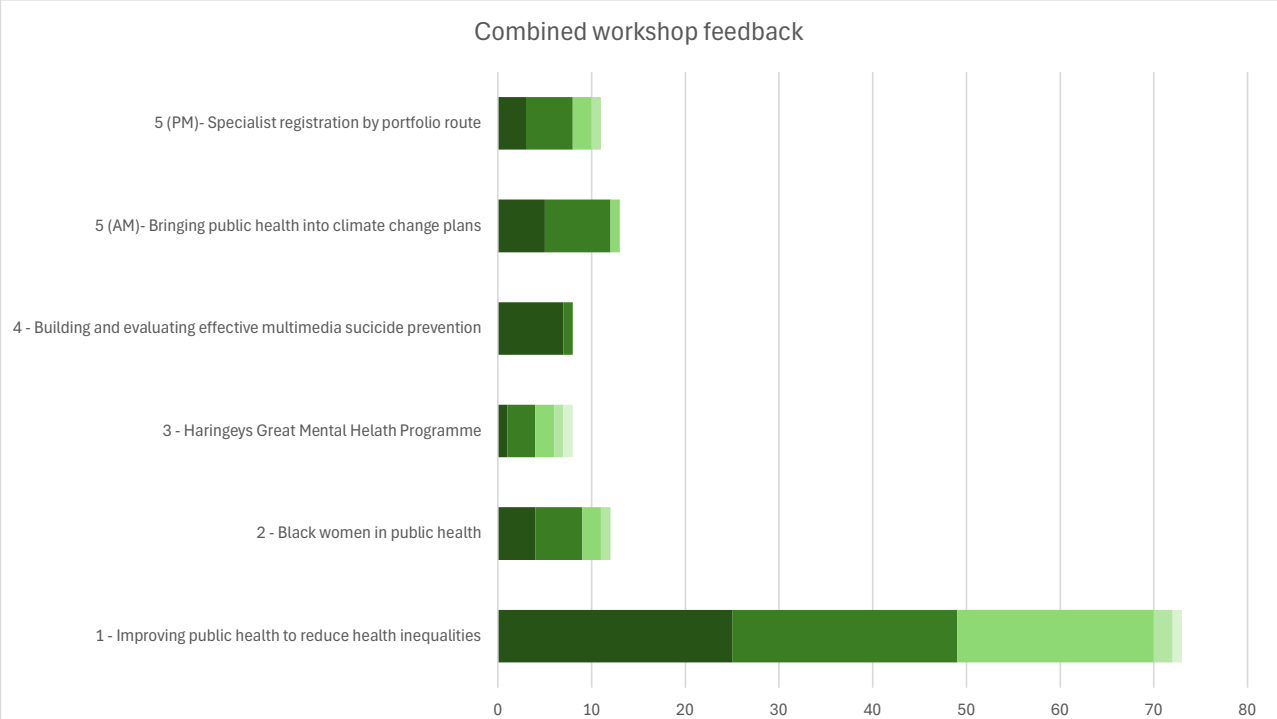



How would you rate the refreshments served? (n=40)
Excellent 17%
Very good 33%
Good 35%
Average 10%
Poor 5%


How would you rate the conference programme as a whole? (n=40)
Excellent 10%
Very good 20%
Good 57%
Average 13%


How would you rate the plenary session 'Building strong public health communities'?
10
9
10
4
5
2
Excellent
Very good
Good
Average
Poor
N/A





	1 - Improving public health to reduce health inequalities	2 - Black women in public health	3 - Haringeys Great Mental Helath Programme	4 - Building and evaluating effective multimedia sucicide prevention	5 (AM)- Bringing public health into climate change plans	5 (PM)- Specialist registration by portfolio route
Excellent	25	4	1	7	5	3
Very good	24	5	3	1	7	5
Good	21	2	2	0	1	2
Average	2	1	1	0	0	1
Poor	1	0	1	0	0	0

	Delegates pre- booked to attend
1 - Improving public health to reduce health inequalities	53
2 - Black women in public health	24
3 - Haringeys Great Mental Helath Programme	23
4 - Building and evaluating effective multimedia sucicide prevention	20
5 (AM)- Bringing public health into climate change plans	17
5 (PM)- Specialist registration by portfolio route	31

Delegates were offered their first choices of workshop

Workshop synopsises

1. Improving Public Health Practice to Reduce Health Inequalities – Cardiff and Vale Public Health Team
(Martha-Jane Powell, Senior Public Health Practitioner, Cardiff and Vale University Health Board)
In Cardiff and the Vale of Glamorgan localities, there are long-standing inequities in outcomes between people living in the most and least deprived areas. These inequalities have been exposed and further increased by the Covid-19 pandemic, and more recently the cost-of-living crisis. To address the equity gap, Cardiff and Vale Public Health Team are dedicated to collaborating with the local health boards clinical secondary care services in order to amplify prevention through focusing in on a whole systems approach and using the ways of working set out by the Well-being of Future Generations (Wales) Act 2015.

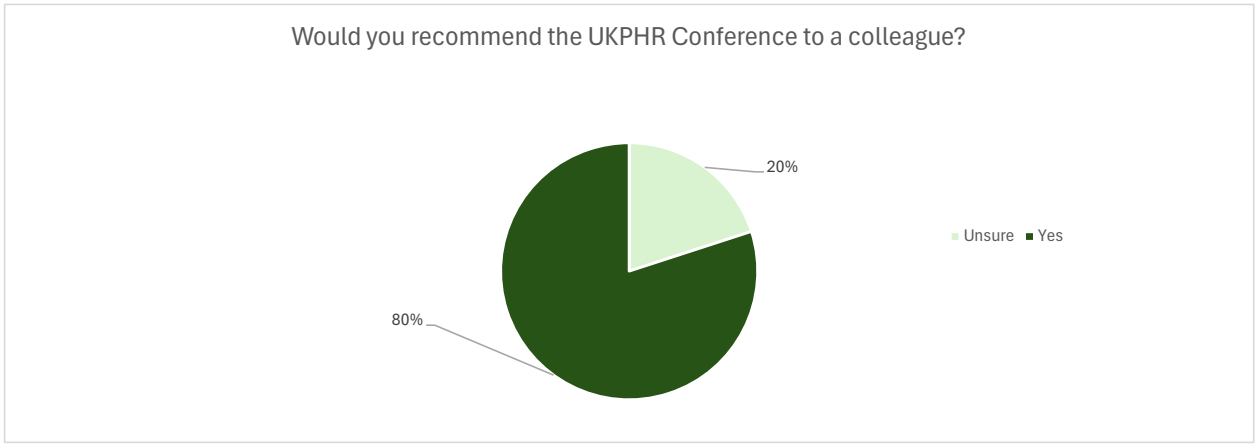
2. Black Women and Public Health in the UK: trials, threats and triumphs
(Dr Jenny Douglas, Senior Lecturer in Health Promotion, Faculty of Wellbeing, Education and Language Studies, The Open University)
Black women have received little recognition or acknowledgement for the contribution they have made to addressing racial inequities in health and for their work in improving the health of Black communities and the wider community in the UK. This workshop charts the inequalities in health that Black women experience in the UK, the ways in which Black women have resisted racism and discrimination and the contribution that Black women have made to advance public health in the UK as activists and organisers of change.

3. Haringey's Great Mental Health Programme – sharing the learning
(Rosa Treadwell, Public Health Practitioner (Mental Health), Haringey Council)
This presentation will share the learning gained managing a multifaceted mental health programme during the pandemic. The Great Mental Health Programme addressed mental health inequalities exacerbated by COVID-19. 7 community-led initiatives supported residents to improve personal and community wellbeing in the most deprived parts of the borough, addressing issues like bereavement, isolation and domestic abuse. The opportunities for influencing policy and strategy today will be discussed.

4. Building and Evaluating an Effective Multimedia Suicide Prevention Campaign: Learnings from the Now We're Talking campaign in Herefordshire and Worcestershire)
(Louise McEvoy, Advanced Public Health Practitioner, Worcestershire County Council)
This workshop will give an overview of recognised approaches in driving behaviour change and evidence on what works in relation to suicide prevention campaigns. There will be a chance for participants to discuss their own experiences in how well some of this theory translates into practice. Insights and reflections will be shared from the Now We're Talking: Acting Together to Prevent Suicide campaign which won 'Best Social Media Campaign' at the 2023 UKPHR Awards. Time will also be spent discussing the challenges in evaluating campaign impact and how some of these can be tackled.

5. (AM 1st session only) Bringing Public Health into Local Authority/NHS Climate Action Plans
(Eleanor Roaf, Co-Chair of the Climate Change Committee, Faculty of Public Health)
Almost every Local Authority has now declared a Climate Emergency, and has developed a Climate Action Plan to deliver this. Similarly, the Greener NHS programme has required all Trust to develop a plan. However, most LAs are not on track to reach net zero within the set timescales and in many areas, there has been limited engagement with local residents on the scale of change required. Within the NHS, the plans tend not to involve primary and community services, and sometimes do not include staff engagement and behaviour change. In this talk Eleanor will be discussing how public health teams can assist in developing and delivering effective plans and in promoting high impact actions.

5. (PM 2nd session only) Specialist Registration by Portfolio Route
(Dr Judith Hooper)
How to get through specialist registration without a car crash! Essential tips for aspiring applicants to help them (and the assessors) get them registered.



Please share any specific feedback you have on any conference sessions

All really interesting
Change of location to somewhere more central like London
Did not feel plenary session relevant to the audience with speakers from Scotland/Wales etc and very few audience members from these locations present. Andy Bell session really informative interesting as were the workshops I attended, however, felt these did not have enough time allocated to do the topic areas justice. Perhaps 1.5 hrs next time. Perhaps move the awards session to the beginining of the day or straight after lunch. Extend conference time to finish at 4.30 pm.

Great
I couldn't see the presentations in the main room sitting at the back
I felt it was a real shame that the panel session just talked about the UKPHR Practitioner scheme, which really had no impact on the practitioners there. We had practitioners in the room from across the country, we could have spent the valuable time learning and sharing more, inspiring action in our roles.

It was a great conference and well done to the organisers
It was confusing for UKPHR to be running a workshop on the specialist portfolio at a oractitioner event, especially when it came across as a route for practitioners as their next step. Saying at the end "so come along and apply" gives the wrong message. It was a shame when celebrating practitioners there's a push for specialist when the focus should be on the importance of practitioners in the workforce.

It would be incredibly positive if speakers and the teams within the organisations presenting were registered practitioners -
It would have been nice to hear the plenary session reflect on UK wide data/evidence/policy/practice.
Needed more interaction too many power points
Nice mix of speakers and topics.
Plenary session was too long and each speaker only relevant to small number in room. Workshops couod have been longer to allow for more discussions

Plenary was far too focused on set up of practitioner programmes - so many of us in the room were already practitioners, why are you selling it to us again? I thought it was actually about public health working with communities so was disappointed and didn't take anything from that section - that needed to be aimed at DPH/Consultants.

Thank you for bringing the PH Practitioner community together in person - there was a fantastic vibe throughout the day. Lots of connecting conversations taking place in the workshops I attended too to help share (or steal with pride) the great work that is happening through the PH Practitioner workforce up and down the land.
The Haringey Great Mental Health Programme session was a long talk with a teeny bit of discussion time tagged on to justify the title of workshop.

The noise from the main room was very distracting for sessions in the side room
the panel session didn't feel useful or relevant to the audience
Workshop sessions too rushed, not enough time for presenters to go through presentation or in any depth. Perhaps 1.5 hrs better.

would be good to have hand out of the Specialty training standards to take away. The conference was the first I attend - I thoroughly enjoyed it!

Please share any themes, sessions or speakers you would like to see at future UKPHR events

We would like North East representation in future events
Trauma Informed Practice
To look at examples of work being done by those who are UKPHR but working outside of the normal public health settings.
The wider public health workforce - training & support for those working outside NHS / local authorities.
Older people
More workshops and sharing - this bit of the day was great
More training type sessions, key themes, best practice items that we can learn from or use for personal and career development
More opportunities for learning and practice examples in group setting - picking up transferable learning and creating evidence.
More Andy Bell!
More on Black peoples contribution to public health
more of EDI type sessions and key skills/tools used in public health practice
Michael Marmot. Be great to hear some practitioner journeys into Consultant posts. Renewing registration session
Martha did a fantastic presentation.
It would have been nice to have had poster presentations demonstrating public health work
It would have been good to see some more examples of Public Health practice - this was what was enjoyable about the workshops. Could have been posters
I'd have been really happy to hear more from Alix Sheppard with her knowledge on UKPHR rather than just 5 minutes through the panel activity. You could possibly ask for some questions ahead of the event when you launch the agenda, so when people can see what will be covered, it gives them then the opportunity to think of a question ahead rather than being put on the spot. Some people might prefer to ask a question more anonymously.

I would like to see more CPD sessions. They could cover aspects such as "What next after practitioner registration" and "Planning your career- the PHSKF" or leadership skills, mentor workshops.
I was unsure of the purpose of the panel about the schemes/work to support - those in the room are registered (or at least working towards) - seems to be the wrong audience for this section.
Early years
Dedicated sessions on commercial determinants of health, eg tobacco, alcohol
Children and young people best start in life.

Are there any organisations or suppliers you would like to see exhibit at UKPHR events?

Would be good to see more exhibitors to help develop as a practitioner and learn about wider PH issues - but in main hall where you had space to move around and explore - even a market place of posters that practitioners have contributed.

those that weren't selling things!
The Health Foundation
PHE Campaigns - be great to take away some materials.
One network that may well be of huge benefit for people to hear about is the work of the Health Promoting Schools Scheme in Wales. They cover so many aspects of health and wellbeing and sit within Local Public Health teams, but feed into PHW. A lot of development has been taking place with the standards for the scheme over the past few years, to align more to the Whole School approach to Mental Health, but it is ready now and being disseminated to schools. By next year it should have been well embedded into schools and implemented within local teams around Wales. An excellent exemplar of good practice within public health and how it links to PH priorities and goals for Wales. The lead for this currently is Gemma Cox within PHW, but you may also like to hear from a one or two practitioners that are working directly with schools implementing the changes who can offer examples of best practice.

ICB
I thought there would ne more exhibitors at the event.
FPH should be there. More visibility for provider services who are engaging with practitioenr registration.

Chamberlain Dunn
Oct-24