

UKPHR Board

22 April 2026 – VIRTUAL 2-4PM

ITEM	ISSUE	PRESENTER
	BOARD MEETING	
1	Welcome, apologies and new declarations of interest	Chair
2	Minutes of public meeting 5 March 2026	Chair
3	Actions and matters arising	CEO
4	Governance forward planner - 2026	CEO
	<i>For decision</i>	
5	Practitioner Standards- refresh	AA/Kate Lees
6	To be taken together: 6a: 2026-27 Budget 6b: 2026-27 Staff pay 6c: Health cash plan for staff	CEO/PJ/DV
7	Reserves policy- updated	CEO
8	Fitness to Practice policy and process updates Item 8a: Guide for registrants Item 8b: How to raise a concern Item 8c: Hearings guidance Item 8d: Investigations Guidance Item 8e: Triage guidance Item 8f: Sanctions policy	CEO/GJ
	<i>To note</i>	
9	Registration report RAC minutes: March	Registrar
10	Audit, Risk and Remuneration Committee report – including Risk Register 10a: ARRC minutes 26 March 2026 10b: Risk Register	ARRC Chair & CEO
11	Education and Standards Committee – no meeting	E&S Chair
	<i>Private meeting</i>	
12	Minutes from Private meeting 5 March 2026	Chair
13	Re-banding Registration Services Manager	CEO/PJ
14	Chief Executive's report & diary	CEO
15	Any other business	Chair

16	Date and time of next meeting- 24 June 2026, 2-4PM	

UKPHR Governance forward planner



UKPHR Board meeting 22 April 2026

Item 4

MONTH	Board	Audit, risk, & remuneration committee	Education & standards committee
May		Deep dive risk review	
June	Conference updates Practitioner Standards review Report on Red risks		
July		Annual report EOY accounts Q1 26/27 accounts	FTP additional guidance FPH curriculum & exam updates
August			

UKPHR Governance forward planner

September	AGM Annual report EOY accounts Q1 EOY accounts FTP additional guidance Lapsed survey results		
October		e-portfolio update Q2 26/27 accounts Financial forecasting 27-20	
November	SrbPA update Mid-year data report		

Light Touch Review of the Public Health Practitioner Standards

1. Ask of the Board

UKPHR Board are asked to:

1. Note the process undertaken for a light touch review of the Public Health Practitioner Standards, in line with the approach agreed by the Board in June 2025.
2. Agree the amended standards for Public Health Practitioner Registration.
3. Agree the implementation plan for the new standards.
4. Thank members of the steering group and those who engaged with the consultation, for their thoughtful, invaluable feedback and insight.

2. Background

In June 2025, UKPHR Board agreed to plans for a light touch review of the standards for UKPHR Public Health Practitioner Registration. This included the purpose, scope, approach and resources required, alongside a provisional timeline, subject to further details and timescales for the planned DHSC review of the Public Health Knowledge and Skills Framework (PHKSF).

3. The Review

3.1 Purpose

To ensure the UKPHR Public Health Practitioner Standards remain consistent with current professional practice; are evidence based; simple; and relevant for our emerging and expanding PHP workforce, including the new PH apprenticeships.

3.2 Scope

A light touch review to update and refresh the UKPHR Public Health Practitioner Standards in line with evidence and professional practice; to improve those standards that were difficult to interpret, and update terminology.

To retain their skills-based focus of the PHP standards in recognition of breadth of the roles of PHP workforce, working in different parts of the system, and on different topics across different settings and with different populations; maintaining the focus on those shared skills that are required for PH practice.

The following areas were out of scope of the review, and so were **not included**:

- A review of the assessment or registration process
- A review of assessor, verifier, moderator, scheme co-ordinator roles

- A review of the guidance, which is reviewed on an annual cyclical basis.
- A needs assessment from PHP, employers' or other stakeholders' perspectives.
- Review / evaluation of the value of PHP registration

3.3 Approach

The review consisted of the following steps:

1. Steering group established whose role was to steer the review process, within the parameters of the review (concept, scope, approach and resources). Members represented different parts of the public health system, three UK countries nations, and different parts of the registration process. Four steering groups were held, each with a specific purpose aligned to project milestones.
2. A desk-based evidence review that mapped the standards to the PHKSF, FPH Specialty curriculum, FPH Good Public Health Practice Framework, and public health apprenticeships and public health workforce policies across three UK nations.
3. A communications and engagement plan to raise awareness of the review and encourage feedback, utilising existing fora and networks where possible.
4. Development of draft amended standards following initial feedback from steering group members.
5. An online consultation on the draft standards, open for 62 days during January and February 2026. The consultation received 79 high quality responses from individuals across the public health system and three UK nations, primarily from people with direct experience of the standards and over 5 years public health experience.
6. Revision of the amended standards in response to the consultation, and agreement of a set of amended standards by the steering group.
7. Development of an implementation plan for the amended standards in consultation with the steering group.

4. The amended standards

The amended standards are provided in the appendix, and include the following changes:

- The inclusion of one new standard on managing resources (1.7)
- Combining two standards, 1.4 act in ways that recognise people's expressed beliefs and preferences and 1.5 value people as individuals
- Minor wording changes to make standards more specific or add clarity, such as replacing 'should' with 'must', clarifying 'professional' competence
- Amendments to the supporting information to ensure the inclusion of elements considered key to public health practice such as safeguarding, environmental sustainability the development of leadership skills and health protection principles.
- Additions to the supporting information to define terms.

5. Implementation Plan

An implementation plan for the introduction of the amended standards has been developed which includes:

- Clear communications to scheme co-ordinators, assessors, verifiers, those starting and currently developing their portfolio, to include:

- the launch date from which any applicant starting their portfolio will use the revised standards
 - the date by which all practitioners currently developing their portfolio must submit a portfolio using current standards (18 months from go live date), unless there are exceptional circumstances
- Inclusion of the amended standards in the next update of the Guidance for Public Health Practitioner Registration.
- Amendments to training materials for assessors and verifiers.
- Amendments to the e-portfolio used to submit and assess portfolios in England and Wales.

6. Summary

The Board are asked to:

1. Note the process undertaken for a light touch review of the Public Health Practitioner Standards, in line with the approach agreed by the Board in June 2025.
2. Agree the amended standards for Public Health Practitioner Registration.
3. Agree the implementation plan for the new standards.
4. Thank members of the steering group and those who engaged with the consultation, for their thoughtful, invaluable feedback and insight.

7. Appendix – the revised standards

Appendix: UKPHR Practitioner Standards (Revised)

Area 1: Practising professionally, ethically and legally

- 1.1 Comply with statutory legislation and practice requirements in your area of work.
- 1.2 Use an ethical approach in your area of work, identifying ethical dilemmas or issues arising and how you address them.
- 1.3 Act in ways that promote equality and diversity.
- 1.4 Act in ways that recognise people's expressed beliefs and preferences and value them as individuals.
- 1.5 Demonstrate how you manage resources in your public health activities ensuring they are used exclusively for their designated purposes.
- 1.6 Act within the limits of your professional competence, seeking advice when needed.
- 1.7 Continually keep your professional knowledge and skills up to date demonstrating how you systematically develop your own practice by reflecting on your knowledge and skills and identifying where you could make improvements.
- 1.8 Contribute to the development and improvement of others' public health practice.

Area 2: Using public health information to influence population health and wellbeing

- 2.1 Identify data and information requirements to deliver the public health function demonstrating use of epidemiological terms and concepts.
- 2.2 Manage data and information in compliance with policy and protocol, demonstrating awareness of data confidentiality and disclosure.
- 2.3 Obtain, verify, organise and present data and information, showing awareness of potential data anomalies.
- 2.4 Demonstrate how health inequalities are identified and monitored.
- 2.5 Interpret and present information using appropriate analytical methods for quantitative data.
- 2.6 Interpret and present information using appropriate analytical methods for qualitative data.

Area 3: Assessing the evidence for public health interventions and services

- 3.1 Access and appraise appropriate evidence of effectiveness for public health interventions or services.
 - 3.2 Apply evidence to plan the delivery of effective public health interventions or services.
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Area 4: Protecting the public from health risks while addressing differences in risk exposure and outcome

4.1 Demonstrate how risks to health and wellbeing and health protection are identified, prevented or controlled.

4.2 Demonstrate how individual and population health differ, and describe the possible tensions which may arise when promoting health and wellbeing.

Area 5: Implementing public health policy and strategy

5.1 Support the implementation of policies or strategies to improve health and wellbeing and reduce health inequalities.

5.2 Demonstrate how your work is influenced by an understanding of the impact of the wider determinants of health.

5.3 Critically reflect on and make suggestions for how public health policies or strategies could be improved.

Area 6: Collaborating across organisations and boundaries to deliver the public health function

6.1 Show how you work in partnerships or multi-agency teams to deliver the public health function.

6.2 Demonstrate how you work collaboratively with other teams or organisations to improve public health. Reflect on your personal impact on these relationships.

Area 7: Planning, implementing and evaluating public health programmes and projects

7.1 Describe how you have planned a public health intervention to improve health and wellbeing, demonstrating terms and concepts used to promote health and wellbeing.

7.2 Demonstrate how the culture, beliefs and experience of the target population may impact on their perceptions and expectations of health and wellbeing.

7.3 Show how the target population were involved in intervention planning, delivery or co production and how they were supported to make informed decisions about improving their health and wellbeing.

7.4 Evaluate a public health intervention, reporting on its effect and making suggestions for improvement.

7.5 Demonstrate project management skills in planning or implementing a public health intervention.

7.6 Demonstrate how quality assurance principles or policies are applied when planning or implementing a public health intervention.

7.7 Demonstrate how risk management principles or policies are applied when planning or implementing a public health intervention.

Area 8: Communicating with others to improve health outcomes and reduce health inequalities

8.1 Communicate public health information clearly to a variety of audiences.

8.2 Communicate the health concerns and interests of your target population to influence service provision.

8.3 Demonstrate awareness of the effect the media can have on public perception of health and wellbeing.

UKPHR Board meeting

22 April 2026

Item 6 - 2026/27 Budget

Background

1. The ARRC is asked to consider the budget for the 2026/2027 financial year.
2. This budget is constructed on an 'accruals' basis. This means, for example, that any expenses paid in March but covering work during the period of April 26-March 27 are included in that budget.
3. Estimated cash reserves (as per our reserves policy) are also included in this budget month on month- this is essentially our bank balance. We will have a better idea of our accrued reserves (ie what we report in our EOY accounts) once the accountant has calculated all deferrals- this is being worked out now.
4. Generally, income and expenditure have risen steadily, with this trend continuing for 2026/27.
5. Detail of assumptions made while making income and expenditure calculations are included in the 'notes' column of the budget spreadsheet.

Income

6. As anticipated with a rise in fees across the board (for registration, portfolio assessment, and practitioner schemes), income will increase by approximately £30K, to £56K.. This amount was estimated based on:
 - a. An increase in numbers of new practitioner registrants (modelled on past trends of retrospective portfolio registrants and the projected number of apprentices to graduate in 26/27)
 - b. attrition rates similar to last year
 - c. a slight decrease in the number of specialists due to come on the register via the CCT route, based on projections provided by the Faculty of Public Health
 - d. a slight increase in numbers coming onto the Specialist Register via the SRbPA route
 - e. An increase in the number of pre-applications and portfolios coming through later in the year because of the national support programme
7. Income is predicted across the months of the year according to established patterns and based around the renewal date of July 2026. We expect income to be even smoother this year, as our new system encourages monthly direct debit payments. We will still likely see significant peak during 'renewal season' May-July, but we will in time see this decrease as registrants engage more with paying monthly. We continue to actively promote moving registrants over to direct debit, to reduce cashflow issues and dipping below the reserves target as per our previous annual cycles.
8. Other areas of income listed in the budget include:

- a. SRbPA development programmes- we expect to have some income come in from engagement with the DHSC national support programme; we are expecting to participate in tenders to access funding (this is likely to open in April). Note we had expected some of this funding to come in last year, but the development programmes in England regions were put on hold for the national programme.

2026/27 Expenditure

9. Expenditure was calculated by reviewing our expenses and invoices from the past year in detail and working closely with our accountant to predict most accurately at what point in the year various expenses will be paid. Total expected expenditure will be 538,032.
10. Salary expenses have been calculated according to a 3% pay rise. One of our staff is on maternity leave for most of 26/27. Our two part time staff are increasing their hours to provide cover.
11. Moderator fees remain difficult to predict as we don't know how many moderations will take place, but expenditure is based on last year's trends, with slight reductions because of the completion of the Practitioner standards review, and the tightening of rules on unassessable applications (meaning moderators will spend less time on these).
12. We need to do some development work on our Registration Online system, and we are still working with AirlT to minimise our expenses on support, licenses, cybersecurity. We've applied for any available charity discounts but continue to struggle to attain the Microsoft charity discount because of its restrictions on health delivery and membership organisations (we have made the case that we are neither, to no avail).
13. We have made significant savings in rent and utilities costs because of the office move- although broadband will need to be paid through July because of our contract.

Net result and reserves

14. We expect to end the year with a surplus of approximately £24K. We are slowly working to increase our reserves, and a strategy is being produced for ARRC and Board at their next meetings.
15. Although in surplus, the budget remains tight because of the need to build up reserves and create savings; dilapidation expenses were unexpected and extremely high. This was not budgeted for and made a significant dent in our reserves. We are also due a small refund on rent from last year, which should help a bit, but we're as of yet unsure of the amount.
16. Regarding reserves, we now have produced an updated reserves policy. This indicates a minimal target of £35K. Forecasted 'closing balance' at row 83 indicates that there is a short period (during our predictable annual dip) where we will not meet our reserves target of 35£. The revised reserves policy indicates that in that circumstance, a number of considerations must be made.
 - a. **Conference:** this is a significant annual expense. The ARRC agreed that in order to better meet the reserves requirements, there are two options:

- i. We go ahead with the conference as planned, but widen the scope and attempt to gain funding from the *Belonging in Public Health* Conference; we are now a partner in this initiative which is all about inclusivity in PH. There is a budget, but with this and potential sponsorship there is a possibility of going ahead with minimal cost to UKPHR. The CE will explore this.
 - ii. We push the conference back by 5 months so it is delivered/paid for early in the next financial year. Forecasting seen by the Board indicates that we will be in a stronger financial position by next year, as the savings from the office move build up. If this is the case, we will still very much involve the conference steering group and hold the meeting as planned- indicating that this autumn needs to be dedicated to SRbPA work and e-portfolio development, which is a red risk. Would not label this as a cancellation or de-prioritisation of any sort, rather a delay to allow for work that will significantly benefit practitioners in another way. We would also increase focus on engaging with local events; the Scottish practitioner conference is already in the diary.
- b. **Staff salaries:** The budget has been drafted according to the 3% pay rise, which the ARRC felt was important in terms of staff satisfaction and retention; not going ahead with this does risk this, and because of our small size this is a significant issue for UKPHR. However, the introduction of the health cash benefit may mitigate this and actually save staff more than they would lose out on if they were awarded .5% less in pay rises. There are two options:
 - i. Go ahead with what the ARRC recommended; a 3% pay rise for all staff
 - ii. Save an additional £1500 or £3000 by reducing rises to 2.5 or 2%.
- c. **Professional development:** we have become adept at finding free or very inexpensive training materials. The team however, have largely exhausted the Quarterdeck curriculum (which was excellent for a period, but not used as much). The staff agreed that it is no longer particularly useful to them. We are planning to cancel the subscription, which has saved us £1440. The CE is looking at reducing the amount of coaching she receives (currently on average £150/month).
- d. **Meetings:** the ARRC was clear about the benefit of meeting in person twice a year, and the strategy day demonstrated that. However there is more we can do to save, such as not funding meals, and encouraging board members to book travel early.

Recommendation: to comment on and agree budget, particularly decisions at paragraphs 16a and b.

Item 6b- Staff pay 2026/27

Issue

1. To recommend a pay raise for UKPHR staff for 2026-27.

Background

2. The ARR Committee must recommend to the Board any changes to staff pay before the start of each new financial year.
3. According to the Office of National Statistics, Consumer Price Inflation increased by 3% in the 12 months to January 2026 (it was 3.5% the year before).
4. The UK government has now agreed a 3.3% pay raise for NHS staff in England, Wales, and Northern Ireland. CIPD predicts a median expected basic pay increase of 2.5-3% across all sectors, including the charity and public sectors. Local authority pay rises have not yet been confirmed but predictions are indicating an average of 2.5%.
5. The Board has always aimed to align salaries with the NHS and public sector pay awards but remain competitive within the job market. Last year staff were awarded a 3% pay rise, backdated to April 2025.
6. The predicted 2025/26 EOY spend on gross pay/NIC/pension is approximately £302,000. We've assumed a 3% pay rise in the draft budget being presented to the ARRC, but this can be adjusted according to the recommendation. The draft budget also includes adjustments for staff maternity leave and maternity cover, so overall salary expenses will be relatively less this year.
7. For comparison purposes, a small range of approximate salary predictions are below:

2% pay rise	2.5% pay rise	3% pay rise	3.5% pay rise
293,123	294,596	£296,076	£297,556

8. Last year the Board agreed a 3% pay rise was reasonable, although noted that messaging was important as not all registrants will get pay rises, or they may be limited. It was noted that staff need to manage expectations regarding future pay rises and that it may not always be possible to match NHS salaries.
9. The ARRC discussed this item in detail, particularly the 2-2.5% options considering significant budget constraints and the need to focus on reserves replenishment. Despite these financial challenges, the ARRC were keen to go ahead with a 3% pay rise for all staff.

Recommendation

10. To recommend a **pay increase for all UKPHR staff** for 2026/27, to be backdated to 1 April 2026, and to agree whether this will be 2, 2.5 or 3%.

Item 6- Health Cash plan for staff

Summary

1. Last year during salary discussions, the ARRC and Board asked that we look into Health cash plans for the team. These are low-cost employee benefits that reimburse everyday healthcare costs (e.g. dental, optical, physio). Strategic benefits include:
 - a. Improves retention & recruitment (valued, tangible benefit)
 - b. Supports wellbeing & reduces absence (faster access to care, GP helplines)
 - c. Encourages preventative healthcare, reducing longer-term issues
 - d. Highly cost-effective vs private medical insurance (low monthly premiums)
2. These plans can be quite affordable, and could be an important benefit for the team, as we remain limited in what we can offer for salary uplifts each year. 59% of employers agree that investing in workforce health outweighs the cost¹.
3. Health cash plans are now a mainstream supplementary benefit alongside pensions and life cover. Around 26% of UK employers already offer a health cash plan, with a further 26% of employers planning to introduce one in the next three years². They are an excellent option for employers in the public/charity/education sector as these do not typically offer private medical insurance due to cost. These plans are increasingly common in these sectors.
4. We've looked at two potential affordable options:
 - a. Medicash:
 - i. Cashback on dental, optical, therapies
 - ii. Strong digital tools (e.g. physio apps, skin checks)
 - iii. 24/7 mental health and counselling support
 - b. BHSF:
 - i. Cashback on dental, optical, therapies
 - ii. GP helpline and counselling support
 - iii. Often includes family cover options
5. Both plans cost between £500-550 per year for all 6 staff (including benefit-in-kind tax implications, but there is no VAT). This represents a very low-cost investment relative to potential benefits in engagement, retention, and absence reduction. Although UKPHR staff do not generally struggle in these areas, it is always a risk.
6. So far, staff prefer the BHSF plan but will do further research on these options.
7. The ARRC was very keen to pursue this, and agree it provides excellent value for money, and a tangible benefit for staff. Even with budget constraints, they agreed to recommend Board approval.

Recommendation

¹ https://www.gov.uk/government/publications/dwp-employer-survey-2024/dwp-employer-survey-2024?utm_source=chatgpt.com

² https://broadstone.co.uk/businesses-expand-company-funded-pmi-schemes/?utm_source=chatgpt.com

Agree that we proceed with implementation of a basic employer-funded health cash plan and consult staff which option they prefer between Medicash and BHSF.

Item 7 - Reserves policy revision

Summary

1. Two years ago the ARRC and Board approved a reserves policy that set out rules around how UKPHR should approach and spend reserves. There has been a lot of discussion about reserves, particularly as we've faced several areas of unexpected cost and have invested in improvements. The last few years, and next year will see us have period where are reserves are on the lower side. The Board felt it would be helpful to fully cost areas of highest risk to ensure our reserves policy remains appropriate, and to help us manage moments when reserves are more depleted.
1. The ARRC considered an updated reserves policy. Although it is not substantially different from the previous version; the main changes are updated and more precisely researched figures for key financial risks, including the cost of organisation closure, staff compensation, and fitness to practise proceedings. These are less than originally presumed.
2. Figures for cyber attack and fraud risks are not quantifiable but the organisation holds relevant insurance to manage these risks. Judicial review insurance is also in place. The Chief Executive noted that existing insurance policies may additionally cover legal advice through a hotline facility, which would reduce routine legal costs; this will be investigated.
3. The policy sets out two financial thresholds: a minimum operational reserve (approximately £35,000, representing core running costs and a proportion of fitness to practise risks) and a target reserve of £65,000. Clarification was given that the minimum represents an absolute floor and the target a longer-term aspiration.
4. The ARRC supported recommending the reserves policy to the Board for approval. It was noted that the current budget projections mean reserves will temporarily fall below the minimum operational level (during the course of one month after which it will rise again).

Recommendation:

The Board to agree updated reserves policy

ANNEX A

UKPHR Reserves Policy
Updated March 2026
Next update March 2029

Introduction

1. The Charity Commission defines reserves as that part of a charity's unrestricted funds that is freely available to spend on any of the charity's purposes. That includes cash in the bank, deposits and other investments which can reasonably easily be turned into cash. The full Charity Commission policy is [here](#). The Charity Commission states that:

There is no single level, or even a range of, reserves that is right for all charities. Any target set by trustees for the level of reserves to be held should reflect the particular circumstances of the individual charity. To do this, trustees need to know why the charity should hold reserves and, having identified those needs, the trustees should consider how much should be held to meet them.

2. This strategy will help UKPHR Directors to comply with their duties under Company and Charities law for managing and accounting for the Company's reserves. This policy:
 - sets out a clear rationale for keeping reserves
 - reflects financial risks and ensure reserves enable UKPHR to mitigate them, including potential closure of UKPHR
 - provides guidance for holding and spending reserves

Purpose of reserves

3. Reserves protect UKPHR against drops in income or allow it to take advantage of new opportunities. Reserves should be unrestricted and can be spent on activities that support UKPHR's vision and strategy.
4. This reserves policy should give confidence to UKPHR registrants and stakeholders that our finances are being managed appropriately.

Financial risks

5. UKPHR has identified these key financial risks; the costs listed are very worst-case scenario:

Risk	Likelihood	Impact	Cost
1. Unforeseen day-to-day operational costs e.g., employing temporary staff to cover a long-term sick absence (6 months)	high	medium	Up to £20,000
2. Risk to practitioner income i.e., failure of apprentices to meet standards and join register or cuts to local funding/support of practitioner schemes	low to medium	medium	Up to £45,000
3. Risk to specialist income i.e., UKPHR registration no longer a requirement for specialist roles, or more doctors recruited into the training programme	low	high	Up to £150,000

4. Increase in legal and panel costs i.e., FtP/appeals	high	medium	Up to £15,000
5. Fraud	low	high	unknown
6. Cyber-attack i.e., payment systems go down, IT systems become unusable for a period of time	low	high	unknown

6. There may be additional unforeseen operational costs and challenges. The Covid-19 pandemic has shown that UKPHR has a level of resilience and can adapt to a significant change in working environment, quickly and effectively. UKPHR has insurance that covers damage to premises and equipment, as well as corporate legal, cyber, employer, professional, and public/products liability. Insurance covers most business interruptions, and much of items 5-6 on the risk register above.

Minimum reserves

1. UKPHR's target level of reserves should fall between 3-4 months of operating costs.
2. Reserves of a minimum of £35,000 should always be kept available to key operational risks:
 - a. legal fees
 - b. staff costs to cover sickness
3. Additional reserves should be ringfenced for shutting down the business if income falls below a certain level and continuation is no longer viable. This needs to cover statutory redundancy payments. If UKPHR was to be shut down it would be preferable to do this in a staged way so that staff can continue working to wind down the business as well as support registrants as far as we are able (i.e., identify another register and support a move, to maintain public protection). Funds would need to be made available for slimmed down operation (salary, basic IT, and overheads) for a period. The total for this would be approximately £30K.
4. Target reserves are £65,000- the organisation should always aim not to fall this target. If reserves fall below the target,, UKPHR should consider the following measures:
 - a. Move in person meetings to online (ie conference and Board meetings)
 - b. Delay conference until next financial year or reserves are replenished
 - c. Scale back on travel and conference attendance
 - d. Limit non-essential consultancy projects
 - e. Scaling back (temporarily) coaching for chief executive/development activities for team
 - f. Seek pro bono legal arrangements if required
 - g. Re-negotiate contracts and payment schedules.

Spending reserves

5. It is recommended that charities do not hold reserves that are higher than necessary and may tie up money unnecessarily- holding excessive reserves can limit the

amount spent on charitable activities and the potential benefits a charity can provide. UKPHR is committed to funding activities that will directly benefit our registrants and increase public protection.

6. Excess reserves will be spent on work that aligns with the UKPHR strategy.
7. Board agreement for spending a significant amount of reserves should be made on a case-by-case basis, including when the total reserves fall below the minimum agreed level.

Monitoring and reporting

8. Financial risks and mitigations will be monitored through the Risk Register.
9. Quarterly financial reporting to Board will include reports on reserves held in all bank accounts.
10. The annual budgeting exercise with the Audit, Risk, & Remuneration Committee will include a discussion on the benchmark reserves range.
11. Annual budgets will include projections about the level of reserves to be held on a monthly basis.
12. If, during the financial year the total reserves approaches the bottom agreed baseline or falls below it, this will be reported to the Chairs of the Board and Audit & Risk committee and be included in the Chief Executive's report to the Board at their next meeting.
13. If the total reserves at the end of the year are below the agreed baseline, the Board should consider a strategy for replenishing them.

Item 8 -Fitness to Practise Review

Introduction

1. This paper provides an overview of the work undertaken as part of UKPHR's recent review of its Fitness to Practise process. It also summarises the key stages introduced to the process and explains how the revised guidance will improve transparency, accessibility and understanding, ensuring it upholds public protection, fairness and compliance with regulatory standards.
2. Although UKPHR receives very few FtP complaints, there has been a small rise in complaints coming through to us. Better quality assurance of our registrants by employers, which is happening across the system, could result in a further increase. We need to be ready to deal with this thoroughly and robustly, while ensuring consistency and appropriate resource allocation.
- 3.
4. The paper focuses on three core stages of the process: Stage 1 of the Triage process, Stage 2 Investigations and evidence gathering, and Stage 3 Fitness to Practise Panel, with dedicated guidance at each point of the process.
5. UKPHR has produced the following supporting guidance to aid the public, employers and stakeholders in raising concerns with us about our registrants:
 - FTP Triage guidance
 - FTP Investigations guidance
 - FTP Hearings guidance
 - FTP Sanctions policy
 - How to raise a concern guide for registrants
 - How to raise a concern guide for public/employers

Our approach and oversight

6. During the early research phase of this project, the Registration Services Manager engaged closely with other regulators such as the GMC, GDC, NMC, HCPC and a similarly-sized Accredited Register whose registrants work across the NHS. She also spent time shadowing the FtP team at HCPC. A detailed review of their processes and documentation was undertaken, and key policies and procedures were adapted for UKPHR use.
7. It was agreed that in place of full consultation, as so much of this is operational and internally run, key stakeholders would be consulted for their views and contributions. As such, the documents have been presented to the Registration Policy Group and Education and Standards Committee, who have both provided their comments and have been incorporated into the documents presented before the Board. They are both content with the annexed documents.

8. Before publication, the guidance for registrants and public/employers will be sense-checked by 'critical friends' representing these groups to ensure the content is clearly framed.
9. Significant scrutiny of these documents has been undertaken by the RPG and the E&S Committee; the Board should interrogate process and governance so it is not necessary to read in detail each of the 6 supporting documents.

Key changes to the process

10. Clearer end-to-end FTP pathway

- The Fitness to Practise process is now clearly described in three stages: Stage 1 Triage, Stage 2 Investigations and evidence gathering, and Stage 3 Fitness to Practise Panel, with dedicated guidance at each point.
- The guide for registrants clearly defines Fitness to Practise, including public protection and public confidence and aligns explicitly to Good Public Health Practice 2024. The guide also outlines the Fitness to Practise process from beginning to end, highlighting the key stages. The guide also outlines how concerns are raised (including self-declaration), how UKPHR assures fitness to practise at initial registration, renewal and revalidation and provides information on the sanctions and appeals processes.
- There is clearer separation of roles between UKPHR staff, the Registrar, Complex Case Panels and the Fitness to Practise Panel, including which decisions sit where and when written outcomes will be provided.
- It distinguishes issues that are normally outside the scope of Fitness to Practise and encourages local/employer resolution where appropriate. It also sets out detailed examples of behaviours likely to amount to impairment (e.g. dishonesty, safeguarding failings, boundary violations, unmanaged health conditions, research misconduct, serious criminality) to support the triage and investigation stages.

11. Refined triage process and "case to answer" tests

- A new four-part triage threshold test has been introduced as the first stage of the Fitness to Practise process. This will help UKPHR to determine whether a concern can be taken further for investigation. The test focuses on whether the concern is made in writing, if the concern is about a UKPHR registrant, its relevance to Good Public Health Practice 2024 and whether the information, if true, suggests impairment, with the UKPHR Registrar making the final threshold decision.
- The Triage guidance outlines that this is a low, "realistic possibility" threshold and that concerns that are vexatious or have no relevance to fitness to practise will be closed early with reasons given to the complainant and the registrant.
- At the post-investigation stage, the Registrar will consider three questions as part of the case-to-answer test to determine the facts, statutory grounds and current impairment before deciding to close the case, refer to a Complex Case Panel or take forward to a Fitness to Practise Panel.

12. Strengthened panel and hearing framework

- The hearings guidance now formalises panel composition and clarifies that UKPHR staff/Registrar may advise on procedure but do not participate in decision-making.

- It sets out the panel's powers on case management (requesting disclosure, written statements, time-limiting submissions, allowing statements to stand as the main evidence, and amending allegations) and explains how decisions made by courts and other regulators can be used as proof.
- The guidance confirms that hearings are normally held in public, but the panel can sit partly or wholly in private where necessary to protect the privacy and wellbeing of witnesses or registrants, particularly in health and sexual misconduct cases.

13. Transparency, support and sanctions

- Across the documents there is a strong focus on providing clear, written reasons for every decision, in clear language and making hearing decisions publicly available on the register, but also removing details for complainants, third parties and health information.
- The powers and review cycle for interim orders (up to 18 months, review at six months and then three-monthly or on new evidence) are now clearly set out, alongside signposting to separate interim order and appeals guidance.
- The range of sanctions outlined in the sanctions guidance and the principle that panels must explain both the sanction and the reasoning in accessible terms are now summarised for registrants, including time-limits on restoration applications after erasure and the structure of the appeal process.

Recommendation:

To Approve the revised approach to Fitness to Practise as outlined above.

UK Public Health Register

Fitness to Practise: guidance for registrants

February 2026

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Introduction

1. The primary purpose of the UK Public Health Register (UKPKHR) is to improve public health practice and protect the public. Dealing with concerns about our registrants' practice is part of this. We also have a duty to maintain public confidence in public health professionals and its regulation.
2. When we receive a concern about a registrant, whether it's from a member of the public, an employer, or even if it's self-reported from a registrant, we will take action to assure ourselves that a UKPHR registered public health professional's ability, behaviour or health continues to meet the standards of practice we set. We will look carefully at any evidence we receive and will take the most appropriate action.
3. This guidance is designed to help you **understand how concerns about a public health professional's ability to practice safely and effectively are managed, and what you as a registrant might expect if a concern is raised about your practice**. It outlines the standard of conduct and competence expected of UKPHR registrants and explains the processes followed when issues about a registrant's fitness to practise are raised. By providing clear information on how concerns can be flagged and what steps are taken when a concern is investigated, this guidance aims to protect public health, uphold confidence in the profession, and support those across the health system to maintain high standards across the public health workforce.
4. All registrants are required to maintain the professional code of practice as set out in Good Public Health Practice (2024). You can find further information on these standards via our UKPHR [user guide](#) to Good Public Health Practice 2024.

Scope of Policy

5. UKPHR is only able to investigate concerns raised about active registrants via the Fitness to Practise process described in this policy. Our public register includes all active registrants, and you can search [here](#) to verify the registration status of an individual.
6. UKPHR is unable to investigate concerns about those who are not actively registered. However, if you voluntarily withdraw from the register after an investigation has begun, the process will continue until the very end. UKPHR is also unable to investigate concerns about professionals who are not registered with us.
7. UKPHR will maintain a record of concerns raised, including those about individuals who are not registrants at the time of the concern, but those who are undertaking the registration process as a Specialist, Specialty Registrar or Practitioner. This is to ensure that any concerns are considered from the point of application, and that only those who meet the requirements of *Good Public Health Practice (2024)* are admitted to the Register.

What is Fitness to Practise (FTP)?

8. An individual is deemed *fit to practise* when they demonstrate the necessary skills, knowledge, health and character to carry out their professional duties safely and effectively. This also extends to actions or behaviours that could impact:
 - The protection of the public
 - Public trust in the profession and the regulatory process
9. UKPHR is responsible for upholding professional standards among its registrants, safeguarding the public, and maintaining confidence in both the profession and its regulation. When UKPHR assesses a registrant's character, it is not possible to guarantee that the individual will never act inappropriately. However, based on the available evidence, there is no indication that they would fail to meet our professional standards.
10. An individual's health or disability is considered only in relation to their ability to practise safely and effectively. If their condition is stable and well-managed, it should not affect their ability to practise competently. Effective management may include making necessary adjustments, placing limits on, or ceasing practise when appropriate.

Raising a concern

11. Concerns about UKPHR registrants can be brought to our attention in a number of ways:
 - Self-declaration at initial registration and at annual renewal
 - Registrants submitting a self-referral application
 - Concerns raised by a member of the public/employer
 - Information received by UKPHR regarding an active registrant or applicant to the register. An 'applicant' may refer to someone who is currently undertaking the registration process but not yet registered, or an individual who is applying to be readmitted to the register after spending a period of time unregistered.
 - UKPHR identifying information that raises a potential concern about a registrant's fitness to practise, even where no external complaint has been received. This might occur, for example, if relevant information comes to light through professional networks, referrals from other organisations or other sources. Where such information suggests a possible risk to the public, impairment of fitness to practise, or breach of professional standards, the regulator may decide to initiate a concern and consider whether to begin the formal fitness to practise process. In these situations, the regulator effectively acts as the complainant, and the same assessment criteria and decision-making processes apply as for any other concern.

12. Examples of concerns that will normally **not** be related to fitness to practise include:

- Poor time keeping (unless this has a direct impact on an individual's fitness to practise).
- Interpersonal conflicts/disagreements (unless involving bullying/threatening behaviour).
- Sickness absence (unless this involves fraudulent claims and/or lack of appropriate self-management of a condition).
- Disputes relating to employment or contractual arrangements.

13. In the case of the above examples and where there is no suggestion of risk to the public, UKPHR may refer the concern to the relevant employer, if appropriate.

Instances where an individual's fitness to practise might be impaired

14. The term *impairment* refers to any situation that affects, or has the potential to affect, an individual's ability to practise safely and effectively. Impairment may take various forms, whether temporary or permanent.

15. Impairment is likely if an individual demonstrates conduct that falls below the standards of Good Public Health Practice (2024). Some examples are (but not limited to) if an individual:

- Has been dishonest, misrepresented facts or evidence, or falsified records in their professional capacity.
- Has concealed errors or failed to be open and honest when things have gone wrong, including not cooperating with investigations.
- Has breached confidentiality, mishandled sensitive information, or failed to protect data in line with legal and professional standards.
- Was involved in or failed to prevent sexual harassment, exploitation, or other inappropriate conduct, including not responding adequately to concerns about such behaviours.
- Has a substance abuse or misuse issue that affects their ability to work safely and effectively.
- Has failed to treat individuals, communities, or colleagues with fairness, kindness, respect, and compassion, including discrimination, bullying, or harassment.
- Has exploited, neglected, or failed to safeguard vulnerable persons or populations.
- Failed to maintain professional boundaries, including involvement in inappropriate relationships with clients or misuse of authority.
- Has allowed personal health problems (physical or mental) to adversely affect their professional practice and has not informed a suitably qualified individual or sought necessary support/advice.
- Has failed to declare conflicts of interest, allowing financial or commercial interests to influence professional judgement or public health recommendations.

- Has been violent, threatening, or exhibited other unprofessional conduct toward clients, colleagues, or the public.
 - Has participated in research, audits, or teaching without appropriate ethical oversight or consent, or has failed to report fraud or misconduct in research.
 - Failed to maintain competence, keep up to date with guidelines, or undertake required continuing professional development.
 - Has been subject to a caution or conviction or is under investigation for behaviour which may bring public health practice into disrepute or compromise public trust.
16. When considering whether an individual's fitness to practise is impaired, UKPHR will consider the wider context in which concerns arose, including any relevant aspects of the registrant's working environment and local systems, rather than focusing solely on individual blame. Where concerns suggest systemic or employer-level issues, these should be identified and, where appropriate, referred to the relevant employer or other body for action.
17. If concerns along the lines of the above arise, it is suitable for them to be addressed through an investigation process. If you are unsure as to whether conduct falls below the appropriate standard, please refer to the [Good Public Health Practice Framework 2024](#) and/or contact UKPHR as soon as possible at register@ukphr.org or 0121 296 4370.

How UKPHR assures fitness to practise

Initial registration

18. UKPHR's primary purpose is to monitor the professional standards of its registrants, protect the public and ensure public trust in the profession and regulatory process.
19. At the point of initial registration with UKPHR, individuals are required to complete a Health and Character declaration and a Fitness to Practise declaration. This declaration confirms their ability to practise safely and effectively. Any information disclosed that raises potential concerns will be subject to further review and investigation by UKPHR.
20. Self-declaration of any concerns related to fitness to practise operates on mutual trust between UKPHR and the registrant. It should be regarded as a positive and responsible action, reflecting sound professional judgement and accountability as a public health professional. In many instances this process allows UKPHR to provide appropriate support to the individual and to gain further insight into public health practise. Individuals are expected to complete the Fitness to Practise declaration truthfully. Failure to disclose relevant information may lead to investigation by UKPHR and could impact an individual's registration status.
21. Knowingly providing false or misleading information in a declaration will lead to refusal of registration or removal from the register. In keeping with the approach taken by UKPHR and other professional regulators, individuals who are uncertain about whether an issue should be declared should contact UKPHR as soon as

possible for guidance. Each concern will be considered on an individual basis to ensure appropriate support for the registrant, protect the public from potential harm, and maintain public confidence in the profession and the regulatory process.

Annual renewal

22. UKPHR registrants are required to maintain their registration by engaging in the annual renewal process. Currently, all active registrants are invited to complete their annual renewal by completing a Fitness to Practise declaration form and payment of fees.
23. Active registrants are responsible for monitoring and maintaining their own health and character as they relate to fitness to practise. They must contact UKPHR via submission of an online self-referral application within 30 working days of the event occurring rather than waiting for renewal if any issues arise that may impact on their ability to practise safely and effectively. At the time of initial registration and annual renewal, any declaration made during active registration should be viewed as a constructive step that reflects sound professional judgement as a public health professional.

Revalidation and re-registration

24. UKPHR registered 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, UKPHR registered practitioners engage in a re-registration process every five years to maintain their registration requirements and ensure they are continuing to meet professional standards. Both processes include registrants completing a Fitness to Practise declaration as part of the application to monitor and maintain their own health and character as they relate to fitness to practise.
25. UKPHR registered specialists also engage in a professional appraisal as part of fulfilling their revalidation requirements. They are encouraged to inform their appraiser of any significant events or incidents at their appraisal discussion.
26. Registrants must contact UKPHR as soon as possible if any issues arise that may impact on their ability to practise safely and effectively via an online self-referral application rather than wait till renewal or revalidation/re-registration.

The Fitness to Practise process

27. We have provided a general overview of our Fitness to Practise process below.

Stage One – Triage process

28. Any concerns raised to UKPHR will undergo an initial assessment via a triage process to identify if the concern falls within our remit for further investigation. This will be considered initially by a UKPHR staff member and the UKPHR Registrar; the Registrar will consider four key questions as part of the threshold criteria;

- a. **Is the concern made in writing?** This can be by letter or email so that UKPHR can be clear on exactly what the concern is so that the issues are well understood by all relevant parties (ie UKPHR, the complainant, and the registrant). If a concern cannot be made directly to UKPHR in writing due to access issues, UKPHR will work with the complainant to ensure the details of the complaint are clearly set out.
- b. **Is the concern about a UKPHR registrant?** UKPHR must confirm that the individual is an active registrant. Concerns about those who are not registered with UKPHR will not be considered further. If a concern is raised about a registrant who is not registered at the time and they have restored their registration at a later point in time, the initial concern will be looked into if and when they apply to reinstate their registration with us.
- c. **Is the concern relevant to the UKPHR registrant's ability to meet **Good Public Health Practice (2024)**?** For example:
 - Alleged misconduct or unethical behaviour
 - Deficient professional performance or competence
 - Health concerns affecting ability to practise safely
 - Criminal cautions or convictions
 - Improper inclusion on another professional register
- d. **Does the information provided, if proven, suggest that fitness to practise is impaired?** The concern must be related to an **individual's fitness to practise** and demonstrate that conduct falls below the standards of Good Public Health Practice 2024.

29. If the concern is related to the Fitness to Practise of a registrant, then UKPHR's decision will be one of the following:

- a) Decide there is no case to answer if threshold has not been met (e.g. the concern appears vexatious).
- b) Progress the case to an Investigation stage.

30. A decision to progress a case to an investigation stage will be based upon clear and apparent evidence in relation to fitness to practise and the concern meeting the threshold criteria. Further information on the threshold criteria can be found in the guidance on the triage process.

31. The complainant will then receive a communication from us confirming their concern has been considered and will be taken to the next stage. At this point, we will also inform you that a concern has been raised about you. If the decision is no case to answer, the complainant will be notified of this outcome and the case will be closed with no further action by UKPHR.

32. Further information on our triage process can be found in the Fitness to Practise Triage guidance.

Stage 2 – Investigations and evidence gathering

33. Once a case has passed the triage stage and the decision is to progress further, this will be taken to an Investigation stage.
34. The primary role of the investigation stage will be to consider the facts, grounds and impairment of the concern raised. They will gather additional information and evidence regarding the concern from relevant sources (registrant, complainant and third parties including the registrant's employer). The Registrar will be supported by a UKPHR staff member to gather this relevant evidence and information related to the concern. They will consider three key questions during this stage as part of the case-to-answer test;
- a. Is there a *real* prospect that a Fitness to Practise panel could find the alleged facts proved on the balance of probabilities?**
 - b. If those facts were to be proved, is there a *real* prospect that they would amount to a statutory ground of impairment (for example misconduct, deficient performance/competence, health or conviction/caution)?**

If grounds of impairment could be established, is there a *real* prospect that a panel would find current impairment such that some restriction (conditions or suspension) on registration might be needed in the public interest?

35. Any medical information about you will only be sought if you give your written consent. If you decline to give written consent, then this will be factored into the decision-making process.
36. The Registrar will be provided with a portfolio of documents and given a period of 28 days to review and consider the evidence. They will then reach a decision on how best to proceed. The decisions that will be available to the Registrar are:
- a) Threshold for a Fitness to Practise panel has not been met and case is closed.
 - b) Refer the case to a Complex Case panel for further advice and guidance.
 - c) Progress the case to a Fitness to Practise panel hearing.
37. The outcome and reasons behind the decision will be communicated to both you and the complainant in writing within 5 working days from the decision being made.
38. The Registrar is also able to issue an interim order if the concern is deemed to be of such nature that it involves a clear risk or potential risk to protection of the public or public confidence in the profession. Any interim order would be in place to cover the period necessary for the concern to be considered by the Fitness to Practise Panel. This must not exceed 18 months from the date on which the interim order is made. All interim orders will be reviewed by the Registrar on a regular basis; within six months of the date when it was made and then every following three months. It will

also be reviewed if new evidence relevant to the interim order becomes available. Further information on UKPHR's interim orders can be found [here](#).

39. If the Registrar decides that the threshold for a Fitness to Practise panel has not been met, the case will be closed and UKPHR will communicate this decision to you and the complainant concerned.
40. If the Registrar (with possibly guidance from a Complex Case panel if convened) decide that there is a case to answer and that an individual's fitness to practise may be impaired, then the case will proceed to a Fitness to Practise Panel. The Fitness to Practise Panel process and responsibility is outlined further in the subsequent section.

Stage Three - Fitness to Practise Panel

41. The Fitness to Practise Panel provides independent, balanced oversight in fitness to practise cases. Panel members will be separate from those who took part in the investigation stage, ensuring fairness and impartiality. The panel brings together professional expertise and public perspective, including professionals, lay members, and those involved in the case.
42. The Fitness to Practise Panel will comprise of the following:
 - Chair
 - One UKPHR registrant who is not a member of any UKPHR committees or working groups is present to provide a professional perspective
 - One lay member who is a non-public health professional and is independent of UKPHR is present to represent the views of the public
43. The panel may also be attended by:
 - Registrants and their representatives (if appointed).
 - The individual who has raised the concern
 - Witnesses
 - A member of UKPHR staff who will provide administrative support to the panel
 - A legal representative, if UKPHR chooses to appoint one.
 - One or more UKPHR representative (staff and/or the Registrar), who may attend to advise on the procedure but will not be involved in any decision making.
44. The Fitness to Practise Panel shall have a quorum of three, at least one of whom shall be a lay member.

45. Cases are considered in public, and the process is designed to be open and respectful to everyone involved. Decisions and the reasons for them are provided in writing within 10 working days from the date of the decision being made and published on the public register. Reasonable adjustments and support may be offered to those participating, based on individual circumstances.
46. UKPHR focuses on maintaining high standards, transparency and integrity throughout the process. The approach ensures all parties are treated fairly, the procedure is clear, and accountability is upheld at every stage.
47. Further detail on the Fitness to Practise panel hearing will be available in the Fitness to Practise Panel hearing guidance.

Sanctions

48. If the Fitness to Practise panel decides your Fitness to Practise is impaired, they will discuss and agree on the appropriate sanction. The panel can impose one of the following sanctions:
- Take no further action
 - Impose a caution order
 - Impose a conditions of practice order
 - Impose a suspension order
 - Striking the registrant off the register
 - Interim order
49. If the Fitness to Practise panel removes your name from the register, you may not apply to have your name restored to the register earlier than five years from the date of erasure.
50. The Fitness to Practise panel must ensure that both the decision to impose a specific sanction and the reasoning behind it are clearly explained. The explanation should use straightforward, accessible language to prevent any misunderstanding or ambiguity.
51. All relevant parties will receive written notification of any decision made and the reasons for it at each of the stated stages.
52. Further information on our sanctions can be found in the Fitness to Practise Sanctions policy.

Support for registrants during a fitness to practise concern

53. Being the subject of a fitness to practise concern can be a challenging experience. We recognise that the process may cause anxiety and uncertainty. Throughout an investigation, we aim to ensure that registrants are treated with fairness, dignity, and respect.
54. The fact that a concern has been raised, or that an investigation is underway, does **not** mean that any conclusions have been reached about your fitness to practise. Our role at this stage is to gather relevant information to understand the concern and decide whether there is evidence that regulatory action may be required.
55. You are encouraged to seek advice or support during this process. This may include:
- Contacting your professional body, trade union, or defence organisation for representation and advice.
 - Accessing independent wellbeing or counselling services if you feel affected by the process.
 - Speaking with our fitness to practise team about procedural questions (we cannot provide legal advice but can explain the process and expected timelines).
56. We are committed to conducting investigations in a way that is transparent, proportionate, and focused on ensuring fairness to all parties involved.

Appeals

57. All relevant parties will receive written notification of any decision made and the reasons for it at each of the stated stages.
58. An appeal can only be made following a decision to impose a sanction at stage three (Fitness to Practise Panel). This must be submitted within 20 working days of receiving written confirmation.
59. Interim orders imposed at stage two will be reviewed after six months and subsequently every three months, or sooner if new, relevant evidence arises.
60. Appeals at stage three will be considered by an Appeals Panel formed according to the same criteria as the Fitness to Practise Panel. Members of the original Fitness to Practise Panel will not be eligible to sit on the Appeals Panel. The Appeals Panel's decision and the reasoning behind it will be provided in writing within 10 working days of the decision.
61. UKPHR will retain a full transcript of hearings and decisions. A redacted version, protecting the anonymity of individuals raising concerns and any third parties, will be published on the UKPHR website. Information relating to the health of the registrant or others involved will not be disclosed.

62. Once the appeals process is complete, no further appeals will be permitted. You can find further information on our appeals process [here](#).

UKPHR Comment, Complaint and Compliments Policy

63. We are committed to maintaining the highest standards of service and we value and welcome feedback from you on the service we provide. If you wish to raise concerns about how we have managed or handled this process, rather than about the concern itself, you can do so through our Comments, complaints and compliments policy.
64. This policy sets out how we consider and respond to concerns about our service and administrative processes, including how we review and respond to the concerns raised.
65. More information on our Comments, complaints and compliments policy can be found [here](#).



UK Public Health Register

Fitness to Practise: guidance for the public and employers

February 2026

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Introduction

1. UKPHR's primary purpose is to improve practice and protect the public. Dealing with concerns is key to achieving this. We also have a duty to maintain public confidence in public health professionals and its regulation.
2. If you have concerns regarding a registrant for any reason, you can contact us and we will take action when a UKPHR registered public health professional's ability, behaviour or health means it is not appropriate for them to continue working as a public health professional. We will look carefully at any allegation we receive and will take the most appropriate action.
3. This guidance is designed to help you understand how concerns about a public health professional's ability to practice safely and effectively are managed. It outlines the standard of conduct and competence expected of UKPHR registrants and explains the processes followed when issues about a registrant's fitness to practise are raised. By providing clear information on how concerns can be flagged and what steps are taken when a concern is investigated, this guidance aims to protect public health, uphold confidence in the profession, and support employers in maintaining high standards across the public health workforce.
4. All registrants are required to maintain the professional code of practice as set out in Good Public Health Practice (2024). You can find further information on these standards via our UKPHR [user guide](#) to Good Public Health Practice 2024.

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Scope of Policy

5. UKPHR investigates concerns raised about active registrants via the Fitness to Practise process described in this policy. Our public register includes all active registrants, and you can search [here](#) to verify the registration status of an individual.
6. UKPHR is unable to investigate concerns about professionals who are not actively registered. If a registrant voluntarily withdraws their registration from the register after an investigation has begun, the process will continue until the very end. UKPHR is also unable to investigate concerns about professionals who are not registered with us. If a concern is raised about a registrant who is not registered at the time and they have restored their registration at a later point in time, the initial concern will be looked into if and when they apply to reinstate their registration with us.
7. UKPHR will maintain a record of concerns raised, including those about individuals who are not registrants at the time of the concern, but those who are undertaking the registration process as a Specialist, Specialty Registrar or Practitioner. This is to ensure that the concerns are considered from the point of application.

What is Fitness to Practise (FTP)?

8. An individual is deemed *fit to practise* when they demonstrate the necessary skills, knowledge, health and character to carry out their professional duties safely and effectively. This also extends to actions or behaviours that could impact:
 - The protection of the public
 - Public trust in the profession and the regulatory process
9. UKPHR is responsible for upholding professional standards among its registrants, safeguarding the public, and maintaining confidence in both the profession and its regulation.
10. An individual's health or disability is considered only in relation to their ability to practise safely and effectively. If their condition is stable and well-managed, it normally should not affect their ability to practise competently. Effective management may include making necessary adjustments, placing limits on, or ceasing practise when appropriate.

Raising a concern

11. Concerns about UKPHR registrants can be brought to our attention in a number of ways:
 - Self-declaration by the registrant at initial registration and at annual renewal
 - Registrants submitting a self-referral application
 - Concerns raised by a member of the public or the registrant's employer
 - Information received by UKPHR regarding an active registrant or applicant to the register from any other source. An 'applicant' may refer to a new applicant who is undertaking the registration process but not yet registered or an individual who is applying to be readmitted to the register.
 - UKPHR identifying information that raises a potential concern about a registrant's fitness to practise, even where no external complaint has been received. This might occur, for example, if relevant information comes to light through professional networks, referrals from other organisations or other sources. Where such information suggests a possible risk to the public, impairment of fitness to practise, or breach of professional standards, the regulator may decide to initiate a concern and consider whether to begin the formal fitness to practise process. In these situations, the regulator effectively acts as the complainant, and the same assessment criteria and decision-making processes apply as for any other concern.
 - Information received by UKPHR regarding a practitioner or specialist assessor and practitioner verifier after leaving their scheme.
12. Allegations related to fitness to practise would not generally include:

- Poor time keeping (unless this has a direct impact on an individual's fitness to practise).
- Interpersonal conflicts/disagreements (unless involving bullying/threatening behaviour).
- Sickness absence (unless this involves fraudulent claims and/or lack of appropriate self-management of a condition).
- Disputes relating to employment or contractual arrangements.

13. In the case of the above examples and where there is no suggestion of risk to the public, it will most likely be suitable for UKPHR to refer the concern back to the relevant employer to action as they see fit.

Instances where an individual's fitness to practise might be impaired

14. The term *impairment* refers to any situation that affects, or has the potential to affect, an individual's ability to practise safely and effectively. Impairment may take various forms, whether temporary or permanent. UKPHR assesses potential circumstances affecting fitness to practise on an individual basis.

15. Impairment is likely if an individual demonstrates conduct that falls below the standards of Good Public Health Practice as set by the Faculty of Public Health. Some examples of impairment may include (but are not limited to) the below, if the registrant:

- Has been dishonest, misrepresented facts or evidence, or falsified records in their professional capacity.
- Has concealed errors or failed to be open and honest when things have gone wrong, including not cooperating with investigations.
- Has breached confidentiality, mishandled sensitive information, or failed to protect data in line with legal and professional standards.
- Was involved in or failed to prevent sexual harassment, exploitation, or other inappropriate conduct, including not responding adequately to concerns about such behaviours.
- Has a substance abuse or misuse issue that affects their ability to work safely and effectively.
- Has failed to treat individuals, communities, or colleagues with fairness, kindness, respect, and compassion, including discrimination, bullying, or harassment.
- Has exploited, neglected, or failed to safeguard vulnerable persons or populations.
- Failed to maintain professional boundaries, including involvement in inappropriate relationships with clients or misuse of authority.
- Has allowed personal health problems (physical or mental) to adversely affect their professional practice and has not informed a suitably qualified individual or sought necessary support/advice.

- Has failed to declare conflicts of interest, allowing financial or commercial interests to influence professional judgement or public health recommendations.
- Has been violent, threatening, or exhibited other unprofessional conduct toward clients, colleagues, or the public.
- Has participated in research, audits, or teaching without appropriate ethical oversight or consent, or has failed to report fraud or misconduct in research.
- Failed to maintain competence, keep up to date with guidelines, or undertake required continuing professional development.
- Has been subject to a caution or conviction or is under investigation for behaviour which may bring public health practice into disrepute or compromise public trust.

16. When considering whether an individual's fitness to practise is impaired, UKPHR will consider the wider context in which concerns arose, including any relevant aspects of the registrant's working environment and local systems, rather than focusing solely on individual blame. Where concerns suggest systemic or employer-level issues, these should be identified and, where appropriate, referred to the relevant employer or other body for action.

17. If you are unsure as to whether your concern is related to fitness to practise, then please refer to the [Good Public Health Practise Framework 2024](#) and/or contact UKPHR as soon as possible at register@ukphr.org or 0121 296 4370.

How to raise a concern

18. If you wish to raise a concern about a UKPHR registrant, you can do so in any of the following ways:

- Email us at register@ukphr.org
- Complete and submit an online form available on our website and send this to us. A copy of this form can also be downloaded [here](#).
- You can phone us on 0121 296 4370

19. For a concern to be recorded by UKPHR you will be asked for the following information:

- Accurate identification of the UKPHR registrant (if possible, their registration number).
- Nature of the concern.
- Events that took place and if possible, when/where.
- If relevant, any action already taken in response by another organisation ie the registrant's employer

20. In addition, we will also ask for:

- Your full name and contact details.
- Details of any other individuals involved.

- Where applicable, details of someone else we can contact if further information is required.
21. When we investigate a concern, we are required to share sufficient information with the registrant so they are able to understand the concern and respond to it fairly. However, we recognise that some individuals may have personal or sensitive information they do not wish to be shared. Where this is the case, we will work with you to identify what information can reasonably be kept confidential while still allowing us to progress the concern appropriately. We will make every effort to protect your privacy, and any disclosures will be limited to what is necessary for the fair handling of the concern.
 22. Please contact us if you require further information or any support to put your concern in writing. We will do our best to support you if you are unable to put a concern in writing (e.g. due to language or literacy difficulties).
 23. We can accept concerns submitted anonymously. However, it is important to note that our ability to assess, investigate, and follow up on an anonymous concern is limited. Without the contact details of complainant(s), we will likely be unable to obtain further information, verify the concern raised, or provide updates about any action taken. Where possible, individuals are encouraged to provide their name and contact details so that UKPHR can fully consider and respond to the complaint. Please contact us if you have any concerns about sharing identifying details with us.
 24. Once we receive a fitness to practise concern, we will continue to look into the matter even if we do not hear from you as the individual who has raised the concern or from the registrant. Our role is to protect the public and uphold professional standards. This means we must assess the information available and make decisions based on the evidence we have, even if one or more people involved decide not to take part any further in the process.

The Fitness to Practise process

25. We have provided a general overview of our Fitness to Practise process below.

Stage One – Triage process

26. Any concerns raised to UKPHR will undergo initial checks through a triage process to identify if the concern falls within the remit for further investigation. In deciding whether the concern will proceed, the UKPHR Registrar and UKPHR staff member will consider four key questions as part of the threshold criteria:
 - a. **Is the concern made in writing?** This can be by letter or email so that UKPHR can be clear on exactly what the concern is so that the issues are well understood by all relevant parties (ie UKPHR, the complainant, and the registrant). If a concern cannot be made directly to UKPHR in writing due to access issues, UKPHR will work with the complainant to ensure the details of the complaint are clearly set out.

b. **Is the concern about a UKPHR registrant?** UKPHR must confirm that the individual is an active registrant. Concerns about those who are not registered with UKPHR will not be considered further. If a concern is raised about a registrant who is not registered at the time and they have restored their registration at a later point in time, the initial concern will be looked into if and when they apply to reinstate their registration with us.

c. **Is the concern relevant** to the UKPHR registrant's ability to meet **Good Public Health Practice (2024)**? For example:

- Alleged misconduct or unethical behaviour
- Deficient professional performance or competence
- Health concerns affecting ability to practise safely
- Criminal cautions or convictions
- Improper inclusion on another professional register

d. **Does the information provided, if proven, suggest that fitness to practise is impaired?** The concern must be related to an **individual's fitness to practise** and demonstrate that conduct falls below the standards of Good Public Health Practice 2024.

27. Only cases that have a 'yes' answer to each of the above questions will proceed to the investigation stage. If they do not, the case will be closed with no further action taken by UKPHR. Once the Registrar makes a decision, you will receive a communication from us confirming next steps.

28. Further information on our triage process can be found in the Fitness to Practise Triage guidance.

Stage 2 – Investigations and evidence gathering

29. Once a case has passed the triage stage and the decision is to progress further, this will be taken to an Investigation stage.

30. The primary role of the Investigating Panel will be to consider the facts, grounds and impairment of the concern raised. They will gather additional information and evidence regarding the concern from relevant sources (registrant, complainant and third parties including the registrant's employer). The Registrar will be supported by a UKPHR staff member to gather this relevant evidence and information related to the concern. They will consider three key questions during this stage as part of the case-to-answer test;

- a. **Is there a *real* prospect that a Fitness to Practise panel could find the alleged facts proved on the balance of probabilities?**
- b. **If those facts were to be proved, is there a *real* prospect that they would amount to a statutory ground of impairment (for example misconduct, deficient performance/competence, health or conviction/caution)?**
- c. **If grounds of impairment could be established, is there a *real* prospect that a panel would find current impairment such that some restriction**

(conditions or suspension) on registration might be needed in the public interest?

31. Any medical information about the registrant will only be sought with written consent of the registrant. If the registrant declines to give written consent, then this will be factored into the decision-making process.
32. The Registrar will be provided with a portfolio of documents and given a period of 28 days to review and consider the evidence. They will then reach a decision on how best to proceed. The decisions that will be available to the Registrar are:
 - a) Threshold for a Fitness to Practise panel has not been met and case is closed.
 - b) Refer the case to a Complex Case Panel for further advice and guidance.
 - c) Progress the case to a Fitness to Practise panel hearing.
33. The outcome and reasons behind the decision will be communicated to both the registrant and complainant in writing within 5 working days from the decision being made.
34. The Registrar is also able to issue an interim order if the concern is deemed to be of such nature that it involves a clear risk or potential risk to protection of the public or public confidence in the profession. This also includes UKPHR practitioner and specialist assessors or practitioner verifiers after they have left their scheme in order to manage this risk. Any interim order would be in place to cover the period necessary for the concern to be considered by the Fitness to Practise Panel. This must not exceed 18 months from the date on which the interim order is made. All interim orders will be reviewed by the Registrar on a regular basis; within six months of the date when it was made and then every following three months. It will also be reviewed if new evidence relevant to the interim order becomes available. Further information on UKPHR's interim orders can be found [here](#).
35. If the Registrar decide that the threshold for a Fitness to Practise panel has not been met, the case will be closed and UKPHR will communicate this decision to you and the registrant concerned.
36. If the Registrar (with possibly guidance from a Complex Case panel if convened) decide that there is a case to answer and that an individual's fitness to practise may be impaired, then the case will proceed to a Fitness to Practise Panel. The Fitness to Practise Panel process and responsibility is outlined further in the subsequent section.

Stage Three - Fitness to Practise Panel

37. The Fitness to Practise Panel will comprise of the following:
 - Chair

- One UKPHR registrant who is not a member of any UKPHR committees or working groups is present to provide a professional perspective
- One lay member who is a non-public health professional and is independent of UKPHR is present to represent the views of the public

38. The panel may also be attended by:

- Registrants and their representatives (if appointed).
- The individual who has raised the concern
- Witnesses
- One or more UKPHR representative (staff and/or the Registrar), who may attend to advise on the procedure but will not be involved in any decision making.
- A member of UKPHR staff who will provide administrative support to the panel
- A legal representative, if UKPHR chooses to appoint one.

39. The Fitness to Practise Panel shall have a quorum of three, at least one of whom shall be a lay member.

40. UKPHR will provide reasonable expenses for travelling to/from a hearing if it is held in person. The Fitness to Practise Panel may at any time defer the proceedings, at its discretion and/or at the request of any party. It may also, taking into consideration fairness, at times request the following:

- a party discloses copies of any document or evidence they wish to use.
- a party submits a written statement to the Fitness to Practise Panel and to the other parties.
- oral submissions by either party are time limited.
- Witness statement or report of any witness to stand as that witness' evidence-in-chief or
- The allegations be amended.

41. UKPHR is committed to ensuring that all complainants and witnesses are treated fairly and with respect. Reasonable support will be provided as needed, based on the circumstances of each case (for example, accessibility adjustments or separate waiting areas during hearings). If you require any specific arrangements, please contact the UKPHR office.

42. Fitness to Practise cases will be heard by the panel in public. The decision and reasons behind the decision will be confirmed in writing within 10 working days from the date of the decision being made. The decision will then be published on our public register.

43. Further detail on the Fitness to Practise panel hearing will be available in the Fitness to Practise Panel hearing guidance.

Sanctions

44. If the Fitness to Practise panel decides the registrant's Fitness to Practise is impaired, they will discuss and agree on the appropriate sanction. The panel can impose one of the following sanctions:
- Take no further action
 - Imposing a caution order
 - Imposing a conditions of practice order
 - Imposing a suspension order
 - Striking the registrant off the register
 - Interim order
45. If the Fitness to Practise panel removes the name of a registrant from the register, the registrant may not apply to have their name restored to the register earlier than five years from the date of erasure.
46. The Fitness to Practise panel must ensure that both the decision to impose a specific sanction and the reasoning behind it are clearly explained. The explanation should use straightforward, accessible language to prevent any misunderstanding or ambiguity.
47. All relevant parties will receive written notification of any decision made and the reasons for it at each of the stated stages.
48. Further information on our sanctions can be found in the Fitness to Practise Sanctions policy.

Appeals

49. All relevant parties will receive written notification of any decision made and the reasons for it at each of the stated stages.
50. An appeal can only be made following a decision to impose a sanction at stage three (Fitness to Practise Panel). This must be submitted within 20 working days of receiving written confirmation.
51. Interim orders imposed at stage two will be reviewed after six months and subsequently every three months, or sooner if new, relevant evidence arises.
52. Appeals at stage three will be considered by an Appeals Panel formed according to the same criteria as the Fitness to Practise Panel. Members of the Investigating Panel or the original Fitness to Practise Panel will not be eligible to sit on the Appeals Panel. The Appeals Panel's decision and the reasoning behind it will be provided in writing within 10 working days of the decision.
53. UKPHR will retain a full transcript of hearings and decisions. A redacted version, protecting the anonymity of individuals raising concerns and any third parties, will be published on the UKPHR website. Information relating to the health of the registrant or others involved will not be disclosed.

54. Once the appeals process is complete, no further appeals will be permitted. You can find further information on our appeals process [here](#).

UKPHR Comment, Complaint and Compliments Policy

55. We are committed to maintaining the highest standards of service and we value and welcome feedback from you on the service we provide. If you wish to raise concerns about how we have managed or handled this process, rather than about the concern itself, you can do so through our Comments, complaints and compliments policy.

56. This policy sets out how we consider and respond to concerns about our service and administrative processes, including how we review and respond to the concerns raised.

57. More information on our Comments, complaints and compliments policy can be found [here](#).

Fitness to Practise

Hearing Panel Guidance

Revision history - Version	Status	Created - date
Version 2	Draft for Board approval	December 2025
Next revision due:		

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UKPHR Fitness to Practise – Panel and Hearings guidance

1. When UKPHR has determined the facts and grounds in relation to a concern or misconduct and it is considered that there is a case to answer at the end of the investigation process, the case will be referred to a Fitness to Practise Panel.
2. The Fitness to Practise Panel will be selected by the Registrar and Chief Executive and will comprise of the following members:
 - At least one UKPHR registrant who is not a member of any UKPHR committees or working groups to provide a professional perspective
 - At least one lay member who is a non-public health professional and is independent of UKPHR
 - A Chair who may be either lay or a UKPHR registrant
3. The Fitness to Practise Panel must have a quorum of three.
4. The panel may also be attended by:
 - a. Registrants and their representatives (if appointed).
 - b. Witnesses
 - c. One or more UKPHR representative (staff and/or the Registrar), who may attend to advise on the procedure but will not be involved in any decision making
 - d. A member of UKPHR staff who will provide administrative support to the panel
 - e. A legal representative, if UKPHR chooses to appoint one.
5. In order to maintain the independence and impartiality of Fitness to Practise proceedings, any member of a Complex Case Panel who has advised the Registrar in the case to answer decision making process at the investigation stage must not sit as a member of the Fitness to Practise panel.
6. To promote fairness, proportionality, and consistency in decision-making, all Panel members are required to undertake structured training. This training will reinforce the correct application of regulatory standards and expected approaches to evidence assessment and decision-making.
7. UKPHR will not be able to provide expenses for witnesses travelling to/from a hearing if it is held in person. The Fitness to Practise Panel may at any time defer the proceedings, at its discretion and/or at the request of any party. It may also, taking into consideration fairness, at times request the following:
 - a party discloses copies of any document or evidence they wish to use that is fair and relevant to the case.
 - a party submits a written statement to the Fitness to Practise Panel and to the other parties.
 - That oral submissions by either party are time limited.
 - Witness statement or report of any witness to stand as that witness' evidence-in-chief or

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- The allegations be amended.
8. The following will count as definite proof that an offence was committed or that certain facts are true in relation to the case:
 - A certificate or document from a UK or foreign court official showing that someone was convicted of a crime.
 - A police caution form or similar record from a UK police officer showing that someone accepted a caution.
 - A certificate or document from a regulatory body saying that it has made a decision about a registrant's fitness to practise.
 9. UKPHR is committed to ensuring that all complainants and witnesses are treated fairly and with respect. Reasonable support will be provided as needed, based on the circumstances of each case (for example, accessibility adjustments or separate waiting areas during hearings). Any specific arrangements can be discussed with the UKPHR office.
 10. The parties will be given a reasonable opportunity to present their case and may call witnesses and cross-examine witnesses called by other parties.
 11. The Fitness to Practise Panel may proceed in the absence of a party, including the registrant, if it is satisfied that all reasonable efforts have been made to serve the notice of the hearing on the party.
 12. The Fitness to Practise Panel members may put forward questions to witnesses and parties. They may also exclude from the whole or part of the hearing any person, including any party, whose conduct has disrupted or is likely to disrupt the proceedings.
 13. Applications for adjournment of a hearing before a Panel has been appointed will be decided by the Registrar. The Registrar will only grant an adjournment received from a registrant after considering the complainant's views and if it has a clear purpose and is for the shortest necessary period.
 14. Applications for adjournment after a Panel has been appointed will be decided by the Panel. This may be to obtain additional evidence or in the case of illness. The Panel must assess each application carefully, ensuring fairness, efficiency, and that any adjournment serves a specific objective.
 15. Panels should ensure that cases proceed as expeditiously as is consistent with the interests of justice and the right to a fair hearing.
 16. The Panel may also adjourn proceedings on its own initiative for practical reasons, such as breaks or scheduling, after consulting both parties and, where applicable, the complainant.
 17. When granting an adjournment, the Panel may decide to maintain or impose interim sanctions to protect the public, serve the public interest, or safeguard the registrant, and any such decision will be recorded on the public register.

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18. Fitness to Practise cases will be heard by the panel in public. At the end of the hearing, the Fitness to Practise Panel will:

- Decide and announce what facts they have found.
- Consider further arguments from both parties about whether the facts amount to a registrant's impairment of fitness to practise.
- Decide and announce if the person's fitness to practise is impaired. If it is, they will provide the reasons for this decision. They will then ask both sides what the right penalty should be, which can include looking at an Impact Statement from the complainant if they haven't provided evidence.
- If fitness to practise is impaired, the panel will announce the sanction to be imposed, if any, with reasons.
- Both parties will then be invited to provide submissions as to whether the sanctions should be imposed immediately, in the public interest.
- The panel will then announce whether the sanction is to be imposed immediately, or after a 20-working day appeal period. If an appeal is made within this time, the sanction will not come into effect until the appeal has been heard.
- At each stage the Fitness to Practise Panel may withdraw and deliberate in private before making its decision.

19. While Fitness to Practise hearings are usually held in public, the panel has the discretion to hold all or part of the hearing in private where this is necessary to protect the privacy and wellbeing of registrant or witnesses. This may include cases involving sensitive information relating to a person's physical or mental health or experiences of sexual misconduct or abuse, where public discussion could cause significant distress or risk to those involved.

20. The decision and reasons behind the decision will be confirmed in writing within 10 working days from the date of the decision being made. The decision will then be published on our public register.

21. The parties may be represented at any hearing by a solicitor or counsel (or in the case of the registrant, a representative of any professional organisation of which they are a member, or at the discretion of the Fitness to Practise Panel, a member of their family or any other person).

22. The Fitness to Practise Panel will make its decision by a simple majority vote. The Chair will have no casting vote, and every panel member must vote.

Fitness to Practise

Investigations and evidence gathering guidance

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UKPHR Fitness to Practise – Investigations and Evidence Gathering

Introduction

1. This guidance supports UKPHR staff and the Registrar in carrying out Stage 2 investigations in a fair, consistent and proportionate way. It outlines the process on gathering further information and evidence when a concern has passed the initial triage stage.

Purpose of the investigation stage

2. When a concern has passed the initial triage stage and warrants further investigation, the aim will be to:
 - Clarify the facts of the concern and how they relate to Good Public Health Practice (2024).
 - Identify whether there is a real prospect that a Fitness to Practise Panel could find the facts proven and impairment established.
 - Assess current and future risk to the public and public confidence, including whether an interim order is required in the public interest and for public protection including the protection of the profession and the registrant.
3. The investigation should be investigative rather than a punitive process and proportionate to the seriousness and complexity of the concern.

Planning the investigation stage

4. Before gathering evidence, the Registrar (with support from UKPHR staff) should:
 - **Define the issues:** what specific allegations or concerns are being investigated including dates, people involved, key behaviours and omissions.
 - **Identify the questions to answer:** for example, what happened, why it happened, whether standards were breached, whether the concern indicates an ongoing risk, and whether there is evidence of insight or remediation.
 - **Identify potential sources of evidence:** individual raising the concern, registrant, employer/commissioner, colleagues, documentary records, policies and other relevant third parties.
5. A brief investigation plan should be produced and recorded on the case file with the information listed above.

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Investigation- stage: threshold for referral to a Fitness to Practise Panel Hearing

6. In making a decision on whether a case should be closed after investigation or referred to a Fitness to Practise Panel hearing, the Registrar will consider three key questions as part of the case-to-answer test:
 - a. **Is there a *real* prospect that a Fitness to Practise panel could find the alleged facts proved on the balance of probabilities?**
 - b. **If those facts were to be proved, is there a *real* prospect that they would amount to a statutory ground of impairment (for example misconduct, deficient performance/competence, health or conviction/caution)?**
 - c. **If grounds of impairment could be established, is there a *real* prospect that a panel would find current impairment such that some restriction (conditions or suspension) on registration might be needed in the public interest?**
7. When applying the above three key questions, the Registrar will also consider whether honesty or integrity is in doubt, if there are any health conditions affecting safe practise and whether the concern is an isolated incident or part of a pattern. The level of harm or potential harm to the public as well as what action the registrant has taken to remediate or prevent recurrence will also be considered.
8. Factors such as a single low-level incident, strong evidence of early and effective remediation and clear evidence that the registrant now poses minimal risk and that public confidence can be maintained without a hearing will be considered in favour of closing the case at this stage.
9. If the realistic prospect or “case to answer” test is not met on any of these elements, the case will be closed at this stage and no further action will be taken by UKPHR. The complainant and registrant concerned will be notified of the outcome.
10. There are factors that UKPHR will consider that may indicate the case should be taken to a Fitness to Practise Panel hearing. These include serious or repeated failings, significant harm or risk to public protection, dishonesty or abuse of trust, criminal behaviour, concerns about sexual misconduct or violence, concealment and lack of insight of remediation.
11. The Registrar may decide to convene a Complex Case Panel if further guidance is required in order to determine whether there is a “case to answer” in relation to the raised concern and whether it should proceed to a Fitness to Practise panel.

Types of evidence to be gathered

12. The portfolio of documents produced at this stage for the Registrar should normally include a balanced set of material from several sources. Not every type will be

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needed in every case, but the decision not to seek a particular type of evidence should be noted.

Case records and documents

- Relevant case files, project documentation, emails or correspondence, reports, meeting minutes, risk assessments and decision logs.
- Internal incident reports, complaints or HR investigations where these relate directly to the concern.
- UKPHR documents (e.g. the original concern form, triage outcome, any interim order decision and previous relevant UKPHR decisions).

Professional standards and policies

- Good Public Health Practice (2024) and any specific standards relating to the concern.
- Employer/commissioner policies, local procedures ethical frameworks or national guidance in place at the time.
- Any codes or standards from other regulatory bodies where relevant (for example, where the registrant holds dual registration).

Witness accounts

- A clear account from the complainant, where possible, including chronology and specific examples.
- Statements from colleagues, managers or other professionals who witnessed events,
- Where appropriate, statements from service users or community stakeholders who are directly affected.

Registrant response and supporting material

- The registrant's written response to the concern, including any relevant documents they wish to provide.
- Evidence of insight and remediation (reflection, supervision notes, additional training, CPD records, changes in practice, testimonials).
- Information about current role, supervision and any safeguards or conditions already in place.

Contextual or pattern information

- Where there have been previous concerns of a similar nature (UKPHR records or information appropriately disclosed by employers).
- Information about organisational or system factors (workload, resourcing, role clarity, governance arrangements) where these are relevant to understanding the concern.

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Health-related information (where relevant)

- Health information may only be sought with the registrant's written consent, in line with the existing guidance.
- Where consent is refused, this should be recorded and taken into account in risk assessment and decision-making.

Specialist or expert input (where needed)

- In more complex or technical matters (e.g. epidemiological methods, data handling, research ethics, complex governance) it may be appropriate to seek specialist advice to assist the Registrar in understanding the standard expected of a reasonably competent public health professional in similar circumstances.

Conducting the investigation

13. When gathering evidence, UKPHR staff should be clear, neutral and factual in correspondence, setting out what information is being requested, why and by when.
14. They should also provide registrants and other parties with a reasonable opportunity to respond and apply relevant material, including any mitigating evidence and keep a clear record of all enquiries, responses and follow-up actions on the case file.
15. UKPHR staff should ensure that all information in line with data protection and confidentiality requirements, and that only information which is necessary and proportionate to the concern is requested and retained.
16. Where new or serious information emerges that suggests a heightened risk, the Registrar should consider whether an interim order is needed or should be varied, in line with the interim orders guidance.

Preparing the portfolio for the Registrar

17. Once UKPHR have gathered the relevant evidence and information supporting the concern, UKPHR staff should compile a portfolio of documents for the Registrar which includes the following information:
 - The concern(s) and background;
 - The evidence obtained;
 - Any key points of agreement or dispute;
 - A succinct analysis of how the evidence relates to Good Public Health Practice (2024) and any other relevant standards;
 - Any factors relevant to current impairment and risk;
 - A note of any evidence that could not be obtained and the reason why (for example, non-refusal or refusal of consent).

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18. The Registrar will consider the information presented to them when reaching a decision within the 28-day period.

Decision-making and recording outcomes

19. Following consideration of the evidence presented to them, the Registrar will determine whether there is a real prospect of impairment being found. The decisions available to the Registrar are:
- Threshold for a Fitness to Practise panel has not been met and case is closed.
 - Refer the case to a Complex Case panel for further advice and guidance.
 - Progress the case to a Fitness to Practice panel hearing.
20. The Registrar will also consider both the aggravating and mitigating factors, including evidence of insight and remediation, pattern of behaviour and the impact on public confidence and will provide clear written reasons for the decision, linked to the evidence and to relevant standards, so that both the registrant and complainant are informed of the reasons for the decision.
21. The outcome and reasons behind the decision will be communicated to both the registrant and individual raising the concern in writing within 5 working days from the decision being made.
22. The Registrar is also able to issue an interim order if the concern is deemed to be of such nature that it involves a clear risk or potential risk to protection of the public or public confidence in the profession. Any interim order would be in place to cover the period necessary for the concern to be considered by the Fitness to Practise Panel. This must not exceed 18 months from the date on which the interim order is made. All interim orders will be reviewed by the Registrar on a regular basis; within six months of the date when it was made and then every following three months. It will also be reviewed if new evidence relevant to the interim order becomes available. Further information on UKPHR's interim orders can be found [here](#).
23. If the Registrar decides that the threshold for a Fitness to Practise panel has not been met, the case will be closed and UKPHR will communicate this decision to the individual raising the concern and the registrant concerned.
24. If the Registrar (with possibly guidance from a Complex Case panel if convened) decide that there is a case to answer and that an individual's fitness to practise may be impaired, then the case will proceed to a Fitness to Practise Panel.

Fitness to Practise

The Triage process

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UKPHR Fitness to Practise – Triage process

1. When UKPHR is informed of a concern, it must first go through an initial assessment process to determine whether the concern can be taken further for investigation. This process is known as triage. At the triage stage, UKPHR determines **whether the concern is clearly communicated, relevant, and suggests impairment** of a UKPHR registrant. If the concern meets the criteria outlined below, it will be more fully investigated.

Triage Threshold

2. A decision to progress a concern to an investigation stage will be based upon clear and apparent evidence that the concern meets the threshold criteria. The final decision as to whether the threshold is met will be made by the UKPHR Registrar.
3. The threshold criteria is based upon four key tests:
 - a. **Is the concern made in writing?** This can be by letter or email so that UKPHR can be clear on exactly what the concern is so that the issues are well understood by all relevant parties (ie UKPHR, the complainant, and the registrant). If a concern cannot be made directly to UKPHR in writing due to access issues, UKPHR will work with the complainant to ensure the details of the complaint are clearly set out.
 - b. **Is the concern about a UKPHR registrant?** UKPHR must confirm that the individual is an active registrant. Concerns about those who are not registered with UKPHR will not be considered further. If a concern is raised about a registrant who is not registered at the time and they have restored their registration at a later point in time, the initial concern will be looked into if and when they apply to reinstate their registration with us.
 - c. **Is the concern relevant** to the UKPHR registrant's ability to meet **Good Public Health Practice (2024)**? For example:
 - Alleged misconduct or unethical behaviour
 - Deficient professional performance or competence
 - Health concerns affecting ability to practise safely
 - Criminal cautions or convictions
 - Improper inclusion on another professional register
 - d. **Does the information provided, if proven, suggest that fitness to practise is impaired?** The concern must be related to an **individual's fitness to practise** and demonstrate that conduct falls below the standards of Good Public Health Practice 2024.
4. In fitness to practise, "impaired" means a healthcare professional's ability to work safely and effectively is negatively affected, damaged, or weakened, posing a risk to the public, and it can stem from misconduct, poor performance, health issues, or

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character concerns, requiring restrictions or removal from practice to protect patients. It's a judgment that their professional ability is compromised, making them unfit to practice without limitations or at all, and involves assessing current risk to public safety and confidence in the profession. The causes of impairment include:

- **Misconduct:** Serious professional misconduct, including issues in private life that affect trustworthiness, like criminal convictions or discriminatory behaviour.
 - **Competence:** Deficient professional performance or lack of necessary skills, knowledge or English language proficiency.
 - **Health:** Adverse physical or mental health conditions that prevent safe practice.
 - **Character/Conduct:** Issues with a registrant's character or conduct that undermine public confidence, even if not directly clinical.
5. This test is **not** a determination of guilt or confirmation of proof. The threshold is purposefully low; the question is whether there is *enough credible information* that, if true, could amount to a breach of UKPHR's standards of conduct or competence.
 6. Vexatious, trivial, or clearly unfounded complaints are screened out at this stage.
 7. If the answer to at least one of the questions is **no**, it will be closed. Reasons will be provided to the complainant and no further action will be taken by UKPHR. This is also the case if a concern is clearly vexatious or has no relevance to fitness to practise.
 8. If the answer to all four questions is **yes**, the matter proceeds to **investigation**. The complainant will receive a communication from us confirming the concern has been considered and will be investigated further. At this point, we will also inform the registrant that a concern has been raised about them and to let them know we will be starting an investigation.
 9. If at the triage stage we require clarification about the concern in order to make a decision, we may need to contact other parties such as the registrant's employer. We will notify the registrant if any other party is engaged at the triage stage.
 10. If a significant safety issue is identified through the triage process, we may need to share information with other organisations who are empowered to address the concerns before coming to a final decision as to whether the concern will pass out of triage or be closed.

Investigation- stage threshold for referral to a Fitness to Practise Panel Hearing

11. Once a case has passed the triage stage and reaches the investigation stage, UKPHR will undertake an investigation. Once all of the key facts are determined, the Registrar will decide whether the case should be closed or referred to a Fitness to Practise Panel Hearing. Please refer to the guidance about undertaking an investigation for further information.
12. In making this decision, the Registrar will consider three key questions:
 - a. **Is there a *real* prospect that a Fitness to Practise panel could find the alleged facts proved on the balance of probabilities?**
 - b. **If those facts were to be proved, is there a *real* prospect that they would amount to a statutory ground of impairment (for example misconduct, deficient performance/competence, health or conviction/caution)?**
 - c. **If grounds of impairment could be established, is there a *real* prospect that a panel would find current impairment such that some restriction (conditions or suspension) on registration might be needed in the public interest?**
13. When applying the above three key questions, the Registrar will also consider whether honesty or integrity is in doubt, if there are any health conditions affecting safe practise and whether the concern is an isolated incident or part of a pattern. The level of harm or potential harm to the public as well as what action the registrant has taken to remediate or prevent recurrence will also be considered.
14. Factors such as a single low-level incident, strong evidence of early and effective remediation and clear evidence that the registrant now poses minimal risk and that public confidence can be maintained without a hearing will be considered in favour of closing the case at this stage.
15. If the realistic prospect or “case to answer” test is not met on any of these elements, the case will be closed at this stage and no further action will be taken by UKPHR. The complainant and registrant concerned will be notified of the outcome at this stage.
16. There are factors that UKPHR will consider that may indicate the case should be taken to a Fitness to Practise Panel hearing. These include serious or repeated failings, significant harm or risk to public protection, dishonesty or abuse of trust, criminal behaviour, concerns about sexual misconduct or violence, concealment and lack of insight of remediation.
17. The Registrar may decide to convene a Complex Case Panel if further guidance is required in order to determine whether there is a “case to answer” in relation to the raised concern and whether it should proceed to a Fitness to Practise panel.

18. In order to maintain the independence and impartiality of Fitness to Practise proceedings, a member of the Complex Case Panel who has advised the Registrar in the case to answer decision making process at the investigation stage must not sit as a member of the Fitness to Practise panel.

Fitness to Practise

Sanctions Policy

Revision history - Version	Status	Created - date
Version 1	Draft for Board approval	February 2026
Next revision due:		

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UKPHR Fitness to Practise – Sanctions Policy

Introduction

1. This policy has been produced by UKPHR to be used as part of its Fitness to Practise process and is used by Fitness to Practise panel members when deciding to impose a sanction on a registrant.
2. A sanction will be imposed where the panel is satisfied that a registrant's fitness to practise is impaired and it is not suitable to remain on the UKPHR register without any restrictions or conditions.
3. The purpose of sanctions is to protect the public and to maintain confidence in the profession by upholding its standards. Fitness to practise proceedings are not punitive; their purpose is not to punish the registrant, but to facilitate their return to safe and effective practise where appropriate. Where a panel determines that a registrant's fitness to practise is impaired, it must impose a sanction that ensures the necessary level of public protection and is proportionate to the level of risk identified.
4. In determining an appropriate sanction, a Fitness to Practise panel must act proportionately, balancing the interests of the registrant with those of the public. The panel should consider all available sanctions, beginning with the least restrictive option. Any limitation imposed on a registrant's ability to practise should go no further than necessary to serve the public interest, including the protection of the public.
5. UKPHR does not have the power to directly suspend or dismiss an individual from employment, and it is up to the employer to decide how best to act on regulatory outcomes following a Fitness to Practise panel decision. UKPHR's sanctions will only relate to registration status and employers are responsible for employment decisions. UKPHR will routinely inform the employer following a regulatory outcome and the employer will be responsible for applying their own policies on gross misconduct.

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Sanctions

Sanctions imposed by the panel may include:

- Taking no further action
- Imposing a caution order
- Imposing a conditions of practice order
- Imposing a suspension order
- Striking the registrant off the register
- Interim order

Taking no further action

6. It is unusual for a panel to make a finding that there are concerns about the registrant's current ability to practise safely and effectively without taking further action.
7. If a Fitness to Practise panel decides that taking no action to be the appropriate and proportionate outcome, it should provide a clear reasoning to explain this decision and its conclusion that there is no risk to the public, or to public confidence in the profession, in taking no action.
8. The Fitness to Practise panel may also decide on an outcome where misconduct is found but a registrant's fitness to practise is not currently impaired, and in those circumstances no formal sanction can be imposed. At a hearing, the panel's decision on impairment focuses on the registrant's current ability to practise unrestricted. Misconduct, which is fully remediated poses low risk of repetition and does not require restriction to protect the public or uphold standards. This can therefore lead to an outcome of misconduct without current impairment.

Imposing a Caution order

9. A caution order is the least restrictive sanction a panel can apply after deciding that a registrant's fitness to practise is impaired. It does not stop the registrant from practising, but it acts as a formal warning. A caution order can appear on the register for a set period of between one and five years. During this period, a note will be added to the registrant's entry explaining the concern and, if relevant, suggesting further training or education. The note will stay in place for the length of the order or until the registrant provides evidence that the required actions have been completed.
10. A caution order may be appropriate for isolated, limited, or minor concerns where the risk of repetition is low and the registrant has shown insight. It can also be used when practice restrictions are unnecessary, but suspension would be disproportionate. In such cases, the panel should clearly explain why a non-restrictive sanction is appropriate.
11. When setting the length of the order, the panel should first consider whether a one-year caution is sufficient to protect the public and uphold confidence in the profession. Longer periods should only be used when necessary. The panel's decision must set out the duration, explain why it is proportionate, and give clear reasons.

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12. Although a caution order does not restrict practice, it may be considered if further concerns arise. In doing so, the panel should take into account the time since the caution was imposed, its relevance to the new matter, and whether any required actions were completed.

Imposing a Conditions of Practice order

13. A conditions of practice order allows a registrant to continue practicing while subject to specific, proportionate restrictions that address the concerns identified in relation to their fitness to practise. Such an order may require the registrant to undertake certain actions, complete training, or limit aspects of their work.
14. It is generally appropriate where the registrant has insight, the failings identified are capable of remediation, and there are no persistent or fundamental deficiencies preventing improvement. The panel must be confident that realistic, verifiable conditions can be formulated and that the registrant will comply with them.
15. A conditions of practice order is unlikely to be suitable if the registrant has failed to engage with the process or where there are serious or repeated failings, particularly involving dishonesty, abuse of position, discrimination, violence, sexual misconduct, or serious criminal convictions. Exceptionally, conditions may be imposed in such cases only where the misconduct was minor, remediable, out of character, and unlikely to be repeated, and the panel provides robust justification.
16. Conditions commonly relate to areas such as education or training, practice restrictions, supervision, treatment, notification requirements, or personal development. They must be workable, appropriate to mitigate identified risks, and not so onerous as to effectively suspend practice.
17. Before imposing conditions on a registrant not currently practising, panels should consider whether equally effective non-practice-dependent measures can be implemented. Where stringent conditions would in effect prevent practice, panels should consider whether a suspension order is instead appropriate to protect the public and maintain confidence in the profession.
18. Conditions of practice orders can be imposed for up to three years, with panels required to provide clear reasoning for the selected duration. They may also specify a minimum period of up to two years before an application to vary, replace, or revoke the order may be made, where early review would serve little purpose.
19. All conditions will appear on the registrant's entry on the UKPHR register.

Imposing a Suspensions order

20. A suspension order prohibits a registrant from practising their profession for a specified period and represents a serious restriction on their registration.
21. A suspension order is generally appropriate where there are serious concerns that cannot be resolved by a condition of practice order but that do not justify permanent removal from the Register. Such cases typically involve a serious breach of the

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standards of Good Public Health Practise 2024, performance and ethics, where the registrant has demonstrated insight, the issues are unlikely to be repeated, and there is evidence that the failings can be remedied.

22. The period of suspension must be proportionate and necessary to protect the public and public confidence and may be imposed for up to one year. Short-term suspensions may be appropriate where a staged return to practice is required, such as when the registrant has engaged with the process but is temporarily unable to comply with conditions of practice, or where there is no ongoing risk of harm but a sanction is required to uphold public confidence in the profession.
23. Panels should clearly specify the purpose of the suspension and the expectations placed on the registrant. The suspension will be recorded on the registrant's entry on the UKPHR register and will remain visible for a specified period, typically five years, following the lifting or expiry of the order.

Striking the registrant off the register

24. A striking off order permanently removes a registrant's name from the Register and prohibits them from practising their profession. It is the most serious sanction available to a panel and is reserved for cases where the registrant's behaviour or impairment is fundamentally incompatible with continued registration.
25. Striking off is a long-term sanction and may not be imposed for reasons of lack of competence or health unless the registrant has been continuously suspended or subject to a conditions of practice order for at least two years at the time of the decision, excluding interim orders.
26. This sanction is appropriate only in the most serious cases involving deliberate, reckless, or persistent acts such as dishonesty, failure to raise concerns, abuse of professional position, discrimination, sexual misconduct, sexual abuse of children or possession of indecent images, serious criminal convictions, or violence. It will also be appropriate where the registrant shows no insight, fails to address deficiencies after sustained opportunity to do so, repeats misconduct, or is unwilling to resolve the concerns raised.
27. A striking off order should be imposed only where no lesser sanction would adequately protect the public or maintain confidence in the profession and regulatory process.
28. Panels must provide clear, detailed reasons for imposing this outcome, demonstrating why removal is necessary and proportionate. A note of the striking off order will remain on the registrant's UKPHR register entry for a period of five years since the order came into effect. After this period, this note is removed from the UKPHR register, although internal records are retained and the strike off continues to have regulatory effect unless and until restoration is granted.
29. If a registrant wishes to restore their registration once the five-year period has passed, they will need to submit an application to UKPHR providing reasons for applying for restoration as well as providing evidence of insight, remediation and current competence. A complex case panel will then be formed to consider the application,

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which will refer to the original facts and decision as well as relevant references. The panel advise the Registrar on making a decision on whether to restore the registrant's registration and whether restoration will maintain public protection and confidence in the profession. The panel and the Registrar will also consider whether the registrant has taken the necessary steps to keep their knowledge and skills up to date and their conduct since the erasure.

30. The Registrar will assign one of three outcomes:

- Refusal of restoration
- Restoration with conditions of practice
- Grant restoration

Refusal of restoration

31. If the Registrar refuses restoration and is not satisfied that the registrant is fit to practise, the registrant must wait at least 12 months before applying again for restoration.

32. If the registrant is refused restoration again, the Registrar can suspend further applications for a specified time period or indefinitely.

Restoration with conditions of practice

33. If the Registrar agrees to grant restoration with conditions of practice, the registrant will be required to complete relevant education and training in order for UKPHR to restore their registration. This is to ensure that the registrant is competent and fit to practise.

34. Conditions of practice orders can be imposed for up to three years, with panels required to provide clear reasoning for the selected duration.

Grant restoration

35. The Registrar will determine that a registrant is now a fit and proper person to be restored to the register and that restoration would not undermine public protection, public confidence in the profession or proper professional standards.

36. Where restoration is granted, UKPHR will restore the registrant's name to the register as soon as reasonably practicable and notify the registrant in writing.

Interim Orders

37. The UKPHR has the power to consider whether it is necessary for the protection of the public or in the public interest, to impose an interim order to be applied whilst a registrant is waiting to be called to a Fitness to Practice Panel.

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38. Interim orders can only be imposed if there is determined to be an immediate, genuine and continuing risk to the public, colleagues, the profession, or UKPHR, if an interim order is not made.
39. The purpose of an interim order is a temporary measure to protect the public interest, including the protection of the public, whilst there are ongoing concerns about a registrant's fitness to practice which have not yet been resolved.
40. This will recommend restrictions upon the registrant's practice and will usually be applied until the Fitness to Practice Panel comes to a final decision in relation to an allegation, or it is revoked.
41. Further information on UKPHR's Interim Orders policy can be found [here](#).

After a sanction is imposed

42. Following a Fitness to Practise panel hearing, if a panel agrees that a registrant's fitness to practise is impaired, the Registrar must ensure that notice of the Fitness to Practise Panel's decision is sent to the registrant and any other relevant people, including the complainant (if any) as soon as reasonably possible.
43. Any sanction decided by the Fitness to Practise Panel will take effect 20 days after the date of the decision, unless the Panel specifies a different start date.
44. The Registrar must ensure that a record of the hearing is made and reported to UKPHR. UKPHR may publish this record but will not include any parts of the hearing that were held in private.
45. The Registrar must ensure that the outcome of the hearing is recorded in the public register.
46. The Registrar must also decide whether, and what, information from the hearing should be shared with other regulators, in line with UKPHR's public protection policies.
47. The Fitness to Practise Panel must ensure that the registrant concerned fully understands any sanction imposed including the reasons for the sanction and implications.

Audit, Risk, & Remuneration Committee

26 March 2026

Present:	Duncan Vernon (DV) - Chair Rachel Flowers (RF) Helen Featherstone (HF) Jessica Lichtenstein (JL) Pav Johal (PJ) Chris Emmerson (CE) – Observer	Apologies:	Jenny Douglas Linda Smith James Sandy Joanna Dowd David Evans
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Item 1 – Welcome, apologies, and declarations of interest

1. The Chair welcomed the Committee. There were no apologies. Chris Emmerson attended as an observer ahead of the formal commencement of his Board term; it was noted that the meeting was quorate, with apologies from Jenny Douglas, Linda Smith, James Sandy, David Evans, and Joanna Dowd. No new conflicts of interest were declared. It was noted that Chris Emmerson had previously shared his declaration of interests with the Chief Executive.
2. It was noted that a decision on which committee Chris Emmerson would formally join had not yet been finalised, and that this would be discussed at the forthcoming strategy day. It was also noted that Jenny Douglas would be leaving the Board, and Linda Smith would be taking on the UKPHR Chair role, so would not be continuing on the Committee.

Item 2 – Minutes from the last meeting

3. The minutes of the meeting held on 22 January 2026 were presented and agreed as an accurate record without amendment. Members were reminded that minutes are published on the UKPHR website.

Item 3 – Action points and matters arising

4. Progress against all actions from the previous meeting was reviewed. The majority of actions were confirmed as on track or complete.
5. An update was provided on the action relating to the regulation of NHS managers by the Department of Health and Social Care (DHSC). The PSA has now added the risk to its accredited registers risk register and is taking it forward. It was agreed that, as UKPHR has no specific further actions to take at this point, the action can be considered complete from UKPHR's perspective, with the issue to be reflected in the risk register rather than maintained as a standalone action.

Action: JL to add regulation of NHS managers to risk register

Item 4 – Role regrading proposal

6. The Committee received a paper proposing the regrading of a staff member's role from Band 7 to Band 8, reflecting a significant and sustained expansion in responsibilities since the role was established.

7. The Committee noted the proposal with strong support in principle. Discussion centred on the importance of framing the business case around organisational need as well as individual development, and on ensuring that this decision does not create precedent or expectation of regrading for other staff where the business case does not apply. The Committee was assured that the circumstances of this case are specific and distinct from others in the team.
8. A question was raised about the timing of salary band reviews more generally. It was recalled that, when the banding framework was implemented, a review cycle had been agreed. The Chief Executive agreed to confirm the scheduled review period.
9. The Committee agreed to recommend the regrading to the Board for final approval, subject to the business case being reframed to make clear the organisational rationale. The staff member concerned is currently on maternity leave, and it was noted that this process should proceed without delay on those grounds, consistent with equalities obligations.

Action: JL to revise the regrading paper so that the business case is clearly framed around the organisational need, prior to submission to the Board for final approval.

Action: JL to confirm the agreed review period for the salary banding framework.

Item 5 – Staff salary increase 2025/26

10. This item was taken after the budget discussion (Item 7) to allow the Committee to consider pay recommendations in the context of the wider financial position.
11. The Committee discussed the benchmarking context for the annual pay review. Reference was made to: CPI inflation of 3% (to January 2026); the agreed 3.3% NHS pay uplift; CIPD projections of a median pay increase of 2.5–3% across all sectors; and anticipated local authority settlements likely to be in the region of 2.5%. The retail price index was also noted as a relevant comparator for the Board paper.
12. The Chief Executive confirmed that, prior to seeing the final budget position, a recommendation of 3% had been prepared, although she was keen to explore 2–2.5% in light of the budget pressures that had emerged. Discussion highlighted the importance of balancing financial prudence with staff retention, given the small team and the significant organisational knowledge held by long-serving staff.
13. The Committee agreed to recommend a 3% pay rise for all staff, including the Chief Executive, subject to the Board's approval of the wider budget. The Chief Executive's offer to be considered separately from the rest of the staff in any discussion was noted and commended. The Committee was satisfied that this recommendation is both financially viable within the proposed budget adjustments and consistent with the organisation's responsibilities to its workforce.

Action: JL to include a 3% pay increase for all staff in the budget paper presented to the Board, with contextual benchmarking information including RPI and percentage comparators.

Item 6 – Staff health cash plan

14. The Committee considered a proposal to introduce a health cash plan for staff, estimated at approximately £600 per person per year. This would provide reimbursement for dental, physiotherapy, and similar health expenses, as well as access to an employee assistance programme including a 24-hour mental health helpline.
15. The Committee discussed whether such a benefit could present reputational risk for a public health regulator and satisfied itself that a health cash plan – distinct from private health

insurance – does not present the same conflict of interest concerns. These types of plans are commonly used in smaller and charity organisations, as well as higher education. The Committee noted the value of the employee assistance programme element in particular, which the organisation has not previously had in place.

16. It was agreed to support the inclusion of a health cash plan in principle, subject to the Chief Executive investigating the available options and ensuring that pricing is stable and does not increase significantly in subsequent years. The Committee also suggested that the benefit's value and take-up be reviewed annually.

Action: JL to investigate available health cash plan options, assess pricing stability, and bring a recommendation to the Board as part of the budget paper.

Item 7 – Draft budget 2026/27

17. The Committee received and discussed a draft budget for 2026/27, noting that it had been prepared largely on a cash basis, reflecting what goes in and comes out every month. Figures for cash reserves reflect cash flow projections rather than accrual-based reserves. The Committee was reminded that the two measures may differ, particularly as the end-of-year reconciliation is still in progress with the organisation's accountant.
18. Overall income is projected to increase by approximately £30,000 year-on-year. Expenditure also continues to rise, though the expense budget is not significantly higher than last year due to a number of savings and changes in planned activity. However, the office move and associated dilapidations costs have had a material impact on the cash position, contributing to a lower-than-usual reserve level.
19. Concern was expressed at the low cash reserves projected for later in the financial year, with a view that additional savings of approximately £10,000 may be needed. The Committee supported a number of cost-saving measures and asked that these be reflected in the board paper.

PSA accreditation

20. PSA accreditation was confirmed as an annual statutory requirement. The Committee was satisfied that this cost must be maintained and noted the strategic value of PSA accreditation – including recent developments giving the PSA increased powers and a unified set of standards across statutory and accredited registers. The Chief Executive agreed to set out the case for PSA membership clearly in the board paper, particularly for newer Board members.

Annual conference

21. The Committee discussed options for the 2025/26 annual conference. The option of deferring the conference by approximately five months to bring it into the next financial year was considered the most straightforward way to reduce cost pressure this year. A second option was also noted: a potential joint event under the "Belonging in Public Health" initiative, led by ADPH and the Faculty of Public Health. UKPHR and RSPH have also been asked to be partners, and there is some external funding available. The Chief Executive was asked to pursue both options and report back.
22. The Committee agreed to recommend to the Board that the conference be deferred, recognising that the current period of system change across all four nations provides a legitimate and coherent rationale for doing so.

Professional development and staff training

23. It was noted that the current subscription to a virtual training platform Quarterdeck no longer represents value for money, and that the team's development needs have evolved. The Committee supported cancelling this subscription (a saving of £1,440 per year) while retaining budget for more targeted, bespoke training and for the Chief Executive's coaching, which the Committee viewed as important to maintain, albeit potentially at a reduced frequency.
24. A suggestion was made that the organisation develop an updated staff development plan in due course, reflecting the team's current interests including communications and technical/AI skills.

In-person meetings

25. The Committee discussed the cost of in-person board and strategy meetings. It was agreed to explore whether catering costs for the strategy day could be reduced, for example by using the canteen facility at the new office. Catering for the September board meeting could similarly be simplified. Any decision about converting a full in-person board meeting to a virtual meeting should be made by the full Board.
26. The Committee noted that, if all identified savings are implemented, the budget position improves by approximately £11,000–15,000, depending on final decisions, and asked that this be modelled clearly for the Board.
27. A recommendation was made that the budget paper should present options clearly, labelled as 'Option A/B', with a recommended option indicated. The paper should also show the percentage growth in income versus expenditure at a high level.

Action: JL to revise the budget paper for the Board to: (i) include a clear recommended option alongside alternatives; (ii) show percentage growth in income and expenditure; (iii) model the impact of identified savings including the conference deferral, training subscription cancellation, and catering adjustments; and (iv) include a short case for PSA membership.

Action: JL to consult the conference steering group and explore both the deferral option and the potential "Belonging in Public Health" joint event, and to report back to the Board.

Action: HF to offer support to JL and PJ in reviewing the budget ahead of the Board meeting.

Action: JL to develop an updated staff development plan for consideration at a future meeting.

Item 8 – Reserves policy

28. The Committee received an updated reserves policy. The Chief Executive noted that this is not substantially different from the previous version; the main changes are updated and more precisely researched figures for key financial risks, including the cost of organisation closure, staff compensation, and fitness to practise proceedings. These are less than originally presumed.
29. Figures for cyber attack and fraud risks are not quantifiable but the organisation holds relevant insurance to manage these risks. Judicial review insurance is also in place. The Chief Executive noted that existing insurance policies may additionally cover legal advice through a hotline facility, which would reduce routine legal costs; this will be investigated.
30. The policy sets out two financial thresholds: a minimum operational reserve (approximately £35,000, representing core running costs and a proportion of fitness to practise risks) and a target reserve of £65,000. Clarification was given that the minimum represents an absolute floor and the target a longer-term aspiration. The Committee requested that the policy articulate the distinction between these two levels more clearly.

31. The Committee supported recommending the reserves policy to the Board for approval. It was noted that the current budget projections mean reserves will temporarily fall below the target level, and that the policy should be presented alongside the budget so the Board can see how the measures agreed today respond to this. The Committee noted that the fitness to practise mitigation measures and the new employer responsibilities framework should be reflected in the risk register as mitigating actions.

Action: JL to revise the reserves policy to clarify the distinction between the minimum operational reserve and the target reserve, and to check insurance cover for routine legal advice.

Action: JL to present the reserves policy to the Board alongside the budget, demonstrating how current financial decisions are consistent with the policy.

Action: JL to include the new fitness to practise and employer responsibilities framework as a mitigation in the risk register.

Item 9 – Risk register

32. The Committee noted that the risk register had been reviewed, with only minor changes since the last meeting. A deep-dive review of the risk register is planned for the next Committee meeting in May.
33. Two additional risk areas were identified during the meeting for consideration in the next register update: the financial risk relating to fitness to practise proceedings (discussed under the reserves policy), and the implications of local government reorganisation for the public health workforce in England. The Committee noted that recent announcements suggest the Government may proceed with reorganisation at a smaller population threshold than previously indicated, potentially creating a significant number of Director of Public Health vacancies in an already stretched labour market. The Committee noted that, while this is primarily an English issue, the four-country dimension should be acknowledged given the organisation's UK-wide remit.

Action: JL to consider adding fitness to practise financial risk and local government reorganisation (and its workforce implications) to the risk register, ahead of the next deep-dive review.

Item 10 – Close / date of next meeting

34. The Chair thanked all members for their contributions to a full and substantive agenda. It was confirmed that the next scheduled meeting of the Audit, Risk and Remuneration Committee will take place following the next Board meeting, with a risk register deep-dive on the agenda. The full Board strategy day will take place in April.

Item 13 - Re-banding of Registration Services Manager role

Summary

1. The Registration Services Manager (Zaira Ejaz, working full time) role has changed significantly during the past few years, particularly since the introduction of Registration Online (ROL). ROL has significantly streamlined her role; what was very much a role with a mixture of administrative tasks with some higher-level partner engagement and policy development has shifted towards the latter areas.
2. Zaira has adapted to this new work enthusiastically and effectively, delivering projects such as the revalidation review and has nearly completed our Fitness to Practise review. In the future, she will continue to undertake higher level registration policy and project work, as well as line manage one member of staff. In addition, she has deputised for our Head of Business Development and Improvement during a 3-month gap while Pav was on maternity leave to great success. She has demonstrated that she is capable and does actively work at a higher level than her historically Band 7 role.
3. Annex 1 includes Zaira's revised job description and person specification, and Annex 2 includes relevant information from UKPHR's role banding framework.
4. Zaira's line manager Pav Johal and the Chief Executive fully support this re-banding.

The Case for Regrading

5. The case for regrading rests on three developments since the banding was set in 2023: a significant expansion in programme responsibility; the addition of formal line management; and the assumption of leadership of high-risk, Board-facing projects. Each is set out below.

Programme ownership, not operational support

The Band 7 profile describes advanced clerical and professional activities that provide operational support within defined parameters. The Band 8 profile requires ownership of and accountability for work programmes and defined projects.

The Registration Services Manager now holds end-to-end responsibility for UKPHR's revalidation, re-registration and CPD processes — including process design, policy and guidance, day-to-day decision-making, and escalation of complex cases. This goes well beyond operational support:

- A full review of the revalidation process was completed in April 2024, including redesigned policy and guidance, and a system update developed with IT provider Fortesium. The revised process was piloted with 67 registrants before implementation, and a subsequent evaluation in April 2025 confirmed reduced incomplete submissions and registrant queries.

- A corresponding review of the re-registration process for practitioner registrants was completed in April 2025, again including policy redesign, system updates, piloting with 28 registrants, and a registrant-facing webinar. Outcomes were similarly positive.
- The post-holder has led on development of an API link between the SARD appraisal system (facilitated by UKHSA) and UKPHR's register, eliminating manual data entry and reducing the risk of error. This has been sufficiently successful that a parallel link is now being developed with Public Health Wales.

These are programme management responsibilities that involve design, delivery, evaluation and continuous improvement of UKPHR's core regulatory functions, and carry direct implications for registrant experience, regulatory credibility and reputational risk.

Policy development, governance and external representation

The Band 7 profile describes applying policies and providing operational support. Band 8 requires leading on the development and communication of policies and governance arrangements and influencing internal and external stakeholders.

The Registration Services Manager has led the development of the following policies and regulatory guidance documents:

- Revalidation policy and guidance
- Re-registration policy and guidance
- Fitness to Practise Triage guidance
- Fitness to Practise Investigations guidance
- Fitness to Practise Hearings guidance
- Fitness to Practise Sanctions Policy
- Registrant-facing guide: How to raise a concern
- Public and employer-facing guide: How to raise a concern
- Fitness to Practise Interim Orders guidance

The Fitness to Practise review represents a substantial, safety-critical and reputationally sensitive programme of work. It was formally recognised by the Education and Standards Committee as a high-quality piece of work. The post-holder has also provided practical input into live fitness to practise cases, drawing on the frameworks developed through this review.

In addition, the post-holder holds sole responsibility for secretariat and governance support to the Education and Standards Committee, and represents UKPHR in regular engagement with external bodies including UKHSA, NHS England, Public Health Wales and Public Health Scotland, as well as collaboration with other regulators including the HCPC and GMC.

Line management and leadership

Band 7 does not include a line management expectation. Band 8 explicitly provides for supervision and people management within a team context.

The Registration Services Manager now has formal line management responsibility for the Registration Support Officer, including monthly supervision, performance appraisal and objective-setting aligned to UKPHR's strategic priorities.

The post-holder has also deputised in a senior capacity during periods of organisational pressure, including a period when two staff members were simultaneously absent, taking on additional responsibilities to ensure continuity of operations and team stability.

Financial Implications

6. Financial implications are not significant, as she is already very close to the top of the Band 7 salary band (she's currently on £35,449), which is above the bottom tier of the Band 8 salary band (£35K). Therefore, it is suggested that she receive a small salary uplift of £750; if the Board agrees a 3% uplift for example, she will then be on £37,262.

Risk of Not Regrading

7. UKPHR is a small organisation in which key regulatory functions are held by a very limited number of staff. The Registration Services Manager role carries a concentration of programme knowledge, external relationships and governance responsibilities that would require resource to replace. Failure to regrade carries a retention risk that, in the context of the organisation's size and the specialist nature of the work, represents a meaningful operational and reputational risk. Zaira has been in her role since 2015 with limited significant changes until recently. We'd expect her to look for new opportunities if the re-grading is not granted.

Recommendation: The Board approve re-grading of the Registration Services Manager from Band 7 to Band 8, with the uplift as described above backdated to 1 April 2026.

Annex 2



JOB DESCRIPTION (updated February 2026)

Post title: Registration Services Manager

Responsible to: Head of Business Development and Improvement

Work Pattern: Full-time, 35 hours per week with flexitime

Location: Mostly home-based, with at least twice-monthly attendance at Birmingham office

Salary: TBD

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.

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*

We are a small and friendly organisation, with six staff members and a supportive Board of Directors. Because of our size, everyone has the opportunity to contribute to all aspects of the business. We encourage personal and skills development across the team.

Job role:

To lead the development, implementation, and ongoing operation of UKPHR's core registration processes, including revalidation, re-registration, and continuing professional development (CPD). The post-holder will ensure these processes are delivered efficiently, consistently, and in line with UKPHR's regulatory responsibilities.

The role also supports the Head of Business Development and Improvement in managing wider registration services and contributes to policy development, quality assurance, and cross-organisational collaboration.

Key responsibilities:

Revalidation, Re-registration and CPD

- Oversee, manage, monitor, and continually improve UKPHR processes for revalidation and re-registration.
- Operate systems for managing professional appraisal and CPD, ensuring compliance with revalidation requirements.
- Act as primary contact for registrants undertaking professional appraisal; maintain accurate records of appraisers, appraisals, and revalidation timelines.
- Manage UKPHR's contribution to external agencies' appraisal systems and ensure appropriate quality assurance.
- Identify, secure, and maintain validated multi-source feedback tools.
- Provide high-quality advice and support to registrants on all aspects of revalidation and re-registration.

Committee and Governance Support

- Provide secretariat support for the Education and Standards Committee and any registration-related working groups, including agendas, papers, meetings, and action tracking.
- Support UKPHR's Board, Registrar, and Chief Executive in fulfilling regulatory responsibilities and delivering the business plan.

Partnerships and External Engagement

- Liaise with external stakeholders, statutory regulators and accredited registers regarding revalidation processes and wider collaborative activity across the public health workforce.
- Engage in policy development, including drafting and updating guidance and regulatory policies (e.g. Fitness to Practise).

Operational Management

- Develop and maintain effective administrative and office processes for all registration functions.
- Oversee accurate and confidential filing systems and ensure adherence to data protection and other legal requirements.
- Support corporate compliance (e.g., health and safety, data protection, audit, reporting).
- Report regularly on registration activities to the Board, managers, and external partners.

Other Duties

- Deputise for the Head of Business Development and Improvement as required.
- Provide line management to the Registration Support Officer, including supervision, coaching, mentoring and conducting performance appraisals.
- Collaborate effectively with partner agencies involved in appraisal and revalidation.
- Contribute to ongoing quality assurance of UKPHR's registration services.

Person Specification

Essential criteria:

Knowledge and Experience

- Experience in managing regulatory, registration, or compliance processes.
- Basic understanding of professional revalidation, CPD systems, or appraisal processes (in health or other sectors).
- Experience of policy development, governance, or committee support.
- Experience of quality assurance, evaluation, or audit.
- Experience working with external partners or regulatory bodies.

Skills and Abilities

- Excellent organisational and project management skills.
- Strong written and verbal communication skills, with the ability to produce clear reports, guidance, and minutes.
- Ability to interpret, apply, and explain regulatory standards and policies.
- High attention to detail and accuracy in record-keeping.
- Ability to manage sensitive information confidentially and in line with data protection standards.
- Ability to work independently, use initiative, and meet deadlines.
- Familiarity with CRMs, database management
- Basic understanding of data and management reporting

Personal Attributes

- Commitment to UKPHR's values, including fairness, transparency, and public protection.
- Professionalism, integrity, and commitment to high-quality service delivery.
- Ability to work collaboratively within a small team.

Desirable Criteria:

- Knowledge of public health workforce structures or professional regulation.
- Experience working with accreditation or professional standards bodies.
- Experience managing or supporting professional appraisal systems.
- Familiarity with multi-source feedback tools or assessment methodologies.
- Enthusiasm for developing new IT skills i.e. web development, PowerBI

Annex 3

UKPHR- Job role banding

BAND	Responsibilities & results	Knowledge and experience
Band 13 £86,00-107,000	- Responsible for providing leadership and have responsibility for the culture of the organisation. - Lead and take overall responsibility for the delivery of the strategy, work plan, and budgets. - Provides high level professional / technical input based on a thorough understanding of the concepts and a sound appreciation of wider business principles. - Responsible for the integration of a broad mix of business activities, for example operations and functional support.	- Applies specialist knowledge of discipline across various parts of the organisation with an understanding of the impact. Has a deep understanding of area of the specialism and is a source of advice to the company. - Leads the development of department/company policy, standards, and procedures. - Demonstrates effective people management and leadership skills to manage a number of diverse activities through other levels of management. - Establishes company management systems and sets the parameters for all business activities. - Understands and applies detailed knowledge of legislation relevant to the business. - Demonstrates deep understanding of the process features and good understanding of the technical features of the business activities
Band 10/11 £45,000-59,000	- Responsible for providing professional / technical input across a business. - Performs a narrow range of complex technical or professional work activities in a wide variety of contexts. - Responsible for the management of work, where	- Good understanding of the concepts and principles either gained academically or through long experience of the work undertaken. - Has acquired an appreciation of the wider business activities related to area of specialism.

	the work may be a mix of routine and non-routine activities and some integration of related activities is required. • Develops short to medium term work programmes for the area of responsibility.	• Demonstrates knowledge of the theoretical basis and principles that underlie the discipline. • Requires detailed knowledge of the relevant software and reporting tools applicable to the role. • Provides a source of technical information and advice on their relevant work area. • Awareness of relevant legislative, regulatory requirements and emergent issues and knows how to apply that knowledge. For Managers: • Has a detailed knowledge of management systems relevant to the role and applies a good knowledge of the sector to deliver business results. • Demonstrates technical proficiency in work managed and is recognised as the leader in that activity
Band 8/9 £35,000-47,000	• Performs a range of technical or professional work activities in well-defined contexts. • Responsible for delivering well specified projects, or work programmes within larger projects, and/or for conducting defined research or analysis work. For Managers: • Responsible for the supervision of work, sometimes through team leaders, where the work is repetitive, has well defined procedures and clear operational focus, with due regard to the impact on related activities. • Manages delivery of short to medium term work programmes supported by the team	• Demonstrates developing knowledge of the theoretical basis and principles that underlie the discipline. For Managers: • In depth knowledge of work performed by the team. • Has a good knowledge of relevant company management systems. • Demonstrates effective people and resource management skills. • General knowledge of legislation relevant to managing the team.
Band 6/7 £27,000-37,000	• Responsible for workflow and for providing advanced	• Applies company policies & procedures and has

	clerical or technical services that impact people in immediately related work areas. • Performs a defined range of advanced clerical or straightforward technical/professional activities in a narrow range of contexts.	appreciation of external rules that impact the role, e.g. legislation, codes of practice or regulatory requirements. • Knowledge of principles and practices of the work area / discipline necessary to provide operational support to managers and professionals equivalent to Band 4/5. • May contribute to the delivery of well specified projects and conduct defined research or analysis work, equivalent to Band 8.
Band 4/5 £21,000-28,000	• Responsible for the completion of a mix of routine and non-routine stand-alone tasks or process activities requiring an understanding of customer needs and identifying possible solutions from a prescribed range of options.	• Demonstrates established familiarity with a range of activities and processes often through on-the-job and structured training and experience. • Is competent to undertake multiple routine tasks within the field. • Is required to absorb and apply new role related information as required.