

UKPHR Education and Standards Committee
Minutes of meeting on 22 July 2025

Present		Apologies	
NAME	ORGANISATION	NAME	ORGANISATION
Ranjit Khutan Chair (RK)	UKPHR Board	Judith Hooper	UKPHR SRbPA Moderator
Jessica Lichtenstein (JL)	UKPHR CEO	Fiona Macdonald	Public Health Scotland
Joanna Dowd (JD)	UKPHR Board	Gill Jones	UKPHR Registrar
Jenny Douglas (JDouglas)	UKPHR Board	Ben Humphrey	UKPHR Board
Marianne Coward (MC)	UKPHR Board		
David Evans (DE)	UKPHR Board		
Ellis Friedman (EF)	Faculty of Public Health		
William Roberts (WB)	Royal Society for Public Health		
Irfan Ghani (IG)	UKPHR Practitioner Moderator		
Rachel Flowers (RF)	UKPHR Board		
Carol Stewart (CS)	UKPHR SRbPA Moderator		
Anisah Ali (AA)	UKPHR Practitioner Registration Lead		
Zaira Ejaz (ZE)	Secretariat, UKPHR		

Item 1 - Welcome, apologies and declaration of interest

1. The Chair welcomed everyone to the meeting. Attendance and apologies were all listed above. There were no declarations of interest.

Item 2 – Minutes of previous meeting

2. The minutes of the meeting held on 08 October 2024 were agreed as a true record.

Item 3 - Action Points and matters arising

3. There were no actions from the last meeting to discuss and no matters arising.

Item 4 – UKPHR Revalidation Evaluation

4. ZE introduced the evaluation report on the new Revalidation scheme which was implemented in April 2024 and has been in operation for over a year. The purpose of the report was to gather feedback from specialists on their experience with the new application process. 113 registrants were invited, and 29 responses were received. There were some key themes from the feedback such as clarity, usability, supporting materials and communication.
5. The majority of respondents found the process clear, straightforward and easy to follow, with revised guidance and video resources proving particularly helpful. Some issues were noted, including difficulties for one agency worker in accessing their appraisal due to system constraints. Most users found the portal easy to navigate and valued the ability to see all questions in advance, although a minority felt the process may be oversimplified by relying mainly on self-declarations and requiring only a professional appraisal as supporting documentation. The shift from documentary evidence to self-declaration was well received and has expedited processing times. The changes to the referee criteria in requiring references solely from a line manager or a recent professional appraiser were welcomed for their simplicity. Finally, monthly reminders were positively received, giving registrants adequate time to prepare their submissions.
6. Key areas for improvement identified include the need for tailored guidance specifically for agency staff and individuals outside standard employment arrangements; enhancing application flexibility by allowing users to preview the full application before submission, as the current section-by-section design limits this; improving clarity regarding referee criteria, as some confusion persists; and reviewing the robustness of the self-declaration process, with concerns noted that the current approach may be overly simplistic and require stronger safeguards for quality and rigour.
7. JL commended Zaira's work on the evaluation and noted that the review has improved internal efficiency, particularly through the shift to an automated Revalidation system and closer collaboration with UKHSA's appraisal systems. JL highlighted ongoing challenges with quality assurance and oversight, as public health registrants do not have a Responsible Officer system like the medical profession. Finally, Jessica highlighted the influence of the NHS 10-year plan, which signals a move towards continuous improvement in Revalidation, and noted that developments at the GMC are being closely monitored to inform future policy.
8. The Committee acknowledged the report and the feedback. There was some discussion on those who are not in contracted employment who struggle with access to appraisals. RF shared her own experience trying to access revalidation support and the need for a system to accommodate this growing group. There was a suggestion on collecting further feedback from the Committee following the meeting as well as considering creating a preview version of the application in a document or print option to address one of the areas of improvement. ZE confirmed that the feedback will be taken back and discussed internally. The NHS 10-year plan has meant that any improvements to UKPHR's current revalidation process would be paused until there is some clarity from the GMC on the new revalidation process.
9. The Committee was happy to note the progress made in this report. Potential actions and solutions will be considered based on the improvement suggestions.

Item 5 – MSF tool review and options

10. JL presented the Registrar's report on the use of Multi-Source Feedback (MSF) tools for public health professionals. The report focused on whether adjustments should be made to UKPHR's requirements in relation to the MSF tool and listed a number of options on how to manage this as currently there are a large number of tools approved by us that do not reflect good public health practice and are mainly used for leadership purposes.

11. The Committee acknowledged the report as a comprehensive piece of work and recognised some of the challenges with the current MSF tools for public health specialists. It was noted that sometimes MSF assessments are conflated with how much people like the individual or how well the assessment process was delivered, which may skew the results away from a true evaluation of competency.
12. Of the options listed in the report, the Committee agreed strongly in favour of continuing to use MSF tools as part of the appraisal and revalidation process. Whilst some MSF tools accepted can be considered too clinical and not fit for purpose, there are tools reasonably tailored to public health practice. The Faculty of Public Health (FPH) supports employers such as UKHSA, OHID and Public Health Wales (PHW) in adopting or securing suitable MSF tools. It was noted that PHW is developing a public health-specific MSF tool, and this is a good opportunity for other employers to endorse this. The FPH aims to recommend around three reliable MSF tools to maintain consistency and commonly accepted by UKHSA and other organisations, supporting consistency across public health bodies.
13. The Committee emphasised the need to keep the current list of MSF tools manageable, since over time some tools become outdated or replaced. In terms of the requirement, it was agreed that MSF should remain a requirement for revalidation and the list of the current recommended MSF tools should be updated and then periodically through a light-touch review to stay relevant and streamlined. It was recognised that there is value in new, public health-specific tools like the PHW development, and potential collaboration between organisations would be beneficial.
14. The Committee expressed appreciation for a comprehensive report by the Registrar.

ACTION: Review and update the current list of MSF tools on UKPHR's website.

Item 6 – Fitness to Practise review

15. JL introduced the Fitness to Practise Project Initiation document and provided some context for this work. ZE presented the document and the purpose for this project. Currently, UKPHR handles very few fitness to practise cases annually and has never had to convene a fitness to practice panel or impose sanctions such as striking someone off the register. Despite this, JL stressed the importance of preparing for an increase in such cases in the future. The current process in dealing with fitness to practise issues is currently quite disruptive and resource-intensive for the team. Therefore, there is a need to develop clear, robust and consistent processes beneath the existing high-level fitness to practise rules, which currently outline powers such as convening panels or imposing sanctions but lack detailed operational guidance. This lack of detailed procedures may risk inconsistency in handling cases.
16. The Committee supported the urgency of having well-prepared policies, that although the number of cases is small, eventually a significant case is likely to arise. Having documents and processes ready will prevent being caught unprepared when such cases occur. It was also suggested that it would be valuable to analyse data from all concerns received by UKPHR historically as well as any data on concerns raised about UKPHR registered practitioners. Employers may also be unaware of whether their practitioners are registered, indicating a need to raise awareness of fitness to practise responsibilities among employers.
17. There was a comment on UKPHR to consider how health concerns should be reported and this needing to be made more explicit in our communications and ensuring the revised process also includes detail on the sanctions registrants would be subject to if a fitness to practise case was upheld.

18. The committee discussed the next steps and agreed to approve the project's initiation to move forward into the review phase. Jessica noted that the project initiation document is a working document and will evolve with input from the committee. There was recognition that resource constraints and scope need to be carefully managed, given the complexity of the fitness to practice area.
19. JL proposed that, at the next committee meeting planned for early October, they will present an analysis of existing fitness to practice cases, an updated project initiation document, and all relevant findings for committee review and comment. She also mentioned the possibility of forming an expert reference group to support this work, depending on the issues encountered, or to continue using the current committee as critical friends to guide recommendations to the board. The Committee acknowledged the continued interest and offered to maintain the dialogue as the work progresses, recognizing that fitness to practice is a complex but crucial area for UKPHR.

ACTION: Review the Fitness to Practise Project Initiation document (PID) following comments from the Committee.

ACTION: Produce an analysis of existing fitness to practice concerns raised to UKPHR with relevant findings in time for the next Education & Standards meeting.

Item 7 – Any other business

None.

Item 8 - Next meeting

20. **Tuesday 7th October 2025 at 14.30hrs** was proposed and agreed.