

UKPHR Board & Annual General Meeting

26 November- VIRTUAL

14.00-16.00

ITEM	ISSUE	PRESENTER
	BOARD MEETING 10.30-13.00	
1	Welcome, apologies and new declarations of interest	Chair
2	Minutes of meeting 30 September Item a: Public meeting minutes Item b: Private meeting minutes	Chair
3	Actions and matters arising	Chair & CEO
4	Governance forward planner - 2026	Chair & CEO
	<i>For decision</i>	
5	The UKPHR Office	JL & PJ
6	Updated Specialist Registrar Registration policy	JL & PJ
7	Updated Flexible working policy	JL & PJ
	<i>To note</i>	
8	Q1/2 2025-26 Data report	PJ
9	Practitioner conference evaluation	JL
10	Update on Fitness to Practise review	JL
11	Registration reports Item a: RAC minutes 22 Sept 25 Item b: RAC minutes 27 Oct 25	Registrar
12	Audit, Risk and Remuneration Committee report – including Risk Register Item a: ARRC minutes 23 October Item b: Risk Register	ARRC Chair & CEO
13	Education and Standards Committee report E&S Minutes 7 October 2025	E&S Chair
	<i>Private meeting</i>	
14	Chief Executive's report	CEO
15	Any other business	Chair
16	Date and time of next meeting	25 February 2026

UKPHR Board Meeting 26 November 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
30/09/2025		Add a new reputational risk related to financial reporting process into the Risk Register	JL	ASAP and next ARRC meeting	
30/09/2025		Submit final 2024-25 accounts to companies house, charity commission and OSCR	JL	ASAP and by end of the year	
30/09/2025		Amend and format the final annual report in line with discussion and publish alongside an infographic	PJ	ASAP	
30/09/2025		Draft an UKPHR EDI report	PJ	Board meeting on 25 Feb 2026	
30/09/2025		Review the Registrar contract to reflect the elimination of term limits	JL	ASAP	
30/09/2025		Draft a scheme of delegation document to clarify financial authority and responsibility	JL	ASAP	
30/09/2025		Publish the 18 June 2025 public Board minutes on website	JL	ASAP	
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

UKPHR Governance forward planner 2025



UKPHR Board meeting 26 November 2025

Item 4

MONTH	Board	Audit, risk, & remuneration committee	Education & standards committee
January		25/26 Q3 Accounts Financial projections Exploration of approaches to management accounts Start fees discussion	
February	25/26 Q3 accounts Registration fees		FtP process discussion MA mapping to standards work Practitioner standards review
March		26/27 budget Staff pay	
April	FtP process approval 26/27 budget Staff pay Practitioner Standards review		

UKPHR Governance forward planner 2025

May		Deep dive risk review	
June	Conference updates		

UKPHR ARRC – 23 October 2025

ITEM 4 – Forecasting 2026-29

Income

Overall

Income is forecasted to increase, with greater increases expected from 27/28 onwards. This is primarily due to increase in renewal fees and increase in successful renewals.

Renewals

- A 2% increase for practitioner and specialty registrar fees and an 5% increase for specialist has been forecasted
- There has been a 0-2% increase in the number of successfully renewed specialists each year and for the purposes of the forecast, a 1% increase year on year has been assumed. More exact numbers are received from the FPH every year.
- For speciality registrars, an increase of one registrant has been assumed- although the hope is that this is more once we have another registrar on our Board.
- For practitioners, a 16% increase in the number of successful renewals has been forecasted, in line with the trend of the previous financial years.

New registrations

- SRbPA portfolio assessment fee – we have issued 10 portfolio submission deadlines for 26/27. We have assumed the same will be issued for the subsequent FYs in the absence of any issued deadlines and the knowledge that pre-application submissions continue to be steady with a 50% approval rate. No increase in fees has been assumed.
- SRbPA pre-application fee – it is difficult to determine how many pre-applications will be received as there may be many factors to play over the years that can influence this, for example, appetite for local/national support etc. An average of 18 pre-apps a year since launch has been assumed. No increase in fees has been assumed
- New applications for specialist registrants have been based on the average length of time it takes for a portfolio to be approved; CCT dates from FPH (for 26/27 and 27/28). As fees are calculated prorata, registrations have been spread across the year. They take into account the increase in fees
- New registrar applications are historically low, and this has continued to be assumed and takes into account the increase in fees
- New applications for practitioners' registrants have been based on an upward trajectory based on the previous financial years. As fees are calculated prorata, registrations have been spread across the year. They take into account the increase in fees. We're currently seeking further information about potential deferrals of cohorts in practitioner schemes- but think this is relatively limited.

Restoration

- No increase in fees has been assumed
- Continued steady number of applications

Practitioner scheme fees

- No increase in fees has been assumed as latest increase was in 25/26.
- Income is based on the mandatory costs, continued training (no growth) and shared conference costs
- No increase in number of schemes has been assumed – i.e. no new Northern Ireland scheme as of yet.

Misc

- Practitioner conference sponsors – no increase assumed
- SRbPA development programmes – growth slows down as these are embedded
- Interest rates – assumed a growth as we continue to build on reserves and have more in bank from office savings. Doesn't account for any fixed-term high interest savings accounts
- Minimal other income forecasted, in align with 25/26 budget

Expenditure

Overall

As expected, there is a steady increase in expenses due to general rise in costs. The budgeted expenditure for 25/26 is c.£540k. There is not a significant decrease as we move to our first FY 26/27 with a new office- mostly due to the fact that it is a year where an in-person practitioner conference is being held. The savings from the office move will prevent a forecasted deficit for 26/27. This is also experienced when comparing the difference between forecasted expenditure from 27/28 to 28/29 (c.£31k compared to c.£6k the year before), which is moving from a virtual conference to an in-person conference FY.

Staff

- A 3% annual increase has been forecasted for salaries, and for NIC and pensions. These figures have been provided by the accountant, and the calculations are included at the bottom of the table. They take into account rebates provided.
- Staff training, recruitment and Registrar stipend are assumed to be consistent over the years, in line with 25/26 budget. Although staff training costs could potentially rise as the cost of external courses increases, the team have become quite adept at finding free or inexpensive online options, and are quite proactive in this area.

Moderation

- In 25/26 there was a budgeted 4% increase in moderation charges because of a fee increase- the first moderators have had in several years. One further 4% increase in charges has been forecasted for 27/28 with a slight increase in moderation activity

Events and travel

- The Board has previously agreed to rotate the format of the practitioner conference, and this has been assumed for the forecast

- UKPHR attendance at conferences and travel expenses remains as budgeted for 25/26
- UKPHR meetings is a new line item from 26/27 due to office move. Its likely that the budget might not be entirely used but for the purposes of forecasting the full cost has been assumed

Office

- A £500 increase in insurance premium is assumed as per historical increase over the years
- There will be less reliance on postage and stationery over the years as we move closer to becoming a paperless organisation, however we continue to forecast a steady amount
- The office costs have been based on a 3-year contract with the Lewis Building (to be confirmed)

IT

- Hardware – 1 new laptop annually budgeted as usual, although this might not always be needed.
- Registration online – assume a £2k increase in the annual license and included £10k for development work. This is the amount that is usually budgeted for often the level of work is not commensurate with the total allocated.
- Phone line and support – assume we continue to stick with our current provider and costs increase 3% year on year
- Software and licences – assume we continue to not be eligible for NFP discount with Azure and costs increase
- Support and security – assume a 3% increase and we continue to stick with our current provider. The new Air360 billing ensures that updates to software within this and any new essential software are included in this package without additional cost
- Online subscriptions – assume no new subscriptions but an increase by 3% each year
- Webhosting and development – likely to undergo some work on the website in 26/27
- Projects – we will have annual cyber essentials project work with Air IT and the forecast accounts for any unplanned project work

Finance

- Bank fees/payment processing – these are forecasted to rise with the increase in applications/payments and popularity of Direct Debit in combination with more successful renewals
- Assume 3% increase for accountant and independent assessor

General

- Consultancy – we used to budget a lot for consultancy work, but we have scaled this down due to increased resources within the team. We did not budget any consultancy work in 25/26 but have forecasted a modest £3k as a contingency moving forward
- HR – we assume we will continue to engage with our HR consultant on a monthly basis with a 3% increase each year

- We have increased the budget for general legal by £1k from the 25/26 budget. This is for any appeal or FtP advice

Miscellaneous

- PSA accreditation is based on registrant numbers so as the Register will increase over the years, we have assumed a £2k increase each year

General

- Consultancy – we used to budget a lot for consultancy work, but we have scaled this down due to increased resources within the team. We did not budget any
- We have accounted for a 3% year on year increase for online journal subscriptions
- We have slightly increased sundry budget from 25/26 and account for slight increase year on year

Potential opportunities for further savings

- It is possible to shift the conference from autumn 2026 to spring 2027 after the start of the new financial year, which would result in significant savings for 26/27 but increase costs for 27/28 with an in-person conference. Or we can move to a solely virtual conference.
- We have made general assumptions about costs rising across the board of around 3%. This may not happen in all areas, although of course it could be more.
- Specialist moderation costs may decrease as the new guidance embeds, and local support programmes result in higher quality applications
- We will continue to pursue a Microsoft charity discount, although we've not yet been successful

Potential opportunities for increased income

- We are planning to discuss promotion of specialty registrar registration with the Faculty as there does seem to be some support of making it mandatory- which would increase our register by several hundred.
- Northern Ireland is keen to establish a practitioner scheme but haven't yet had the resources to put this in place. Any implementation will be slow.
- We could potentially increase SRbPA and restoration fees.
- We could consider charging non-UKPHR registrants for conference attendance. We've tried to keep it generally accessible, but it is an option.
- The team is going to consider capacity for additional activity in early 2026 and will look back at the medium-term income generating activities discussed by the Board at their strategy day earlier in the year.

UKPHR Board 26 November 2025

Item 6 – Public Health Specialty Registrar Registration

1. The Board has previously agreed to begin to market public health Specialty Registrar more actively.
2. The policy regarding this registration was due for review this year which allowed a timely opportunity for review before we embark on active marketing.
3. There are no significant changes to the policy itself. It has largely been reworded for clarity.
4. It is now explicit that any FtP issues will be relayed back to the relevant postgraduate dean in their role for ensuring that registrars are fit to practise.
5. It is also now clear that restoration to the Register as a public health Specialty Registrar will require evidence that they are still participating in the training programme using the same evidence template submitted upon initial registration.
6. Removal from the Register also references this being actioned by UKPHR upon evidence that the registrant is no longer participating in the training programme. UKPHR will contact the FPH twice a year to carry out checks that the Registrars on our Register are still engaged in the training programme and if they have permanently left the training programme and have not submitted a UKPHR voluntary withdrawal application, we will proceed to remove them off the Register. We hope that this step will not be necessary with active engagement in the voluntary withdrawal process and those no longer participating in the training programme, deciding not to renew their registration.

Recommendation

7. The Board is asked to approve the 3rd edition of the policy.

Public Health Specialty Registrar Registration

Policy

4th Edition, November 2025

To be reviewed in November 2028

1. Purpose of this document

This document sets out the UKPHR policy and procedure for the registration of public health Specialty Registrars.

2. Registration of public health Specialty Registrars

Public health Specialty Registrars who are not registered with the General Medical Council or the General Dental Council can register with UKPHR on a voluntary basis. Currently, registration is not a requirement for participation in public health training.

Public health Specialty Registrar registration is important because it:

- Extends regulation to those public health Specialty Registrars not currently subject to any form of independent regulation, for the purpose of enhancing the protection of the public and upholding and promoting standards in the profession;
- Make available to all public health Specialty Registrars the opportunity to be accountable to an accredited regulatory body and adhere to agreed professional standards prior to entering into regulation as Public Health Specialists;
- Provides an opportunity for public health Specialty Registrars to demonstrate their commitment to safeguarding the public and upholding standards in the profession;
- Creates greater commonality between the regulation offered by UKPHR and statutory healthcare regulators and fills gaps in the existing regulatory system.

3. Eligibility criteria and requirements

In order to be eligible for registration, Specialty Registrars must be participating in the Public Health Specialty Training programme. Confirmation of status is regularly confirmed to UKPHR from the Faculty of Public Health.

To register, the below requirements must be fulfilled.

- Completion of an application form and provision of supplementary evidence. The application can be accessed via the [UKPHR portal](#).
- Payment in full of the first annual registration fee (calculated pro rata to the common renewal date of 1 July). Fees may change from year to year; the most up-to-date fees are outlined on our [website](#).
- Completion of a declaration that establishes clear commitment to practice public health in accordance with the standards outlined in *Good Public Health Practice*.

4. Applying for registration

To register with UKPHR, a Specialty Registrar must:

- Complete and submit an application for registration online via the [UKPHR portal](#)
- Provide evidence, within the online application, of acceptance onto and participation in the Specialty Training Programme, using [UKPHR's prescribed template](#)
- Make payment in the online portal of the prescribed initial registration fee

5. Maintaining registration

Annual Renewal

All UKPHR registrants must **renew annually by midnight on 1st July**. Annual renewal consists of payment of annual fees and completing of a satisfactory fitness to practise declaration.

All registrants are required to pay the full annual renewal fee, unless an application for reduced fees has been approved by UKPHR. Payment can be made in full or via instalments.

CPD

Registrants in Specialty Training are not required to undertake any additional CPD in order to maintain their registration. However, UKPHR reserves the right to impose a CPD requirement on a registrant who takes time out from the Public Health Specialty Training Programme and wishes to maintain registration.

Revalidation

A formal revalidation requirement is not applicable to Specialty Registrar Registrants. The five-year cycle of revalidation starts once Specialist Registration is attained.

Self-referral

If any UKPHR Registrants are at risk of not meeting Fitness to Practise requirements, for whatever reason (including health), they must self-refer themselves to UKPHR via the UKPHR portal within 30 working days of an event occurring- this should not wait until annual renewal. Upon self-referral, UKPHR will review the information provided, and the Registrar may decide that there is no fitness to practise risk and therefore no further action is required, or that there is a potential fitness to practise risk and begin to investigate further. If there is a significant risk to public safety, UKPHR will proceed to inform the relevant Postgraduate Dean, in their role for being responsible for ensuring all Specialty Registrars are fit to practise.

If you delay and continue to practise, this could affect your registration, and you may be placing yourself or others' safety at risk.

Updating details

Registrants must notify UKPHR of any changes to their name, home address or other contact details within one month starting on the day on which the change occurred. Registrants can update these details within the online portal.

6. Withdrawing registration

A registrant seeking to **take time out from the Public Health Specialty Training Programme** will be encouraged to maintain continuous registration; no refund or reduction in fees will be offered if an individual leaves the register mid-annual renewal cycle.

At any given time, a registrant may wish to **relinquish their registration entirely**. This may be a personal choice whilst continuing to participate on the training programme or after ceasing permanently to participate in the training Programme. To relinquish registration, an application for voluntary withdrawal can be submitted within the online portal. This will result in the registrant's name being removed from the public Register after the chosen withdrawal date. No refund will be paid upon voluntary withdrawal.

7. Restoring registration

If a registrant voluntarily withdrew their registration or lapsed their registration due to non-renewal, registration can be restored at any point during their training by submitting an application for restoration within the online portal.

The application will be considered by the Registrar, who will make the final decision on whether restoration is granted. The Registrar will require evidence to confirm that the applicant is still participating in the training programme, this will be in the form of the evidence submitted upon initial registration using [UKPHR's prescribed template](#). A registrant will not be applicable to restore their registration as a public health Speciality Registrar if they are no longer participating in the specialty training programme.

If a registrant is restoring their registration after a significant time out from the Public Health Specialty Training Programme, the Registrar may require evidence to ensure that they have maintained their knowledge and skills.

An application for restoration will be accompanied by a one-off restoration administration fee and possible renewal fees in arrears.

8. Completion of training

On satisfactory completion of Public Health Specialty Training, a public health Specialty Registrar registrant is eligible for registration with UKPHR as a Public Health Specialist.

Applications must be made within 6 months of CCT and can be made as soon as confirmation from the Faculty of Public Health is received. Applications for registration as a Public Health Specialist can be submitted within the online portal.

9. Removal from the Register

A Specialty Registrar who **permanently ceases to participate in the Public Health Specialty Training Programme** shall cease to be eligible for registration; on receipt of evidence of this fact UKPHR will remove the registrant from the Register and no refund of registration fee will be made.

If a Specialty Registrar is at any point alleged to be in serious breach of *Good Public Health Practice*, fitness to practise proceedings may be initiated. These proceedings are likely to involve individuals involved in the training programme such as the Training Programme Director and Postgraduate Dean. If a Fitness to Practise Panel finds that ability to meet standards have been significantly impaired, UKPHR may impose a sanction – this could be removal from the Register. More information about how we investigate and act on fitness to practise issues can be found [here](#).

UKPHR Board 26 November 2025

Item 7 – Updated Flexible working policy

1. Following feedback from the most recent staff survey, UKPHR staff began a dialogue of discussion on the existing flexitime and flexible working policy.
2. The team engaged in open discussion with workshops welcoming a range of pros and cons to revising the policy and exploring possible changes that could be made.
3. These were then reviewed by the Chief Executive and Head of Business Development and Improvement who incorporated the suggestions into a revised policy which piloted for two months between September and October 2025.
4. Once the pilot ended, all staff were anonymously surveyed on the effectiveness of the revised policy. There was an overwhelming majority in favour of the revised policy. With some staff reporting that it increased their productivity.
5. One response welcomed further refinement of the policy regarding medical appointments and as a result, the piloted policy has been revised to include medical appointments as time worked.
6. It was acknowledged that business activity did not get negatively impacted because of these changes during the pilot and as a result the Board is recommended to approve the revised policy.
7. A summary of the changes includes:
 - Removing core hours (previously 10-2 and 2-4) with an understanding that staff will ensure that business activities are not negatively impacted and critical work commitments are adhered to
 - Widening the window that hours can be worked within from 8am till 6pm to 7am till 7pm
 - Requiring a minimum of 5 hours worked in a day and limiting the maximum hours worked in a day to 9 hours – ensuring that by the end of the month the full agreed hours are met
 - Medical appointments treated as time worked

Recommendation

8. The Board is asked to approve the 2nd edition of the policy.

Flexitime and Flexible working

Policy

2nd Edition, November 2025

1. Purpose of this document

UKPHR believes that its staff members are its most valuable asset and is committed to attracting and retaining the very best talent. It also appreciates that the UK workforce is becoming increasingly diverse and includes a high percentage of parents and individuals with caring responsibilities, as well as those whose interests and aspirations impact on their time.

UKPHR recognises the importance of helping its employees balance their work and home lives by offering flexible working arrangements that enable them to balance their work commitments with other priorities. It is understood that a degree of flexibility in working arrangements can also be crucial in helping staff to respond to personal issues, such as caring commitments and recovering from a situation where domestic abuse has taken place. In addition, UKPHR recognises that staffing levels must always remain in line with the demands of the business.

This policy aims to set out the ways in which flexible working can increase staff motivation, build better relationships between UKPHR and its employees, increase the rate of retention of staff, reduce absence, attract new talent, promote work-life balance and reduce employee stress. In doing so, this will improve UKPHR's efficiency, productivity and competitiveness.

2. Hours

Our working practices allow for us to provide a level of flexibility for our employees. All employees will have a set number of contractual hours for the week/month however we allow our employees to decide when to complete those working hours as long as they cover them between the hours of **7am and 7pm** and ensure that they are able to adhere to critical work commitments. In other words, our employees decide when to start and finish their working day.

There may be times that work pressures require that hours need to be dictated however we see this a rare occurrence and something that we would look to avoid. For this to work we need to work as a team and ensure that that we cover each other

in order to continue to deliver the highest levels of support to our registrants and stakeholders.

All staff should agree a general working pattern with their line manager, as it is important that your colleagues know the hours which you will normally work, including your start and finish time. However, it's acknowledged that your normal hours may vary as set out in the flexitime policy. It is important that open communication across staff about working hours continues.

During the working day staff have the opportunity to vary their working hours, and/or vary their start/finish times. Within this period, staff must adopt a 'standard' or expected start and finish time. This standard/expected time may vary depending on whether you are attending the office, as it's acknowledged that you may wish to avoid peak commuting hours.

3. Breaks

In accordance with the Working Time Regulations 1998, you must take a minimum uninterrupted **20-minute rest break** if your daily working time exceeds 6 hours. This break should not be taken at the start or end of the working day. Breaks are not recorded as time worked in the flexitime record and are excluded from a **standard working day total of 7 hours**.

4. Recording hours

A monthly accounting period is used, which starts on the first of each month. Over each accounting period staff must account for the total of working hours per month. The total working hours per month to be accounted for is calculated at 7 working hours per working day. For example, when a month covers 4 weeks of 5 working days for full-time staff, the total working hours required is 140 hours. These hours do not account for breaks. By the end of the accounting period staff must be able to account for their full agreed hours.

Staff must work a **minimum of 5 hours per working day and a maximum of 9 hours per day**. These hours are to be worked between 7am and 7pm.

You may work more or less than the normal hours each day/week as long as business activities are not hindered and the minimum number of contracted hours is accounted for the month.

You are required to enter your start and finish time on the flexitime record including before and after lunch or other break. You must record time in 5-minute denominations.

5. Accumulated time

Our flexitime and flexible working policy is in place to provide flexibility for staff, supporting both organisational needs and staff wellbeing. They are not designed as a

means for staff to overwork or carry forward significant additional hours. Instead, the focus is on helping staff balance work with life outside of work.

Up to a maximum of a standard working day's credit may be carried forward between accounting periods. A standard working day is 7 hours.

Time accumulated during one accounting period may be taken as flexi leave before the end of the next month or within the same month, provided that not more than one standard working day (7 hours) is used as flexi leave in any one month.

When an employee takes a **full day off as flexi leave**, 7 hours are recorded on the flexitime record for that day with the hours due to work still recorded as 7. The full day of flexi leave must also be recorded in the annual leave records.

Where an employee takes **half of the day as flexi leave**, 3.5 hours are recorded on the flexitime record for that day with the hours due to work still recorded as 7. The minimum of 5 hours a day will not apply in this case.

Where **flexi leave is taken sporadically** over a month, i.e. less than half a day, the actual hours worked must be recorded with the minimum hours met in the working day and month.

The number of hours taken as *annual leave* should be recorded in the flexitime record. For example, if the employee takes a **full day as annual leave**, this is recorded on the flexitime record as being 'worked' a standard day (7 hours).

If the employee takes **half of the day as annual leave**, 3.5 hours are recorded on the flexitime record for that day with the hours due to work still recorded as 7. The minimum of 5 hours a day will not apply in this case

6. Appointments

Doctor, dentist, and hospital appointments attended by employees within the hours of 9am and 5pm will be treated and recorded as time worked. This is based on when the employee logs off to attend the appointment, or from 9am if they go direct to their appointment before starting work, till, they return and logon or when the appointment ends if the employee does not return to work immediately after attending the appointment.

Staff are required to inform their line manager of appointments with reasonable notice and provide evidence of the appointment (letter or text confirmation). Please note that employees can redact from any evidence any reference that may disclose a medical condition.

Time taken to attend doctor, dentist or hospital appointments for dependants, including children or other relatives, will require staff to manage their time in line with the policy requirements or taken as annual leave. This will not be treated as time worked.

If a dependant of an employee has a serious or ongoing medical condition, UKPHR may, at its discretion, agree to treat related appointments as time worked. This will be determined based on medical evidence and a discussion with the employee.

7. Exceptions

When travelling to the office, if there are travel disruptions which mean a late start or an early leaving time, the actual hours worked should be recorded.

If there are significant delays due to travel or bad weather, senior management may decide to cover the time as worked and staff should enter in their normal working hours up to a standard working day.

8. Audit of records

Your manager will arrange to check a proportion of flexitime record sheets for each accounting period, as well as check against the annual leave records. Any instance where it appears that the scheme is being incorrectly applied or abused it will be investigated by the Manager. Abuse of the flexitime and flexible working policy is a disciplinary matter and could be considered as gross misconduct.

Operation of the flexitime and flexible working policy is introduced on the understanding that it shall not interfere with or reduce the efficiency or standard of your normal work activities. Your manager may change the working arrangements at any time if this condition is not being met. The opportunity to participate in this scheme may be withdrawn by the manager from any member of staff if he/she has consistently not met the requirements of the policy in any respect.

Staff may opt out of the flexitime and flexible policy and will then be required to work 9am till 4.30pm with a 30-minute break.

9. Request for additional flexibility

The business need

Although UKPHR is committed to providing the widest possible range of working patterns for its workforce and will always take the personal circumstances of its staff into account, both management and employees need to be realistic and recognise that the full range of flexible working options will not be appropriate for all jobs across all areas of the business.

When a request of flexible working is received that is outside the flexitime and flexible working policy as defined above, UKPHR will need to take in to account a number of criteria including (but not limited to) the following:

- the cost of the proposed arrangement
- the effect of the proposed arrangement on other staff
- the level of supervision that the post-holder requires
- the structure of staff resources
- other issues specific to the individual's responsibility
- an analysis of the tasks specific to the role, including their frequency and duration
- an analysis of the workload of the role.

Eligibility to make a request

Employees must have 26 weeks' continuous service to make a statutory request for flexible working. Employees must not have made a request for flexible working within 12 months before the date of their request.

Employees in all areas and levels of UKPHR will be considered for additional flexibility regardless of their age, sex, sexual orientation, race, religion or belief, disability, marital status, pregnancy or maternity, or gender reassignment.

Applying for flexible working

The application must:

- be made in writing and state that it is an application for additional flexible working under the statutory right to make a request
- state whether a previous application for additional flexible working has been made under this procedure and, if so, when
- specify the change applied for and the proposed date for the change to become effective
- explain the effect the employee thinks the change will have on UKPHR and their colleagues and explain how any effect should be handled
- be signed and dated.

The application must also state whether the variation requested is made in pursuance of a reasonable adjustment under the disability discrimination provisions of the Equality Act 2010.

Procedure for handling an application

A discussion regarding the application will be held between the employee and their line manager within 28 working days of the application, unless the line manager notifies the employee in writing of their agreement to the variation. The time and place of the discussion will be convenient to both the line manager and the employee.

Once a decision has been reached, the employee will be informed as soon as possible of the discussion. Where the decision is to agree to the application, the notice will specify the contract variation agreed to and state the date the variation will take effect.

Where the decision is to refuse the application, the notice will state which of the specified grounds for refusal are considered to apply and contain an explanation of why this ground applies.

Refusal of an application

The employee will be informed of the refusal of their application in writing.

The application may be refused on one or more of the following statutory grounds:

- a burden of additional cost on UKPHR
- a detrimental effect on UKPHR's ability to meet customer demand
- an inability to re-organise work among existing staff
- an inability to recruit additional staff

- a detrimental effect on quality
- a detrimental effect on performance
- insufficient levels of work during the periods of proposed work
- a planned structural change.

Withdrawal of application by employee

The employee can withdraw their application at any stage before agreement. The employee should write to their line manager stating they wish to withdraw their application.

Where the employee fails to attend a meeting on more than one occasion or they refuse to provide reasonable information to allow their application to progress, without reasonable excuse, UKPHR will treat the application as withdrawn.

UKPHR will confirm the withdrawal of the application to the employee in writing.

Non-statutory requests for flexible working

Ineligible employees may make an informal request for additional flexible working. This should be made, in writing, to their line manager with information of their proposed pattern of working, the date they propose this to take effect, whether this variation is temporary or permanent, and how any negative effects of the proposed working pattern can be managed.

This request will be considered in line with UKPHR's operational and staffing needs. Consideration will always be given, however, to the personal circumstances of staff and added flexibility could assist them in managing both professional and personal commitments.



Mid-year report: 1 April 2025 – 30 September 2025

Version: Version 1
Date of draft: November 2025
Approved by: tba
Author: Pavenpreet Kaur Johal, Head of Business Development and Improvement

Introduction

At the June 2024 meeting, UKPHR Board approved the Annual Report template, and agreed to switch from reporting on registration figures at each meeting, to twice-yearly reporting that would happen in the guise of an annual report and a mid-year report. This was to ensure that data was presented over a period of time that would allow appropriate analysis and identification of any potential issues and trends/themes.

The first full UKPHR [Annual Report 2023-24](#) was published in October 2024 and the latest full [UKPHR Annual Report 2024-25](#) was published in October 2025.

This document is aligned to the new agreed reporting cycle and presents the key registration metrics and figures relating to the first six months of the 2025/26 financial year (1 April – 30 September). It presents a point-in-time picture of the data we hold in regard to quarters 1 and 2; longitudinal analysis will be undertaken as part of the full annual report to be published later in 2026. Any issues identified with the data below have been picked up by the team and are included in this report.

This report is for governance and oversight purposes; it will be published on the UKPHR website alongside Board papers but will not have a separate publication link.

Part 1 Overview of key activities in the first six months of the financial year:

On 30 September 2025, UKPHR recorded 1498 active registrants. This is an increase of 23 (1.5%) registrants since 31 March 2025, and an increase of 111 (8%) registrants compared to 30 September 2024.

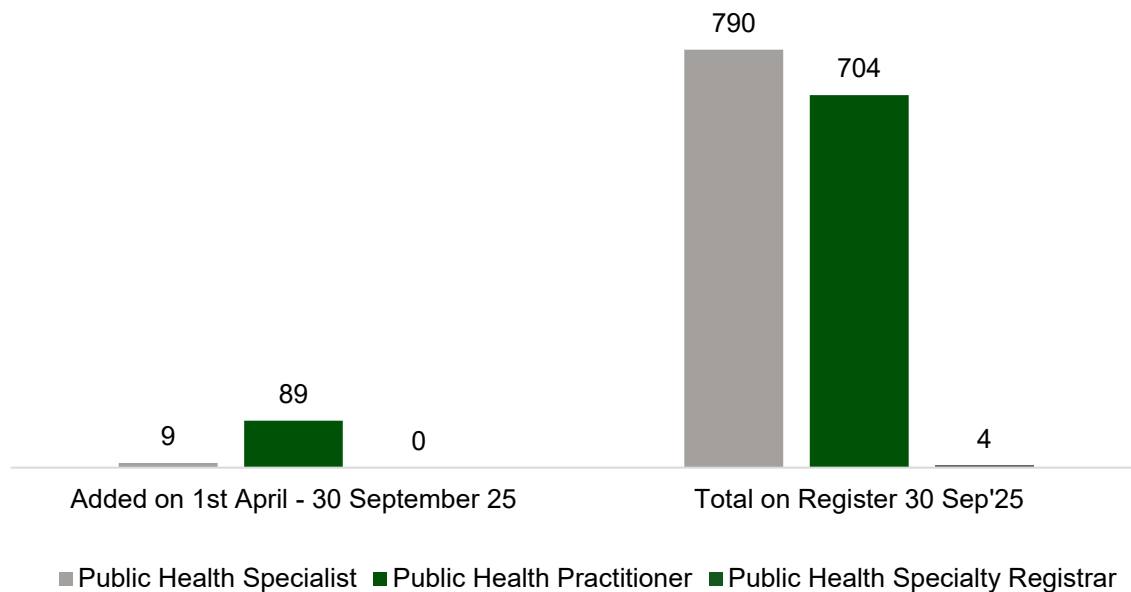


Fig 1 (above): Number of new registrants between April-Sept 2025 and the number of active registrants on 30 Sept 2025

Between 1 April 2025 and 30 September 2025, we registered 98 new Public Health Professionals. This is an increase of 15 registrants (18%) compared to 1 April 2024 and 30 September 2024.

Between 1 April – 30 September 2025 we:

- Completed the 25/26 annual renewal season for all registrants
- Continued with the delivery of our centralised programme of practitioner assessor and verifier training.
- Received 7 pre-applications and 7 portfolios, issuing decisions on 10
- Registered 9 new specialists and 89 new practitioners
- Concluded the review of our re-registration process for practitioners with some improvements and amendments to the process. We also carried out a webinar to communicate the changes to practitioners – 303 registered and 214 attended the lunchtime webinar
- Issued our Spring 2025 newsletter to all registrants informing them of news and developments at UKPHR.
- Initiated our review of our FtP processes
- Reviewed our MSF tools for the purposes of revalidation
- Held our Board Annual General Meeting.

- Conducted an evaluation of our revised revalidation process following a year of implementation
- Prepared for our 2025 Practitioner Conference
- Worked closely with the DHSC on development of an England wide SRbPA programme
- Explored options for the future of the UKPHR office space with an extraordinary Board meeting
- Confirmed our 2026 calendar of meetings
- Held our Board strategy day
- Agreed to move towards using BlueSky as our primary social media
- Been invited to sit on FPH's Education Committee

Part 2: Progress against our Strategy in the first six months of the financial year:

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.

Moving to automated reminders and an online renewal process has been possible thanks to introducing a new registration system – Registration Online (ROL), in 2023. This change was welcomed by our registrants and allowed a much smoother and effective renewal process.

The figure below includes numbers of the most recent Annual Renewal which took place in July 2025 for the 2025/2026 renewal year. Please note, public health specialty registrar numbers are not shown in the chart as numbers are marginal (>10).

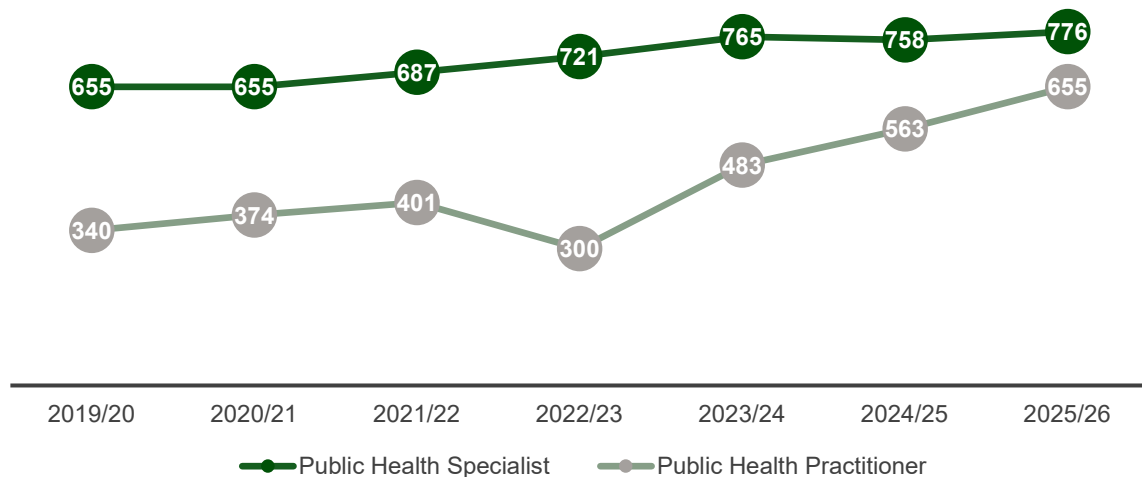


Fig 2 (above): Number of successful renewals by registration category

There continues to be an upward trend in successful renewals, average of 16% increase each year since 2023/24. It is reassuring to note that the greatest increase is in practitioners successfully renewing their registration.

More registrants are completing renewal, whether it be renewing or formally withdrawing, earlier in the renewal season.

Fig 3 (below): Number of renewals concluded (renewing or formally withdrawing and therefore closing renewal application) each renewal season

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

There does not appear to be any significant increase in those choosing not to renew over the years. More registrants are formally withdrawing their registration as awareness is raised of this process which enables us to accurately analyse who “lapses”.

	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%

Fig 4 (above): Number of successful renewals versus those who did not renew; further categorised by those who relinquished their registration and therefore did not renew versus those who allowed their registration to lapse and did not take any action at all.

All registrants who didn't renew their registration were asked about their reasons through a 'Lapsed registrants' survey in August 2025. Further detail is included in the 'Lapsed registrants' section of this report.

1.1.2 Revalidation

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 current.

In April 2025, following our light touch review of the revalidation process for Specialist registrants, we completed an evaluation which was presented the Education and Standards Committee in July 2025. Feedback indicates that the revised UKPHR revalidation process is generally clear, user-friendly, and well-supported by communication and guidance.

Fig 5 (below): Number of specialists invited to revalidate and successfully revalidated. In addition to the number of specialists who requested to defer their revalidation due dates and those who did not revalidate and therefore lapsed/relinquished their registration

Revalidation year	Invited	Approved	Refused	Deferral requested	Lapsed / relinquished
1 April – 30 Sep '25	28	23	0	3	2

1.1.3 Re-registration

Like the revalidation process for Public Health Specialists, Practitioners are invited to re-register every five years, to demonstrate their continuing commitment to meet professional standards.

We conducted a review of the re-registration process which resulted in the revised process taking effect from 01 April 2025. Similarly to the revalidation review, we evaluate the revised process after one year of implementation.

Fig 6 (below): Number of practitioners invited to re-register and successfully re-registered. In addition to the number of practitioners who requested to defer their re-registration due dates and those who did not re-register and therefore lapsed/relinquished their registration

Re-registration year	Invited	Approved	Refused	Deferral requested	Lapsed / relinquished
1 April – 30 Sep '25	37	28	0	1	8

Reason for deferrals

Four deferral applications were received between 1 April and 30 September 2025. Three were due to maternity leave and one due to a career break.

1.1.4. Lapsed registrants

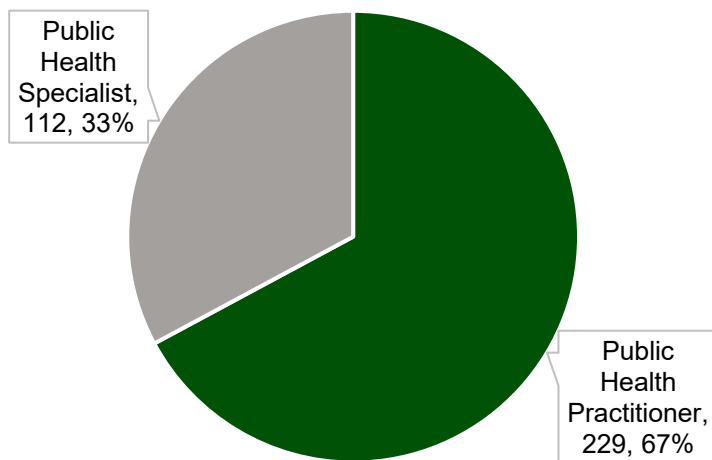


Fig 7 (above): Total number of lapsed registrants on the Register by registration category

'Lapsed' registration occurs when a registrant did not fulfil their registration requirements in full. This includes non-renewal or not meeting the revalidation and re-registration requirements.

In 2024/2025, a total of 301 registrants had a lapsed registration status on the register, of which there were 191 Practitioner registrants and 110 Specialist registrants. This includes all registrants that have ever lapsed.

As of 30 September 2025, the total number of registrants that have had a lapsed registration status was 341, of which 229 were registered as practitioners and 112 were specialist registered.

Following the annual renewal process completion in July 2025, we issued a survey to all those who lapsed because of non-renewal, to better understand the reasons behind their lapsed status.

39 registrants had new lapses and were invited to take part (53 registrants lapsed due to non-renewal but 14 decided to restore before the survey was issued) and 4 (10%) replied. All four respondents were practitioners working in England. Multiple reasons for lapse could have been selected and the responses ranged from, did not see benefit of registration (1 response); cannot afford registration fees (2 responses) and other (2 responses).

From the comments, potential opportunities for improvement were identified, such as ensuring our restoration guidance (requirements and fees) is clear and accessible, and stepping up our work to explain and promote the benefits of registration. We intend to survey newly lapsed registrants on an annual basis, after the annual renewal process is completed.

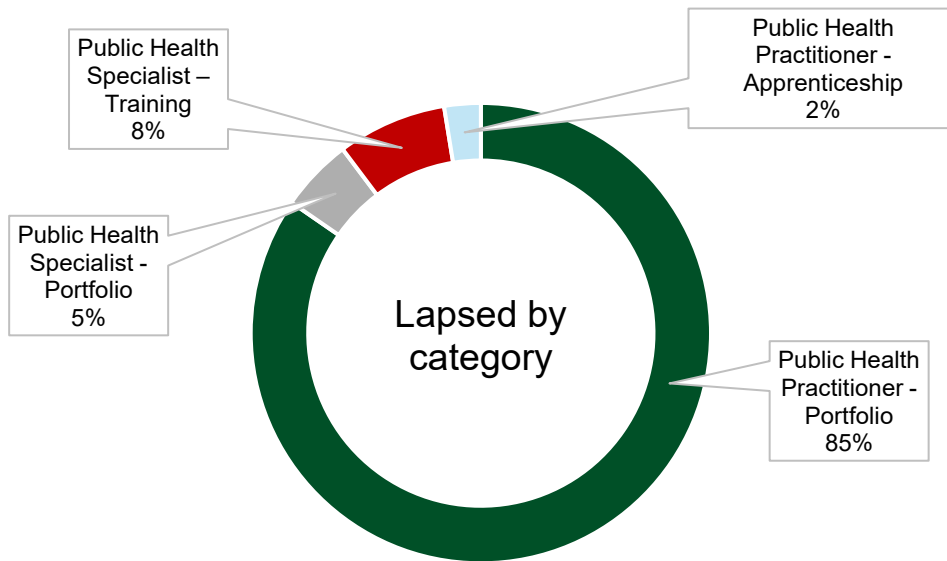


Fig 8 (above): The distribution of registrants who lapsed at the point of th 25/26 annual renewal by registration category

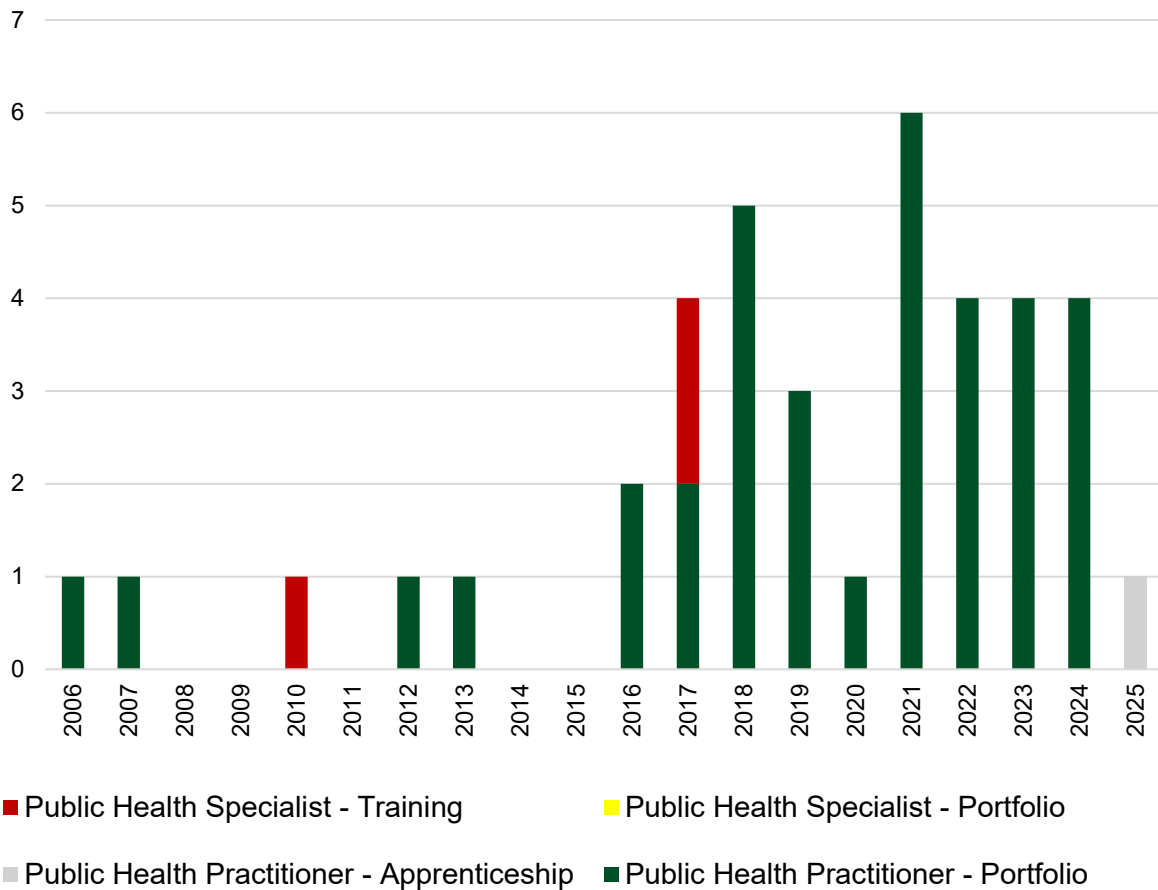


Fig 9 (above): The registration year of registrants who lapsed because of not completing their 2025/26 annual renewal

1.1.5. Voluntary Withdrawal

Between 1 April and 30 September 2025, we received a total of 31 requests for registrants voluntarily withdrawing their registration. This includes 1 specialty registrar, 20 specialist registrants and 10 practitioner registrants. Nearly 75% of the reasons selected (multiple can be selected) were withdrawing due to retirement and registrants no longer practicing in public health. This is no different to previous trends that would cause any concern. Rather, more registrants are selecting retirement as a reason.

1.1.6 Restoration

We receive a small number of restoration requests which are mostly submitted once the renewal deadline has passed and a registrant's registration has lapsed due to non-completion of the renewal requirements.

We received a total of 17 restoration applications between 1 April and 30 September 2025 and all were approved. Of this total, 15 applications were received due to not completing the 25/26 annual renewal in time, 1 application was due to not completing re-registration on time and 1 applications was due to intentionally lapsing their registration and returning to work from a period of ill-health.

Fig 10 (below): The number of restoration applications received between April-Sept 2025 by registration category

	1 April – 30 September 2025
Public Health Specialist	10
Public Health Practitioner	7
Total	17

1.1.7 Fitness to Practise

UKPHR has historically had a very low rate of fitness to practise concerns being reported. This can be due to several reasons:

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

This year reflected the similar trend of minimal fitness to practice activity. No complaints about registrants were received in the first half of 2025/26.

UKPHR is currently working on reviewing and improving its Fitness to Practise processes with an aim to complete this work by the end of 2025/26.

1.2 Develop and grow

1.2.1 New registrants

Between 1 April and 30 September 2025, we successfully registered a total of 98 (18% increase compared to same period last year) new registrants on the Register. These included the following:

- 72 Public Health Practitioners via the Retrospective Portfolio route (33% increase)
- 17 Public Health Practitioners via the Apprenticeship route (750%)
- 1 Public Health Specialist via the Specialist Registration by Portfolio Assessment (SRbPA) route (80% decrease – due to the nature of the assessment process, direct comparisons cannot be made mid-year)
- 8 Public Health Specialists via the Training route (57% decrease)
- 0 Public Health Specialists via the Dual route (100% decrease – these applications are infrequent, and this decline is not of concern)

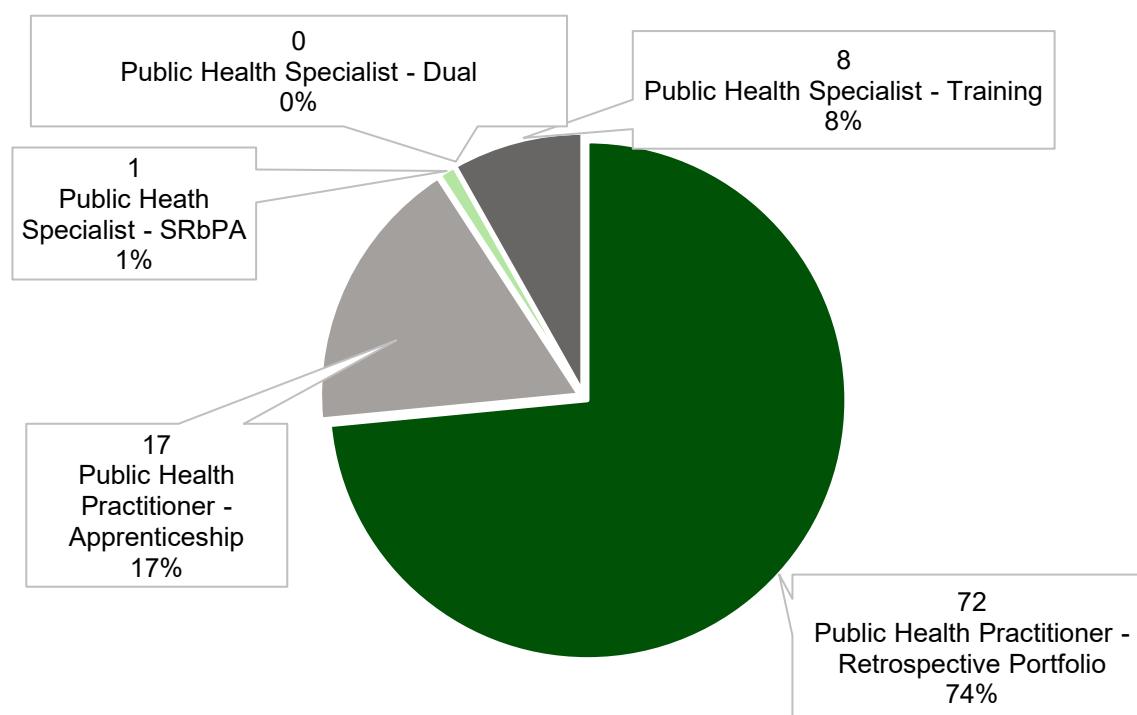


Fig 11 (above): The number of new registrants registered between Apr-Sept 2025 by registration category

1.2.2 Retrospective Portfolio Practitioner registration through local schemes

We currently work with 12 practitioner registration schemes and the numbers of applicants coming to registration via this route have demonstrated a steady incline since 2022/23. Between 1 April and 30 September 2025, we have successfully registered a total of 72 practitioners across the 12 schemes. This is an 89% at the same point last year.



Fig 12 (above): The number of new practitioners by retrospective portfolio route between Apr-Sept 2025 by local registration scheme

1.2.3 New applicants from Specialist Registration by Portfolio Assessment (SRbPA)

This route includes a pre-application process which determines whether an applicant is working at an appropriate level for submission of a full portfolio. Between 1 April and 30 September 2025, we received 7 pre-applications. 3 declined decisions were reached, and 6 pre-applications were approved. We received 7 portfolio assessments, and no declined or unassessable decisions were reached. During this period, 1 applicant was successfully admitted to the register via this route.

	1 April - 30 September '25
Pre-applications	
New submitted	7
Declined/unassessable decisions reached	3
Approved decisions reached	6
Portfolio assessments	
New submitted	7
Declined or un-assessable decisions reached	0
Admitted	1

Fig 13 (above): The number of SRbPA pre-applications and portfolios received and decisions reached between Apr-Sept 2025.

2. Progress of our EDI ambitions

During the annual renewal process for 2025/26, the most accurate data set for EDI was obtained. We plan to publish a stand-alone EDI report for the first time before the end of 2025/26 and then continue to include data as part of the annual report.

Part 3: Governance update

3. Our Board and Committees

Between April and September 2025, Rachel Flowers joined the Board as a specialist registrant member. The Board had 12 members as of 30 September 2025.

The Board continues to meet quarterly and virtually and held meetings in April, June (including coffee connections meet-up), August (Extraordinary meeting) and September (AGM) 2025.

Our committees also continue to meet virtually as per our governance calendar: The Registration Panel and Registration Approvals Committee (RAC) meet once a month and both Audit Risk and Remuneration Committee (ARRC) and Education and Standards Committee (ESC) meet on a quarterly basis.

Our Registration Policy Group continues to meet regularly and have held virtual meetings in September 2025. They continue to be a useful forum for early policy, guidance and UKPHR operations.

4. Assessors and moderators

Between 1 April and 30 September we held a development session for existing SRbPA assessors. Practitioner assessor and verifier training was also delivered during this six-month period. We scheduled and delivered 4 centralised assessor training and 3 verifier training. This is in addition to moderators delivering training and refresher sessions locally. In total we delivered training to 23 assessors and 15 verifiers for practitioner registration.

5. High-level priorities for the remaining six months of the financial year

As the 2025/2026 financial year is coming to an end at the time of publishing this report, some of the key priorities have been completed. The remaining six months of the financial year include the following key highlights to be achieved or have been achieved:

- Complete Fitness to Practise review
- Review policies: Public Health Specialty Registrar, Deferral, Exemption, Lapsed/Restoration & Withdrawal
- Deliver a successful virtual practitioner conference and awards
- Issue Autumn staff newsletter to registrants
- Begin preparing for next PSA submission
- Recruit new Board Directors
- Prepare for and complete office move
- Raise 25-26 practitioner local registration scheme invoices
- Complete light touch review of practitioner registration standards
- Complete an annual website audit
- Complete any ROL development
- Draft a new AI policy
- Draft a scheme of delegation for financial authorisation

UKPHR Board

26 November 2026

Item 9 - 2025 UKPHR Practitioner Conference and Awards Feedback

Background

1. The 2025 UKPHR Practitioner Conference and Awards was held virtually on TEAMS and organised in partnership with Chamberlain Dunn. The event brought together practitioners, assessors, verifiers, scheme coordinators, apprentices and other stakeholders from across the UK. The aim was to share learning, celebrate achievements and promote good practice within public health practitioner registration.
2. The programme showcased examples of innovation and leadership within public health practice, provided updates on national developments, and offered opportunities for reflection and shared learning.
3. Key objectives included:
 - Recognising the achievements of newly registered practitioners and award winners.
 - Sharing good practice and learning from different regions and schemes.
 - Providing a platform for reflection within the practitioner workforce.
 - Strengthening UKPHR's visibility and collaboration with wider partners in public health.

Overview of Feedback

4. A total of 51 feedback submissions were received, including 47 fully completed surveys and a small number of partial responses. Overall satisfaction was strong, with 84% of delegates rating the event as either 'Good' or 'Excellent'. Feedback covered a range of elements including pre-event communication, panel sessions, workshops and keynote presentations.

Quantitative feedback

5. Overall experience ratings of the Conference:

<u>Rating</u>	<u>Percentage</u>
Excellent	28%
Good	64%
Fair	6%
Poor	2%

6. Top rated event:

Programme Aspect	% Rated Excellent/Very Good
Main Panel	51%
Key Note Speaker (Charlotte Refsum)	48%
AI Panel	43%
Breakout Sessions	41%
Pre-event Communication	41%

Qualitative Feedback

7. Attendees reflected a strong appreciation of the event's content and a desire to shape future conferences for even greater impact. The virtual format was widely valued for accessibility and flexibility, though some attendees expressed interest in a hybrid or in-person option for 2026. Many praised the diversity of speakers and the practical, real-world insights offered across panels.
8. Several contributors highlighted the benefit of hearing different public health career journeys and asked for even broader representation across roles, sectors and UK nations next year. There was also a recurring call for more interactive elements such as debate-style discussions, participatory activities and space for deeper Q&A exchange.
9. Key Themes Identified
 - Strong appreciation for diverse speakers and practical, real-world insights
 - Desire for more interactive, participatory and debate-driven sessions
 - Interest in hybrid or in-person delivery for 2026
 - Requests for broader representation across public health roles, sectors and nations
 - Suggestions to expand cross-cutting themes such as Health in All Policies, data use, competence development and communication in public health

10. Some sample Participant Quotes are below:

What worked well:

"Really enjoyed the first panel, hearing about people's journeys — very helpful for anyone considering PH speciality training or the portfolio route."

"The workshops I attended were very informative. Great work."

"Very good range of topics and insightful sessions."

"No suggestions — brilliant event!"

"I am truly grateful to achieve this. For me, as a Public Health Practitioner, this is more than a credential — it's a formal recognition that I meet nationally agreed standards of competence to work autonomously in public health practice. It validates my degree and experience and assures employers and the public that I can deliver safe, effective and ethical public health interventions across diverse settings."

11. Suggestions for improvement

“It would be nice to hear from people from different PH career pathways — charity, NHS, research or council roles.”

“More interaction and participation.”

“The event is better face to face — last year’s in Birmingham was great.”

“Teams was problematic at times... the Q&A feature didn’t work for me, and chat was disabled.”

“Would be good to have speakers from all nations — a lot of examples focused on England/Wales/Newcastle.”

“More variety of workshop options.”

“Could we have a vote on keynote speakers so the topic reflects broader interests?”

12. Topic recommendations for 2026

“Development of population health plans.”

“Physical activity interventions for communities.”

“Sexual health — would love a speaker in this area.”

“Local PH initiatives, wider determinants and integrated care approaches.”

“More cross-cutting themes like Health in All Policies and communication in PH.”

Lessons Learned and Next Steps:

13. Future events may benefit from hybrid options and a greater focus on interactivity. Earlier promotion and clearer communication of session timings could further enhance attendance and engagement.

UKPHR Board 26 November 2025

Item 10- Fitness to Practice review update

1. The Board agreed to review UKPHR's Fitness to Practise processes earlier this year. Work has been proceeding, with regular review and discussion by the Education and Standards Committee.
2. The Committee supported a new process flowchart, as at item 10a. The key change here is the introduction of a triage process, which establishes whether concerns that come into UKPHR (via any route ie employers, members of the public, self-declaration etc) are:
 - a. within UKPHR's remit
 - b. in relation to an active UKPHR registrant
 - c. if true, could amount to impaired fitness to practice
 - d. contain enough information to justify an investigation
3. We're now progressing on further work which includes:
 - a. Development of thresholds for decision making
 - b. Revision of the FtP Rules- this will require legal review
 - c. Guidance on raising concerns for the public and employers
 - d. Guidance for registrants for when a concern is raised about them
 - e. Guidance for staff
 - f. Development of standardised templates
 - g. Guidance on FtP hearings
 - h. Sanctions policy
4. This work is being undertaken by staff and heavily supported by the Registrar and will have governance and oversight by the Education Committee. It is likely that a smaller working group, potentially including external and/or Registrant voices, will be established to help us answer policy questions and sense check guidance.
5. A suite of documents will be taken to the Board, hopefully in April, for approval.

Recommendation

6. The Board is asked to consider this update