

UKPHR Board Meeting 19 February 2025
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 |
|--------------|--------|---|---------------|---|-----|
| 27/11/2024 | 24/22 | E&S committee to explore appointing a vice chair | E&S Committee | to be raised at Feb Board meeting | |
| 27/11/2024 | 24/21 | clarify wording on sexual harassment policy to note issues can be raised directly with named Board member | CEO | | |
| 27/11/2024 | 24/20 | UKPR to research best practice regarding holding ID records to ensure ROL system compliance | HJ | | |
| 27/11/2024 | 24/19 | Board to have conversation around longer term financial strategy | CEO | Strategy day planned for late April | |
| 25/09/2024 | 24/18 | Ensure all relevant policies and documents are updated with references to Good Public Health Practice. | CEO | | |
| 25/09/2024 | 24/17 | 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 | |
| 27/06/2024 | 24/12 | Conduct full review of Standing Orders and share with the Board for approval | CEO | On Feb 25 board agenda | |
| 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 Q4 | |

| | | | | | |
|------------|-------|--|-----|--|--|
| 27/06/2024 | 24/16 | Engage with new government post-election | CEO | This is being drafted- now new minister with PH portfolio has been appointed (Ashley Dalton) | |
|------------|-------|--|-----|--|--|

| Target for completion |
|-----------------------|
| Mar-25 |
| DONE |
| Apr-25 |
| Apr-25 |
| DONE |
| DONE |
| DONE |
| Apr-25 |

Mar-25

UKPHR BOARD MEETING

19 February 2025 14:00-16:00

| ITEM | ISSUE | PRESENTER |
|------|--|----------------------|
| 1 | Welcome, apologies and new declarations of interest | Chair |
| 2 | Minutes of meeting on 27 November 2025 | Chair |
| 3 | Actions and matters arising | Chair & CEO |
| 4 | Governance forward planner – 2025 | Chair & CEO |
| | <i>For decision</i> | |
| 5 | Interim Orders Policy | CEO & ZE |
| 6 | Standing Orders- revision | CEO |
| 7 | Setting fees for 2025-26 | CEO |
| | <i>To note</i> | |
| 8 | Q3 2024/25 accounts | CEO |
| 9 | Appeal process- learning and reflections | CEO |
| 10 | Registration reports Item a: RAC minutes 27 January 2025 | Registrar |
| 11 | Audit, Risk and Remuneration Committee report – including Risk Register discussion Item a: ARRC minutes 16 Jan 2025 Item b: Risk Register | ARRC Chair |
| 12 | Education and Standards Committee report Item a: E&S Minutes 23 July 2024 | E&S Chair |
| | <i>Private meeting</i> | |
| 13 | Board skills audit- update | JS, LS, BH |
| 14 | Chief Executive's report | CEO |
| 15 | Any other business | Chair |
| 16 | Date and time of next meeting | 23 April 2025 |

UKPHR Board meeting

19 February 2025

UKPHR Interim Orders policy

Summary

1. UKPHR has a Fitness to Practice policy that can be initiated to investigate and take action if a registrant has breached the standards in *Good Public Health Practice*. It is referred to about once a year, as we do not receive many complaints about registrants. No punitive action has ever been taken.
2. Most other healthcare registers/regulators also have something called 'interim orders' in place, which is meant to mitigate risk and harm while Fitness to Practice (FtP) procedures and hearings progress- interim orders can put restrictions on an individual's practice temporarily until a longer-term decision is made by a FtP panel.
3. UKPHR has not had one of these- as our registrants do not treat patients or perform clinical duties, the risk is minimal. However, there is still the possibility that something like interim orders could be necessary to quickly stop someone practicing and therefore reduce potential harm to the public.
4. The Professional Standards Authority (UKPHR's own regulator) has identified this as a gap for us, and last year set a condition on our accredited registration status that we must adopt an interim orders policy.
5. We have since considered interim orders documentation used by other healthcare regulators and consulted with the Health and Care Professions Council. Based on this research we have drafted a policy, below at Annex A.
6. Note that in UKPHR's history, we have not yet encountered a situation where we would have to use this policy, but it does mitigate a potential risk for us- and the PSA considers it to be necessary.

Recommendation: The Board to approve the Interim Orders policy.

Annex A

UKPHR Interim Orders

Introduction

1. The UKPHR has the power, either at the invitation of the Registrar or of its own decision to consider whether it is necessary for the protection of the public or in the public interest, to impose an interim order to be applied whilst a registrant is waiting to be called to a Fitness to Practice Panel.
2. Interim orders can only be imposed if there is determined to be an immediate, genuine and continuing risk to the public, colleagues, the profession, or UKPHR, if an interim order is not made.
3. The purpose of an interim order is a temporary measure to protect the public interest, including the protection of the public, whilst there are ongoing concerns about a registrant's fitness to practice which have not yet been resolved.
4. This will recommend restrictions upon the registrant's practice and will usually be applied until the Fitness to Practice Panel comes to a final decision in relation to an allegation, or it is revoked.

Imposing of an Interim Order

5. If there is determined to be an immediate risk associated with a registrant continuing to practice, an Interim Orders Panel can be convened. When considering imposing an interim order, the Interim Orders Panel must be satisfied that, based on the information presented, there is sufficient evidence of a case against the registrant.
6. Where the referral concerns an allegation of criminal offence, this is likely to provide sufficiently clear evidence of a concern. However, this is not the only basis for concluding that there is sufficient evidence - all the information available, and the risk factors set out above in Paragraph 3 of this policy, must be considered.
7. Health conditions can be something to consider whether there is an immediate risk with a registrant continuing to practice and/or imposing an Interim Order. Health conditions would need to be dealt with solely before taking specific action in relation to the Fitness to Practice concern. There must be evidence that a registrant's health condition is linked to the concern and any steps taken to minimise risk of the concern happening again due to their health condition.
8. Once the Interim Orders Panel is satisfied of the evidence being sufficient to make out a concern, they should also consider whether the grounds for imposing an interim order are necessary for the protection of members of the public, in the public interest and/or it is in the interests of the registrant concerned. This would include the seriousness of concern and the likelihood of the alleged conduct being repeated if an interim order was not imposed.

9. If the Interim Orders Panel determines that it is appropriate to make an interim order, it must then decide whether to make the following:
 - a. An interim conditions of practice order; or
 - b. A suspension of registration.
10. An interim conditions of practice order will be limited to specific restrictions on practice, for example, not working with commissioners or service users. It may also include supervision requirements, such as providing regular reports from the supervisor to the Fitness to Practice Panel reviewing the order.
11. The interim conditions of practice order must be workable, enforceable, clear, relevant, proportionate and verifiable.
12. A suspension of registration should be imposed only if the Panel considers that a conditions of practice order would not be sufficient to protect the public, the wider public interest or the registrant's own interest.

Duration

13. The Registrar must determine the period of the interim order. This must not exceed 18 months from the date on which the interim order is made.
14. In deciding the period of the interim order, the Panel must consider the amount of time which is likely needed to complete the FTP procedure. The Panel should also specify arrangements for reviewing the interim order.

Process

15. The Registrar or the Interim Orders Panel may impose an interim order at any stage of the Fitness to Practice procedure.
16. The application for an interim order will be heard during an Interim Orders Panel hearing. The registrant will be invited to supply any information to the panel ahead of the hearing that they wish. They will also be invited to speak directly to the panel at the hearing.
17. UKPHR will notify the registrant and the complainant of any decision to impose an interim order and may also notify their current employer. The registrant will also be informed in writing of their right to appeal and the relevant procedure that will need to be followed.
18. The outcome of the hearing if an Interim Order is made will also be published on our website and public register so that members of the public are made aware of it.
19. An appeal against the interim order decision must be made by the registrant to the UKPHR in writing, not later than 14 days after the date of the notification of the decision, or at any time in the event of a significant change of circumstances.

20. The interim order can be imposed for a period of up to 18 months to cover any potential appeal. Interim orders can be applied during appeal periods before UKPHR applies the final sanction. These interim orders cover the period before the final sanction is applied, which is 14 days after the date on which the decision letter is sent.

Reviewing an Interim Order

21. The Interim Orders Panel will recommend whether or when a follow up Interim Orders Panel will be reconvened, within 18 months.
22. All interim orders must be reviewed by the Registrar on a regular basis; within six months of the date when it was made and then every three months from the date of the preceding review until the interim order period comes to an end or the Interim Orders Panel reconvenes.
23. A registrant may ask the UKPHR for an interim order to be reviewed by an Interim Orders Panel at any time if new information becomes available or circumstances change.
24. At a review, an interim order may be confirmed, revoked or replaced. If it is replaced by another interim order at the first review, the next review does need not to take place until six months after the order was replaced. If the replacement occurs after the first review, then the next review must take place within three months of the order being replaced.
25. If one type of interim order is replaced by another, the replacement order may only have effect up to the date on which the original order would have expired.
26. When the Registrar undertakes a review, this will happen without a hearing and upon review of the papers only. This may be appropriate when there is agreement between the parties as to the outcome of the review or if a registrant is not engaging and there has been no material change in circumstances.

Lifting an interim order

27. An interim order can be lifted by the Registrar upon review, an Interim Order Panel if needed or if a registrant requests a review and the Registrar or panel agree to lift the interim order. It can also be lifted automatically when it lapses or the circumstances under which the order was made cease to exist.

January 2025

UKPHR Board
19 February 2025

Bringing Standing Orders up to date

Summary

1. UKPHR has several governing documents, which have different purposes and are described in the slide at Item 6a.
2. UKPHR's Standing Orders were last updated in 2020. Since then, we've made a number of changes to our governance, including the establishment of an Audit, Risk, and Remuneration Committee and an Education & Standards Committee, and Complex Case Panels. We've also made some refinements such as fully developing and separating the functions of the Fitness to Practice and Appeals panels. So it is a good time to look again at the Standing Orders and bring them up to date.
3. Below at Annex A is a revised document, which better describes the objectives and functions of UKPHR, as we are operating now. Content highlighted in **green** is newly added, and content highlighted in **yellow** is to be deleted.

Recommendation

4. The Board approves the updated Standing Orders document below at Annex A.

Annex A

UK Public Health Register Standing Orders

OBJECTIVES, FUNCTIONS AND POWERS

Objectives

1. To effectively regulate members of a multi-disciplinary public health profession, by enabling them to continuously maintain and enhance their professional competence.
2. To cooperate wherever reasonably practicable with:
 - a. Employers and prospective employers of registrants;
 - b. Persons who provide, assess or fund education or training for registrants or prospective registrants, or who propose to do so;
 - c. Persons who are responsible for regulating or coordinating the regulation of other health or social care professions, or of those who carry out activities in connection with the services provided by those professions or the professions regulated by these Standing Orders;
 - d. Persons responsible for regulating services in the provision of which registrants are engaged.
3. To undertake other activities in order to promote the safety of the public by regulating the practice of public health professionals.

Functions

4. The functions of the Public Health Register are to:
 - a. Maintain and publish the Register of public health professionals and assess the suitability of applicants for entry on the Register
 - b. Ensure through periodic review that registrants keep up to date and maintain competence
 - c. Deal with registrants whose fitness to practise may be impaired for any reason.
 - d. Cooperate and share information with employers, educational institutions, persons who are responsible for regulating or coordinating the regulation of other health or social care professions and persons responsible for regulating services in the provision of which registrants are engaged.

Powers

5. For the purpose of achieving these objectives the Public Health Register may exercise the following powers:

- a. Set standards of practise for the registration of public health professionals;
- b. Award registration and maintain a Register of properly qualified public health professionals;
- c. Conduct periodic review of registrants' continuous adherence to professional standards;
- d. Investigate where there is concern that a registered professional is not meeting standards;
- e. Suspend, remove or erase the name of a registrant from the Register where they breach the Conditions of Registration;
- f. Restore the name of a former registrant to the Register upon ensuring their compliance with the appropriate restoration process or in any other circumstances which the Board may determine from time to time;
- g. Employ and remunerate appropriately such officers as are necessary to perform its functions and to delegate to those officers or such others as it deems appropriate the performance of its functions;
- h. Raise monies and hold property for the purposes of the Public Health Register.

THE REGISTER

The form and keeping of the Register

6. The Register will be kept secure and protected against falsification. The Register will be maintained in such a format as the Board may decide.
7. The Board may prescribe from time to time the form of entry on the Register. Such entry will clearly distinguish between the information to be made publicly available and that which will be kept private. The Register will be published in such a format as the Board deem appropriate.

Period of registration

8. A registrant's registration will be valid for such period (not less than 12 months in duration) as the Board shall from time to time determine and publish, provided that the registrant comply with Conditions of Registration.
9. Before the end of any period of registration, the Board may, through its delegated powers, suspend, remove or erase registrant's name of Register if the registrants is in breach of their Conditions of Registration.

Removal of a name from the Register

10. Where a registrant has been suspended, removed or erased from the Register, the Registrar will write to confirm to or inform that person and any employer where appropriate, that their name has been removed.

Restoration of a name to the Register

11. The Board shall determine and oversee the process for applying for restoration to the Register.

THE BOARD

Constitution

12. The Board's constitution is as set out in the Articles of Association.

Code of Practice for Board members

13. Every member of the Board is required to commit to the Code of Practice for Board members, Committee members and Assessors.

Functions of the Board

14. The members of the Board are the directors of the Public Health Register. They shall be responsible for managing the business of the Public Health Register and for ensuring that its objective and functions are carried out in accordance with these Standing Orders. To this end the Board shall:
 - a. Determine the rules of the Public Health Register, having informed itself of the views of relevant organisations and individuals and monitor the implementation of those rules;
 - b. Appoint such committees and task and finish groups as it considers appropriate in connection with the discharge of its functions and may delegate any of its functions to them, other than any power to make rules;
 - c. Ensure that the policies of the Public Health Register, guidance on standards of practice and ethics, are compliant with its objective and functions;
 - d. Set the standard of competence required for registration;
 - e. Appoint directly or through delegation individuals to assess and quality assure applications for registration, and ensure they are trained, and their performance is monitored.
 - f. Ensure the Public Health Register is accurate, accessible and fit for purpose;
 - g. Decide policy and procedural matters in relation to fitness to practise procedures and to monitor their operation, including approving the form of the Fitness to Practise Rules ;
 - h. Decide and develop strategy on external affairs and communications.

- i. Secure effective control of Public Health Register expenditure by scrutinising and authorising annual budgets and reviewing final out-turn.
- j. Decide on fees for entry to, retention on and restoration to the Register; and to determine other fees and charges.
- k. From time to time monitor the actions of committees, officers or employees of the Public Health Register, or others to whom functions have been ascribed or delegated under these Standing Orders;
- l. Perform those functions specifically ascribed to the Board elsewhere in these Standing Orders.

Meetings and decision-making

- 15. The Board may conduct meetings in such a manner and regulate its meetings as it thinks fit. Decisions arising at any meeting shall be made by a majority of votes. Subject to Articles [29] and [58] of the Articles of Association, all Board members shall be eligible to vote. In case of a tied vote, the Chair or other person chairing the meeting shall have a second or casting vote. The resulting decisions of the members present at a meeting shall be recorded as decided by the Chair or other person chairing the meeting.
- 16. All decisions of the Board shall be recorded in minutes, which will be approved by the Board at their subsequent meeting.
- 17. A resolution circulated and approved in writing or electronically by a majority of voting members shall be considered valid.
- 18. Chair's action may be taken outside Board meetings in order to make time-pressured decisions. A record of any Chair's action will be documented in Board minutes.

Actions with reduced numbers and without quorum

- 19. The quorum of the Board shall be one third of the voting members (rounded up to the nearest whole number). Any vacancies in the membership of the Board shall not prevent them from acting, provided a quorum is present. Should vacancies in the membership prevent the Board from forming a quorum, they may still act for the purpose of filling vacancies in their membership but not for any other purpose. When a quorum is not present no vote shall be taken, but the Board may discuss matters, make recommendations and propose resolutions which shall then be circulated for approval or reported to the full meeting of the Board for decision.

Convening Board meetings

20. The Chair of the Board or any four members of the Board may convene a meeting at any time. The meeting may be convened by the Company Secretary upon their request with seven days' notice.

Chair of the Board

21. The Chair of the Board shall chair every meeting of the Board, or in the case of the absence of the Chair, the Vice Chair, or such other member of the Board as the Board shall choose, shall chair.

THE REGISTRAR

22. The Board shall appoint the Registrar, who is the Officer accountable to the Board for the integrity of the register and for the quality assurance of the processes for the assessment, registration, fitness to practise, revalidation and restoration of individuals.
23. The Registrar chairs the Registration Approvals Committee, whose primary purposes are to:
- (a) ratify the decisions of the Registration Panel on the admission of applicants to the Register; and
 - (b) oversee the appointment and functions of the fitness to practise panels, assuring the quality of their process and decision making.
24. The Registrar is a non-voting member of the Board.
25. The Registrar may from time to time seek advice from a Complex Case Panel as set out in paragraph X in order to inform their decisions.

COMMITTEES OF THE BOARD

Standing Committees

26. The following Standing Committees of the Board shall be appointed under this Standing Order to assist the Board in managing the business of the Public Health Register: Education and Standards Committee, Audit Risk & Remuneration Committee, Registration Approvals Committee. The Board may appoint any other Standing Committee it deems desirable.

Education and Standards Committee

27. The membership of the Education and Standards Committee shall be decided by the Board but will consist of some members of the Board itself and others co-opted from appropriate related organisations. The Committee shall be chaired by a person appointed by the Board.
28. The Education and Standards Committee shall have the functions set out in its Terms of Reference.

Audit, Risk & Remuneration Committee

29. The membership of the Audit, Risk & Remuneration Committee shall be decided by the Board. It shall include Board members, although others from relevant organisations may attend from time to time. The Audit, Risk & Remuneration Committee shall be chaired by a member of the Board, to be nominated by the Chair of the Board.
30. The Audit, Risk & Remuneration Committee shall have the functions set out in its Terms of Reference.

Registration Approvals Committee

31. The Registration Approvals Committee is chaired by the Registrar and membership includes the Chair of the Registration Panel and at least one further person appointed by the Board to bring an external perspective and ensure proper process.
32. The Registration Approvals Committee shall have the functions set out in its terms of reference

Period of service on Standing Committees

33. Any person appointed to be a member of a Standing Committee shall cease to be such after three years. Thereafter such a person may be appointed for a further three-year period of service and may continue to be appointed for further three-year periods until their term as Board member expires. Any member of a Standing Committee who has served for two consecutive three-year periods shall be ineligible for re-appointment to that Standing Committee until a period of three years has elapsed. If, for exceptional reasons, a Committee member is required to remain in their position without a break, this may be agreed by the Board for a further determined period.

NB the above statement was meant to encourage rotation across committees, but some members of the Board may have been brought in for specific expertise (ie financial expertise) so it would make sense for them to continue on the appropriate committee until they cease being a Board member.

34. The Board shall determine a process for appointing members to the Standing Committees.

Special Committees

35. The Board may at any time appoint a special committee to enquire into any matter on its behalf. The appointment of a special committee shall be specified by the Board as for a certain period until the purpose of its appointment has been fulfilled. Members of such a committee need not be members of the Board.

Co-opted members

36. Any committee of the Board may add to its number with the approval of the Chair of the Board. Co-opted members of committees shall be reported to the next convenient meeting of the Board. Co-opted members shall be eligible to vote at committee meetings.

Appointment of persons to chair committees

37. The Board shall as it thinks fit, appoint a person to chair each committee, having regard to the purpose of the committee. The person so appointed shall take the chair at every meeting of that committee. If that person is not present, the chair shall be taken by a deputy appointed by the Board for that purpose, or by another member of the committee as the committee shall decide.

Casual vacancies on committees

38. The Board may at any time appoint a member to a committee to fill a casual vacancy. Any person so appointed shall retire at the next meeting at which committee members are appointed for the next three years but shall be eligible for re-appointment.

Removal of committee members

39. The Board may at any time remove an individual member from a committee or reconstitute a committee as it sees fit.

Powers delegated by the Board

40. The Board may delegate such powers as it thinks fit to Standing Committees appointed by it, or to named officers. The Board shall record in its minutes the terms of the delegated authority. The meetings and proceedings of the Standing Committees shall be governed by the provisions of the Standing Orders. The actions of any committee of the Board or of any officer to whom the powers or functions of the board have been delegated shall be reported to the Board in such a manner and at such intervals as the Board shall determine. The Board may at any time revoke any powers delegated by it to any body.

Sub-committees and working parties or groups – meeting and proceedings

41. Any Standing Committee of the Board may appoint sub-committees and working groups for specified purposes and for a period not exceeding the term of the appointing committees. The person appointed to chair a sub-committee, working party or group shall be a member of the committee which appoints it, but the remaining members need not be drawn from the appointing committee. The Board shall from time to time review the membership and purposes of each sub-committee and working group, and the Board or appointing committee may at any time disband, alter or amend the membership and purposes of any sub-committee, working party or group at its discretion. A Standing Committee may delegate to a sub-committee or working group such powers as are within its jurisdiction. The meetings and proceedings of any such sub-committee or working group shall be governed by the provisions of these Standing Orders for regulating the meetings and proceedings of committees, so far as they are applicable.

Regulation of committee meetings and voting

42. Subject to any instructions by the Board, a committee may meet for the dispatch of business, adjourn and otherwise regulate its meetings as the person chairing the committee shall determine. Questions arising at any meeting shall be decided by a majority of votes. Committee members who are appointed, elected or co-opted shall be able to vote, but observer members of committees shall not be eligible to vote. The method of voting shall be at the discretion of the person taking the chair, who in the case of a tied vote shall have a second or casting vote

Authority to act with reduced number – quorum

43. The members for the time being of a committee of the Board may act notwithstanding any vacancy in their number providing that there is a quorum present. The quorum of a committee shall be one third of its number appointed by the Board rounded up to the nearest whole number.

Acts done in good faith

44. All acts done in good faith by any meeting of a committee of the Board or by any person acting as a member of a committee shall, notwithstanding it be afterwards discovered that there was some defect in the appointment, election or continuance in office of any person or of some one or more of the members of the committee acting as aforesaid or that they or any of them were disqualified, be as valid as if all relevant persons had been duly appointed or elected or had duly continued in office and were qualified to be a member of the committee.

Minutes

45. The Chief Executive shall cause proper minutes to be made of the proceedings of all meetings of the Standing Committees which shall be approved by the Chair of the meeting, or the Chair of the following

meeting. When approved, the minutes will be sufficient evidence without further proof of the decisions of the Standing Committees. Whenever possible, the Board shall aim to publish public minutes and papers where appropriate.

NB there was a reference hear to a consultative forum which no longer exists

FITNESS TO PRACTISE AND APPEAL PANELS

NB this referred to 'FtP Committee' which doesn't exist; have replaced with FtP and Appeal panels as separate entities.

Constitution of the Fitness to Practise and Appeal panels

46. The members of the Fitness to Practise or Appeal Panels shall be appointed in accordance with the following requirements.
47. All members shall serve for an initial period of three years, which is renewable for one further term of up to three years. They shall be selected in accordance with Articles [41-44] of the Articles of Association.
48. The Chief Executive shall provide administrative support to panels as necessary before, during and after hearings and may attend all of a hearing (including any discussion held in private) but shall not play any part in the decision making process by any panel and may not vote or adjudicate on the case.
49. A panel will have the power, at the discretion of its chair, to arrange for a specialist adviser to be present to advise on technical issues where the panel lacks expertise. Such a situation might arise, for example, when the evidence suggests a registrant is suffering from a physical or mental condition that requires medical supervision or treatment, or where a particular technical issue requires specialised scrutiny. Such advisers may attend all of the hearing, including any discussion the panel may have in private; but may not vote or adjudicate on the case.
50. All panels shall have a quorum of three, including at least one lay and one professional member.
51. A Panel chair can be either a lay or a professional member.
52. A Fitness to Practise Panel or Appeal Panel may consist of up to five members

Functions

53. The functions and procedures of the Fitness to Practise Panel is set out in the Fitness to Practise Rules, and the functions and procedures of the Appeal Panels are set out in the Appeal Rules.

REGISTRATION PANEL

54. The Registration Panel shall consist of a Chair or co-Chairs, moderators and assessors and shall be appointed in accordance with the following requirements.
55. The Chair or Co-Chairs shall serve for an initial period of three years, which is renewable for one further term of up to three years. They shall be selected in accordance with Articles [41-44] of the Articles of Association.
56. The Chief Executive shall ensure provision of administrative support to panels as necessary, but shall not play any part in the decision making process by any panel
57. The Registration Panel shall operate in accordance with its terms of reference. It will submit names for addition to the register for ratification by the Registration Approvals Committee.

COMPLEX CASE PANEL

58. The Complex Case Panel will be convened from time to time by decision of the Registrar in order to advise on decisions regarding registration.
60. The Complex Case Panel shall operate in accordance with its terms of reference.

ASSESSMENT AND ASSESSORS

Appointment

61. Assessors shall be appropriately qualified persons as determined and appointed by the Board from time to time. They shall be required to undergo training as determined by the Board. The Board may contract with appropriate external organisations for the assessment of applications for registration and the term 'assessors' shall be understood to include such organisations and their employees.

No member of the Board may be an assessor.

Code of Practice

62. On being appointed, assessors shall subscribe to the Code of Practice of the Public Health Register. They shall also undertake to comply with any quality assurance mechanisms approved by the Board to ensure the integrity of the assessment process.

Duties

63. The assessors shall enquire into and assess the competence of all applicants for registration, in accordance with the policies and procedures laid down from time to time by the Board and make recommendations to the Registration Panel. The Registration Approvals Committee will formally ratify admissions to the Register.

FEES AND SUBSCRIPTIONS

Assessment fees

64. The fees to be paid before assessment for consideration for entry to the Public Health Register shall be such as may be determined from time to time by the Board.

Fees and subscriptions

65. All registrants shall pay such registration and other fees and such annual and other subscriptions as shall be determined by the Board. No applicant may be registered until such fees and subscriptions have been paid.

Annual subscription date and method of payment

66. The annual subscription shall be paid by any method approved by the Board on the first day of July each year or on such other date or dates as shall be determined by the Board.

Reduction and remission of fees by the Board

67. The Board may at any time remit or reduce the registration fee and the annual or other subscription of a member or it may authorise the Chair of the Board or Registrar to do so.

Fees and subscriptions in arrears

68. The Registrar may remove from the Register any registrant who is more than six months in arrears with payment of any fee or subscription.

Reinstatement fee

69. Where a former registrant seeks reinstatement to the Register, he shall be reinstated only after having:
- supplied such information about his current standing, health and professional competence as the Registrar considers appropriate; and
 - paid such fee as the Registrar considers appropriate. Normally this would cover the cost of administration, together with all fees and subscriptions that the former registrant would have paid had he or she remained on the Register.

ALTERATION OF STANDING ORDERS

Proposals for deletions or amendments

70. The Board may of its own motion or on the written proposal of any member make proposals for amendments to these Standing Orders.

Interpretation of Standing Orders

72. Any question concerning the interpretation of these Standing Orders shall be referred to the Board whose decision shall be binding.

Item 7 – Setting fees for 2025-26

Summary

1. In 2023 the Board agreed a 2-year programme of incremental fee rises: 9% and then 6% for specialists, and 7% and 5% for practitioners and registrars. This is after a period of no rises since 2019.
2. For 2024/25, UKPHR's budget was presented/agreed with approximately a £20K loss, to be paid through reserves. The Board agreed this conditionally, with the understanding that the budget would be balanced for 2025/26 with a view to increasing reserves longer term.
3. There is the need for a broader discussion regarding UKPHR's longer term financial strategy. However, this is unlikely to happen before fees need to be set/budgets are agreed for this upcoming financial year. This conversation will also need to happen in the context of whether UKPHR retains its current office setup, as facility costs make up approximately 10-15% of the budget. This work will start in February 2025. Financial strategy is one of the topics to be discussed at a strategy away day in April.
4. The Chief Executive and UKPHR's accountant have started work on a draft 2025/26 budget to give the ARRC and the Board a broader understanding of the financial context while making decisions regarding fees for the upcoming year.
5. The ARRC discussed these proposals in detail and their thoughts and recommendations are outlined within this paper.

Approach to fees

6. In 2024/25, UKPHR's expenses were greater than its income. This is not sustainable. Some discussions have already been had regarding areas of larger expenditure such as staffing and IT. It has been agreed that the current level of staffing is appropriate. Because systems are increasingly reliant on IT expertise, and the virtual landscape grows more complex and riskier, our IT expenses have inevitably risen significantly. We are currently in contract with our IT provider AirIT through 2026; when that contract expires, we will consider our requirements afresh and potentially renegotiate/tender for new providers. This will also depend on our future facilities setup.
7. For this upcoming financial year, the most straightforward way of ensuring our books are balanced is to increase income via fees. Fees need to be considered in a sensitive way; they must remain reasonable and not become a registration deterrent.
8. Two years ago, we announced 2 incremental fee increases to our registrants. Only one year's increase is presented in this paper; it makes sense to delay announcing any future increases until a longer-term financial strategy has been set out.

SRbPA fees

9. Now, this process does not come near paying for itself; for 24/25 income is approximately £8k and expenditure (ie salary costs for SRbPA officer and moderation costs) totals over £40K. It is reasonable to subsidise these costs with registration fees, but we must get closer to covering costs. We increased the fees significantly in 2023, however the process remains relatively inexpensive compared to the GMC specialist registration portfolio assessment processes. Below is a snapshot of how some other regulators manage similar processes. Note that the NMC fee is for baseline nursing registration, not at nurse specialist level.

| | UKPHR | GMC portfolio pathway | GDC Assessed specialist list | NMC |
|--|---|--------------------------------------|---|---|
| 2024/25 fee | £890 (preapplication + portfolio) | £1870 | £345 per speciality | £877 + £25 fee for SCPHN |
| Charge for review/additional assessment | None; 3 reviews with no charge | £812 | £345 | £877 |
| Is process generally equivalent to UKPHR? | NA | Yes | No- applicants are specialists trained abroad; assessment is logbook focussed | No- consists of a test of competence; for basic registration; no portfolio assessment process |

10. The GMC portfolio pathway is the medical equivalent to our SRbPA process and costs more than twice what we're charging, with their 'review' charges nearly costing the same as our overall fees. The the GMC pays fees to medical royal colleges and faculties to assess, although in most cases individual assessors are not paid. Their process has more administrative layers than the UKPHR's.
11. The GDC operates slightly differently, as individuals may be registered on more than one specialty list. The assessment may not be as complex, as it's logbook based.
12. There is an opportunity here to raise fees. Because specialist registration unlocks higher paid jobs for individuals, an increase in fees wouldn't really be a deterrent. Justification for the rise is clear: we need to get closer to covering the cost of the process. That said we need to remain cautious and keep fees below GMC charges, as pay bands for UKPHR specialist registrants can be less than GMC registrants.
13. So as not to provide a significant shock, but to raise fees to a more reasonable level, we propose preapplication fee of £290, a portfolio assessment fee of £890 (£1080 total) and a new charge for each review of £175 each (reviews now have no charge attached). Reviews can be simple and straightforward or more complex, but they generally take up administrative time and potentially moderation fees.

14. If we adopt these new fees our total income from these applications could rise from approximately £8K to more than £15K (note that we are also predicting an increased number of applications).

15. The ARRC was presented slightly lower fees and agreed that there was an appetite to increase fees in this area further, particularly taking into account the GMC fees and the opportunity for a significantly higher salary if successful in the process.

Recommendation: to agree revised SRbPA fees

UKPHR annual Registration fees

16. Attached at 7a is a draft budget for 2025/26. This is based on rough forecasting for 2024/25 end of year accounts. It has been provided to ensure the Board can consider fees in a broader financial context.

17. The ARRC was presented with three potential fee levels, which allowed them to see the impact on the bottom line that different approaches to fee setting could have. The draft budget is based on the middle fee level (highlighted), and the ARRC agreed that this would be an appropriate increase.

| Category | 24-25 fee | Proposed 2025/26 fee | Forecasted income (presuming other category is middle suggestion) | Forecasted expenditure | Net result |
|--------------------------|-----------|--------------------------------------|---|------------------------|------------------------|
| Specialist | 388 | 398 (2.5%) 409 (5.5%) 415 (7%) | 528049 538724 543749 | 531669 | -3620 7055 12080 |
| Practitioner & Registrar | 121 | 124 (2.5%) 128 (4.5%) 132 (9%) | 535724 538724 540924 | 531669 | 4055 7055 9255 |

18. Note that the GMC annual fee for specialists is £450, and the GDC is £672, with specialists paying an additional £72 per specialty. The NMC fee is £120, and the HCPC fee is £116. We do not know if these will rise for 2025/26.

19. We will not significantly increase our reserves unless we take a more aggressive approach to fee setting. If we set fees with a reasonable hike, we end next year with a predicted small surplus.

Recommendation: to agree registration fees for 2025/26

Consultation on fees

20. We have, in the recent past, consulted with registrants on fees. Last time we did this in early 2023 we had 48 respondents (less than 4% response rate), of whom most did not support a fee rise. Consultations like this are predictable as people normally don't support price increases, and we wouldn't expect an outcome significantly different if we did consult.

21. We don't have a statutory obligation to consult on our fees. However, we do want to reassure our registrants that we are spending in a prudent way that benefits the public health profession.
22. The ARRC agreed that we could instead issue a communication that demonstrates how we're making progress against our strategy and outlines how we aim to continue to meet our strategic aims for 2025/26, including talking about potential money saving measures like reviewing our facilities to ensure minimal fee rises. We will give registrants the opportunity to contact us to share thoughts if they wish.

Practitioner Scheme fees

23. Practitioner scheme fees are payable to UKPHR from the local schemes to cover the costs of moderation and assessor/verifier training, as well as general support from UKPHR and a share of conference Costs. This has recently been approximately 20% of our income. The fees have remained static since 2019. Prior to the pandemic, small fee rises were in place regularly.
24. Invoices for Schemes are organised per activity. Schemes are different sizes, so of course the larger schemes have more activity and pay us more each year.
25. We have been communicating regularly with scheme coordinators about fees and we've made it clear that we are looking at an increase for 2025/26; we've not received pushback on this. We want to consider a pay rise for moderators, who also have not received any increases since before 2019. General costs have of course increased, with the additional salary costs of our Practitioner Lead post. It is therefore a good time to increase fees.
26. We've been working with NHS England on their business case for scheme fees and have modelled a 6% increase, which is likely to be agreed.
27. We need to communicate with practitioner coordinators asap about this so they can plan their own budgets, and we have already shared some draft proposals. We'll confirm with them after this meeting.
28. A 6% rise per line item is reflected in the table below:

| Costs per scheme | Cost |
|--|--------|
| Compulsory elements: | |
| Verification Panels | £1,650 |
| Moderation | £1,650 |
| Support/Audit/Guidance | £1,650 |
| Conference Contribution (virtual conference in 2025) | £600 |
| Optional elements: | |

| | |
|--|-------------------|
| Local scheme Launch Event (full day) | £825 |
| Local Practitioner Introduction Day (Full day) | £825 |
| Local assessor Training Day One (full day) | £825 |
| Local assessor Training Day Two (half day) | £540 |
| Local Verifier Training (half day) | £540 |
| Local Refresher Training (half day) | £540 |
| Virtual Central Assessor Training (full day) | £305 PER ATTENDEE |
| Virtual Central Verifier Training (half day) | £195 PER ATTENDEE |
| Virtual Central Refresher Training (half day) | £195 PER ATTENDEE |

Recommendation: To agree an approximately 6% increase of Scheme fees

Moderator fees

29. Moderator fees are £510/day, and £306, which have not increased since 2019. They have approached us regarding an increase. We pay moderators slightly less than GMC Associates, significantly less than consultant market rates, but more than the approximately £350 paid by the HCPC.
30. The role of the moderators is essential to our work and we want to continue to attract the right people. It seems reasonable to give them a similar increase to staff, at 3%. This would make their fee £523/day, £315/half day. We have adjusted fees for schemes and SRbPA fees to accommodate this.

Recommendation: To agree a 3% increase of Moderator fees

Item 9- Learning and reflections from recent appeal

Summary

1. In January 2025 we held our first appeal panel since revising our Appeal Rules.
2. The key changes are that
 - a. individuals can no longer appeal against a judgement because they feel that it was incorrect or evidence wasn't fully considered; they can only now appeal if there was either a procedural error on UKPHR's part, or that additional evidence that could not have reasonably been presented at the time of the original decision has become available.
 - b. Appeal panel discussions are no longer open- they now take place in a private meeting where documentary evidence only is considered.
3. This appeal was made against a UKPHR decision to not accept a Defined Route application for specialist registration onto the register, as the application was deemed 'unassessable', which means that the portfolio cannot be assessed in its current form, usually due to poor navigation or narratives. For this application, the assessors were unable to locate the appropriate evidence to back up competency claims as the navigation information was insufficient, and the organisation of the application was poor. The decision was backed by a moderation exercise undertaken through the SRBPA quality assurance process.
4. The appellant thought that this decision was wrong, as this was a second submission; their central argument was that as the first submission was 'assessable', there must be a process error if the second submission was found to be 'unassessable'.
5. UKPHR's response was that the first submission resulted in requests for a significant amount of new information, and the second assessment focussed on this new information- so a different assessment outcome is reasonable. We provided a significant amount of detail regarding the process and evidence that the process was adhered to.
6. The appeal panel consisted of a public health specialist, and two lay members both with healthcare regulation backgrounds. The panel also had access to specialist advice, provided by a moderator with significant experience that could be called upon if questions arose.
7. The panel felt that this case was hugely complicated. After a wide ranging and comprehensive discussion, they unanimously agreed to dismiss the appeal- thus siding with UKPHR.

Reflections

8. Overall, the process worked well and feedback from the appeal panel was generally very positive. Because the grounds that can be appealed against are limited and

specific, the discussion stayed on track and did not lose focus on the key questions being examined. Team members were present during the panel acting as secretariat, and agreed that the panel members were effective, followed guidance appropriately, and structured the discussion very well. No areas of needed change were identified.

9. The appeal was a huge amount of work for our small team. Because we are the process experts, we were able to compile the majority of the UKPHR response- only utilising legal advice to answer specific questions about the scope of the appeal, interpretation of arguments, and legal best practice. We were therefore able to keep legal costs down, and the assigned budget was adequate. However, the people resource required was very significant and would have delayed other developmental work. BAU work was able to be sustained.
10. This experience has been a valuable one, and has helped us identify several areas for improvement, in order to ensure we continue to make fair decisions and avoid further appeals as much as possible:
 - a. Further work on a clear definition and threshold for 'unassessable' outcomes is needed. This is being discussed by the Registration Policy Group, as there will also be implications for practitioner portfolio assessment.
 - b. SRbPA guidance and forms need better organisation, signposting, and clarity to allow us to better ensure the process is consistent and clear to everyone involved. A significant piece of work has just been completed on this, with publication of updated guidance imminent.
 - c. We will continue to monitor and update the quality assurance process for SRbPA; the balance between the Registration Panel (the decision makers) and the Registration Approvals Committee (provides oversight) continues to be discussed and consistency of decision making remains on the agenda.
 - d. The UKPHR team will continue to document all processes and ensure that team members can pick up BAU work that could become challenging to maintain while working on an appeal.
11. Unfortunately, an appeal will always be disruptive and is indicated on our Risk Register. However, they are very rare; this is the third appeal received in 7 years. We were assured of the efficacy of the process and we expect that the governance/QA processes around the SRbPA route will ensure that these are a very rare occurrence.

Recommendation

12. The Board is asked to note this paper.

Accredited Registers: Annual accreditation check form

About this form

This form should be completed by Accredited Registers. Your responses will be used as part of our annual check of your Register's accreditation.

We will also audit your Register for accuracy and consider stakeholder feedback as part of the annual check. The annual check is not as detailed as the full renewal assessment, which usually takes place every three years.

If you have made significant changes to key policies and processes for any area, then where possible you should include links to published documents that you reference in your responses. Any unpublished documents can be submitted as additional documents, with the relevant question number clearly marked.

After receiving your completed form, we will let you know if we need any further information to complete the annual check. If there have been significant changes since our previous assessment, we may carry out a more in depth, targeted review against one or more of our [Standards for Accredited Registers](#). More information about our levels of assessment can be found in our [Guidance on renewals, targeted reviews and outcomes](#).

You should use black font in size 12 to complete this form and submit as a Word document to the Accreditation Team by email (accreditationteam@professionalstandards.org.uk).

The Accreditation Team will notify Registers in advance of when this form is due. If we do not receive within the timeframes set out, we may need to carry out a targeted review to check whether the Standards are met.

Confidentiality

We will manage the information you provide in this application form in accordance with our information security policies which can be found on our website (www.professionalstandards.org.uk).

Any information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA) the Data Protection Act 2018 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential.

If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the PSA.

We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

If you have any questions or concerns about how your information is being processed please contact our Data Protection Office at suzanne.dodds@professionalstandards.org.uk.

Annual check – information required from Registers

UK Public Health Register (UKPHR)

1. Tell us about any changes you have made to address Conditions and Recommendations issued at the UKPHR's most recent reviews:

| Conditions | | Deadline |
|----------------------|--|--|
| Standard Four | <ul style="list-style-type: none"> Condition One: The UKPHR should make clearer how people who have gained qualifications and/or experience overseas can demonstrate equivalence with the requirements for registration. <p>UKPHR has now removed the requirement for UK qualifications/experience for registration. The paper at EV1 was approved by the Board in November 2025 and all guidance on the portfolio assessment route to the register has been updated or is being updated to remove this requirement. All references on our website regarding the requirement to be based in/working in the UK have been removed. This route, which was closed to those from outside the UK, is now open to them in the same way as it is for those based in the UK.</p> | Next annual assessment |
| Standard Five | <ul style="list-style-type: none"> Condition Two: The UKPHR should document its interim suspension order process, so it is clear how interim orders are issued, reviewed, and lifted. <p>UKPHR has now drafted an interim orders policy, an updated draft of which is at EV2. The UKHPR Chair has agreed that this policy can be used whenever required if the need arises before the Board are asked to approve it on 19 February 2025.</p> <p>Changes have been made to the policy since PSA reviewed an earlier draft and set out recommendations:</p> <ul style="list-style-type: none"> Reference to ensuring interim orders are reflected on our Register and on our website Additional content regarding health-related issues | Six months from the date of publication. |

| Recommendations | |
|-----------------|---|
| Standard Two | <ul style="list-style-type: none"> Recommendation One: UKPHR should consider creating a field on its register showing the registrant's registration with a statutory regulator, if applicable. This will assist the public in making informed decisions and facilitate raising concerns with appropriate bodies. <p>This is on UKPHR's list of desired changes requested to Registration Online, which is our CRM/public facing register. We are still costing this development; if it is affordable it will be implemented in late spring 2025.</p> |
| Standard Six | <ul style="list-style-type: none"> Recommendation Two: The UKPHR should consider succession planning in its business continuity plans. <p>Business continuity plan has been fully updated, with the final document at EV3. Content re succession planning is now on p5. All Board members and staff have been sent a hard copy of the plan, and it has been shared with our IT providers.</p> |
| Standard Eight | <ul style="list-style-type: none"> Recommendation Three: The Accreditation Quality Mark should be displayed on the UKPHR website. <p>We've updated the website to include content regarding the Quality Mark https://ukphr.org/about-us/accredited-register/</p> |

Standard 1: Eligibility and public interest

2. Have you made, or are you planning to make any changes to the types of role(s) registered?

No

3. Is there any new evidence about the benefits, or risks of roles(s) registered that could affect the public interest test? If so, you should send us an updated *Risk matrix* or *Benefits template*.

No; previous documentation still applies

Standard 2: Management of the Register

4. Have there been any significant changes in registrant numbers during the past twelve months? If so, you should set these out and provide an explanation for the changes.

Not significant- we retain a slow and steady increase year upon year.

5. Tell us about any significant changes to registration processes. You should include links to any new policies and procedures.

None

Standard 3: Standards for Registrants

6. Tell us about any significant changes to standards for registrants. You should include links to any new policies and procedures.

The key standards document for UKPHR has in the past been *Good Public Health Practice (GPHP)* and the *UKPHR Code of Conduct*. The latter document was essentially GPHP with additional context for UPHR registrants. *Good Public Health Practice* is a Faculty of Public Health document, and we've always worked very closely with them on it.

In 2024 GPHP was reviewed and refreshed to include better guidance about social media, confidentiality, and communication with the public. It was amended to reflect changes to the GMC's *Good Medical Practice*, to ensure they remain aligned. UKPHR was part of the task and finish group run by the Faculty of Public Health that oversaw its revision, which also included key representation from employers, registrants, and the four countries. The final version was approved and went live in December 2024

<https://www.fph.org.uk/professional-development/good-public-health-practice-2024/>

As part of this review, UKPHR has replaced the UKPHR Code of Conduct with a more detailed and useful User Guide. This was shared with the task and finish group, who provided useful and positive feedback. The final version was launched in early December 2024 and is published <https://ukphr.org/wp-content/uploads/2024/12/UKPHR-User-guide-to-GPHP-FINAL.pdf>. This was communicated widely to all stakeholders and registrants, and feedback so far is very supportive, noting that this is a more straightforward way of bringing GPHP to life and ensuring they are utilised and referenced by our registrants and their employers.

Standard 4: Education and training

7. Tell us about any significant changes to education and training requirements. You should include links to any new policies and procedures.

None

8. If your organisation is also the main training provider for the Register, tell us about any key changes to how education and training has been delivered.

N/A

Standard 5: Complaints and concerns about registrants

9. Tell us about any changes in the number of complaints received over the past twelve months, and what you think has caused this.

No significant change. We received one complaint during 2024-25 and it did not proceed to investigation. This is average for us.

10. Tell us about any significant changes to how you handle complaints and concerns about registrants. You should include links to any new policies and procedures.

We have drafted an Interim Orders Policy, which will be finalised at February 2025 Board meeting and published on our website. Details regarding sanctions are viewable to the public on our register, but none are in place at the moment. More detail above under the 'conditions' section.

Standard 6: Governance

11. Have there been any changes to key governance or leadership roles? You should tell us about changes to roles such as Chair, the Chief Executive, Board or Trustees, Registrar, and senior executives such as Directors.

Two professional (ie public health specialist) board members left at the end of their terms in March 2024, leaving two professional board members in place. There is no prescribed split of professional/lay board members outlined in our Articles of Association, however in the interest of succession planning we started a recruitment process in late 2024 with interviews in January 2025. An additional professional Board member was selected and appointed, and will start the role in April 2025.

12. Are there any key governance or leadership roles that are vacant? If so, you should tell us when you expect them to be filled.

See question 11; we expect our new professional board member to start on 1 April 2025.

13. Have there been, or are there expected to be any material changes to your Register's financial position, which could put its sustainability at risk?

No; income and expenditure remains relatively stable and predictable, with a small increase in both every year.

Standard Seven: Management of risks arising from the activities of registrants

14. Have you identified any new risks associated with the activities of registrants? If so, you should send us an updated *Risk matrix*.

No

Standard Eight: Communications and engagement

15. Have you made any significant changes to how you communicate and engage with key stakeholders, such as a new website?

For the first time we were able to compile and publish a data-driven annual report. This is a huge step forward for us in terms of data analysis and transparency and helps us move in a positive direction regarding our aims outlined in our new strategy (see below).

<https://ukphr.org/wp-content/uploads/2024/10/UKPHR-Annual-Report-2023-24.pdf>

We think it's essential to be transparent, produce data that is useful to our registrants and stakeholders, and demonstrate to our registrants that their fees are indeed allowing us to fulfil the aims of our strategy. We aim to publish a report like this every year.

Cross-cutting areas

16. Are there any other changes you haven't told us about above, that could affect the Standards? You should describe these in brief below, setting out which Standard(s) you think they relate to.

<https://ukphr.org/wp-content/uploads/2024/02/UKPHR-Strategy-2024-2029-FULL.pdf>

In February 2024 UKPHR published a five year strategy. This does not fundamentally impact our Standards, but hopefully sets out clearly where our priorities lie during the next five years. The draft strategy and our targeted consultation was reported on in last year's PSA submission, and we're very pleased we were able to publish to a very positive reception.

17. Are there any significant changes planned for the next twelve months? This could include improvements, challenges or changes that may affect your Register's performance in future.

In 2025-26 we are looking at our facilities. We currently have an office in Birmingham, but it is bigger than we require now that staff are working most of the time from home. We will initiate a project in spring 2025 to scope several options for the Board to consider, with the ultimate aim of reducing facilities costs and more efficiently using our resources. A decision will be made by the Board about the future of UKPHR facilities later in the financial year. This will have a significant impact on our finances (ie produce savings), and the Board will be considering a longer-term financial strategy at a Board Away Day in spring 2025.


18. Describe how any of the changes you have told us about in this form will affect those with protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race religion or belief, sex, sexual orientation). You should describe whether the impact is negative, positive or neutral and any actions put in place to minimise disadvantage or promote advancement of equalities.

We are re-considering our EDI impact assessment for our Portfolio route in light of the changes we've made to ensure registration is open to overseas candidates; we expect the change will have a positive impact.

Our new strategy outlines the importance of EDI and understanding our registrant demographics to identify issues and improvements. We started collecting EDI data from new registrants in late 2023. We wrote to all existing registrants in summer 2024 encouraging them to complete an EDI data monitoring form. This should enable us to report on protected characteristics for the first time in autumn 2025 in our next annual report.

Declaration

I confirm that the above is true and understand that it will be used by the Professional Standards Authority to complete its annual check of accreditation.

Signature: 

Job title: Chief Executive

Date: 28/1/2025

UKPHR Governing documents

Articles of Association: Rules that outline how a company is run, including the responsibilities and liabilities of directors, and an outline of the company's structure. A quasi-legal document outlining very high-level governance.

UKPHR has: Articles of association in place; these were last amended in 2020

Review Period: no less than every 10 years, or as needed if there is a significant change in function



Standing Orders and Rules: Rules that define how an organisation operates; establishes key prescribed guides for action or conduct.

UKPHR has: one set of Standing Orders, and separate Rules documents for key functions such as Fitness to Practice, Registration, and Appeals.

Review period: every five years

When amendments are needed: these must be approved by the Board



Policies: sets goals or principles of action adopted by an organisation

UKPHR has: a number of internally and externally focussed policies, many of which are published on our website.

Review period: every three years, although changes aren't always needed

When amendments are needed: significant changes are approved by the Board, or if quicker implementation is needed via Chair's Action. Minor changes that do not fundamentally change the policy can be approved by the CEO.



Processes: a series of actions or steps taken to achieve goals as set out by policies

UKPHR has: processes or standard operating procedures for every process, easily accessible by all staff.

Review period: reviewed as needed, or as process improvements are implemented

When amendments are needed: these do not require Board approval; they are signed off by the HoBD&I, the CEO, and/or the Registrar depending on the focus area