professional™ standards authority
accredited register

UKPHR
Public Health Register
Protecting the public | improving practice

UK Public Health Register

2024-2025 Annual Report

Annual report 2024/25

Contents

Message from Chair and Chief Executive

We are pleased to present the UKPHR Annual Report for 2024/2025, a year marked by both consolidation and progress in our work to protect and improve the public's health through effective professional regulation.

This year as we embark on our 5-year strategy, we continued to strengthen our regulatory processes to ensure they remain fair, transparent and responsive to the needs of registrants and the public. Notably, we have refined our approaches to renewal and revalidation making these processes more consistent and less burdensome to our registrants, while maintaining flexibility where it is needed most. Our focus has remained on safeguarding standards and supporting professional practice in an ever-evolving public health landscape.

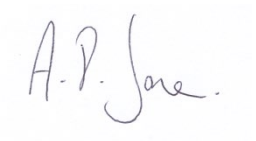
Engagement with registrants and employers has been an important theme this year. It's been a challenging time for anyone working in public health, with consistent transition and re-structure happening across the Board. Despite disruption, we've aimed to listen closely to our registrants and understand their needs. We have expanded opportunities for consultation and feedback, ensuring that the voices of those we regulate play an active role in shaping our policies and processes. The office team has worked tirelessly to provide timely communication, foster trust, and uphold the values of accountability and openness.

We've also continued our focus on engaging with partners, ensuring we're continuing close working with the Faculty of Public Health, and the four nations on essential public health workforce conversations, which become ever more challenging in an environment with limited resources.

Operationally, we continued to adapt our ways of working, balancing efficiency with accessibility. We have further embedded digital systems to streamline administrative functions while ensuring a supportive and personal service to our registrants. At the same time, our governance structures have continued to develop, helping us remain transparent, proportionate, and aligned with best practice.

Looking ahead, UKPHR is committed to supporting the public health workforce in meeting present and future challenges, including workforce pressures, system reforms, and the continuing importance of equity in public health. We remain determined that our role as an independent regulator contributes to strengthening trust, raising standards, and protecting the public.

We extend our thanks to our registrants, our partners, and our dedicated office team for their continued hard work and commitment to public health. Together, we can ensure that regulation continues to play its part in promoting excellence, protecting standards, and supporting the workforce now and in the future.



Andrew Jones, Chair

Jessica Lichtenstein, Chief Executive

Part 1: Who we are

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

We operate as a small team of 5.2 full time equivalent staff.

Our Vision:

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

Our Values:

- Ensuring public protection
- Achieving fairness and equity
- Promoting transparency and openness
- Enabling resilience through robust regulation
- Facilitating a collaborative approach across the profession

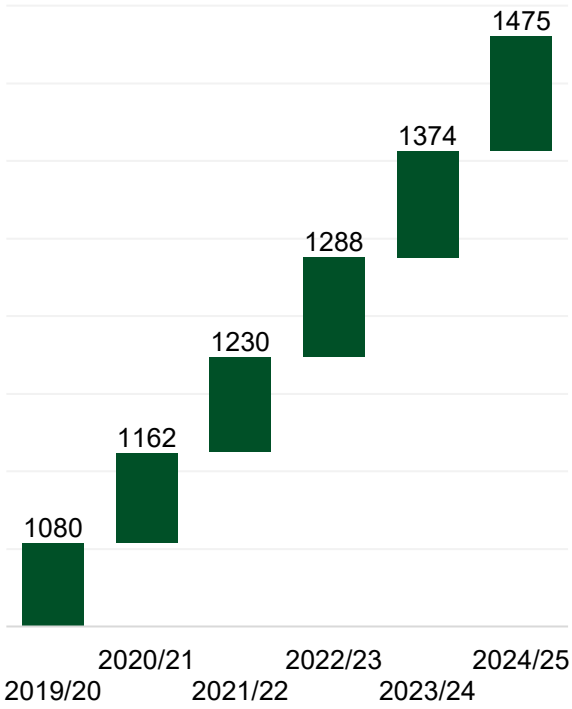
Part 2: Year in highlights

This Annual Report relates to the financial year 2024/25 and summarises our work during that period. Some of our key achievements include:

- The start of our new 2024-2029 strategy
- Delivered training to 29 new assessors and 13 new verifiers supporting practitioner registration
- Delivered training to 6 new assessors for Specialist Registration by Portfolio Assessment
- Completed a review of our Specialist Registration by Portfolio Assessment (SRbPA) route and published improved guidance
- Achieved a successful PSA Accredited Register full assessment and approved clear plans for the recommendations and conditions received.
- Delivered staff and stakeholder surveys to better understand how UKPHR is viewed, which indicated that we have clear goals, strong leadership and are a supportive employer
- Delivered a successful and well-received public health practitioner conference, our first in-person event since the pandemic
- Completed a review of re-registration for practitioner registrants and launched a revised 5 yearly re-registration process
- Started publishing which registrants are also Educational Supervisors on our public Register
- Started registering our first public health practitioners via the apprenticeship route
- Completed a light touch governance review, including reviewing our standing orders and articles of association
- Implemented the recommendations from our registration decision making review to align ourselves with other regulators and manage timelines more effectively.
- Begun work on a board development action plan to ensure our Board operates as effectively and efficiently as possible
- Issued policy statements on inter-regulatory decision co-ordination and processing applications from those with pending investigations from other regulators
- Reviewed our Business Continuity Plan
- Completed our first lapsed registrant survey to gather data on why some registrants may decide not to maintain their registration
- Published UKPHR guidance on the revised Good Public Health Practice which replaced the existing UKPHR's Code of Conduct
- Began delivering EDI training to our volunteers to further ensure fair decision making
- Published our first Employer Guidance on how employers can support employees through their UKPHR registration cycle

Register snapshot

Our Register has three types of registration categories: Public Health Specialists, Public Health Specialty Registrars and Public Health Practitioners. More information about the different registration categories can be found on our website here.



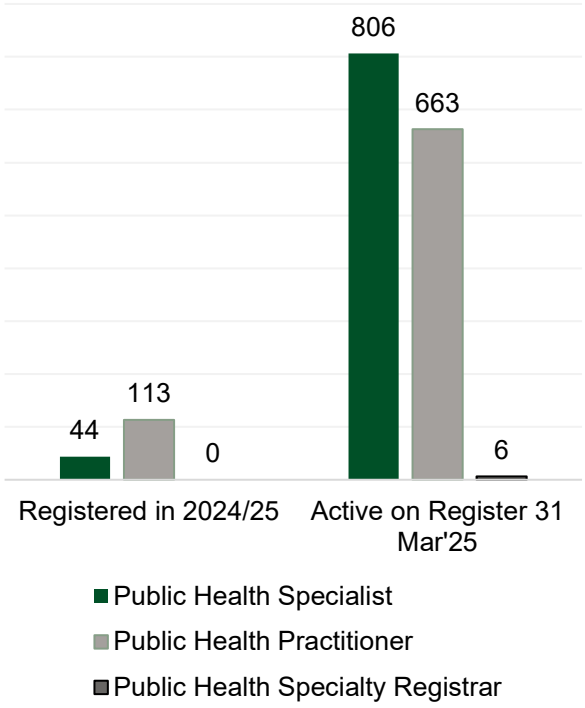
On 31 March 2025, UKPHR recorded 1475 active registrants: a 7% increase on the previous financial year. Our Register has grown steadily over the last five financial years.

Between 1 April 2024 and 31 March 2025 we registered 157 new Public Health professionals; a 9% increase on the previous financial year. This reflected 72% of all new registrations.

At the end of the 2024/25 financial year, Public Health Practitioners accounted for 44% of our Register, an increase of 4% since the previous year.

Fig 1 (left): Number of active registrants at end of financial year

Fig 2 (below): Number of new registrants in FY 24/25 and number of active registrants at end of FY 24/25



PSA Accreditation

In March 2025, the Professional Standards Authority (PSA) completed our annual review, which included assessment of progress of conditions set at our last full accreditation renewal in 2024. They confirmed that the two conditions issued at our full accreditation renewal 2024 had been met, and as a result all standards continue to be met. Accordingly, accreditation was fully confirmed with no outstanding conditions.

The review also noted positive findings in our updated Business Continuity Plan, Good Public Health Practice User Guide, 2024-2029 Strategy and Registration Eligibility Quiz.

We are due to be assessed next for a further annual review in early 2026.

Part 3: Progress against our strategy

Theme 1: Maintain, develop, and grow our Register

1.1. Maintain:

1.1.1. Annual Renewal

The key to maintaining our Register is ensuring that our registrants engage effectively in the Annual Renewal process.

Currently, all active registrants are invited to renew their registration between 1 May – 1 July. Registrants complete a declaration form and pay their registration fee, using their online registrant portal.

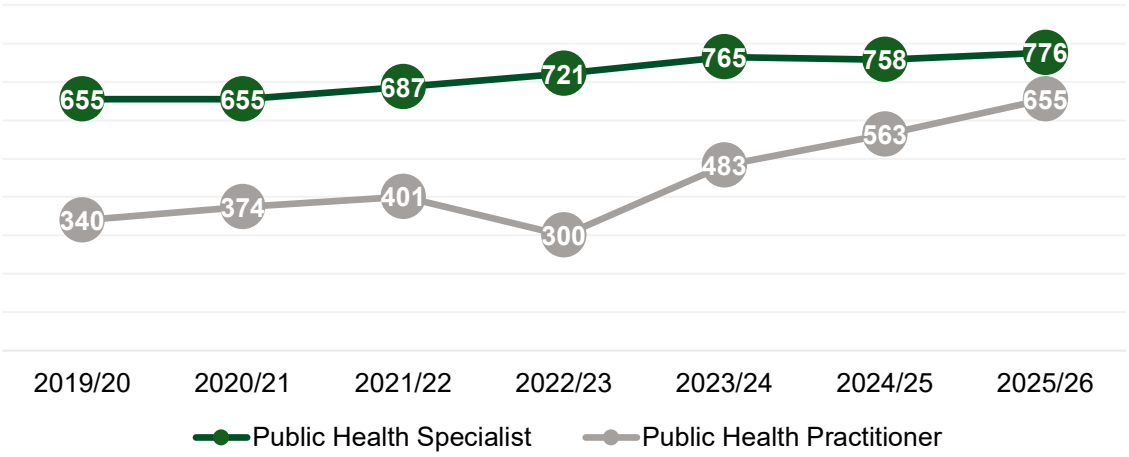


Fig 3 (above): Number of successfully completed renewals

1.1.2. Lapsed registrants.

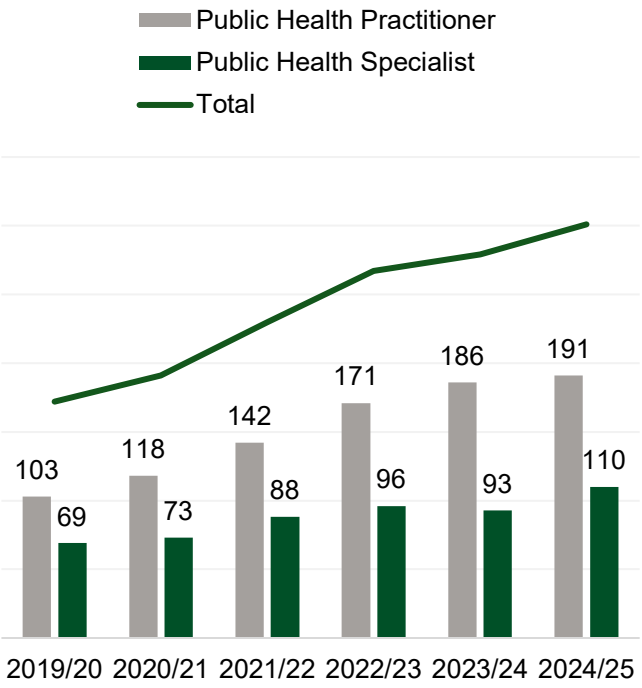


Fig 4 (above): Number of lapsed registrants on the Register at end of financial year

'Lapsed' registration status occurs where the registrant did not fulfil their registration requirements, knowingly or unknowingly.

Whilst the number of registrants with 'Lapsed' status remained stable amongst public health specialists, it has shown a slight increase amongst public health practitioners. This may suggest different attitudes towards maintaining active registration between these two groups, possibly linked to how employers approach requirements for maintaining an active registration with UKPHR.

Some registrants do lapse intentionally – for reasons such as retirement, no longer practicing in public health or

taking an extended career break. We encourage registrants in these circumstances to choose to submit a voluntary withdrawal application rather than letting their application lapse. A pro-active declaration via voluntary withdrawal allows us to keep better track of why and when applicants choose to leave the Register, as opposed to them failing to comply with registration requirements (annual renewal, revalidation, re-registration).

In 2024 after our renewal season, we issued our first lapsed survey to gather information on why registrants lapsed their registration. We invited all lapsed registrants to the first of this type of survey and moving forward we will seek to survey lapsed registrants after each renewal season. 343 registrants were invited with 63 responses (18% response rate).

Most of the respondents lapsed between 1-5 years ago (59%). 22% of respondents lapsed within the last year. Whilst most of the reasons chosen were as expected and generally evenly spread, almost half of all former registrants who took part chose saw no benefit in registration as a reason. They were able to select more than one reason.

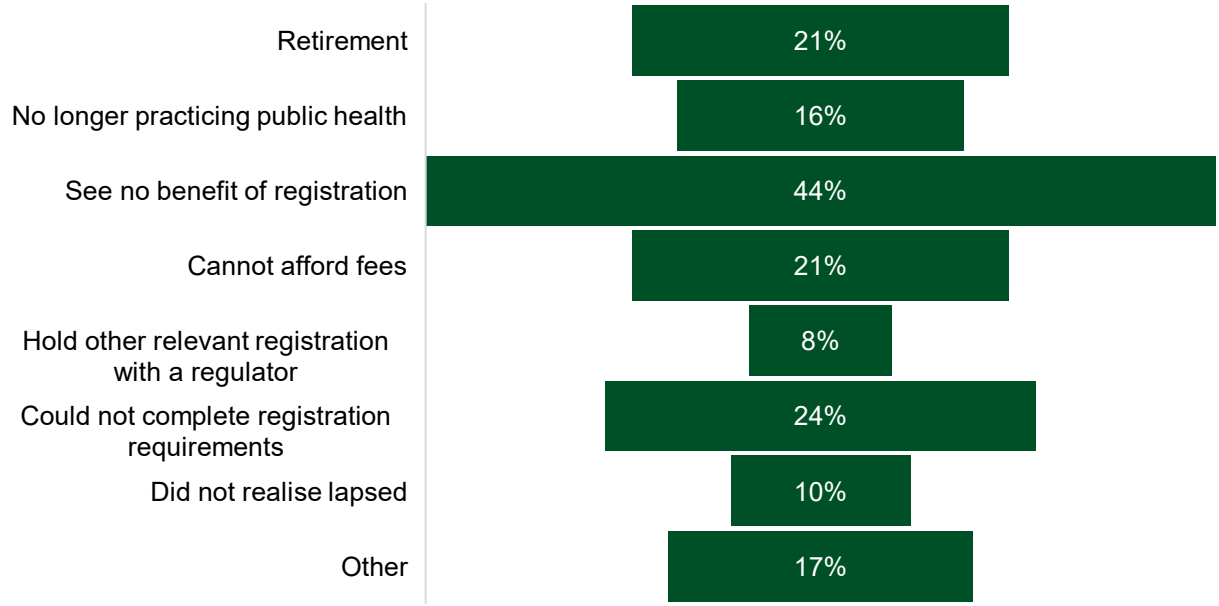


Fig 5 (above): Reasons for lapse (all lapsed registrants in 2024) more than one reason can be selected

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

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

1.1.3. Revalidation and Re-registration.

Public health specialists are required to engage in a revalidation process every five years to demonstrate that they continue to meet professional standards, to keep their registration active. Similarly, public health practitioners are required to engage in a re-registration process every five years.

Revalidation year	Invited	Approved	Refused	Deferrals	Lapsed/ relinquished
2019/20	110	95	0	7	11
2020/21 (Covid)	88	16	0	74	<54
2021/22	145	202	0	40	14
2022/23	149	135	0	15	14
2023/24	87	123	0	9	<5
2024/25	147	136	0	7	10

Fig 6 (above): Number of public health specialist registrants invited to revalidate each financial year with the number of applications approved or refused in the financial year. The number of applications submitted to defer revalidation date in the financial year and those who lapsed due to noncompliance with revalidation or knowingly did not complete revalidation due to relinquishment of registration

Re-registration year	Invited	Approved	Refused	Deferrals	Lapsed/ relinquished
2019/20	24	18	0	0	6
2020/21 (Covid)	41	33	0	38	7
2021/22	65	56	0	6	9
2022/23	80	64	0	6	16
2023/24	59	55	0	6	*6
2024/25	84	69	0	4	11

Fig 7 (above): Number of public health practitioner registrants invited to re-register each financial year with the number of applications approved or refused in the financial year. The number of applications submitted to defer revalidation date in the financial year and those who lapsed due to noncompliance with revalidation or knowingly did not complete revalidation due to relinquishment of registration

Deferrals

Registrants may request a deferral of their revalidation or re-registration due date. Deferral applications were reviewed on a case-by-case basis with complex applications considered by the Registrar and more straightforward applications, based on predefined criteria reviewed by the office team.

Whilst in previous years the deferral request rate was generally consistent at c.10%, with the first year of the Covid pandemic being an exception >80%, the deferral rate for revalidation and re-registration reduced in 2024/25 to 5%. This is the lowest for the last six financial years.

In the financial year 2024/25, we granted all 11 deferral requests for revalidation (this includes deferrals for due dates beyond 2024/25) - the reasons for a deferral included: illness, needing extra time to complete the requirements, delays in completing appraisal and parental leave. We also granted all six deferral requests (this includes deferrals for due dates beyond 2024/25) for re-registration. Examples of reasons for deferral included illness, needing extra time to complete the requirements and parental leave.

1.1.4. Voluntary withdrawal.

Each year we receive a small number of voluntary withdrawal requests (between 20 and 40 requests). In the financial year 2024/25 we received 39 such requests, with registrants able to give more than one reason for why they wish to withdraw their registration. There has been a slight increase in applications, perhaps due to a shift in culture to pro-actively withdraw from the Register instead of naturally lapsing.

It is worth noting that overwhelmingly, the reasons given related to retirement or no longer practicing public health due to a career change or retirement.

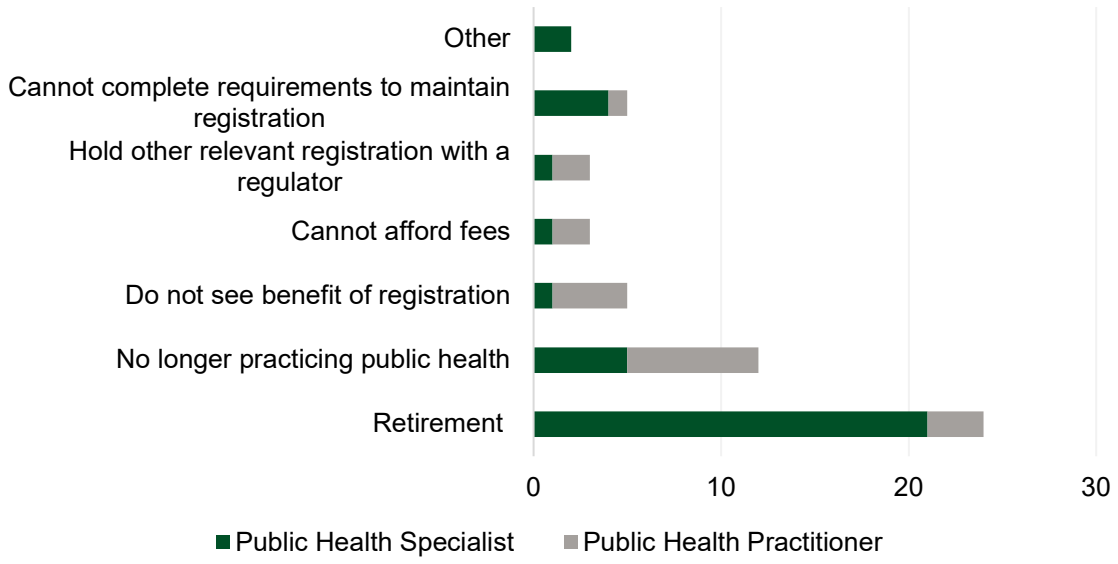


Fig 8 (above): Reasons for voluntary withdrawal applications submitted in financial year 2024/25. Multiple options could be selected per application

1.1.5 Restoration

Each year we receive a small number of restoration requests. These are mostly submitted once the renewal deadline passes and a registrant's registration, lapses due to non-completion of the renewal requirements. There may be occasions where registrants restore their registration after a longer period away. The return is often initiated due to a new job which requires registration or returning to practice public health after a career break. As registration is designed to assure the public and employers that multidisciplinary public health professionals are appropriately qualified and competent, applicants are required to demonstrate ways in which they have maintained their knowledge and skills in the duration their registration was either lapsed or withdrawn in order to successfully be restored to the Register.

In the financial year 2024/25, we received 60 such requests.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Public Health Specialist					22	31
Public Health Practitioner					27	29
Total	**32**	**21**	**98**	**54**	**49**	**60**

Fig 9 (above): Number of restoration applications submitted each financial year by registration category

Restoration requests received within one month of the lapsed date are processed by the office, with the Registrar reviewing and deciding on more complex cases.

1.1.6 Data relating to incoming registration enquiries.

We receive a high number of external queries daily, via email (both into our generic inbox and from registrants and applicants in our online system) and telephone. A large proportion of staff time is dedicated to providing this support.

An analysis of the emails received in our generic inbox (register@ukphr.org) in 2024/25 demonstrate a high influx of queries relating to practitioner registration, closely followed by specialist registration. The fewest number of queries is in relation to speciality registrar registration.

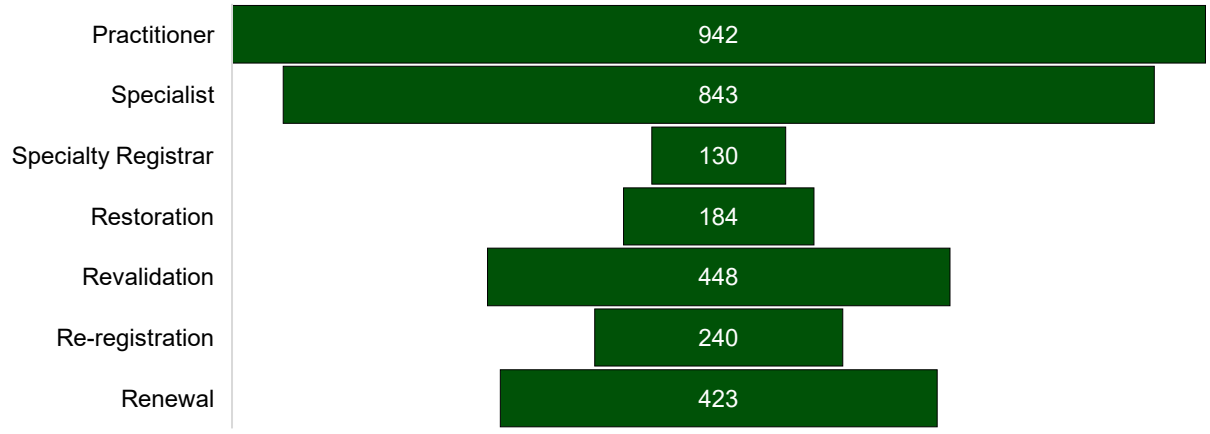


Fig 10 (above): Number of emails received to the register@ukphr.org inbox in the 2024/25 financial year with the keyword

112 emails replies were sent to individuals who sent broad registration queries and were unsure of what category of registration they would like to pursue.

1.1.7 Fitness to practise

UKPHR has historically had a very low instance of fitness to practise (FtP) concerns being reported. This is likely due to several reasons:

- Public health professionals normally work in administrative environments and do not perform clinical work or engage with patients
- Most issues relating to performance are dealt with by employers and are not escalated to the regulator

This year reflected the usual trend of minimal fitness to practise activity. We received one complaint about a registrant. This complaint was dismissed as it did not meet our threshold to investigate and a result, there were no FtP panels in 2024/25.

1.2 Develop and grow

1.2.1 Retrospective Portfolio Practitioner registration through local schemes

Retrospective Portfolio Practitioner registration through local schemes is an area that UKPHR are committed to growing. The challenge remains in availability of spaces and ensuring well-funded and supported schemes.

We are currently collaborating with 11 practitioner registration schemes across England and Wales, with a number of additional individual schemes across Health Boards in Scotland. Over the years, there have been some changes in how the schemes are organised and run, however the numbers of applicants coming to registration through this route has remained stable and has begun demonstrating a steady increase.

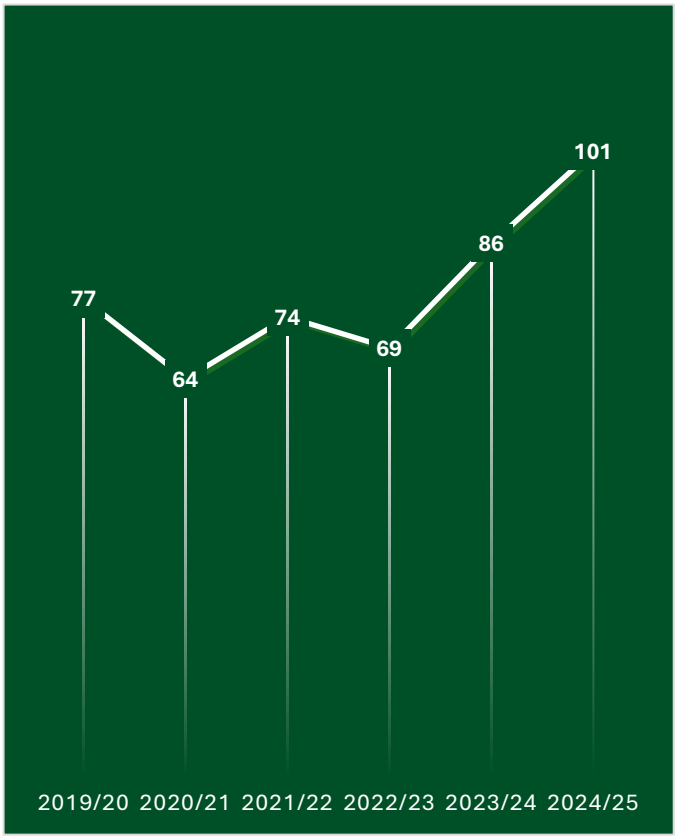
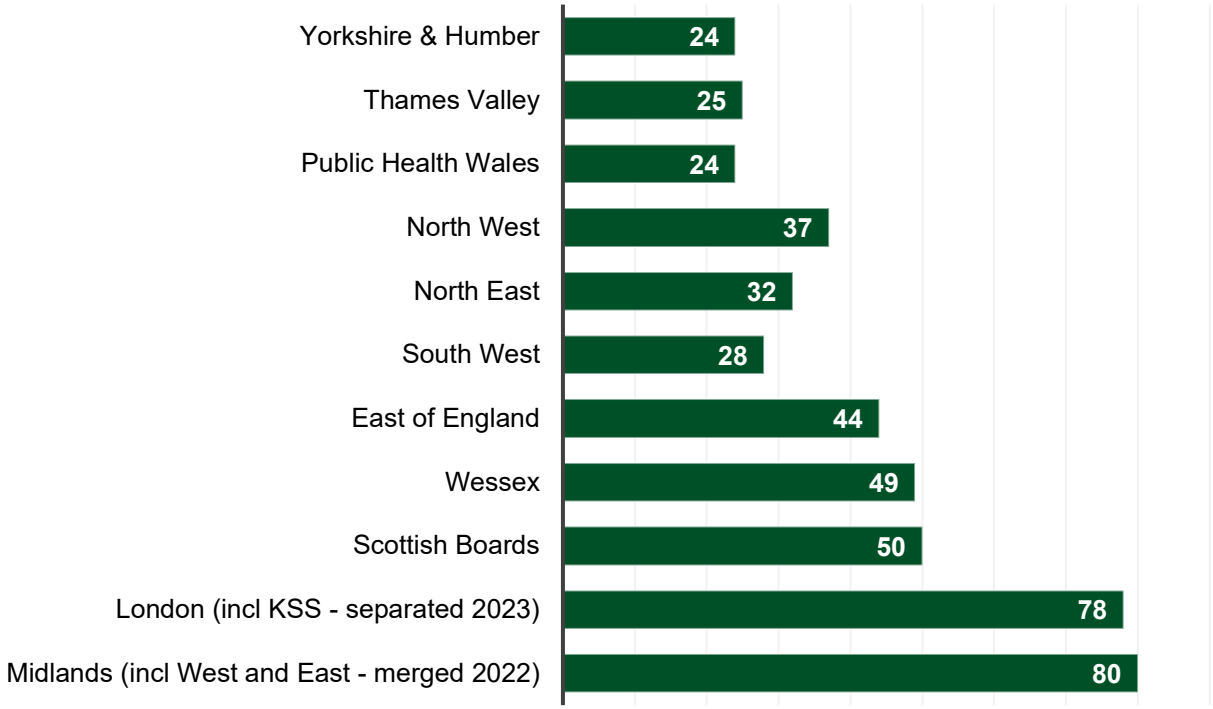


Fig 10 (above): Number of new public health practitioners via the portfolio route each financial year

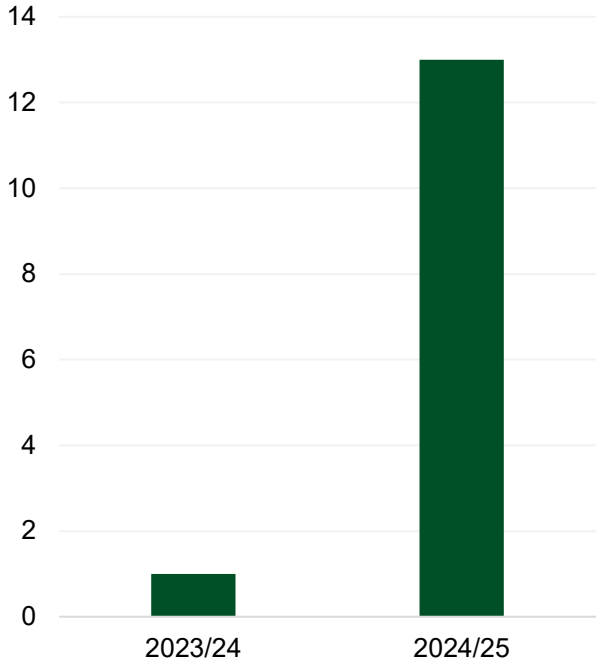
Fig 11 (below): Number of new public health practitioners via the portfolio route for each local registration scheme for the last 6 financial years



1.2.2 Public Health Apprenticeship

The public health practitioner apprenticeship was approved by the Institute for Apprenticeships and Technical Education in 2019. The three-year apprenticeship provides work-based training and learning, allowing the apprentice to learn by doing the job. Those who complete the public health practitioner apprenticeship successfully will have demonstrated all the knowledge, skills and behaviours required of a fully competent practitioner who meets the UKPHR Practitioner Standards and are eligible to apply to register with UKPHR as a public health practitioner.

Fig 12 (below): Number of new public health practitioners via the apprenticeship route each financial year



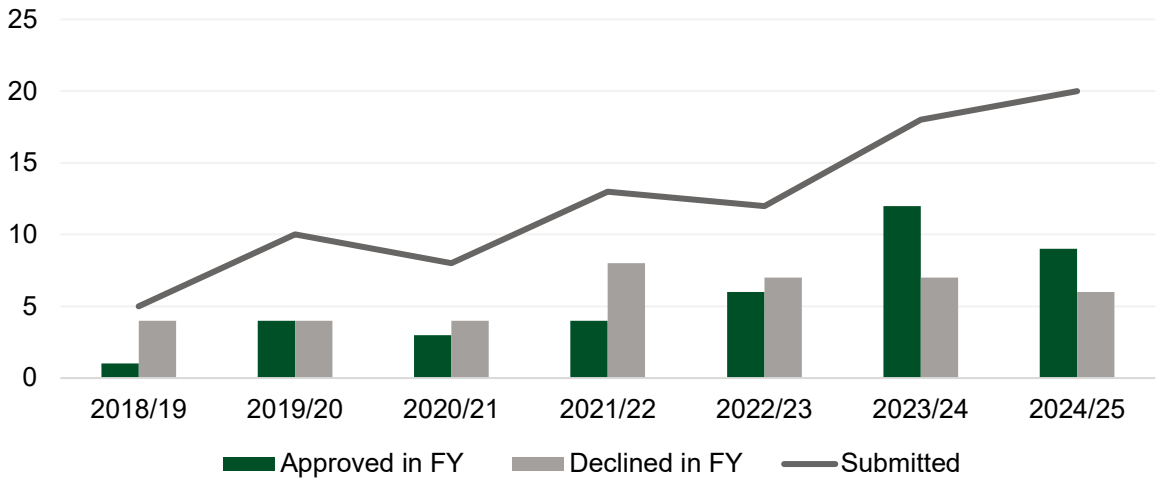
We registered our first public health practitioner via the apprenticeship route at the end of the 2023/24 financial year, and the 2024/25 financial year has experienced a steady influx of applications. Alongside an increase in applications from the portfolio route, the apprenticeship route applications have contributed to a 27% increase in new practitioner applications in 2024/25; the highest increase since 2019/20.

1.2.3 New Specialist Registration by Portfolio Assessment (SRbPA)

This route opened in 2018 and introduced a pre-application process, which considers whether an applicant is working at a level appropriate for submission of a full portfolio. This has translated into a good success rate when an application is allowed to progress to a full portfolio assessment.

There has been an increase in pre-application submissions in 2024/25, as well as a decrease in the number of declined decisions reached in year. 20 applications were submitted and from those assessed in 2024/5, 9 were approved to continue to submit a portfolio within 18 months and 6 were declined and have a further opportunity to submit a pre-application.

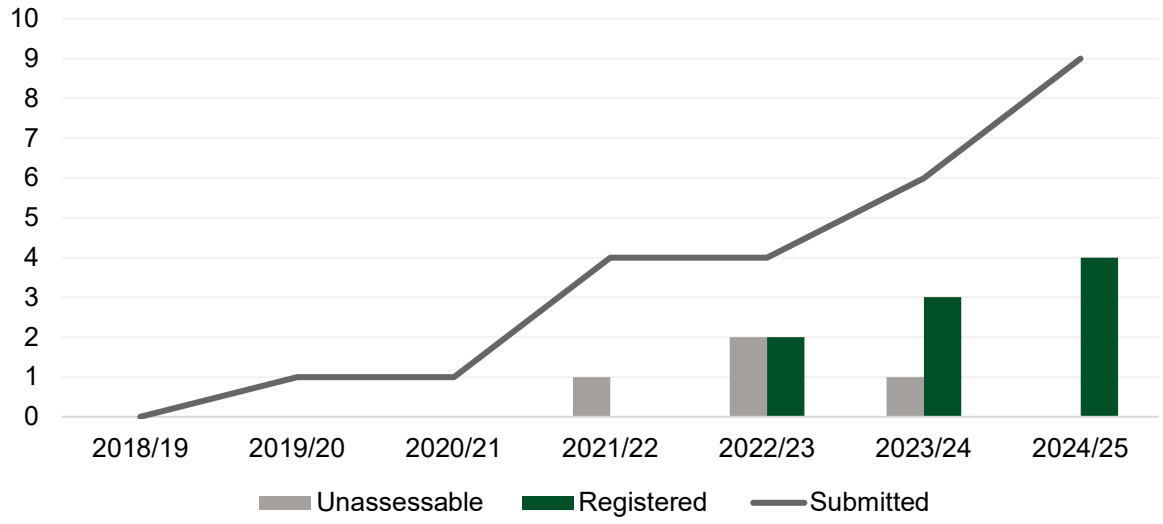
Fig 13 (below): Number of SRbPA pre-applications submitted each financial year alongside the number of approved or declined decisions reached each financial year for applicants to continue to submit a portfolio within 18 months



Applicants who have been granted permission to submit a portfolio have 18 months to do so and therefore our first portfolio was received much later than our first pre-application. Due to the increase in approved pre-applications, 2024/45 experienced the highest number of portfolio submissions sinch launch. Whilst unassessable decisions peaked in 2022/23, no unassessable decisions were reached in 2024/25, which we can attribute to our specialist moderators providing continued support for the effectiveness of the process through providing detailed guidance, workshops, webinars & podcasts.

9 SRbPA portfolios were submitted for assessment in 2024/25. A total of 4 new public health specialists were registered via the SRbPA route and there were no unassessable decisions reached. We also admitted our final 2 public health specialists via the defined specialist portfolio route.

Fig 14 (below): Number of SRbPA portfolios submitted for assessment each financial year alongside the number of public health specialists registered via the SRbPA route and unassessable portfolio decisions reached



In 2024/25 we completed a light touch review of the SRbPA process, involving a task and finish group that included, UKPHR staff, UKPHR Specialist moderators and assessors, those supporting applicants through the application process, as well as applicants themselves. The meetings and discussion resulted in a list of improvements and clarifications which have now been incorporated into the formal guidance and published. The competencies that need to be demonstrated remain aligned with the Public Health Training curriculum.

2 Specialty training programmes

We want to ensure future UKPHR registrants are supported, prepared, and have a clear registration offer. We work closely with the Faculty of Public Health and are represented on their Education Committee, in order to ensure public health trainees from multi-professional backgrounds have fair access to training programmes and employment after they complete their training. We wish to encourage all trainees to register with UKPHR during their training period as UKPHR registered public health specialty registrars.

3 Improving registration processes and policies

We want to ensure that registration process and policies remain flexible and fair. The UKPHR team along with the Registrar continually review and update our policies and guidance, referring to the Registration Policy Group, Education and Standards Committee and our Board as appropriate. We operate in line with a set calendar of policy reviews, with ad hoc improvements made as needed.

In the financial year 2024/25 we:

- Created our first Sexual Harassment policy
- Completed our Specialist Registration by Portfolio Assessment (SRbPA) process light-touch review and published revised guidance
- Completed a review of re-registration for practitioner registrants
- Reviewed our Business Continuity Plan, Comments, Complaints and Compliments policy, Reduced Fees policy and Gifts and Hospitality Policy in line with our policy review calendar
- Conducted EDI impact assessments on all new policies and procedures

4 Our EDI ambitions

UKPHR wish to further understand registrant and applicant demographics including protected characteristics and we have put in place measures to collect and analyse this information.

In 2023, we drafted and agreed with the UKPHR Board our ‘Equality, Diversity and Inclusion Plan (EDI Plan)’. The plan lists a number of actions across all areas of work and is regularly reviewed. The plan is grouped into five themes, each of which are addressed below.

Policy work

Following a PSA recommendation on Standard nine on EDI, in 2024/25 we proceeded to publish online our existing Equal Opportunities policy.

We continue to utilise equality impact assessments to consider the equality implications of any policy, practice, function or service on different groups of staff and registrants and

consider if there are ways to proactively advance equality. We ensure that all applications for staff, Board and volunteer roles are anonymised before shortlisting.

EDI and fairness in the context of assessment and moderation was considered as part of the SRbPA light-touch review. Whilst full anonymisation is not practically possible for assessment and our Registration Panel, the minutes of the Registration Panel are now anonymised before presenting before for the Registration Approvals Committee.

Training and development

To further our EDI agenda, in December 2023 we asked our professional training provider (Quarterdeck) to produce an EDI video to be used for our panellists and wider workforce who contribute to decision-making. In 2024/25 we also held in-house workshops with our office staff on plain English and user accessibility.

Data and outcomes

With the arrival of the new registration system, we were able to start gathering equality and diversity data in a more systematic way. All initial applications for registration now include an optional EDI monitoring form, with date of birth a mandatory data field. To ensure that we retain accurate information, during the renewal season in the financial year 2024/25 we asked all registrants to provide us with updated EDI monitoring information. Moving forward all registrants will have an annual opportunity to update the details we have on file. This was data collected for the first time, and as the form completion was voluntary, the data remains incomplete. However, we will build a picture and hope to publish this data for 2025/26. We are confident that progressively we will gather and report better insights across all protected characteristics relating to our registrants, such as ethnicity or gender.

Communication

One of the areas of focus in the updated EDI action plan is on UKPHR's communications and how this can be approved. The work the office team have done on plain English and readability should further improve accessibility of all of our documents and guidance.

All UKPHR policies, including our Equality and Diversity policy, are now available to view on our website. We completed a light-touch review of our website to ensure that all links were visible and old documents were deleted from the media library. We plan to undergo a revamp of our website in 26/27 to improve accessibility.

Monitoring and evaluation

We continue to meet the PSA standard around EDI. Our EDI action plan addressed seven recommendations made by the PSA in our 2024 annual review; they have since confirmed that we have now met the standard in our 2025 review.

The Education & Standards Committee and the Board receive regular update on UKPHR's EDI work.

We will aim to produce a focused EDI report in 2025-26.

Theme 2: Support and enable the multi-disciplinary workforce to maintain professional standards

5 Engagement with public health employers

UKPHR continues to engage regularly with all key public health employers in all four countries of the UK including the UK Health Security Agency, Office for Health Improvement and Disparities, NHS England, Public Health Wales, Public Health Scotland, and the Public Health Agency (Northern Ireland), as well as the Association of Directors of Public Health. Our aim is to ensure employers are clear about how their public health teams engage with public health regulation and promote close working, with the aim of supporting our registrants to meet the required professional standards.

We published new Employer Guidance to guide employers to support their employees through their UKPHR registration lifecycle. We set out to address the most common situations when employer support may be needed, so that registrants and employers are clear about our expectations.

In the 2024/25 financial year we retired our Code of conduct and published our user guide to Good Public Health Practice (2024). The document compliments the second edition of GPHP and describes our expectations of registrants and provides guidance on how to use the standards.

UKPHR continues to work closely with regions and countries who are supporting individuals preparing to come through the SRbPA route. This route is complex and challenging, and local support is a significant success factor. There is work being undertaken in England to better understand what works and what doesn't in terms of local support leading to success in the route, and UKPHR s working hard to refine our communication and messaging to best enable applicants to submit good quality applications.

We have also been working with other organisations across the UK to ensure that clear and accessible information about public health career pathways is published and accessible. We've contributed to work undertaken by the Department of Health and Social Care to clarify public health career pathways and public health development, including how practitioner registration and the SRbPA are essential components. We also continue to chair the People in UK Public Health group, which brings together workforce leads from the four countries to ensure a coordinated approach.

Theme 3: Promote collaboration across the public health and regulatory sectors to enhance public safety

6 Communications

In the financial year 2024/25, we:

- We conducted a light touch accessibility review of our website to ensure that links were visible and pages or media no longer relevant were deleted
- The team took part in a plain English workshop
- Issued two editions of our bi-annual Newsletter – in May and in November 2024. The newsletters were sent to 1386 recipients with the 'opened' rate recorded at 49.1%.
- Completed a light touch review of the SRbPA application process and published updated documents and guidance.
- Initiated a review of our re-registration process for practitioners and updated policy and guidance on the improved application process.
- We continued to maintain our X (Twitter) account and used it to communicate updates including as our upcoming Practitioner conference and annual renewal information.

Registrants and prospective applicants continue to engage with our online portal. As anticipated, the greatest activity experienced was in line with the renewal season with an in-year high of 255 logins on 1st May 2024; the day the first renewal reminder is issued, and renewal is available for completion. This equates to 18% of the registrants invited to renew at that time.

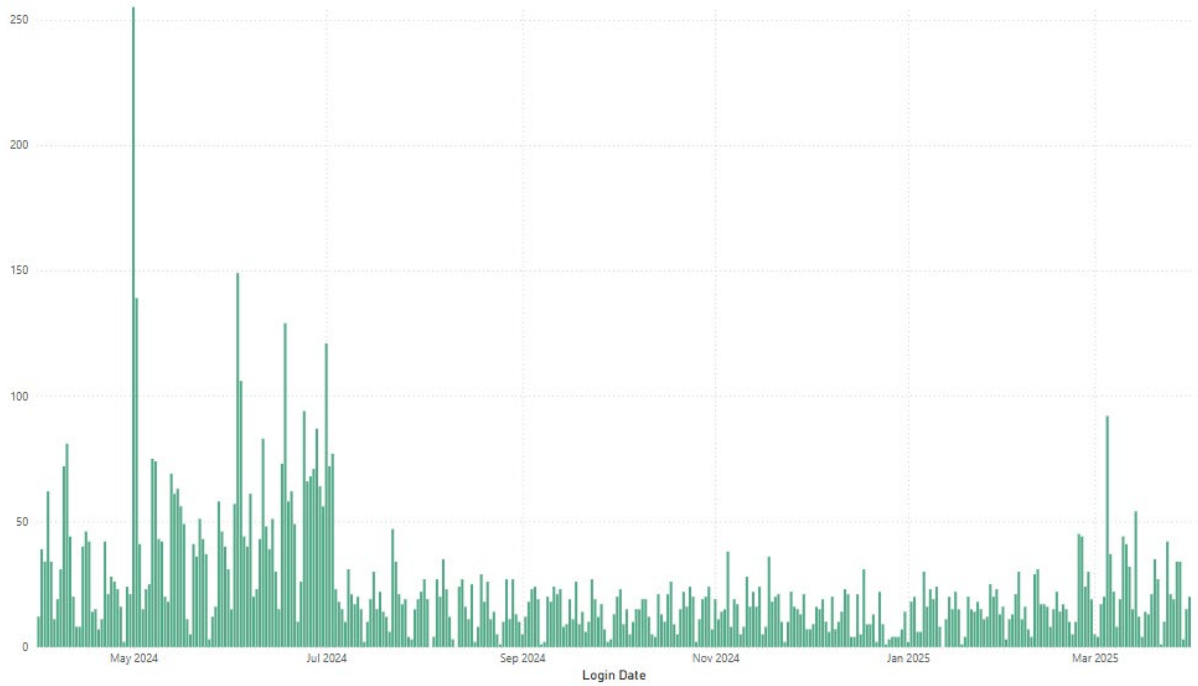


Fig 15 (above): Number of logins throughout the 2024/25 financial year on the UKPHR portal

7 Public health practitioner conference

UKPHR have continued to develop and deliver our public health practitioner conference, successfully transitioning to an online event, during the pandemic.

The 14th edition of the conference was held in person in Birmingham on 1 October 2024 under the theme 'Public Health Practitioners: building a culture of inclusivity'. It included a keynote speech from Andy Bell, CEO of the Centre for Mental Health, a panel session on building strong public health communities, an update from UKPHR, two breakout sessions with several options including past award winners and our awards presentation and showcase.

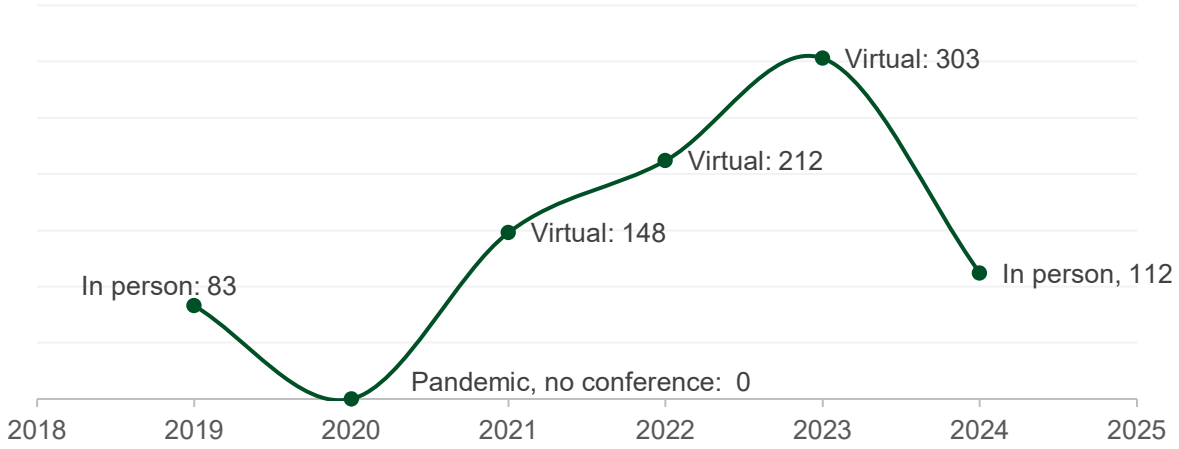


Fig 16 (above): Attendance numbers at the UKPHR Public Health Practitioner Conference and Awards

The conference culminated in UKPHR Innovation in Public Health Awards ceremony, an annual tradition that seeks to celebrate innovate projects in public health and individuals leading them. This was the sixth edition of the awards. We prepared a 'Winners guide' which promotes the winning teams and their achievements – it is published on our website here.

We are returning to a virtual conference format in 2025 in line with a decision to rotate the format of the event to enable the event is accessible as possible.

8 Work to engage or align with wider system/other healthcare regulators.

UKPHR always seeks to utilise and learn from the regulatory expertise of others. We work closely with the General Medical Council in particular, as we share responsibility for most public health specialists. We also carefully monitor the activity of the General Dental Council, who also regulate some public health specialists. There are crossovers in roles regulated by the Healthcare Professions Council and the Nursing and Midwifery Council, many of which have a public health focus. Some of our practitioner registrants will also be dual registered with a statutory healthcare regulator. We aim to align regulation as much as possible, to streamline and simplify the regulatory burden for public health professionals.

The Institute of Regulation also offers a breadth of regulatory resources and expertise, that UKPHR has utilised by participating in a number of roundtables, horizon scanning events, special interest groups and conferences. Even though the team is small, we are committed to being fully engaged in the wider regulatory landscape.

Our status as an Accredited Register with the PSA also allows us access to several other similarly placed healthcare registers of similar sizes with similar resource challenges. We are committed to sharing resources wherever we can.

9 Other external engagement

Stakeholder survey

In April 2024 we invited 12 stakeholders to respond to our survey: Faculty of Public Health (FPH), Royal Society for Public Health (RSPH), General Medical Council (GMC), Professional Standards Authority (PSA), Institute of Regulation (IoR), UK Health Security Agency (UKHSA), Office for Health Improvement and Disparities (OHID), Public Health Agency (PHA), Public Health Scotland (PHS), Association of Directors of Public Health (ADPH), Public Health Wales (PHW), NHS England.

We received two responses, with the majority agreeing that UKPHR has clear goals and strong leadership. The experience of working with us was very positive, and the respondents considered our strengths to be our regulatory remit and being an open and transparent partner. The key area for focus to ensure that we remain a relevant and effective organisation was our emphasis on our regulatory role within the system.

Theme 4: Invest in our people and systems

10 Employee survey

The UKPHR office continues to operate as a small, highly specialised team of 6. At the start of 2025, we launched an employee survey, as part of our commitment to making UKPHR a great place to work. Five employees completed this, receiving overwhelmingly positive feedback with 100% of respondents responding with “strongly agree” to the statement of “I enjoy working for this organisation”. Results were shared with our Board of Directors.

11 Comments, complaints and compliments

In line with our comments, complaints and compliments we invite feedback and act on it. In the financial year 2024-25 we received no formal complaints and were praised on the efficiencies that the new portal has introduced.

12 Learning and improvement in action

Following the implementation of our new online portal, we continue to work with the system’s supplier Fortesium, to ensure we can reap even more benefits going forward and use the full system capabilities. In 2024/25 we have refined the system to accommodate the changes to our revised revalidation application, introduced new initial application for public health practitioners via the apprenticeship route and introduce new EDI monitoring form at the time of annual renewal.

We have also embraced new technologies and processes to explore where we can support our team by automating administrative processes and enable capacity on more developmental work. For example, we have automated bookings to our central public health practitioner assessor and verifier training.

Part 4: Governance update

13 Our Board and Committees

At the end of the financial year 2024/25 our Board comprised of 11 members, 5 of whom who are lay and do not practice in public health, 3 practice public health but are not registrants, and 3 are UKPHR registrants. The Registrar continued in her role.

The Board continued to meet quarterly and virtually, and the Board's Annual General Meeting took place in September 2024 (in person).

Our committees continued to meet virtually according to our governance calendar: Registration Approvals Committee (RAC) met every month, and both Audit, Risk and Renumeration Committee (ARRC) and Education and Standards Committee (ESC) met quarterly. The Registration Panel meets monthly.

Additionally, our Registration Policy Group continues to meet regularly and proves to be a useful forum for early policy, guidance and operation conversations that cut across the different areas of our work.

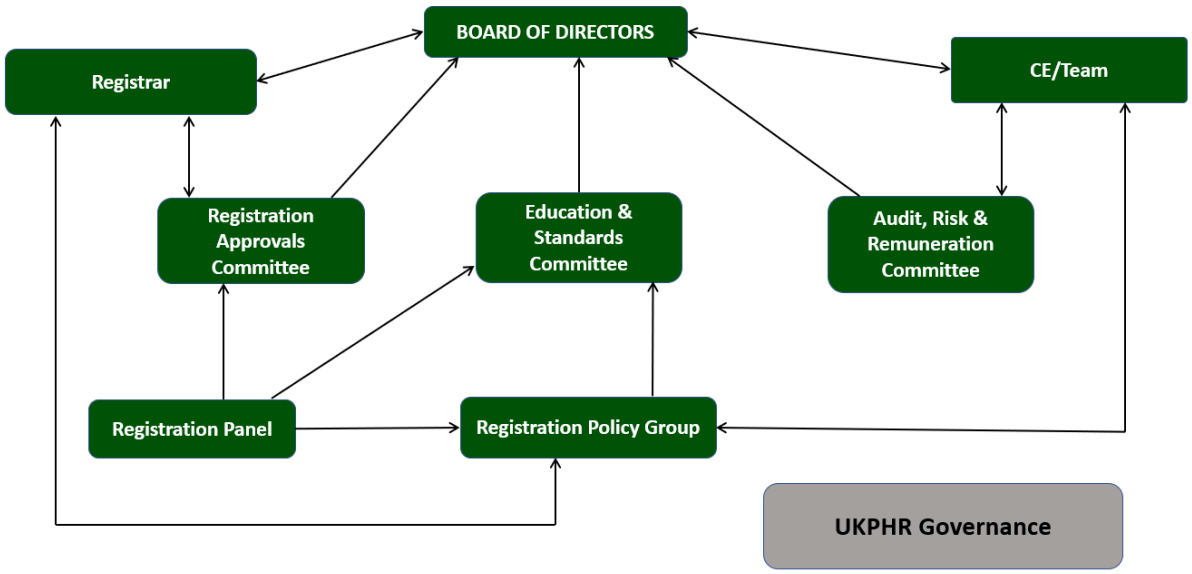


Fig 17 (above): UKPHR Governance chart

14 Assessors and moderators

Assessors and moderators continue to support our registration processes and provide us with independent advice and guidance. In 2024-25 we delivered training to 29 assessors and 13 verifiers for practitioner registration. We delivered training to 6 assessors for Specialist Registration by Portfolio Assessment and delivered 3 workshops for potential applicants and mentors for specialist registration by portfolio route.

Part 5: Financial statements

Our End of year (EOY) Accounts 2024-25 were presented and signed off by the Audit, Risk & Remuneration Committee in July 2025 and then the Board in September 2025.

The Charity's income mainly comes from registration fees and training for practitioner assessors and verifiers. Fees are predictable but now collected differently since the introduction of our online registration portal and introduction of monthly direct debit payments in 2023. Direct debit allows registrants to pay in ten instalments (July–April), but because these cover the full registration year (1 July–30 June), part of the income collected at year-end must be deferred to the next financial year.

As direct debit use has increased, the deferred amount has become significant, requiring a one-off adjustment of £33,435 to 2024/25 income. This adjustment makes the year appear to show a larger deficit (£60,421), though it does not affect cash reserves. Going forward, the timing difference will self-balance, so future accounts will not be affected.

The adjustment is treated as a revision of an accounting estimate rather than a change in policy, so no prior year restatement was needed. The shift to direct debit improves cash flow predictability, and we may align the registration and financial years in future to simplify deferral calculations.

The Charity's reported year-end reserves were around £20,000, though this figure does not represent the true cash available if the organisation were to close and settle debts. Following significant reorganisation over the past two years, a review of costs and income is underway to strengthen financial performance and increase reserves to the target level of three months' operating costs (about £120,000). The Board and Chief Executive remain confident in the Charity's future stability.

Our finances have been assessed as healthy and sustainable. The independent examiner representing Malcolm Willcox & Co Chartered Accountants reported no serious concerns relating to our EOY accounts.

EOY Accounts 2024-25 overview:

Statement of Financial Activities (including income and expenditure account)

Year ended 31 March 2025

	Unrestricted funds **£**	**2025** **Total funds** **£**	2024 Total funds £
Income and endowments			
Donations and legacies	359,790	359,790	362,733
Charitable activities	88,193	88,193	95,464
Other trading activities	13,603	13,603	5,547
Investment income	3,936	3,936	3,011
Total income	465,522	465,522	466,755
Expenditure			
Expenditure on charitable activities	525,943	525,943	498,161
Total expenditure	525,943	525,943	498,161
Net expenditure and net movement in funds	(60,421)	(60,421)	(31,406)
Reconciliation of funds			
Total funds brought forward	79,881	79,881	111,287
Total funds carried forward	19,460	19,460	79,881

The statement of financial activities includes all gains and losses recognised in the year.
All income and expenditure derive from continuing activities.

	2025 £	2024 £
Fixed assets		
Tangible fixed assets	2	2
Current assets		
Debtors	27,569	57,797
Cash at bank and in hand	107,542	102,478
	135,111	160,275
Creditors: amounts falling due within one year	115,653	80,396
Net current assets	19,458	79,879
Total assets less current liabilities	19,460	79,881
Net assets	19,460	79,881
Funds of the charity		
Unrestricted funds	19,460	79,881
Total charity funds	19,460	79,881

For the year ending 31 March 2025 the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Part 6: Look ahead

As we look to the year ahead, UKPHR remains focused on strengthening its role as the independent regulator for the public health workforce. Building on the progress of recent years and with an eye to maintaining momentum, we will continue to review our regulatory processes to ensure they are transparent, proportionate, and responsive to the needs of registrants, employers, and the wider system.

A key priority will be further developing our use of data to improve efficiency in registration processes, enhance accessibility to registration, and provide deeper insights into the challenges faced by registrants and the profession. This will support us in better decision-making as we respond to the evolving needs of the public health workforce.

As part of our commitment to innovation, we will begin to examine how Artificial Intelligence (AI) can be harnessed responsibly to strengthen efficiency and enhance the quality of services we provide. Alongside this, we will develop AI policies that ensure its use is directly aligned with our registration responsibilities and strategy.

We will also continue to collaborate with partners across the system, recognising that regulatory excellence is achieved not in isolation but through shared learning. By fostering stronger stakeholder connections, we can ensure that our regulatory approach remains fair and supportive.

Looking forward, together with our registrants, stakeholders, and dedicated office team, UKPHR is ready to take the next steps towards achieving our strategic objectives and to deliver an effectively regulated multi-disciplinary profession who continuously maintain and enhance their professional competence.