

UKPHR Board & Annual General Meeting

**30 September 2025 @ 16a McLaren Building, 46 Priory Queensway,
Birmingham, B4 7LR**

10.30 – 15.00

ITEM	ISSUE	PRESENTER
	BOARD MEETING 10.30-13.00	
1	Welcome, apologies and new declarations of interest	Chair
2	Minutes of meeting 18 June 2025 Item a: Public meeting minutes Item b: Private meeting minutes	Chair
3	Actions and matters arising	Chair & CEO
4	Governance forward planner – 2025	Chair & CEO
	<i>For decision</i>	
5	Updated Financial Rules & bank signatories	CEO
6	Registrar's term	Chair & CEO
7	Board composition	CEO
8	Annual data-driven report	CEO & PJ
9	End-of-year accounts	CEO & PJ
	<i>To note</i>	
10	2025 renewals- verbal update	PJ
11	2025/26 Q1 accounts	CEO
12	Registration reports Item a: RAC minutes 23 June 2025 Item b: RAC minutes 28 July 2025	Registrar
13	Audit, Risk and Remuneration Committee report – including Risk Register Item a: ARRC minutes 19 March 2025 Item b: Risk Register	ARRC Chair & CEO
14	Education and Standards Committee report E&S Minutes 22 July 2025	E&S Chair
	<i>Private meeting</i>	
15	Chief Executive's report	CEO

16	Any other business	Chair
17	Date and time of next meeting	26 November 2025
	ANNUAL GENERAL MEETING – 13.45-15.00	
18	Welcome and apologies	Chair
19	Minutes of AGM meeting on 25 September 2024	Chair
20	Annual Report and Accounts	Chair
21	AGM Business: <ul style="list-style-type: none"> • Retirement and reappointment of directors • Appointment of Chair & Vice-Chair • Appointment of Chairs to Board Sub-committees 	Chair
24	Any other business	Chair

UKPHR Board Meeting 30 September 25
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
18/06/2025		Publish the 23 April 2025 public Board minutes on website	JL	DONE	
18/06/2025		Finalise options paper for future of office	PJ	DONE	
18/06/2025	25/10	Draft introductory letters for the new minister, new CMO in Wales (pending confirmation), and the new permanent secretary for health in NI. Also check records regarding correspondence with the Scottish CMO and draft a letter if appropriate.	JL	DONE- sent to all ministers, CMOs (except for England), and PermSec for health in NI.	
18/06/2025	25/9	Initiate practitioner standards light touch review and ensure updates are provided to the Board	JL & AA	DONE- initiated after Board meeting, with updates in CEO report	
23/04/2025	25/7	liaise with landlord on lease	PJ & CEO	DONE- although awaiting some info	
23/04/2025	25/5	Write detailed options paper on future of the office for Board discussion	PJ & CEO	DONE	

Target for completion
ASAP
Aug-25
Sep-25
Jun-25
Jun-25
Aug-25

Item 5: Financial Rules

Summary

1. UKPHR has a Financial Rules document, outlining how financial governance and oversight works. This document was last updated in 2016 and is overdue an update.
2. The updated version is attached below at Annex 1, the previous version is at Annex 2.
3. The revision has simplified and streamlined the document. It has also updated it to reflect actual current financial practice- which is all now conducted online with limited reliance on cheques or petty cash.
4. One key change involves sign-off; the previous version required:
 - a. CEO to ask for additional approval from Chair to sign off more than £5K; this has been changed to £10K.
 - b. Chair to ask the Board for approval for sign off more than £10K; this has been changed to £25K.
5. Another key change is the addition of a statement outlining who can be a signatory on bank accounts, which notes that at least one signatory must be a Board member (normally the Chair, ARRC Chair, or a Vice Chair). Each bank has slightly different requirements regarding signatories and when their approval is required. For example our current account CAF will only speak on the phone about our account to signatories or the lead contact (at the moment, the CEO). Additional permissions are set up to allow other staff and our accountant limited access. This means that our accountant is able to access our online statements and make payments, but unable to directly query things with the bank. We would like to add him as a signatory, and add one of the current vice-chairs to ensure appropriate oversight of the account.
6. All these changes have been requested because:
 - a. The financial governance of UKPHR is significantly more robust than it was when the previous version was drafted. Budgeting is now based on forecasting and has proven to be relatively accurate. Significant expenses are predicted. Larger costs like the PSA and Fortesium

annually exceed the limit but are now paid in instalments which are less than the sign off limits.

- b. Income has significantly risen- in 2016 total income was £271K; in 2025 it will be more than 500K. That means the level of spend is increasing and sign off may need to be more agile than it was previously.
 - c. Most banking is now conducted online with immediate access to statements. Sign off of payments must be made by 2 of the 3 potential authorisers (CEO, HoBD&I, and the accountant). There is much better oversight of payments going out than there was when we were operating mostly with cheques.
 - d. We need to retain some flexibility around bank signatories but also want to ensure appropriate Board oversight- hence the change.
7. According to the Charity Commission, there is no best practice set out for level of sign off, as long as there is clear governance surrounding financial management and oversight.
8. The ARRC discussed these rules and recommended that the Board approve the revised rules.

Recommendation

9. Board to discuss and approve revised Financial Rules.

ANNEX 1



Financial Rules

Updated September 2025

To review September 2030

1. Introduction

- 1.1 As a registered Company, UKPHR must account to Companies House for its income and expenditure and may be required to produce its financial records.

- 1.2 As a registered charity in England & Wales and in Scotland, UKPHR must account to the Charity Commission and to the Scottish Charity Regulator for its income and expenditure and may be required to produce its financial records.
- 1.3 UKPHR has dealings with HM Revenue & Customs and under tax law is required to maintain proper financial control of the Company.
- 1.4 These rules set out UKPHR's internal governance arrangements for discharging its legal and statutory obligations effectively and transparently.

2. Accounts

- 2.1 A financial report outlining the income, expenditure and an estimate of future expenditure for the current financial year must be presented to the Directors at each financial quarter.
- 2.2 A budget for the next financial year must be approved by the Board. This must set out forecast income, expenditure and assets available to the Company.
- 2.3 The Board must set up an Audit & Risk Committee and appoint at least two Directors to the Committee and ensure that it meets at least twice in every financial year. The Audit & Risk Committee must oversee commissioning of external financial oversight of the Company's accounts via an annual examination or audit and report the outcome of the audit to the Board.
- 2.4 The Board must draw up or arrange to be drawn up by a qualified Accountant, annual accounts of the Company's financial performance.

The annual accounts must:

- 2.4.1 Be for a full financial year of the Company's activities (except in the event that the Company ceases to be active part-way through a financial year or other exceptional circumstance);
 - 2.4.2 Be presented to the next Annual General Meeting of the Board and be approved by the Board;
 - 2.4.3 Be delivered to Companies House, the Charity Commission and the Scottish Charity Regulator after being approved by the Board, before their stated deadline.
- 2.5 The Accountant will normally organise quarterly accounts for the Chief Executive. These will be shared with the Audit, Risk, and Remuneration Committee as well as with the Board at their subsequent meeting after the quarterly accounts are issued.

3. Banking

- 3.1 UKPHR holds a current and savings account with Charities Aid Foundation (CAF) Bank.
- 3.2 Transactions are normally made electronically.

- 3.3 The Board authorises the use of internet banking by its Chief Executive, Head of Business Development and Improvement, and its designated Accountant. All transactions carried out electronically must be approved by the Chief Executive or Head of Business Development and Improvement. Other staff may have read-only access.
- 3.4 All bank accounts must have at least one Board signatory. Any changes to signatories must be approved by the Board.
- 3.5 UKPHR must arrange to receive regular statements from the Bank, which will be used in accounting for income and expenditure reconciliation.
- 3.6 Instructions to open or close bank accounts must be authorised by the Board.
- 3.7 All payments received via online banking must be referenced and accounted for.
- 3.8 UKPHR will aim to maintain £85,000 in a savings account at a bank other than CAF¹.
- 3.9 Approximately £500 is maintained in the Paypal account.

4. Receipt of payments

- 4.1 All payments received by UKPHR must be recorded and accounted for.
- 4.2 All payments received by physical means, including cheques, must be recorded and banked in a timely manner.
- 4.4 Registrants are able to make payments to UKPHR in full via bank transfer or PayPal and via Direct Debit through GoCardless. GoCardless transfers directly into the current account, and transfers will be made from PayPal to the current account on a weekly basis during renewal season (ie 1 May- 1 July).
- 4.5 All invoices raised by UKPHR must be filed and shared with the accountant.

5. Making Payments

- 5.1 UKPHR requires all expenditure to be properly authorised and a record must be made of all authorisations.
- 5.2 Any invoices received are emailed to finance@ukphr.org, where the Accountant will document the invoice and arrange payment, normally online. Payments raised by the Accountant online will require secondary approval by the Chief Executive or the Head of Business Development & Improvement. Payments will normally be made on a monthly basis.

¹ At the date of drafting, notice has been given to close UKPHR's Nationwide Savings account, and instructions have been given to temporarily transfer those funds into the CAF Savings Account. Once they are available (September 2025) they will be transferred to a new savings account at another bank.

5.3 A Direct debit mandate must be approved by the Chief Executive or the Head of Business Development, but monthly payments do not need to be individually approved- although they will be monitored by the Accountant.

5.3 All invoice payments will be made online.

6. Salaries

6.1 All employees must be paid salaries, other remuneration, bonuses and expenses in accordance with all relevant PAYE and National Insurance regulations.

6.2 Salaries are paid on the 21st of each month or the last working day before if the 21st falls on a weekend unless otherwise specified.

6.3 All staff appointments and departures should be recorded by the Chief Executive, recording dates and, in relation to appointments, starting salary levels.

7. Petty Cash and Minor Expenses

7.1 It is the Head of Business Development and Improvement's responsibility to hold and keep safe petty cash on behalf of UKPHR using a float system. A cash float shall from time to time as necessary be drawn from the CAF bank account and not from any other source, for example by holding onto money received in the office on behalf of UKPHR.

7.2 All petty cash expenditure must be supported by receipts and all petty cash must be recorded and evidenced accordingly.

7.3 CAF Debit Cards have been issued to the Chief Executive Officer and the Head of Business Development and Improvement. If these are used, receipts must be sent to finance@ukphr.org for reconciliation by the Accountant.

8. Authority for committing UKPHR to Expenditure

8.1 The Board authorises:

8.1.1 The Chief Executive to approve any expenditure that is allocated within the budget approved by the Board.

8.1.2 The Chief Executive to approve expenditure up to £10,000 outside the scope of the budget approved by the Board;

8.1.3 For any expenditure outside the scope of the budget approved by the Board, the Chair to approve expenditure between £10,000 and £20,000 via Chair's action.

8.1.4 Any expenditure that is not allocated within the budget approved by the Board and above £20,000 must be approved by the Board. If this is outside of a meeting, approval can be given electronically by a majority vote.

8.2 Any expenses authorised by Chair's action must be reported to the Board in the Chief Executive's Report at the subsequent Board meeting.

8.3 All approvals of expenditure in accordance with this Standing Order must be recorded and, on every occasion, both the authorisation and the expenditure must also be recorded.

8.4 The Board may from time to time vary one or more of the authorisations set out in this Standing Order provided that in order for the variation to have effect the Board must record the variation or variations in the Board minutes.

9. Obtaining Quotes and Inviting Tenders

9.1 For any new expenditure over £10,000, the Chief Executive and the Chair shall:

9.1.1 Consider the importance to UKPHR of the expenditure, fairness and transparency, whether to prepare and publish an Invitation to Tender for the work envisaged to be undertaken and/or the goods to be supplied;

9.1.2 In any case where a decision is made not to invite tenders, obtain at least three quotations from reputable sources for the work and/or goods on which it is proposed to incur expenditure on UKPHR's behalf.

9.2 The Chief Executive and the Chair may dispense with the requirement to obtain three quotations in the event of an emergency or a practical difficulty in obtaining three quotations provided that the decision is reported to the Chair of the Audit & Risk Committee immediately and to the Board at its next meeting.

9.3 The Board may suspend the application of any of these Rules by resolution passed at a Board meeting stating the reasons for the suspension.

9.4 Every contract for tender shall:

9.4.1 Be in writing and signed by an Officer of UKPHR duly authorised;

9.4.2 Specify the goods and/or services to be supplied and the work to be done; the price to be paid; the period(s) within which the contract is to be performed and such other conditions and terms as may be agreed between the parties.

11.10 Each contract shall state that the contractor shall not transfer or assign directly or indirectly the contract or any part of the contract without UKPHR's written consent.

ANNEX 2

Date: July 2016

Review term: 5 years

Next review: July 2021

Financial Rules of UK Public Health Register

2. Introduction

- 2.1 UKPHR is under legal and statutory obligations, including as set out in its Memorandum of Association and its Articles of Association, to make, retain and keep safe records of all financial transactions.
- 2.2 As a registered Company, UKPHR must account to Companies House for its income and expenditure and may be required to produce its financial records.
- 2.3 As a registered charity in England & Wales and in Scotland, UKPHR must account to the Charity Commission and to the Scottish Charity Regulator for its income and expenditure and may be required to produce its financial records.
- 2.4 UKPHR has dealings with HM Revenue & Customs and under tax law is required to maintain proper financial control of the Company.
- 2.5 These rules set out UKPHR's internal governance arrangements for discharging its legal and statutory obligations effectively and transparently.

2. Accounts

- 2.1 UKPHR's books of accounts must include:
 - 2.1.1 A cashbook containing all the transactions appearing on the bank accounts;
 - 2.1.2 A petty cash book for any cash payments being made.
- 2.2 A financial report outlining the income, expenditure and an estimate of future expenditure for the current financial year must be presented to the Directors at each scheduled Board meeting.
- 2.3 A budget for the next financial year, setting out forecast income, expenditure and assets available to the Company must be presented to the Directors at a meeting of the Board held before the start of the financial year in question.
- 2.4 The Board must set up an Audit & Risk Committee and appoint at least two Directors to the Committee and ensure that it meets at least twice in every financial year. The Audit & Risk Committee must arrange an annual audit of the Company's accounts and report the outcome of the audit to the Board.
- 2.5 The Board must draw up, or arrange to be drawn up by a qualified accountant, annual accounts of the Company's financial performance.

The annual accounts must:

- 2.5.1 Be for a full financial year of the Company's activities (except in the event that the Company ceases to be active part-way through a financial year or other exceptional circumstance);
 - 2.5.2 Be drawn up within 3 months of the close of the financial year to which they relate;
 - 2.5.3 Be presented to the next Annual General Meeting of the Board and be approved by the Board;
 - 2.5.4 Be delivered to Companies House, the Charity Commission and the Scottish Charity Regulator after being approved by the Board.
- 2.6 The Board must arrange for all Directors and all other members of the Company to be provided with a set of accounts annually.

3. Banking

- 3.1 UKPHR banks with Lloyds Bank and holds an account there in the name of the Company: Lloyds Bank, 43 Temple Row, Birmingham B2 5JP
- 3.2 There must be at least 3 signatories on the bank mandate for signing cheques, with 1 out of 3 signatures being required as authority for the Bank to make payment.
- 3.3 The Board authorises the use of internet banking by its Chief Executive and its Registration Services Manager. All transactions carried out electronically must be approved in advance in writing by the Chief Executive or the Chair.
- 3.4 The bank mandate as to cheque signatories, and any changes to it, must be approved by the Board.
- 3.5 UKPHR must arrange to receive regular statements from the Bank, which will be used in accounting for income and expenditure and reconciling the petty cash book.
- 3.6 Instructions to open or close bank accounts must be authorised by the Board.
- 3.7 All payments received via online banking must be referenced and accounted for.
- 3.8 An online payment form must be completed before making an online payment and must be signed by the Chief Executive and the written approvals must be produced to the Chair of the Board for inspection. Once payment has been made via online banking, the payment reference must be added on to the online payment form and filed appropriately. A 'payment successful' confirmation must also be printed and attached with the payment form.
- 3.9 Registrants are able to make payments to UKPHR via PayPal. All such receipts must be deposited in UKPHR's PayPal account which will be checked regularly, usually by the Registration Services Manager, and balances transferred into UKPHR's bank account.

4. Receipt of payments

- 4.1 All payments received by UKPHR, including payments received electronically, must be recorded and accounted for.
- 4.2 All cheques received should be recorded and placed promptly in the cheques folder in the Finance file.
- 4.3 All payments received by physical means in UKPHR's office, including cheques, must be recorded in the cash book and banked in a timely manner.
- 4.4 Anyone connected with UKPHR who receives any payment on UKPHR's behalf must deliver it to UKPHR's office for recording and processing.

5. Cheque & Invoice Payments

- 5.1 UKPHR requires all expenditure to be properly authorised and a record must be made of all authorisations.
- 5.2 It is the Chief Executive's responsibility to:
 - 5.2.1 Sign a cheque requisition form authorising each and every cheque payment;
 - 5.2.2 Insert the relevant payee's name on every cheque before it is signed and complete all other cheque requirements, for example the date;
 - 5.2.3 Obtain signatures on cheques from authorised bank signatories only;
 - 5.2.4 In all cases involving payment of invoices, confirm receipt of the invoice or other original documentation for the payment required before making payment; and
 - 5.2.5 Prevent blank cheques ever being signed.
- 5.3 It is the Administrator's responsibility to:
 - 5.3.1 Hold the Company's cheque books (unused and partly used cheque books) and them securely;
 - 5.3.2 Obtain the Chief Executive's authority to pay invoices, usually twice a month on the 2nd and 4th Wednesday of the month; and
 - 5.3.3 Make payment, or arrange for the Chief Executive or the Registration Services Manager, to make payment electronically, usually twice a month on the 2nd and 4th Friday of the month.
- 5.4 Usually, invoices will be paid via BACS by the Registration Services Manager.

6. Payment Documentation

- 6.1 Payments made from UKPHR's bank accounts must be evidenced by an original invoice, or other original documentation (but a supplier's statement or final demand is not sufficient evidence) and/or a duly completed cheque requisition form.
- 6.2 Original invoices must be recorded, filed and kept safe for inspection and audit.
- 6.3 Cheque signatories are responsible for checking that cheques they sign are fully completed and that they are accompanied by a signed authorisation containing the individual cheque number, date cheque drawn and amount of cheque.
- 6.4 In the case of cheques not being supported by an original invoice, for example advance booking fees or reimbursement of expenses, signatories may still sign cheques provided that a duly completed cheque requisition form accompanies it.

7. Salaries

- 7.1 All employees must be paid salaries, other remuneration, bonuses and expenses in accordance with all relevant PAYE and National Insurance regulations.
- 7.2 Salaries are paid on the last Thursday of each month unless otherwise specified.
- 7.3 All staff appointments and departures should be recorded by the Registration Manager, recording dates and, in relation to appointments, starting salary levels.

8. Petty Cash and Minor Expenses

- 8.1 It is the Administrator's responsibility to hold and keep safe petty cash on behalf of UKPHR using a float system. A cash float shall from time to time as necessary be drawn from the Lloyds bank account and not from any other source, for example by holding onto money received in the office on behalf of UKPHR.
- 8.2 All petty cash expenditure must be supported by receipts and all petty cash must be recorded and evidenced accordingly.

9. Reimbursement of Expenses Incurred on UKPHR Business

- 9.1 UKPHR will reimburse reasonable expenditure by employees, Directors and others in accordance with the scheme for reimbursement of expenses from time to time approved by the Board. Claims by the Chief Executive for reimbursement of expenses must be signed by the Chair of UKPHR.
- 9.2 Payment by way of reimbursement is conditional on:
 - 9.2.1 An expense form is completed with all relevant details of expenses;
 - 9.2.2 All expenditure is evidenced by original receipts (accompanying the form);
- 9.3 Air travel is discouraged but will be reimbursed when it is the most practicable transport mode for a specific journey.

- 9.4 Rail travel is reimbursed at standard fare rates.
- 9.5 Car and bicycle mileage is reimbursed based on a scale as from time to time approved by the Board.
- 9.6 Subsistence costs, including accommodation away from home, is reimbursed based on a scale as from time to time approved by the Board.

10. Authority for committing UKPHR to Expenditure

- 10.1 The Board authorises:
 - 10.1.1 The Chief Executive to approve expenditure up to £5,000;
 - 10.1.2 The Chair to approve expenditure up to £10,000.
- 10.2 The Board requires authorisation of expenditure over £10,000 to be by the Board.
- 10.3 The value of a contract is to be assessed as the total amount to be paid, or the best estimate that can be made at the time of the total amount to be paid, for the full duration of the contract period.
- 10.4 The Board's authorisations must be recorded and published.
- 10.5 All approvals of expenditure in accordance with this Standing Order must be recorded and on every occasion both the authorisation and the expenditure must also be recorded.
- 10.6 The Board may from time to time vary one or more of the authorisations set out in this Standing Order provided that in order for the variation to have effect the Board must record and publish the variation or variations in the same manner as the previous authorisation was recorded and published pursuant to 10.4.

11. Obtaining Quotes and Inviting Tenders

- 11.1 In any case to which 10.1 applies, the Chief Executive (with regard to 10.1.1) and the Chair (with regard to 10.1.2) shall comply with the requirements set out in 11.2.
- 11.2 Before approving any expenditure, the Chief Executive and/or the Chair (as the case may be) shall:
 - 11.2.1 Consider, having regard to the amount of expenditure likely to be incurred, the importance to UKPHR of the expenditure, fairness and transparency, whether to prepare and publish an Invitation to Tender for the work envisaged to be undertaken and/or the goods to be supplied;
 - 11.2.2 In any case where a decision is made not to invite tenders, obtain at least three quotations from reputable sources for the work and/or goods on which it is proposed to incur expenditure on UKPHR's behalf.
- 11.3 The Chief Executive and/or the Chair may dispense with the requirement to obtain three quotations in the event of an emergency or a practical difficulty in obtaining

three quotations provided that the decision is reported to the Chair of the Audit & Risk Committee immediately and to the Board at its next meeting.

- 11.4 Before approving under 10.2 any expenditure, the Board shall cause to be published an Invitation to Tender for the work envisaged to be undertaken and/or the goods to be supplied.
- 11.5 The Board may suspend the application of these Standing Orders in respect of any individual decision required to be made under 10.1.1, 10.1.2, 10.2 and 11.4 by formal resolution passed at a Board meeting stating the reasons for the suspension.
- 11.6 At least 14 days' public notice shall be given in a newspaper or journal circulating among such persons or bodies who undertake such contracts or an effective e-marketing media and on UKPHR's website. The notice shall:
 - 11.6.1 Express the nature and purpose of the contract, state where further details may be obtained;
 - 11.6.2 Invite tenders for its execution; and
 - 11.6.3 State the last date and time when tenders will be received.
- 11.7 No tender received after the time and date specified in the invitation shall be accepted or considered unless, in the view of the Chair, there is an exceptional reason why the tender is late and there is no possibility that the tender received late could have been submitted after the contents of other tenders was known to UKPHR.
- 11.8 All tenders received shall be recorded. They shall all be opened at the same time and be evaluated in accordance with these Standing Orders.
- 11.9 Every contract shall:
 - 11.9.1 Be in writing and signed by an Officer of UKPHR duly authorised;
 - 11.9.2 Specify the goods and/or services to be supplied and the work to be done; the price to be paid; the period(s) within which the contract is to be performed and such other conditions and terms as may be agreed between the parties.
- 11.10 Each contract shall state that the contractor shall not transfer or assign directly or indirectly the contract or any part of the contract without UKPHR's written consent.

DK/Financial SOs June 2016

Item 6

Summary

1. The UKPHR has a Registrar who is accountable to the Board of UKPHR as the officer responsible for leading UKPHR regulatory decision-making. This role, currently filled by Gill Jones has the following core functions:
 - a. Ensure standards for registering public health professionals, including as to levels of competence, are fit for purpose, applied consistently and developed when necessary
 - b. Ensure standards are in place and upheld for assuring registrants' ongoing competence and improvement of their quality of practice
 - c. Acting on evidence of unsatisfactory conduct or competence of registrants.

These functions are fundamental to the integrity and operation of the UKPHR Register.

2. In 2023, the Board agreed to convert the volunteer Registrar role to one of a paid advisor, with a stipend of £6000 annually, and to issue a formal contract. However, the approach to 'terms' for the Registrar was not discussed; it remained on a 3 year-term with maximum of 3 terms. This is in line with the rules for volunteer Board members and is outlined in our Standing Orders. This approach was likely established to also remain aligned with the Faculty of Public Health Registrar roles, which are time-limited volunteer roles. These Registrar roles advise on policy and procedural issues which require specialist expertise. This is generally normal practice for a professional association.
3. However, regulator registrar roles are almost always permanent, salaried positions. This is because they are tasked with maintaining an accurate, legally compliant (in the case of statutory regulators) register. Continuity and consistency, as far as possible, is essential. For other Accredited Registers, there are various arrangements, but if affordable, the role is normally a permanent and remunerated post.
4. Because the Registrar role at UKPHR requires significant familiarity and expertise not just with professional standards, but with UKPHR policy and

procedures, arbitrarily changing Registrars because of term limits does not benefit the business and could cause significant disruption.

5. As UKPHR prioritises excellent regulatory practice, as per the strategy, it is time to reconsider this role. It is proposed that this role becomes a permanent, remunerated and contracted role. Because the role remains as a contracted advisor, no changes to UKPHR's personnel or NI obligations need to be made. It simply means that we won't have to recruit a new Registrar according to term limits, although the Registrar is still free to leave post as per the terms of her contract.
6. If the Board approve this, the contract and Standing Orders will be updated accordingly.

Recommendation

7. The Board to approve eliminating term limits for the role of Registrar and making it a permanent position with contract and remuneration in place.

Item 7 – Board composition

Summary

1. The UKPHR Board of Directors has evolved in the past few years. We've seen experienced specialists leave the Board, our Specialist Registrar member become a Specialist, and the addition of our first Practitioner member. As the Board has discussed during its skills audit, a wide range of skills- not just in public health- are required for an effective Board.
2. We see two experienced Board members leave UKPHR in March. This will leave some significant gaps, particularly at the specialist level and in terms of a Wales representative. We need to consider how we fill those gaps in line with what we need. At the moment, we probably need to focus on specialist representation.
3. Most professional regulator boards have outlined exactly how their Boards will be comprised in terms of lay and professional expertise and have a clear requirement. The GMC, the NMC, the HCPC, the GOC, and the GDC all have 12 member boards, 6 of which must be lay and 6 must be registrants. It would reflect best regulatory practice to take a similar approach. However, we may sometimes operate with less than 12 members. So it is suggested that we adopt a new requirement that we never have more than 6 lay or specialist members to ensure the balance can always be regained.
4. We will not fulfil this requirement in our 2026 recruitment round because to do so would mean recruiting over our maximum of 12 members. Therefore, this will be a longer-term aim, hopefully to be achieved by 2027. We have agreed that this year we will look to recruit a new specialist registrar member (who, if not registered will need to do so before formal appointment), and another specialist registrant. One of these should represent Wales.
5. In the future, we may wish to consider an additional practitioner Board member, as the balance between practitioner and specialist registrants is shifting.

Recommendation

6. The Board to approve a change to the standing orders (effective from March 2027) requiring maximum 6 lay or registered professional members.

DRAFT NOT FOR CIRCULATION



UKPHR Annual Report template

DRAFT

Annual report 2024/25

Contents

Message from Chair and Chief Executive

Part 1: Who we are.

Part 2: Year in highlights

Register and governance snapshot

PSA Accreditation

Part 3: Progress against our Strategy

Theme 1: Maintain, develop, and grow our Register.

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

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

Theme 4: Invest in our people and systems.

Part 4: Governance update

Part 5: Financial statements

Part 6: Look ahead

DRAFT NOT FOR CIRCULATION

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.

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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*

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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:

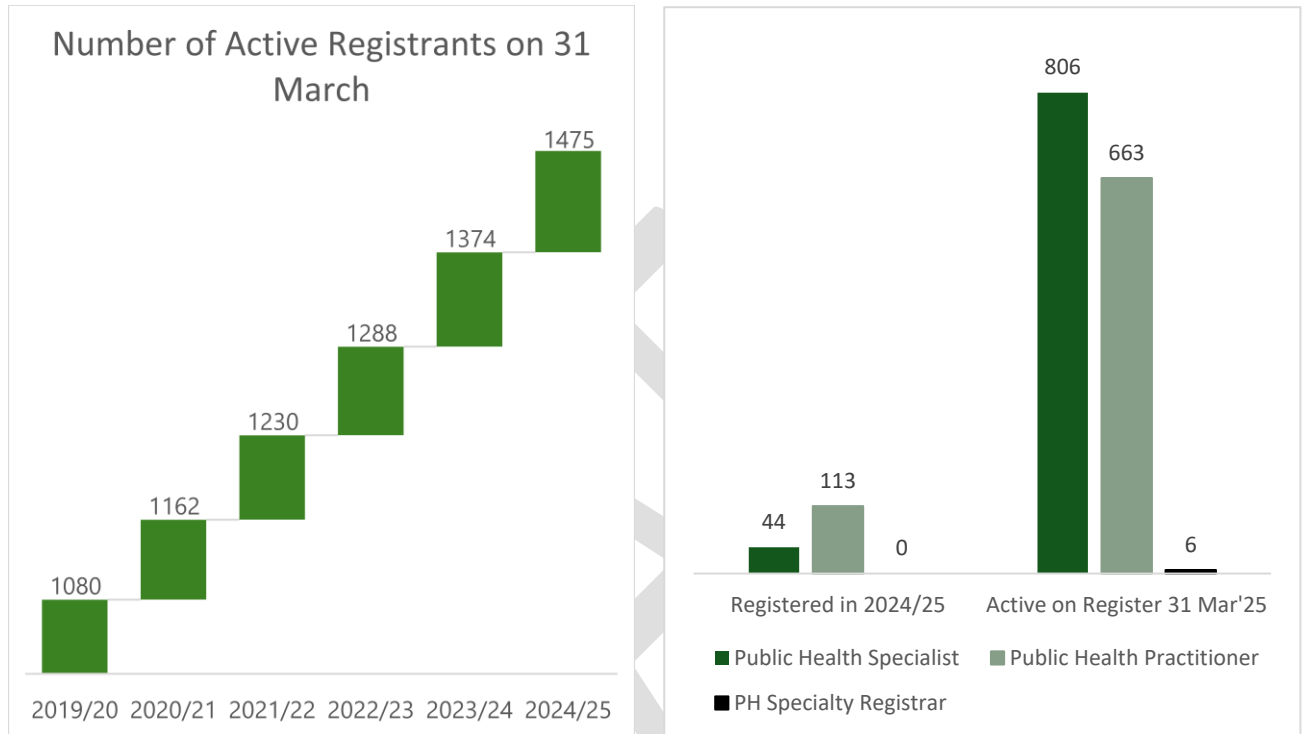
- The start of our new [2024-2029 strategy](#)
- Delivered training to 29 assessors and 13 verifiers supporting practitioner registration
- Delivered training to 6 assessors for Specialist Registration by Portfolio Assessment
- Completed a review of our Specialist Registration by Portfolio Assessment (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

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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 and professional titles can be found on our website here: [Join the Register - UK Public Health Register \(ukphr.org\)](https://www.ukphr.org)

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.

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.

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Part 3: Progress against our strategy

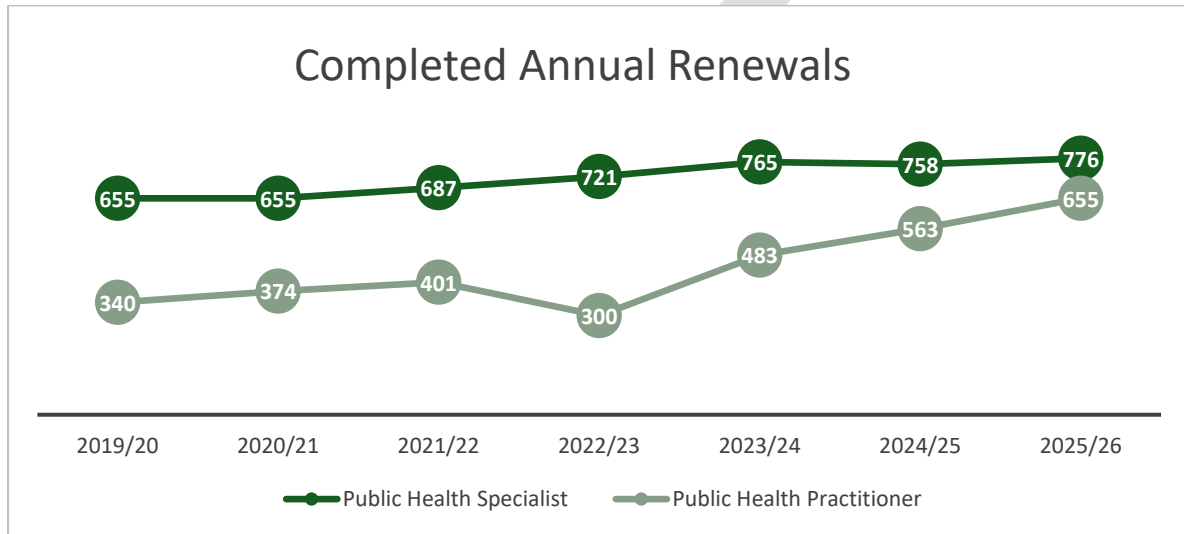
Theme 1: Maintain, develop, and grow our Register

1.1. Maintain:

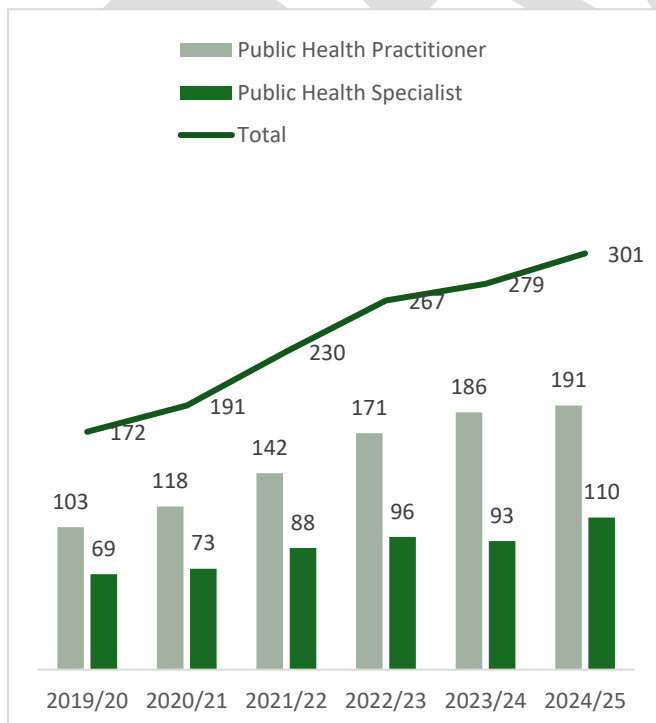
1.1.1. Annual Renewal

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.



1.1.2. Lapsed registrants.



‘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

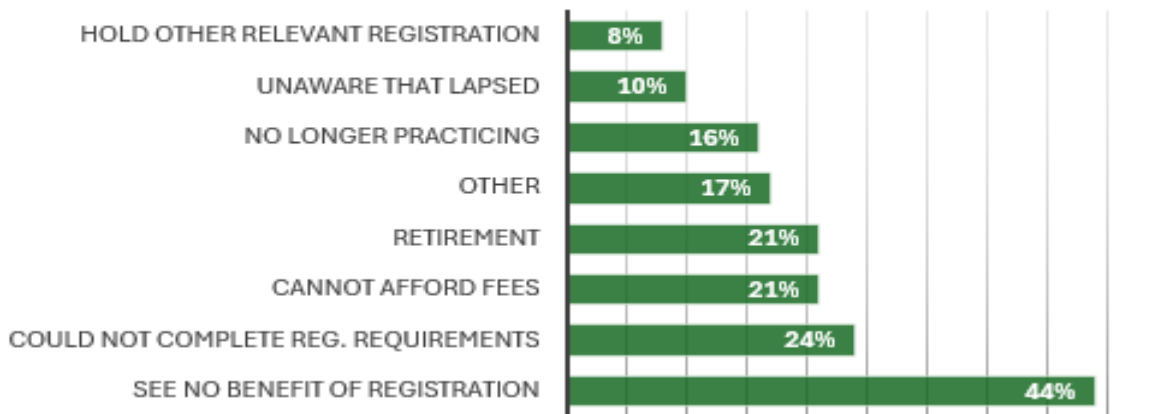
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taking an extended career break. We encourage registrants in these circumstances to choose to submit a voluntary withdrawal application rather than letting their application lapse. A pro-active declaration via voluntary withdrawal allows us to keep 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.

Reasons for lapsing



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).

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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	Deferral requested	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

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

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.

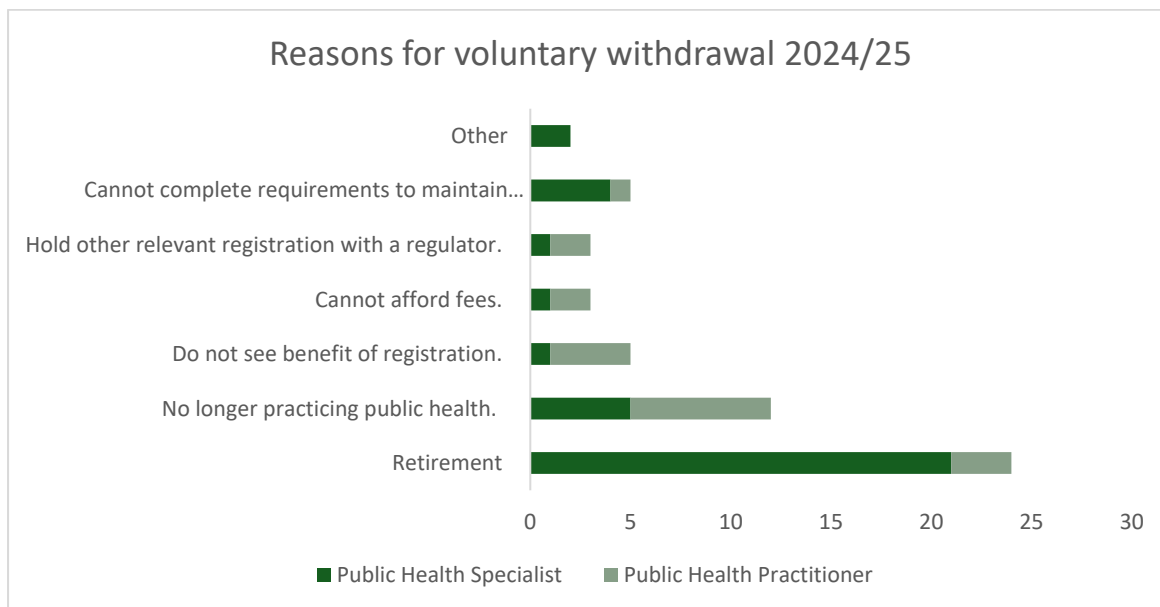
In the financial year 2024/25, we granted all 11 deferral requests for revalidation (this includes deferrals for due dates beyond 2024/25) - the reasons for a deferral included: illness, needing extra time to complete the requirements, delays in completing appraisal and parental leave. We also granted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

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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.



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.

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

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

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.

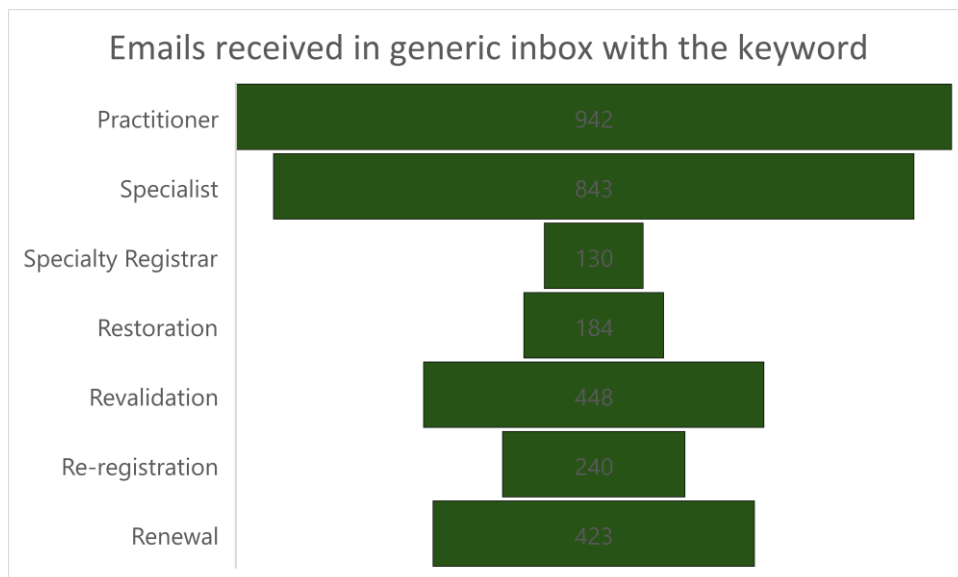
1.1.6 Data relating to incoming registration enquiries.

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

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specialist registration. The fewest number of queries is in relation to speciality registrar registration.



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 as a result, there were no FtP panels in 2024/25.

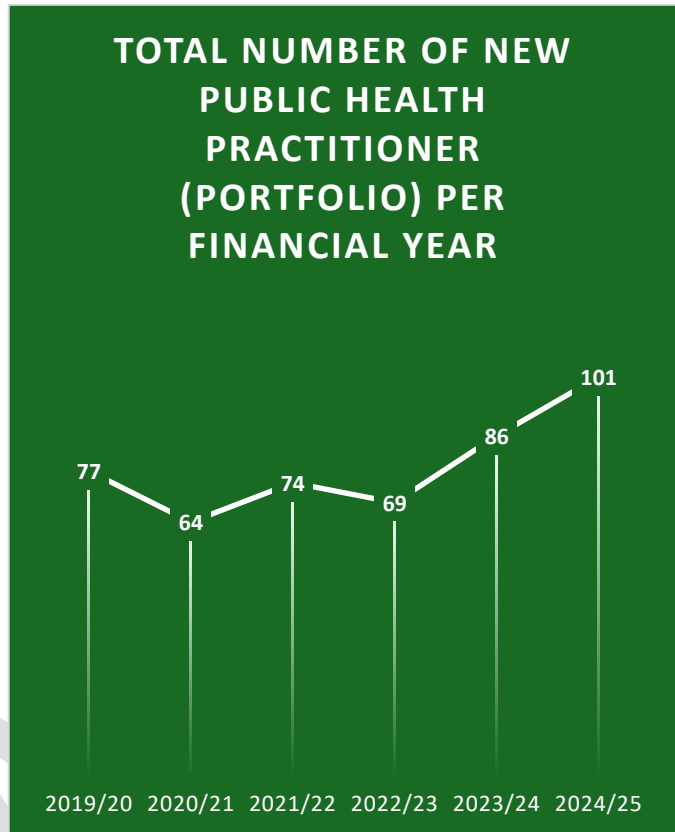
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1.2 Develop and grow

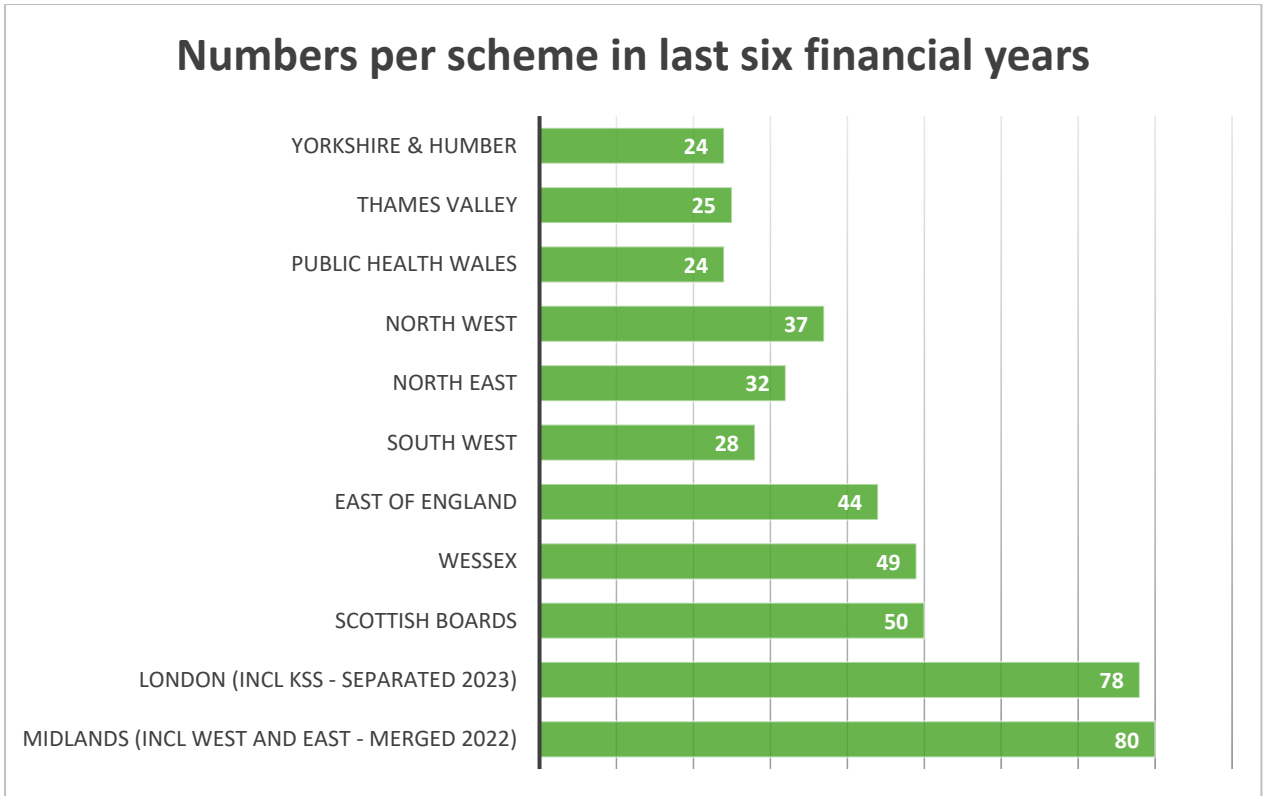
1.2.1 Retrospective Portfolio Practitioner registration through local schemes

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.



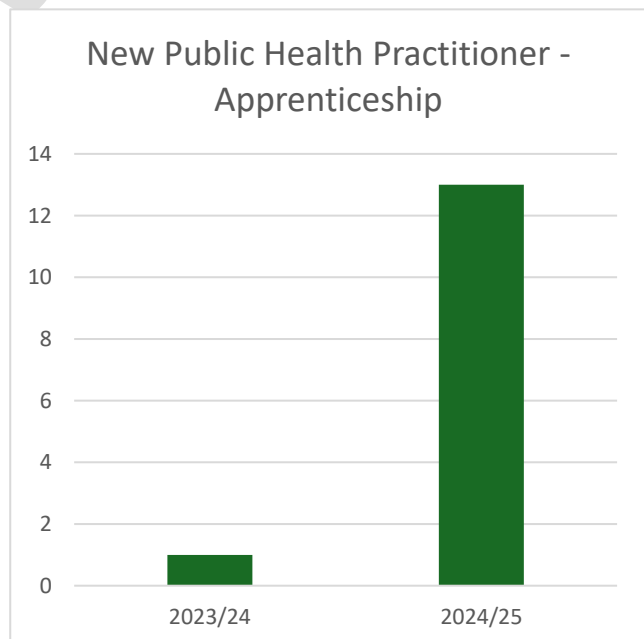
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1.2.2 Public Health Apprenticeship

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.

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.

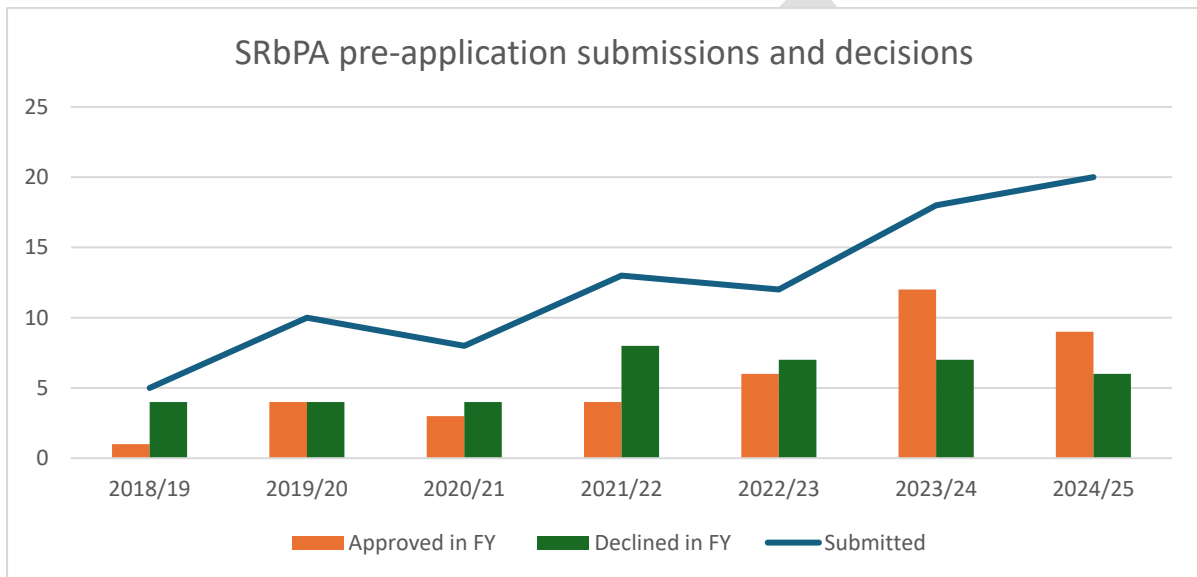


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1.2.3 New Specialist Registration by Portfolio Assessment (SRbPA)

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.

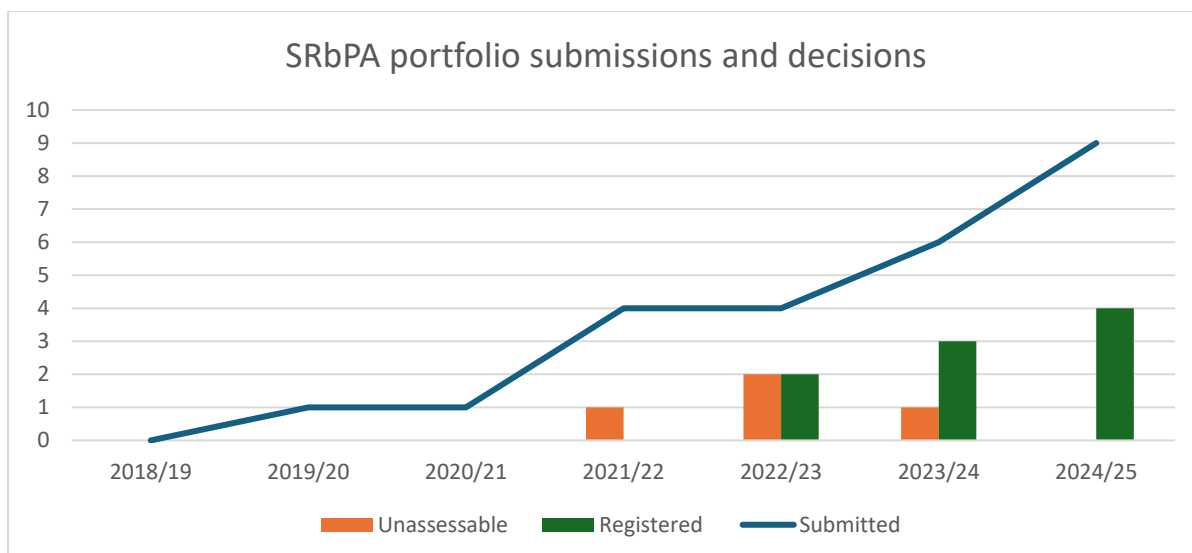
There has been an increase in pre-application submissions in 2024/25, as well as a decrease in the number of declined decisions reached in year. 20 applications were submitted and from those assessed in 2024/5, 9 were approved to continue to submit a portfolio within 18 months and 6 were declined and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



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 since 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 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.

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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

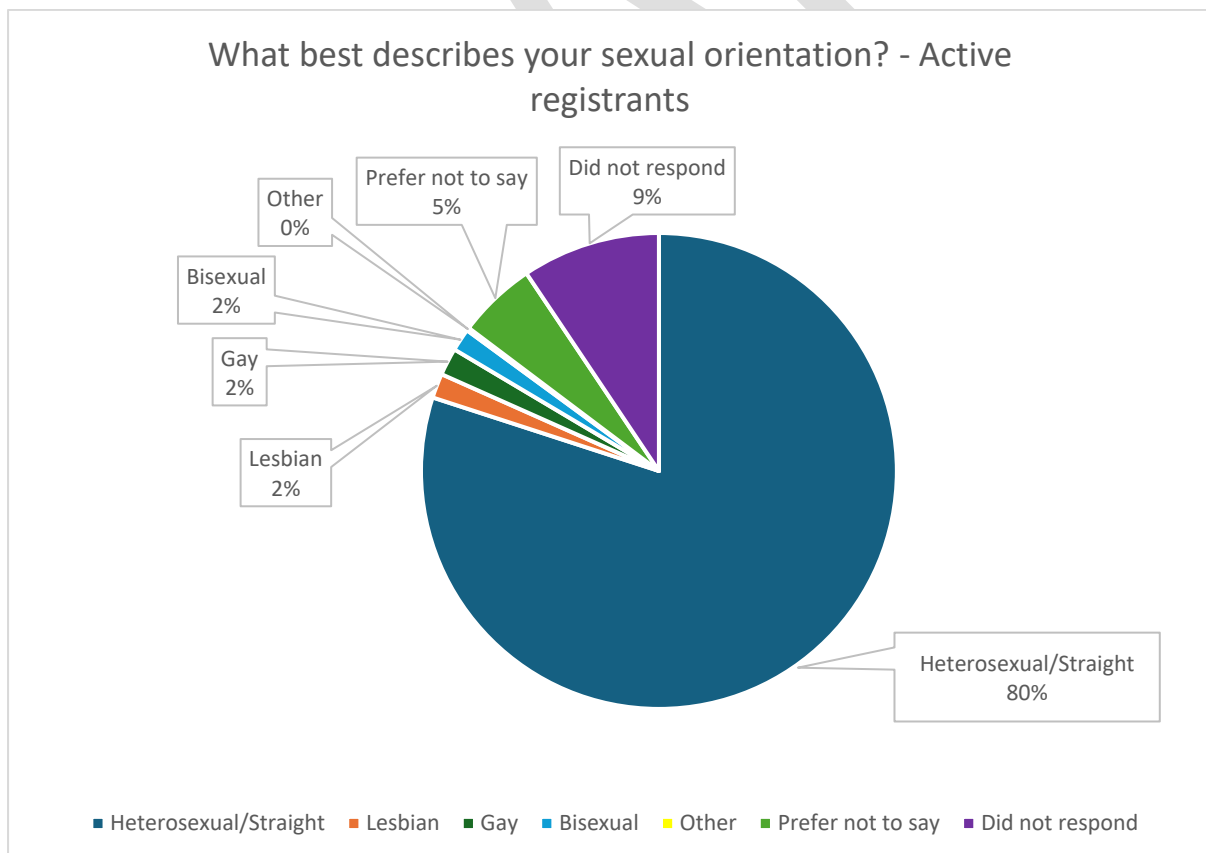
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4 Our EDI ambitions

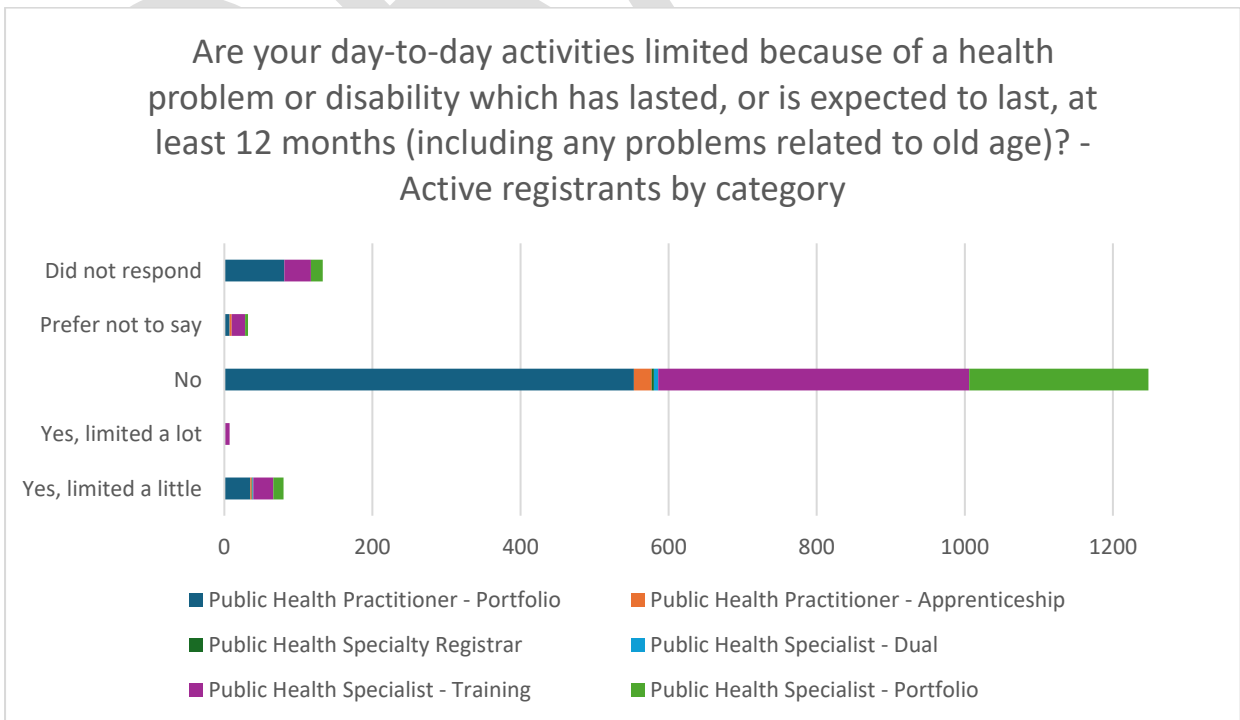
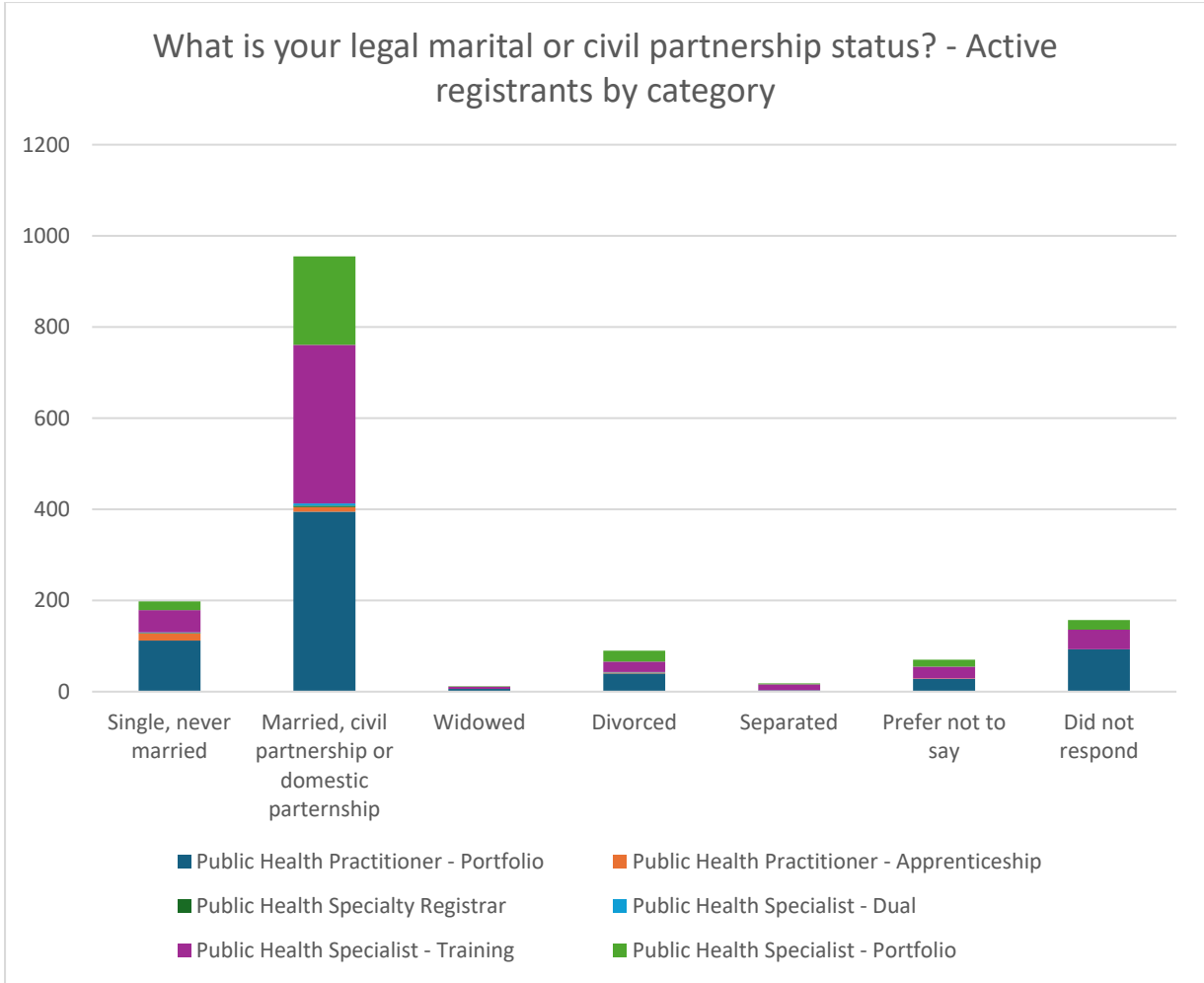
UKPHR wish to further understand registrant and applicant demographics including protected characteristics and we have put in place measures to address these identified issues.

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. 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. We also held in-house workshops with our office staff and our Board to continue with our learning.

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. As this was data collected for the first time, and as the form completion was voluntary, the data was still incomplete. 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. Some examples of what data is currently available after our 2025/26 renewal season can be seen below:



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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 is 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.

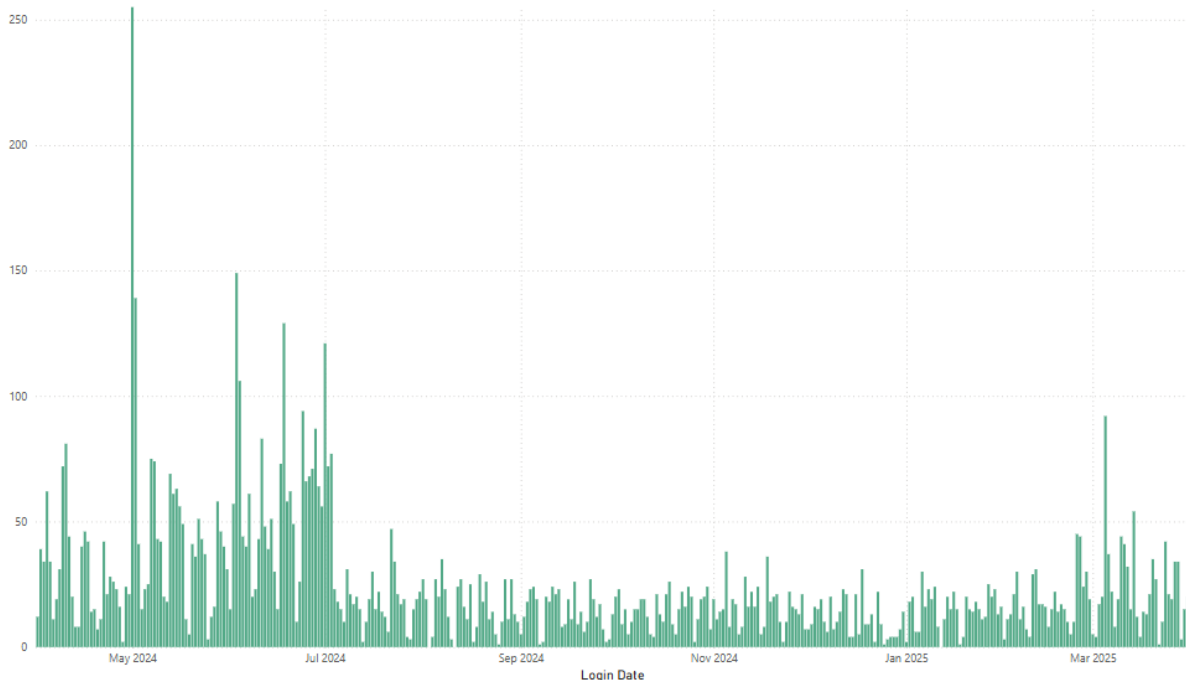
Theme 3: Promote collaboration across the public health and regulatory sectors to enhance public safety

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.

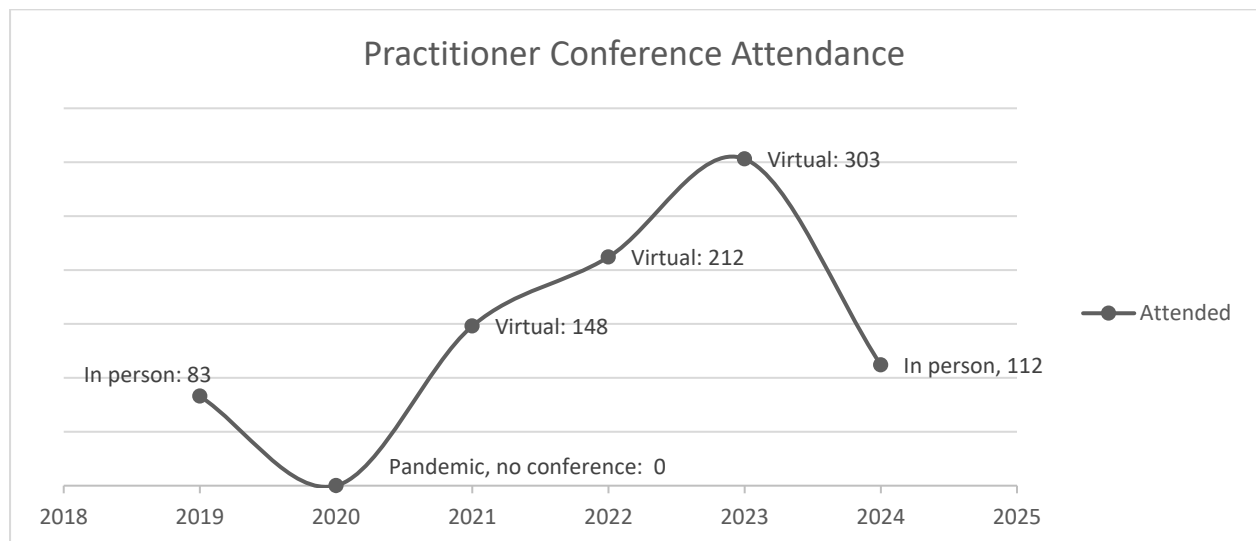
Registrants and prospective applicants continue to engage with our online portal. As anticipated, the greatest activity experienced was in line with the renewal season with a in-year high of 255 logins on 1st May 2024; the day the first renewal reminder is issued, and renewal is available for completion.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



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.



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 staff 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 practitioner assessor and verifier training.

Part 4: Governance update

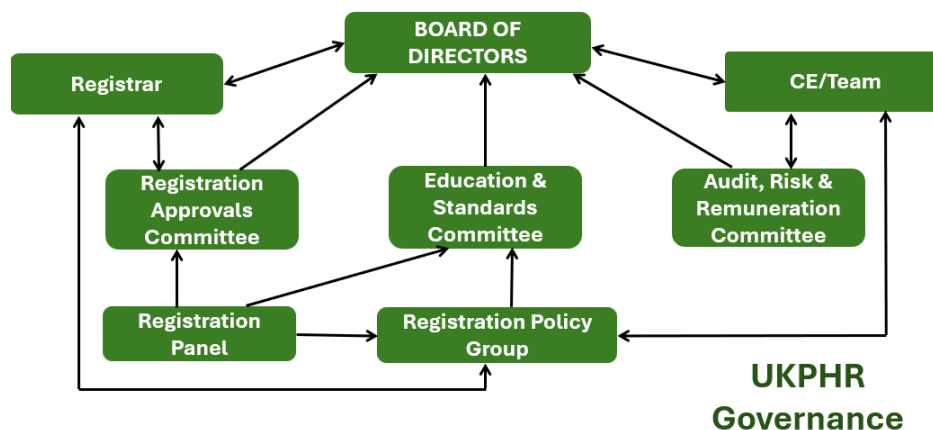
13 Our Board and Committees

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 Remuneration 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.



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

UKPHR's income from registration fees is reasonably predictable and costs are well controlled. Other income is all derived from the local practitioner schemes, who all contribute to costs relating to training assessors and verifiers as well as general support and conference costs.

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. In the financial year 2024-25, we generated a deficit of £31,406, which had been previously agreed to be

deducted from our reserves.

The chief executive has undertaken a review of both costs and income streams with a view to improving financial performance and to build up reserves to the target level. This may take more than one year but the board and chief executive are confident about the future.

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:

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 maintain momentum, we will continue to refine and modernise 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, enhance accessibility, and provide deeper insights into the challenges faced by registrants and the profession. This will support better decision-making and help us remain agile in responding to the evolving needs of public health practice. As part of our long-term 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 future organisational priorities.

We will also place greater emphasis on collaboration with partners across the sector, recognising that regulatory excellence is achieved not in isolation but through shared learning and collective endeavour. By fostering stronger connections and dialogue, we can ensure that our regulatory approach remains grounded, fair, and supportive of a vibrant and resilient workforce.

Looking forward, we are committed to upholding our values of transparency, inclusivity, and excellence. These principles will guide us as we support the workforce in meeting future challenges and seize opportunities to contribute to a healthier, more equitable society.

Together with our registrants, stakeholders, and dedicated office team, UKPHR is ready to take the next steps in this journey—building confidence in regulation, enabling professional growth, and reinforcing our impact for the public good.

Item 9 - UKPHR 2024-25 End of year accounts

Summary

1. This paper reports UKPHR's financial position for 2024-25. Since the end of the financial year, we have done an extensive reconciliation exercise, and scrutiny was undertaken by the Audit, Risk, and Remuneration Committee. Once the Board approves at the AGM in September, these accounts will be submitted to Companies House.

Background

2. The ARRC and the Board have been reviewing UKPHR accounts quarterly; these accounts are subject to audit.
3. As a Limited Company and registered charity, we are obliged to report our finances according to a set template. We have worked with our accountant, David Seeley of Accuo, to report these as accurately as possible, and according to the standards expected to meet our statutory obligations. These accounts have been independently examined by Malcolm Wilcox FCA of Malcolm Wilcox & Co.
4. This draft is in line with the statutory minimum requirements; an expanded Annual Report containing a significant amount of additional data has been drafted for publication and circulation.
5. The full draft report is at item 20.

Deferrals

6. This report looks a bit different- i.e. the deficit is greater than we'd anticipated because we've been getting to grips with a new payment system and how this impacts our calculations of deferred income.
7. The reason for looking at deferred income is because both company and charity law states that we must account for income and expenditure on what is called the accruals basis. This means accounting for both income and expenditure in the accounting period in which they are earned or incurred rather than the period in which monies are received or spent. A simple example of this is the quarterly rent paid. The rent actually paid in March is deferred until the following year because it relates primarily to April, May and June. Also, the costs of bookkeeping and accounting are included in the years results even though they are not paid until the following year.

8. The difficulty arises because the registration year runs from 1 July until 30 June but the accounting year is 1 April to 31 March. This means there are timing differences in when income is recognised, leading to three possible scenarios:
 - a. an existing registrant renews their subscription in full at the beginning of the renewal period, in May-June. In this case when we reach the following 31 March we will have received 100% of a fee but technically only earned 75%, so we must defer 25%
 - b. a new registrant is accepted at some point during the year, and they pay a prorated fee for the period up to 30 June. In this case we must defer the three months after 31 March as a proportion of the fee paid
 - c. an existing registrant renews but elects to pay by direct debit, which is taken in 10 instalments. By 31 March we will have received 9 instalments but are only entitled to take 75% into account in the financial year. In principle this means a deferral of 15% of the annual fee or 16.67% of the amount received.

9. Although we have attempted to calculate the deferrals in previous years it has not been straightforward. The current online system makes the calculations easier as we can now easily identify which members pay by which method. For the year ended 31 March 2024 we calculated the deferral relating to new members and existing members who renewed/ paid in full early in the year. We did not include the deferral relating to direct debit payments as we did not consider it would be too significant. For the year ended 31 March 2025 we have been able to look in more detail and the amount that needs to be deferred is now greater as more registrants are electing to pay by direct debit. Because of this increased amount being deferred, we need to reflect this in full in the 2024-25 accounts. As this deficit has been accrued since we introduced ROL in 2023, we must take a one-off deduction from the reported income and reflect an increased loss- larger than what we had budgeted for.

10. What is important for the Board to recognise is that deferral in itself does not affect the underlying financial position of the UKPHR as long as the principles of deferral as outlined above are accepted. It is a deficit 'on paper'. The amount of money in the bank is not affected; what we are doing is recognising that we have received significant amounts of it in advance. This will not impact budgets or the actual amount of cash reserves we have available.

11. Now that we've done these adjustments, we can more easily understand how these deferrals will impact our accounts in the future and we can adjust consistently. However, there are two options that would simplify things for the future:
 - a. The financial year can be changed to the subscription year. This could make budgeting very difficult as most of our suppliers operate on a 1 April-31 March basis and invoice us accordingly.
 - b. We could amend the registration year to align with the financial year; this will have technical implications for the ROL system, which we can explore further.

12. The ARRC has agreed to consider these options for the future, and we are looking into what is required for each option. In the meantime, however, they have asked for additional information regarding projected income, in order to retain assurance about UKPHR's financial stability.

13. One positive consequence of this is that we save several thousand pounds; we'd planned for crossing the 500K income threshold, which would have meant we would have required a full financial audit. We do not require that now.

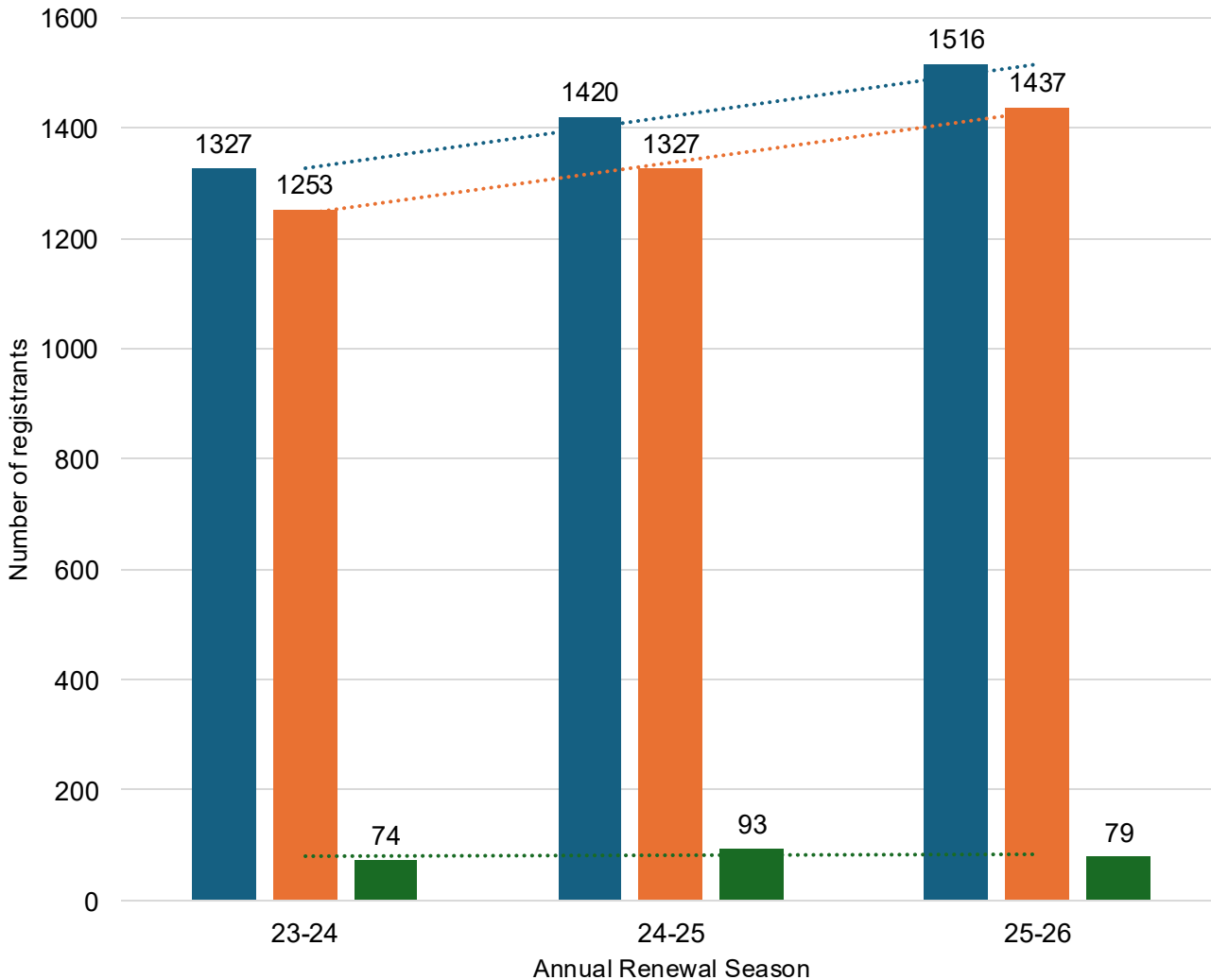
The EOY accounts document

14. Pages 12- 16 are grouped according to statutory reporting headings and are consolidated from the more detailed statement starting on page 18. The more detailed statements map to our budget and present a more comprehensive picture.
15. Some points to note regarding income (starting on page 19 of the report):
 - a. 'Registration fees' refer to all registration activities, including SRPbA fees.
 - b. 'Training income' refers to practitioner scheme fees and income from delivering SRbPA development sessions.
 - c. 'Other income' refers to award sponsorship fees and ad hoc chargeable activity such as listing public health job opportunities from recruiters.
 - d. Overall, our income did rise by approximately 30K from the previous year- however, because of the deferrals issue we cannot reflect this on these accounts.
16. Some points to note regarding expenditure:
 - a. Because of maternity leave, some of the salary costs were spent on subcontracted staff rather than direct salaries
 - b. Moderation fees decreased as a decrease in activity correlated with the end of the Defined route
 - c. Computer software costs increased from the previous year, as we required additional Registration Online development that we paid for alongside the annual fees
 - d. Conference costs increased as expected because it was an in-person conference
17. Putting the additional deferrals aside, our income and expenditure are in line with what we would have expected for EOY and we remain in stable financial shape.

Recommendation

18. The Board is asked to approve EOY management accounts 2024-25

25-26 Annual Renewal Stats



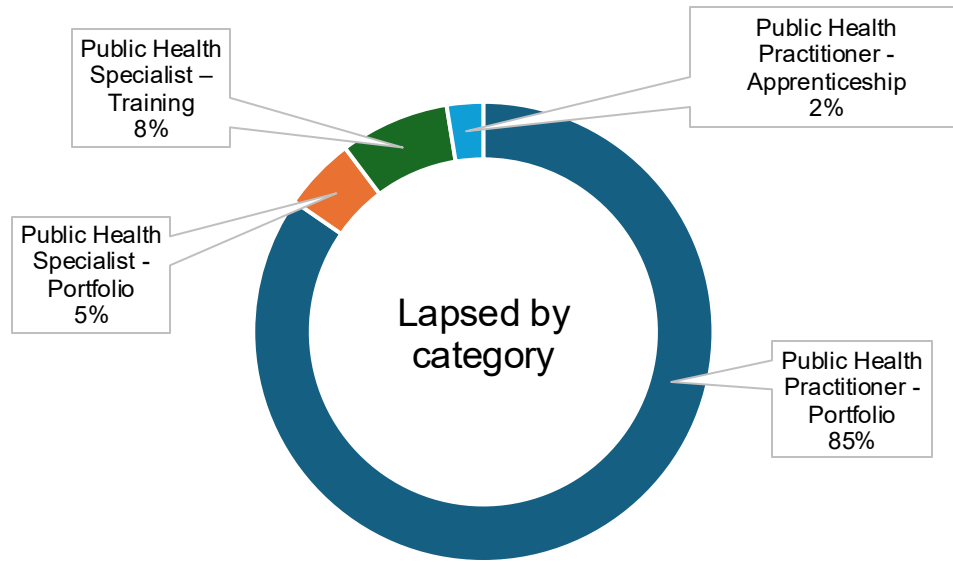
- Invited to Renew - Total
- Approved - Total
- Did not renew - total
- ⋯ Linear (Invited to Renew - Total)
- ⋯ Linear (Approved - Total)
- ⋯ Linear (Did not renew - total)

	23-24	24-25	25-26
Renewed	94%	93%	95%
Did not renew (total)	6%	7%	5%
<i>Did not renew (withdrew)</i>	1%	2%	3%
<i>Did not renew (lapsed)</i>	5%	5%	3%

- General upward trend of renewals – 16% increase each year in numbers since 23/24.
- No significant increase in those not choosing to renew over the years
- More registrants formally withdrawing their registration as awareness is raised of this process which enables us to accurately analyse who “lapses”
- More people completing renewal (renewing or formally withdrawing) earlier in the renewal season – see *table below*
- Further detailed analysis based on categories of registration to be included in relevant annual report
- % renewed is on par with statutory regulators (2023 - HCPC between 95 - 66% varying between professions; DCP’s with GDC at 95.7% and dentists at 98.3%)

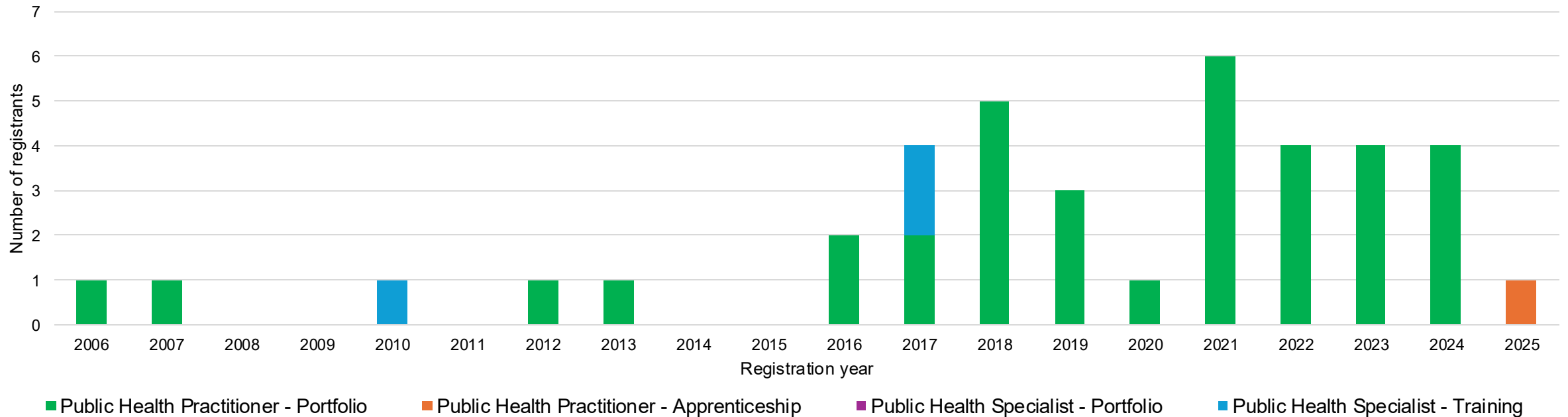
Renewals concluded	May	June	July
23-24	29%	54%	12%
24-25	29%	54%	12%
25-26	34%	53%	9%

2025 Lapsed Survey



- Most registrants who did not renew their registration were practitioners
- Specialist who lapsed had registered over 8 years + and are likely to have retired and should have submitted a voluntary withdrawal application
- Practitioners who lapsed were registered more recently, since 2018
- Invited those who did not renew for 25/26 to complete our short survey (39) and 4 responded (10%) all Public Health Practitioner – Portfolio working in England
- Reasons for lapsed (multiple can be selected) – (1) did not see benefit of registration (2) cannot afford registration fees and (2) other
- Comments provided: *little return on £100+; will restore when financially able to again and will be going on maternity leave at the end of the renewal year and cannot reduced fees yet*

Registration date and category of lapsed



Item 11 - UKPHR Q1 2025-26 Accounts

Summary

1. This paper reports UKPHR's financial position at the end of the 1st quarter of 2025-26 , and was presented to the ARRC in July 2025.

Discussion

2. The details of all income and expenditure are included in the spreadsheet at Item 5, which allows us to group expenses together and compare against what was originally budgeted for the first three quarters and our remaining balance budgeted for the rest of the year.
3. Note that these accounts are on a CASH basis- ie reflect all payments that went in or out during the calendar months. Only the EOY accounts will wholly reflect an ACCRUALS approach.
4. Overall, our expenditure and income are roughly as expected, and we remain financially stable. Key points are as follows:
 - a. Some scheme fees (line 13) and interest (line 17) were paid in the 2025-26 financial year, but were accrued during the 2024-25 financial year and are reflected in last year's accounts.
 - b. Income for Practitioner registration renewals (line 8) is higher than expected- we're looking into why this may be i.e. issues with forecasting, or potentially more paid up front than via direct debit.
 - c. Microsoft Azure charges (line 43) have increased significantly and we're unclear why. We are chasing this with AirIT.
 - d. Our two most significant annual expenses besides salaries are Fortesium for Registration Online, and the Annual PSA fee. Since the budget was agreed, we've managed to negotiate payment in 4-5 instalments, rather than making a big payment at a fixed point in the year. This will even out our cash flow and is a positive initiative, but it does mean that our quarterly accounts may look out of line with what was originally budgeted; this will lessen each quarter and should even out by the end of the financial year.
 - e. Overall, our year-to-date variance of monies budgeted compared to income/expenditure is £71556; the majority of this is accounted for by points a and d above.
 - f. Reserves as of end of Q1 stood at approximately £156,000, which is nearly 4 months of operating costs. The reserves policy stipulates that we should aim for reserves to cover at least 3 months of operating costs, so the target is being met.

Recommendation

5. The Board is asked to comment on the management accounts for Q1 2025-26