

UKPHR Board & Annual General Meeting

5 March 2026 – VIRTUAL

11-13.00

ITEM	ISSUE	PRESENTER
	BOARD MEETING	
1	Welcome, apologies and new declarations of interest	Chair
2	Minutes of public meeting 26 November	Chair
3	Actions and matters arising	Chair & CEO
4	Governance forward planner - 2026	Chair & CEO
	<i>For decision</i>	
5	5a. SRbPA: History & development of the route 5b. SRbPA: Risks & mitigations	Chair & CEO
6	Setting fees for 2026/27	Chair & CEO
7	2026/27 Priorities	Chair & CEO
8	Policy: Single Tender action	Chair & CEO
	<i>To note</i>	
9	2026/27 Financial forecast & draft budget	CEO
10	Office move update	PJ
11	Q3 2025-26 accounts	CEO
12	Registration reports 12a: RAC minutes 24 November 25 12b: RAC minutes 13 January 26	Registrar
13	Audit, Risk and Remuneration Committee report – including Risk Register 10a: ARRC minutes 22 January 2026 10b: Risk Register	ARRC Chair & CEO
14	Education and Standards Committee report E&S Minutes 25 February	E&S Chair
	<i>Private meeting</i>	
15	Minutes from Private meeting, 26 November 2025	Chair
16	Chief Executive's report & diary	CEO
14	Any other business	Chair

15	Date and time of next meeting	25 February 2026

UKPHR Governance forward planner 2025



UKPHR Board meeting 26 November 2025

Item 4

MONTH	Board	Audit, risk, & remuneration committee	Education & standards committee
February	25/26 Q3 accounts Registration fees		FtP process discussion MA mapping to standards work Practitioner standards review
March		26/27 budget Staff pay	
April	FtP process approval 26/27 budget Staff pay Practitioner Standards review Approach to conference		
May		Deep dive risk review	

UKPHR Governance forward planner 2025

June	Conference updates		
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Item 5a – Specialist Registration by Portfolio Assessment (SRbPA) strategic considerations

1. Purpose

This paper:

- Summarises the development and evolution of the UKPHR Specialist Registration by Portfolio Assessment (SRbPA) route.
- Sets out the wider system landscape, including the GMC portfolio pathway and the role of the Faculty of Public Health (FPH) and system interdependencies
- Clarifies current e-portfolio arrangements across the system.
- Identifies emerging questions for the Board to consider as part of future strategic discussions

This paper is intended to inform the SRbPA risks and mitigations paper at item 5b.

2. Historical Context

- In the early 2000s, the public health profession became multidisciplinary, and the specialist training scheme opened to applicants from backgrounds other than medicine.
- UKPHR was established to enable registration for non-medical public health specialists.
- A retrospective portfolio assessment route was developed to recognise experienced consultants who had not accessed formal training. The principle underpinning all routes was **equivalence to the specialist training curriculum and consultant-level practice**.
- In 2006 the Defined route onto the specialist register was created to recognise senior practitioners who were working at consultant level in defined competency domains.
- In 2018 the Defined route closed and the SRbPA route opened, as the training scheme matured and the curriculum became more clearly defined; there was increasing expectation that retrospective routes should demonstrate direct equivalence to training outcomes.

3. Current Specialist Registration Landscape

There are now two retrospective portfolio routes referencing the same curriculum:

1. **GMC Portfolio Pathway (formerly CESR)** – open to doctors only.
2. **UKPHR SRbPA** – open to applicants from any background (including doctors- although we've not had any applications)

4. The GMC Portfolio Pathway

Key features:

- Owned and managed by the GMC.
- Contracts Medical Royal Colleges (including FPH) to undertake assessments.
- Applicants only engage directly with the GMC.
- Operates via a closed GMC e-portfolio system embedded within its contact management system, developed for information security.
- Route structure is written into statute for medical specialist registration, limiting flexibility.

Additional points of note:

- Average volume: approximately one application per year in public health.
- Approximately 10 assessors managed by the FPH

- Difficulty maintaining assessor engagement due to low volume.
- FPH receives an assessment fee from GMC but this does not fully cover expenditure.
- Assessors can be multi-disciplinary, but most are medical.

5. Portfolio Landscape Across the System

a. GMC e-Portfolio

- Closed, in-house system.
- Developed for information security.
- Not open to external users.
- System changes typically take years.
- Not realistically available as a shared system.

b. FPH Training e-Portfolio

- Used solely for trainees.
- Developed with funding from NHS Education Scotland.
- Supports ARCP and curriculum sign-off.
- Not designed for retrospective portfolio assessment.

c. Practitioner e-Portfolio

- Run by City & Guilds
- Funded by HEE/NHS England
- Not accessible to Scottish schemes.
- Widely regarded as suboptimal.
- Procurement likely to go to tender in 2027
- Opportunity potentially exists to align and streamline

6. Emerging Strategic Issues

The ongoing discussion regarding the SRbPA has led to several strategic questions about future positioning and development.

a. Two Portfolio Routes

We now have:

- Two retrospective routes referencing the same curriculum.
- Separate processes, systems and assessor pools.
- Two funding models.
- Separate oversight arrangements.

This raises potential questions of efficiency, sustainability and system coherence and the need to bring the processes closer together where possible.

b. Role of FPH

FPH:

- Is the single professional body.
- Sets curriculum and professional standards.
- Supports multi-disciplinary training.
- FPH supports assessment for the GMC portfolio pathway (via GMC allocated funds) but does not similarly support the UKPHR route.
- FPH spends more on the GMC portfolio pathway than it is paid by the GMC, and is unlikely to take on more responsibility in this area as additional funding would be required.

Already we are:

- Aligning more closely to the GMC route
- Working more closely with FPH on the portfolio route; in discussion to see whether a shared assessor pool is a possibility

c. Role of the national bodies (four-country and UK wide)

- Determines national workforce needs
- Determines number of national training numbers (NTNs) allocated each year
- Funds specialty training

England's national census has indicated that the number of NTNs will not produce enough consultants to fulfil workforce requirements. Other nations are also working on census but it's likely that they will come to the same conclusion. Therefore, there is increasing focus on UKPHR's SRbPA route as a mechanism for more consultants. As UKPHR (and GMC's) portfolio routes are retrospective, they are not designed for an alternative training pathway. However, PH systems are increasingly investing in identifying individuals who have potential or are close to fulfilling all the PH competencies, then supporting them to fill gaps and apply to UKPHR.

It's important to note that this is *not* being promoted by the DHSC (or the wider PH system) as an alternative to training, although it does offer opportunities for support for those who are already working at an advanced level.

7. SRbPA data and audits

Updated data (as of late February 26) on SRbPA outcomes is below:

Pre-application	
Waiting to be assigned	8
Currently being assessed	4
Approved for full portfolio submission	49
Declined (not yet working at the level of a newly-appointed consultant)	44
Full portfolio submission	
Waiting to be assigned	10
Currently being assessed, or waiting for clarifications/re-submissions	8
Registered- successful	11
Un-assessable (challenging navigation/evidence not easily found)	4
Declined (evidence doesn't demonstrate that competencies are being met)	1

UKPHR Moderators, the Registration Panel, and the Registration Approvals Committee (RAC) deal with individual applications and quality assurance of the overarching process to ensure that the SRbPA is consistent and robust. Moderators produce annual audits and undertake work such as sampling of assessments, feedback to assessors, and identification of practice or guidance issues that require clarification or revision. Audits will be included in annual reports presented to the Board and subsequently published.

A recent focussed audit considered which areas applicants tend to have more significant gaps or are unable to provide evidence that they meet the required competencies. For example, Health Protection is one key area that has been identified as more challenging to gain experience and knowledge. These reports are shared and discussed by the RAC and will be developed to inform SRbPA guidance.

Another recent area of work undertaken by the moderators is examining in more detail why individuals pass the pre-application process but are unable to provide appropriate evidence for each of the competencies and ultimately have their full portfolio rejected. The Moderators are compiling this data and are working on strengthening guidance and training for assessors in terms of ensuring pre-applications have a realistic prospect of passing a full retrospective portfolio assessment.

Additional possible audits are deeper dive into clarifications and resubmissions, other competencies (besides health protection) which applicants fail on, audit of current job roles against pre-application outcomes, etc. The RAC normally suggests areas for audit.

Note that audit work is currently manual, and expensive (moderators are paid for their time). An e-portfolio could significantly streamline audit work and give us better intelligence and data on applications through in-built reporting.

9. Key Strategic Questions for the Board- discussion

The following questions will aid discussion around determining our future focus regarding the SRbPA, and frame the conversation at Item 5b around risk and mitigations.

- *What is the long-term purpose of SRbPA within the profession? Is it a workforce tool to fill consultant gaps? A regulatory safeguard?*
- *Where does the risk for SRbPA sit? What is wholly under UKPHR's control and what is a shared risk across the system (ie PH employers, statutory bodies, FPH)?*
- *Where does the SRbPA sit in relation to Practitioner Registration portfolio, in the context of aligning and creating a more explicit career pathway?*
- *Is there other quality assurance work that should be explored to provide the Board with additional assurance that the SRbPA route remains:*
 - *Retrospective*
 - *Robust*
 - *Fair and accessible*

Item 5 – SRbPA risks & mitigations

Summary

1. Risk 7 on the risk register has been adjusted to a higher 'likelihood' score and is now a red risk. The risk states: *Number of SRbPA applications increases and becomes unmanageable. This means potential shortages of assessors, which results in long delays to applications; reputational damage might harm registration as a means of public protection; additional pressure on staff and existing assessors/moderators could cause burnout, further risking numbers.*
2. This paper outlines the risk in more detail and explores potential mitigations which can be adopted for the short, medium and long term. Mitigations need to be considered alongside our strategic priorities for the next year, which are outlined at Item 7.

Background of risk

3. The SRbPA process is gaining traction, after first launching in 2018. We now have had over 100 pre-applications, approximately half of which have been approved for full portfolio submission. 10 have so far been registered, and 4 have been turned down.
4. The team have done some forecasting work to understand what may be coming down the line so we can better plan, although it remains difficult to know how many are ready to submit, and when. Based on a survey of the UK wide SRbPA network and thinking about the DHSC support numbers (50 people over at least 3 years), we may receive approximately 18 pre-applications and 11-12 portfolios each year over the coming 3.
5. These applications are a huge amount of work for the applicant, assessors, and the UKPHR team. We have one full time administrator, and the Head of BDI and the CEO also spend approximately 10-20% of their time focussing on this process.
6. We currently have 24 trained volunteer assessors, but only about 17 are active, despite 2 recruitment rounds in the last year and a half. We have worked closely with the moderators to understand why more aren't engaging. Most can't spare the time, but some have been discouraged by a clunky process and poorly organised applications with difficult navigation - 2 have recently quit the pool because of this and others are reluctant to take on another portfolio. While pre-applications can take 1-2 hours to assess, some portfolios can take 30+ hours (the very poorly organised ones; unfortunately, there have been a few of these lately).
7. Because of these challenges we now have a waiting list for assignment of a pre application or portfolio to assessors, which has been highlighted to the Board previously. Fuller stats are outlined in paper 5a, but currently we have 8 pre-applications waiting to be assigned; the oldest was received in November 2025. We have 10 portfolios waiting to be assigned. The oldest was received in July 2025. It's difficult to predict exactly when these will be assigned although we're working very hard to assign them.

8. The waiting list is now becoming more of a reputational risk to UKPHR as the list grows and applicants and employers become more frustrated. We are hearing anecdotally of potential job opportunities being lost. This area has been on our risk register for some time but has now been updated/refined with more detail as it's become available.
9. We are now working very closely with the DHSC on a national support programme for England. They have funding available, which will mostly be used for 121 support programmes over 3 years, with potential to extend for another 2. Once the tender document is available next month we'll know more about what this looks like. Although we have explored the option of DHSC funding to support UKPHR (including payment of assessors, funding of an e-portfolio), direct funding is not an option. Their grant programme (how we've received previous funding) is no longer active, and their procurement rules mean that we cannot access direct funding for the purposes of facilitating assessment. IT procurement rules are even more complex and prohibitive. We have discussed this risk in detail with the DHSC, and they are aware of the potential delays in assessment that could come with an increased number of applications. They are engaged in some mitigations, including financial, which are described below.

Mitigations

10. There ARRC discussed potential mitigations at their January meeting. They focussed on the following:
 - a. Increase number of assessors
 - b. Provide incentives for assessing
 - c. Develop an e-portfolio to improve navigation/organisation of portfolios

They agreed that:

- d. We should aim to increase the number of assessors
- e. We should, as long as the budget for 2026/27 demonstrates affordability, pursue an e-portfolio with our current provider Fortesium

11. Potential mitigations into more detail as short/medium/ long term actions:

Short term (implementation in 26/27)	Medium term (may not start to see improvement until 27/28)	Long term (actions beyond 27/28)
Recruit additional assessors (including through DHSC targeted efforts)	Train and upskill new assessors	Work with Fortesium to tender for Practitioner portfolio, which will cover some broader development costs (lessens financial risk of SRbPA process as spreads the cost)
Pursue discussions with FPH about joint assessor pool	e-portfolio implementation	e-portfolio evaluation
e-portfolio development -work with Fortesium on 3-month development -testing with assessors and applicants	Implement any agreed/affordable incentives	Improved data-driven reporting on SRbPA
Work with DHSC on support programme to ensure	Entry of historic SRbPA data onto e-portfolio	Start accepting applications according to new curriculum

appropriate and better-quality applications		
Do more work with assessors to explore potential incentives	Update SRbPA competencies to align with new streamlined FPH curriculum	
26/27 audit programme to consider different aspects of SRbPA		
Moderators working on better definition/guidance on 'unassessable' in order to stop assessment earlier		

Assessor-related mitigations

12. Assessing, particularly a full portfolio, is challenging and time consuming. Most enthusiastic assessors have been through a portfolio process themselves and want to give back. Training takes time, and new assessors must assess with a more experienced individual at first. To eliminate waiting lists and ensure we can accommodate increased numbers of applications, we would need approximately 30 assessors.
13. This risk has been highlighted to the DHSC as their support programme is developed. They have agreed to promote the assessor role locally by encouraging local public health communities to give back by assessing. There may even be some funding for this, although it would be indirect i.e. they could pay local specialists to support applicants, with the caveat that these specialists must also be trained and active assessors for UKPHR. The programme is very much in development, but there is a lot of enthusiasm and more importantly, money for this initiative. The DHSC is very clear that if their support programme is to succeed, they must help UKPHR shore up the assessor pool.
14. Although these conversations are very encouraging, timescales and numbers are still unclear and do not provide immediate mitigation- particularly because even with assessors added to the pool, it takes some time to get them trained and up to speed. Unfortunately, the time an assessor has available to commit to the assessor role is something we cannot influence.
15. At the moment we are unlikely to be able to provide financial incentives for assessing. We were able to do this in the past because of DHSC grants; unfortunately their grant programme is now essentially defunct; I have enquired and there is no prospect of direct funding for this work.
16. We could increase the SRbPA fees significantly by the amount we would wish to pay assessors (note GMC/FPH pays assessors £200 per portfolio and has a 1-stage process). As there are 2 assessors for each application, this could be by at least £500 (50%), which is likely to be unpalatable across the system and a reputational risk in itself (see Item 6 for details of fees).
17. This has been discussed with assessors before and most do not wish to be paid for this work; they want to 'give back'. We have not fully tested the market but FPH still can only recruit very small numbers to assess, even with payment. Even with payment, the Defined Route still had significant waiting lists because of consultant capacity issues. Many new assessors who were trained to assess as part of the

previous cohort of paid assessments relinquished their role once they completed their paid assessments- most because of capacity rather than lack of payment.

18. There may be other incentives i.e. discounts on registration fees. The Board has discussed this before and decided that it was not appropriate. Only a third of assessors who were registrants stepped forward to agree to complete two assessments to have their 2021/22 fee waived during the work to speed up assessments during COVID, demonstrating that this was not a significant incentive.
19. Due to our experience of recruiting a cohort of paid assessors, incentives for assessing are unlikely to significantly mitigate the risks outlined above. However, it is worth re-exploring as a medium-term mitigation in 2027.

E-portfolio development

20. Development of an e-portfolio has been on our agenda for some time. As has been reported to the Board, an e-portfolio was commissioned in 2018. It was bespoke, and there were significant challenges. Administrators were not consulted, and the developers did not have experience of the sector. As a result, the e-portfolio was unusable and has now been de-commissioned.
21. Until 2021 there was a paper-based system. The team had to deal with thousands of pages of printed materials. Many Board members will have seen the paper archives in the McLaren offices. In 2021 we moved to a hybrid system of submission of electronic files on USB, with some summaries and narratives submitted on paper. Now we use a cloud-based filing system (SharePoint) but still ask for printed summaries to share with assessors as not all of them find SharePoint easy to use.
22. This system is problematic and outdated. We have mentioned previously that the chance of errors made by the applicant, the administrators, and by assessors can be significant as they work across numerous files. The office spends a lot of time checking and ensuring against errors as best as we can. SharePoint is not a good system, as it has character limits on file names and has bugs which impacts file saving and version control. It is also open to the possibility of changing/deleting documents by human error, which is a big reputational risk and exposes us to potential appeals.
23. Navigation has been a significant issue, resulting in assessors quitting in frustration because of a particularly difficult to navigate portfolio and exasperation from applicants who can find it challenging to cross reference where needed. It is also particularly difficult for neurodiverse candidates. We hope that the DHSC support programme may help with organisation of portfolios- but some still fail even with local support. Also, this effort is England-only. We could potentially see an increase in expensive appeals because of challenges around this- although we are working hard to ensure assessors can make an 'unassessable' decision as early as possible.
24. One of the medium-term mitigations as outlined above is the development of an e-portfolio. We have been working with Fortesium to develop an add-on to Registration online; we have been helping them scope out their offer, with the understanding that we would receive a deep discount when we can move ahead with it. At Annex A below is a business plan/proposal.

25. Fortesium is offering us development and implementation for £36K (30K plus VAT), with a negligible increase in our overall licensing fee. Research shows that the development of an e-portfolio can run 75-100K and beyond, and with an additional licensing fee of several thousand per year if provided by another supplier. There will be an increase in our Azure costs because of storage; this is an unknown cost but we could put in place systems to keep it as minimal as possible i.e. creating new rules regarding the deletion of older files that we no longer need to keep. We are still working on obtaining a charity discount from Microsoft, but this has not yet been successful.
26. The price is being offered for development in 2026/27, as Fortesium is prioritising investing in an e-portfolio this year. We expect a multi-phased approach; development can start as soon as this summer with a three-month development period, followed by testing and implementation.
27. We are currently in conversation with Fortesium about payment schedules. We are unlikely to need to pay much up front, with the balance due upon implementation. Fortesium has already agreed that a payment plan will be acceptable, which means we can spread cost into next year.
28. We would normally budget 10K for ROL development, so we would need to find an additional 26K (note that limited additional other ROL development is likely to be required next year). A draft budget and forecast is at Item 9, which shows that with some budget adjustments we can afford it and still be in surplus next year. Note that this **does not** take into account any of the moving costs which are being paid for with reserves from *this* financial year.
29. The work can be scheduled to start in June and ready to launch later in 2026. The Head of Business Development and Improvement and the Specialist Registration Officer are lined up to work on the project. In our initial project with Fortesium we started working with an external project management company to support the work, but we soon realised that we had the resources to manage the project within the team. The work was successfully delivered with just the Head of Business Development and Improvement working primarily on the project and other staff supporting with additional eyes for testing when necessary. In this project we are beginning with 2 staff members, which puts us in a better position compared to last time. With their previous experience of working with Fortesium, both have already produced and discussed with Fortesium, an extensive process chart which was used to explain what the system would look like. This has resulted in a significant head start in the discovery phase.
30. The initial project with Fortesium was delivered within a matter of days of the original launch date. We have very positive previous experience of working with Fortesium, which has enabled us to understand how they work; how to communicate to the developers our needs for them to understand the requirements. In comparison to larger public organisations, we have less hoops to go through to confirm things like text etc which can lead to significant delays. These all put us in advantageous position to ensure that an IT project is delivered on time and within the requirements.
31. During the early discussions in which we presented our processes, Fortesium have reassured us that the project is viable by demonstrating elements of the e-portfolio in other areas of their work, for example, multiple levels of access to the same application, incorporating large text/documents and flexibility to update competencies

etc. We are reassured that a system that is in level with our requirements will be produced.

32. Fortesium utilise agile project management methodology which increases flexibility in the project to adapt to changing requirements; it can result in a faster turnaround time due to the project being broken down into workable increments and it reduces risk in the project as issues can be tackled before they escalate by regular testing at each sprint. This was also used in the previous development work which allowed smaller pieces of work within the project to be signed off as the work progressed, i.e. annual renewal, revalidation etc.
33. Note that item 8 on the agenda is a Single Tender Approvals policy, which outlines the circumstances in which it is appropriate not to go to tender/pursue a number of quotes for a commission. The Fortesium offer aligns with the policy.
34. The ARRC discussed this in detail at their meeting in January. They fully considered the risks and agreed that their recommendation is to go ahead as long as the budget for next year demonstrates affordability. The summary of their discussion is at item 10a. It should be noted that close monitoring will be required, and James & Helen have agreed to support the team on this to ensure appropriate Board oversight.

Recommendation:

- 1. To discuss the risks and mitigations around SRbPA**
- 2. To discuss and approve e-portfolio development as a medium-term mitigation, dependent on:**
 - a. Production of a forecasted balanced/surplus budget for 26/27 (at item 9)**
 - b. Negotiating a formal contract and payment plan with Fortesium**
 - c. Continuing work on other short/medium/long term mitigations.**

ANNEX A- E-portfolio development and business plan

Introduction

The introduction of an e-portfolio for the Specialist Registration by Portfolio Assessment (SRbPA) route will create a central, digital platform where applicants can compile and present their evidence against UKPHR's standards in a consistent, accessible, and auditable format. This modernised system will improve clarity and navigation for applicants and assessors alike, ensuring that the assessment process is efficient, transparent, and equitable.

Purpose and Functionality

The e-portfolio will serve as a dynamic and interactive record, replacing existing paper-based and hybrid systems with a fully integrated digital solution. Core features will include:

- Online submission of the pre-application (Stage 1) and, if approved, the main portfolio (Stage 2), with the ability to revise and resubmit when required.
- Automated progress tracking against competencies, helping applicants monitor completion in real time.
- Secure digital storage for all documentation and evidence, compliant with data protection and retention standards.
- Customisable dashboards and reporting tools for applicants, assessors, moderators, and UKPHR administrators.
- Online management functionality for the pool of assessors, including allocation, availability tracking, and performance reporting.
- Built-in communication channels and automated notifications between applicants, assessors, and UKPHR staff, creating clear audit trails for accountability.
- Integration with UKPHR's existing registration system to create a single, coherent platform for all applicants.

Benefits

Implementing an e-portfolio will improve quality, consistency, and experience for all users involved in the SRbPA process—applicants, assessors, and UKPHR—while promoting efficiency and alignment with theme 4 of our 2024-2029 strategy: invest in our people and systems.

For Applicants

- Provides a standardised structure that reduces ambiguity in how evidence is presented, ensuring focus remains on content rather than format.
- Minimises the risk of unassessable portfolios by guiding applicants through a clear, logical evidence submission process.
- Reduces printing and postage costs, supporting equity of access regardless of location.
- Speeds up assessment and feedback timelines through digital submission and automated notifications.
- Allows applicants to monitor progress and outstanding actions in real time, improving engagement and ownership of the process.
- Creates greater equity between applicants by standardising the submission format, reducing any advantage from having access to formal support when compiling a portfolio.

For Assessors

- Offers accessible, well-organised digital portfolios, eliminating the difficulties of managing large volumes of paper or mixed-format submissions.
- Enables assessors to pick up assessments where they last left off, with full version control and timestamped feedback logs, reducing assessment turnaround times

- Reduces administrative overhead and assessment time through intuitive navigation and structured signposting.
- Facilitates more consistent and transparent decision-making, supporting fairer assessment outcomes.
- Improves assessor morale and retention by reducing frustration related to format inconsistencies and manual handling of portfolios

For UKPHR

- Lowers administrative burden through automation of acknowledgement emails, reminders, portfolio assignment, and communication tracking.
- Reduces reliance on physical office attendance for portfolio handling and operational resilience.
- Eliminates the need for postage and six-year physical archiving, freeing both time and storage space.
- Strengthens data security and regulatory compliance through encrypted digital storage and access controls.
- Enables faster moderation due to instant online access for moderators, reducing turnaround times.
- Provides advanced analytics for monitoring performance metrics, assessor workloads, timelines, and applicant progress to inform continuous improvement.
- Demonstrates UKPHR's commitment to sustainability by supporting a move to a paperless working environment.
- Creates a scalable blueprint for future digital portfolios, including potential adaptation for practitioner registration routes.
- Potentially reduces likelihood and cost of appeals, which are resource intensive.

For the Public Health System

- Faster end-to-end assessment times will increase the flow of qualified public health specialists into the workforce, supporting national and local workforce planning objectives.
- A more robust, standardised assessment process enhances the credibility and quality assurance of the UKPHR registration framework.

Efficiencies and Value for Money

Transitioning to an e-portfolio will reduce printing, mailing, and manual processing costs while freeing staff capacity for strategic and developmental work. Real-time analytics will allow data-driven oversight, improving operational planning and quality monitoring.

Evidence from UKPHR's 2023 evaluation of the online registration system demonstrated clear capacity gains from digitisation. Staff feedback indicated an estimated 126 working days of capacity were released across the office team after system implementation. Modelling these outcomes suggests that the SRbPA e-portfolio could release approximately

57 working days for the team member, incident with the savings evaluated from the team member who manages revalidation and re-registration.

Registrant feedback from the same evaluation was overwhelmingly positive, with:

- 75% reporting that renewal processes on the new portal were “improved” or “much improved.” – compared to the previous process of separate payment process and completing word declaration forms and email-based submissions
- Over 90% noting significant improvements to revalidation and re-registration processes compared to email-based submissions.
- More than 75% finding it “very” or “extremely useful” to manage their registration online, including deferments and exemptions.

These findings illustrate the tangible benefits of digital transformation within UKPHR systems—both in terms of operational efficiency and user satisfaction.

Alignment to UKPHR’s 2024-2029 Strategy

Developing an SRbPA e-portfolio aligns well with several themes of our [2024–2029 strategy](#), particularly around developing and growing the Register; supporting and enabling the multidisciplinary public health workforce to maintain professional standards and invest in our people and systems.

It helps us work closely with employers and support schemes for aspiring specialist registrants and ensure appropriate points of registration are embedded in local and national systems; invest in our people and systems by embracing and maximising use of digital and new technologies, reduce paper-based systems, and improve usability for applicants, assessors, and verifiers. An accessible e-portfolio also helps reduce structural barriers and supports a more diverse specialist workforce. It also helps us achieve our goal of aligning our systems with other healthcare regulators.

Conclusion

Funding the SRbPA e-portfolio will strengthen UKPHR’s infrastructure, streamline key processes, and future-proof the organisation’s approach to assessment and registration. The project aligns with UKPHR’s sustainability and digital transformation goals while demonstrating measurable returns in efficiency, user experience, and data-driven management.

Item 6 – Setting fees for 2026-27

Summary

1. In 2023 the Board agreed a 2-year programme of incremental fee rises: 9% and then 6% for specialists, and 7% and 5% for practitioners and registrars. This was after a period of no rises since 2019. We now must make a final decision on how to approach the 2026/27 fees.
2. As the Board is aware, we have done some financial forecasting through to 2029, when our current strategy ends. We have also made some significant financial decisions regarding our office premises and predict significant savings over the next few years. This will move us as an organisation in the right direction, and to a position where we will have a budget surplus that can increase our reserves. However, 2026/27 will likely remain tight.
3. We're currently working on our operational plan and budget for 2026/27, but it won't be finalised until March/April.
4. The Board has previously acknowledged that regular increases are essential for continuing to balance accounts, as expenses will predictably rise every year.

Annual registration fees

5. The below table models some potential uplifts. The highlighted row is what was used in our longer-term financial modelling. Potential alternatives and their possible impacts on the bottom line are presented as well.

Category	25-26 fee	Proposed 2026/27 fee	Approximate forecasted total income (presume 2% practitioners & 5% specialists in the other category)	Net result for 26/27 presuming 554,861 expenditure
Specialist	409	425 (4%) 430 (5%) 434 (6%)	566,586 570,790 573,800	11,725 15,929 18,939
Practitioner	128	130 (2%) 132 (3%)	570,790 571,090	15,929 16,229

6. Note that the GMC annual fee for specialists is £481 from April 2026 (up from £463), and the GDC is £698 (up from £621). The NMC is running a consultation to increase its fee from £120 to £143, and the HCPC fee is £123 (up from £116). Our proposed increase is not out of line with any of these.
7. We will set the Registrar fee close but not aligned to the practitioner fee (i.e. £1-2 above whatever is agreed); otherwise, we cannot differentiate between payments for different categories of registration within our direct debit payments. This is a quirk of GoCardless, which we use to collect direct debits. This also allows our accountant to

reconcile registration income fees based on amounts without knowledge of registrants.

8. Because of the drain on our reserves due to moving costs, it is suggested that we look at the higher end of possible fee rises to meet our reserves target for 2026-27. The accountant is doing some work on reserves forecasting so we can better understand our position.

SRbPA fees

9. Last year we raised our SRbPA fee from £890 to £1180 (pre-application and portfolio fee) and introduced a portfolio reassessment fee of £175. The GMC now charges £1902, with a review for £857 (from April 2026). Fee increase for this route can be difficult to manage because we need to give significant advance notice so as not to disadvantage those who are preparing applications, and the 2-stage process can take several years. Those who are at different stages of the process can be liable for different fee levels which is both a reputational and a logistical risk.
10. Currently the SRbPA fees that are generated cover the estimated annual specialist moderation costs, except for any significant moderation work linked to poor applications.
11. We have not included an SRbPA fee increase as part of our financial modelling because of these complexities. We would suggest that these fees remain for 2026/27 (income is predicted to be approximately £16K) and we can adjust for future years once those on previous fee structures have completed the process.
12. If the Board wishes to consider increasing the SRbPA fees for 26/27 by 5% for example, the additional income predicted is approximately £800. This would raise the total fee (pre-application and portfolio) from £1180 to £1238, still lower than GMC's £1902 and an increase from £175 to £184 for a portfolio reassessment fee, still lower than GMC's £857.
13. We believe that in balance, the limited amount of additional income generated by a 5% increase is not significant. In order to keep the streamlined process and retain goodwill, we suggest that the fees could remain the same for 26/27 and a fee increase is considered when we can communicate the rationale of an increase, for example, implementation of an e-portfolio and steps taken to reduce waiting times.

Other fees

14. We currently charge one-off restoration administration fees for those who have fallen off but wish to rejoin the register, with predicted income of £2440.
15. Last year we uplifted Practitioner Scheme fees after 6 years of no increase, by 6%. These fees rely on local/NHS business cases and budgets so need to be set some time in advance. Fees are already agreed for 2026/27 so there is limited prospect of a fee raise for the upcoming year. We've signalled to scheme coordinators that we may want to look at raising fees for 2027/28; we are awaiting advice on what is

required in terms of business cases. We are continuously liaising with local and national partners about how funding will work.

Communication about fees

16. Last year we did not consult on fees, as in previous years we'd had a response rate of less than 4%. Consultations like this are predictable as people normally don't support price increases, and we wouldn't expect an outcome significantly different if we did consult.
17. We don't have a statutory obligation to consult on our fees. However, we do want to reassure our registrants that we are spending in a prudent way that benefits the public health profession.
18. It makes sense to repeat what we did last year, which is to issue a communication that demonstrates how we're making progress against our strategy and outlines how we aim to continue to meet our strategic aims for 2026/27, including talking about potential money saving measures like our office move to ensure minimal fee rises. We will give registrants the opportunity to contact us to share thoughts if they wish, although last year we had no feedback.

Recommendation:

To agree to present to the Board:

- 1. Level of uplift for Specialists**
- 2. Level of uplift for Practitioners & Registrars**
- 3. To agree no uplift for SRbPA or Practitioner Schemes for 2026/27**

Item 7 – 2026/27 strategic priorities

Summary

1. This document sets out proposed strategic priorities for 2026/27. These priorities reflect the 2024–2029 Strategy; each priority is mapped to a strategy theme. The general focus is consolidation, infrastructure strengthening and targeted system engagement.
2. As a reminder, the strategy themes are:
 - Theme 1 - Maintain, develop, and grow our Register
 - Theme 2 - Support and enable the multi-disciplinary public health workforce to maintain professional standards
 - Theme 3 - Promote collaboration across the public health and regulatory sectors to enhance public safety
 - Theme 4 - Invest in our people and systems
3. 2026/27 is a pivotal year in which UKPHR must:
 - Strengthen the growth of the Register.
 - Mitigate operational and reputational risk within SRbPA.
 - Modernise regulatory infrastructure (fitness to practise and digital systems).
 - Engage system partners strategically.
 - Maintain financial discipline.

Strategic Priorities 2026/27

Priority 1: Strengthen Practitioner Registration Growth- HIGH

Maps to Theme 1

4. This includes Employer and Statutory Body Engagement, proactive engagement with employers, ICSs, local authorities, Health & Social Care Partnerships, and statutory bodies to promote Practitioner Registration as the professional norm. This is likely to include:
 - Development of employer briefing materials
 - Targeted engagement sessions
 - Clear articulation of public assurance and workforce development benefits.

Work on these has already begun in the context of the People in UK Public Health group and DHSC discussions.

5. Apprenticeship Engagement and Education: Although one provider (Sunderland) is no longer recruiting, an additional provider (Derby) is coming on board later this year. Another apprenticeship in Wales is currently being explored. We aim for all apprentices to register upon graduation. Work will include:
 - a. Continuing engagement with apprenticeship providers.
 - b. Development of a registration module for public health apprentices.

- c. Embedding early understanding of regulatory standards into apprenticeship programmes

Priority 2: Modernise and Mitigate Risk in SRbPA- HIGH

Maps to Themes 1, 2 and 3

- 6. Development of SRbPA route is essential to keep up with increasing applications and to mitigate the risks outlined in Item 5b. Work will include implementation of short-term SRbPA risk mitigations, including:
 - a. Continued discussions with FPH about potential joint assessor pool
 - b. Business case and phased development of a digital portfolio system (as per Item 5)
 - c. Risk mitigation through improved auditability, workflow management and transparency.
 - d. Data analysis and audit programme for SRbPA
 - e. Engagement with DHSC Support programme

Priority 3: Implement New Fitness to Practise Framework- HIGH

Maps to Theme 2

- 7. The Board will be asked to approve an updated and expanded fitness to practise process at their April Board meeting, after full discussion by the Registration Policy group and the Education Committee. Additional work for 26/27 includes:
 - a. Implementation of new process, including monitoring system
 - b. Delivery of effective communication
 - c. Further guidance drafting
 - d. Testing of new framework (mock if no live cases)

Priority 4: Exploration of Expansion of Specialty Registrar Registration – HIGH

Maps to Themes 1, 2, 3

- 8. We've started some thinking with the FPH about how we might better promote, and potentially even require, registration for Specialty Registrar. This is a complex discussion and must progress sensitively in partnership with the FPH, the Dean, and the trainees themselves. Now that we have a Registrar on the Board, we plan to explore this further in the upcoming year. It will involve an assessment of regulatory, operational and financial implications.

Priority 5: Rebalance Conference Delivery Model- MEDIUM

Maps to Themes 1, 3

- 9. The Board has discussed holding an in-person conference every other year. 2026 is an in-person year. However, the Board may wish to consider alternative arrangements. Scotland and likely Wales likely face barriers to in-person attendance, and evaluation of the recent virtual conference was highly positive. We were also able to involve Northern Ireland practitioners (although not registered) in previous virtual conferences.

10. Because of shifting risks and priorities, the proposed approach for 2026/27 is to deliver a high-quality virtual practitioner conference, with a focus on further improving the user experience, especially how we can capitalise on virtual networking. This will significantly broaden accessibility and inclusion. We can always reassess the in-person format for next year.

Priority 6: Digital and Web Development- MEDIUM

Maps to Themes 2 and 4

11. We're aware that our website is not intuitive and needs improvement, particularly a focus on an improved user journey for applicants and registrants, as well as clearer navigation to key documents and guidance. This is something we've not yet been able to focus on but will underpin growth, credibility and operational efficiency.
12. The team has now explored AI tools that will assist us with this and are confident that they will be able to make significant improvements without significant expense.

Financial and Risk Considerations

13. The key link to finance and risk management is the proposal to redirect planned in-person conference funding to SRbPA e-portfolio development. This ensures mitigation of an identified risk (see item 5b), improved auditability and data analysis, as well as greater system confidence and continued inclusive engagement.
14. The other strategic priorities will be integrated into our BAU resources and allocated across the team appropriately. There is a small budget that will be allocated for web development as well as travel allocation for travel to allow additional engagement activities.

Recommendations

To endorse the above activities as priorities for 2026/27, which will enable budget approval for the year (final budget to be approved in April).

Item 8

Governance Policy: Single Tender Action (STA)**1. Purpose**

This paper proposes a clear governance framework for approving Single Tender Action (STA) decisions for higher-value expenditure where a full competitive tender process is not considered necessary or proportionate. Single Tender Action (STA) refers to awarding a contract without undertaking a competitive tender process (i.e., without seeking multiple written quotes).

As a charity with annual income of approximately **£550,000**, we are not legally bound by public sector procurement regulations. However, trustees have a fiduciary duty to:

- Act only in the charity's best interests
- Ensure charitable funds are used prudently and effectively
- Secure value for money
- Manage conflicts of interest
- Protect the charity's reputation

This policy provides proportionate controls that reflect our scale and risk profile, while avoiding unnecessary administrative burden where market testing would not materially improve value.

2. Legal & Governance Context

While competitive tendering is not mandatory for charities according to the Charity Commission, trustees must be able to demonstrate:

- Proportionate decision-making
- Evidence of value for money
- Transparency and proper recording of decisions

4. Financial Thresholds (Aligned to £550k Turnover)

Thresholds for decision making must align with UKPHR's financial rules (updated in 2025).

Total Contract Value*	Procurement Expectation	Approval Authority
Up to £10,000	One written quote acceptable	CEO (delegated authority)
£10-50,000	Minimum of 2 written quotes OR justified STA	Chair approval (reported to next board) if under £20K; otherwise full Board approval
Over £50,000	Competitive process expected unless exceptional STA case	Full Board approval (can be given electronically)

5. When Single Tender Action May Be Appropriate

STA may be justified where one or more of the following apply:

1. **Unique provider** – demonstrable specialist expertise, intellectual property, or compatibility requirement
2. **Continuity of service** – strong performance and re-tendering unlikely to deliver better value
3. **Time-critical need** – delay would create material operational or financial risk
4. **Demonstrable value for money** – supported by benchmarking or prior market testing
5. **Pilot, innovation or grant-specific condition** – where competitive comparison is impractical

Administrative convenience alone is not sufficient justification.

6. Required Documentation for STA

For all STA decisions above £10,000, a short written justification must be prepared and retained.

If above £20,000, a formal paper must be submitted to the Chair (or Board if over £50,000) including:

- Description of goods/services
- Total contract value (including VAT and extensions)
- Contract duration
- Rationale for not tendering
- Evidence of value for money
- Risk assessment (financial, operational, reputational, supplier dependency)
- Confirmation of budget availability
- Conflict of interest declarations

All approvals must be minuted appropriately.

7. Conflict of Interest

In line with trustee duties:

- Any trustee or senior leader with a potential conflict must declare it.
- The conflicted individual must withdraw from discussion and decision.
- The declaration and withdrawal must be recorded in the minutes.

Failure to manage conflicts appropriately may expose trustees to regulatory and reputational risk.

8. Oversight & Reporting

- All STA decisions above £20,000 will be reported to the next Board meeting.
- Thresholds will be reviewed every five years to align with Financial Rules (next review 2030)

10. Recommendation

The Board is asked to:

1. **Approve the proposed STA governance framework and financial thresholds.**
2. **Delegate authority in line with Financial Rules and Section 4 above.**

Item 8a- Single Tender Approval Request – SRbPA E-Portfolio Development

Purpose

1. To seek Board approval for a single tender award to Fortesium for the development and implementation of an e-portfolio system to support the Specialist Registration by Portfolio Assessment (SRbPA) route.

Description of Goods/Services

2. Development of a digital e-portfolio integrated within UKPHR's existing Registration Online (ROL) system.
3. The system will enable:
 - Online submission of pre-applications and portfolios
 - Structured competency mapping and progress tracking
 - Improved assessor allocation and moderation workflow
 - Secure document storage and audit trails
 - Reporting and analytics functionality

This replaces the current manual/SharePoint-based system.

Contract Value and duration

4. The development cost is **£36,000 (£30,000 + VAT), with minimal uplift to existing licensing fee.** Additional Azure storage costs (managed within operational controls)
5. Development period: Approximately 3 months (anticipated start June 2026), with likely implementation later in 2026. Ongoing hosting will be under existing Fortesium contract.

Rationale for Single Tender

6. A single tender is proposed because:
 - The e-portfolio is an add-on to UKPHR's existing ROL system operated by Fortesium; alternative suppliers would require full system redevelopment or complex integration.
 - The quoted cost (£30k + VAT) is significantly below market benchmarks (£75–100k+ typical).
 - UKPHR has a strong track record of successful system delivery with Fortesium.
 - Delay caused by a full procurement exercise would prolong current operational and reputational risks linked to SRbPA backlog.
7. The proposal aligns with UKPHR's Single Tender Approval Policy (system compatibility and demonstrable value for money).

Evidence of Value for Money

8. Fortesium has agreed to work with us in a way that is mutually beneficial. We receive a significant discount, while they use us- a trusted customer- to help them develop

some functionality which will later be standardised across their product. This approach is not available from any other suppliers.

9. Other value for money rationale:

- Development cost substantially below market comparators
- Minimal recurring licence impact
- Anticipated release of staff capacity through automation
- Reduced printing, postage and archiving costs
- Improved assessor experience and potential mitigation of assessor attrition
- Reduced risk of appeals linked to portfolio navigation issues
- Going to tender takes significant time and resource to manage the process, which could increase the risk of delaying mitigations around the SRbPA process- when it's very unlikely that a vendor that is better value for money could be identified.

This investment directly mitigates a red-rated strategic risk relating to SRbPA capacity and backlog.

Risk Assessment

10. **Financial:** Affordable within draft 2026/27 budget; payment plan to be agreed
11. **Operational:** Manageable delivery risk; agile development and experienced internal leads.
12. **Reputational:** Failure to modernise increases backlog and dissatisfaction risk; implementation expected to reduce these pressures.
13. **Supplier Dependency:** Increases reliance on existing provider, but within established contractual relationship.

Budget Confirmation

14. Draft 2026/27 budget indicates affordability while maintaining a balanced/surplus position, subject to final approval.

Conflicts of Interest

15. No conflicts declared. Board members are invited to declare any relevant interests.

Recommendation

The Board is asked to: approve the single tender award to Fortesium for SRbPA e-portfolio development

UKPHR Board

5 March 2026

Item 10 - UKPHR Office move update

Summary

1. This report provides an update on progress with the office relocation. The contract for the new office at the Lewis Building has been signed for a three-year term which started 28 February 2026. Legal advice was obtained on the contract terms at a cost of £400, which advised that the agreement is reasonable, although if we move out of their portfolio group before the end of the term, we are only liable for any fees they are unable to recover by re-leasing the office when we are out. This is useful to be aware of it for any reason we do need to move out before 3 years.
2. Because of the time taken between initial discussions with the Lewis Building and the Board's final decision (via Chair's action, after legal advice was obtained), the originally selected office was no longer available at the point of signing. As a result, the landlord offered a larger internal office (nine desks) at the same price. We will have the option to move to a smaller, external office — as originally planned — once one becomes available, potentially after June 2026, at the same rate. Andrew and Linda were kept informed of this change.
3. Our current lease ends on 5 March 2026, and the new lease at the Lewis Building begins on 28 February 2026. The move is scheduled for 3 March, a prescheduled in-office date. The overlap in lease dates has been managed so that there are no double rent costs. The final rent and service charge invoice of £10.5k for the current office was paid in December 2025. A payment of £4,000 has been made to the Lewis Building to cover the activation fee (which includes setting up individual accounts) and a deposit equivalent to two months' rent, which is protected and returned upon leaving.
4. A welcome meeting and induction have been held at the Lewis Building prior to the move-in date to provide the team with access and orientation.
5. We have formally notified our current landlord that we will not be renewing the lease. A final dilapidations cost of approximately £29,000 has been agreed and signed, reduced from the initial estimate of £36,500. An instalment plan was not available as we did not remain with the Bruntwood group and therefore, we are required to pay the balance within 14 days of signing the statement of deed.
6. In preparation for the move, 53 boxes of archived portfolios have been sent to be scanned and confidentially destroyed. The provider will complete this work in March so that the invoice can be issued in April (in the new financial year), at an estimated cost of £3,500.
7. 116 bags of documents have been confidentially destroyed with our shredding provider.

8. Various service contracts, including the printer and internet agreements have been cancelled. To support cash flow, we will continue monthly internet payments of £242 until the contract ends in July, rather than paying the balance in a single amount. The energy provider has been informed of the lease end, and the Council has been notified to close our business rates account.
9. Most office furniture has been donated either to another city centre office, Birmingham hospice or to other tenants in the McLaren Building. Remaining items will be collected for donation and recycling at minimal cost.
10. Old electronics, including desktops and handsets, have also be collected and recycled at a cost of £250. The necessary IT infrastructure for the new serviced office has already been implemented as part of a wider IT improvement project aimed at increasing value for money. This project was already budgeted for, allowing the relocation-specific IT requirements to be absorbed within it.
11. The final additional costs were associated with hiring a 'man with a van' to shift boxes of files and equipment to the new location on moving in date. This has been obtained at a cost of £50p/hr for a couple of hours.
12. Total unbudgeted costs of the move, to be paid from reserves as agreed, will be approximately £34,000. This is equivalent to approximately 7-8 months of costs if we were to stay in the McLaren building.
13. Once our contract with the Lewis Building takes effect, we will being to notify all stakeholders and suppliers of our new office address details and update this information where necessary.

Item 08 - UKPHR Q2 2025-26 Accounts

Summary

1. This paper reports UKPHR's financial position at the end of the 3rd quarter of 2025-26

Discussion

2. The details of all income and expenditure are included in the spreadsheet at Item 7a, which allows us to group expenses together and compare against what was originally budgeted for the first three quarters and our remaining balance budgeted for the rest of the year.
3. Note that these accounts are on a CASH basis- ie reflect all payments that went in or out during the calendar months. Only the EOY accounts will wholly reflect an ACCRUALS approach.
4. Overall, our expenditure and income are roughly as expected, and we remain financially stable. Key points are as follows:
 - a. Income is slightly more than what we predicted because some practitioner schemes requested early invoices.
 - b. Expenses are generally looking as forecasted in the budget, although there is underspend and overspend in different areas. Practitioner moderator fees are more than anticipated, while specialist moderator fees are less.
 - c. After the budget was agreed, we started paying our largest expenses outside of rent (ie Fortesium and PSA) in instalments. This makes it look like we're significantly under budget, but these will balance out by the end of the financial year.
 - d. Any discrepancies with the timings of payments is described in the 'notes' column.
 - e. Cash reserves as of end of Q1 stood at approximately £62,000 which is less than 2 months of operating costs. The reserves policy stipulates that we should aim for reserves to cover at least 3 months of operating costs, so the target is not being met at the moment. The Chair and ARRC Chair have been informed. This dip happens every year as we have significant debt that will be collected from the Practitioner Schemes in February.
 - f. The ARRC reviewed these accounts at their meeting in January.

Recommendation

5. The Board is asked to comment on the management accounts for Q3 2025-26

Audit, Risk, & Remuneration Committee

22 January 2026

Present:	Duncan Vernon (DV) Chair	Apologies:	Nil
	David Evans (DE)		
	Helen Featherstone (HF)		
	Joanna Dowd (JDowd)		
	James Sandy (JS)		
	Linda Smith (LS)		
	Jenny Douglas (JD)		
	Rachel Flowers (RF)		
	Jessica Lichtenstein (JL)		
	Pav Johal (PJ)		

Item 1 – Welcome, apologies, and declarations of interest

1. DV welcomed the committee. There were no apologies or new conflicts or interests declared.

Item 2 – Minutes from the last meeting

2. Minutes from the last meeting were presented for approval and agreed as an accurate record with a minor amendment in the item heading for Item 7 – Approach to quarterly accounts to Item 5 – Approach to quarterly accounts.

Item 3 - Action points and matters arising.

3. JL provided an update on progress against current actions, confirming that all actions are on schedule except for one relating to the development of regulation for NHS managers by the Department of Health and Social Care (DHSC). The group discussed that the new regulatory framework proposes NHS managers already regulated by another professional body would be exempt from joining the new NHS managers register. A question remains regarding whether those on accredited registers—such as those overseen by the Professional Standards Authority (PSA)—would also be exempt. JL noted that the issue has been raised with the PSA and that correspondence has been sent to DHSC, but no response has been received. The PSA may be better positioned to obtain clarification directly. The potential regulatory overlap could affect consultants and Directors of Public Health who hold NHS roles.

4. The Chair queried whether Sarah Price had been approached about the issue; JL confirmed this had not been done but would take it forward. The Chair also referenced guidance relating to public health advice into ICBs and suggested that forthcoming NHS models may affect recognition of public health consultants in NHS settings.
5. RF raised concerns regarding variation across the four UK nations, noting that while public health sits largely outside the NHS in England, it is within the NHS in Wales, Scotland, and Northern Ireland—making the issue more impactful there. The Committee agreed it is important to clarify whether DHSC's proposed regulation will apply UK-wide or England only.

Action: JL to approach Sarah Price r.e. regulation of NHS Managers

Action: JL to liaise further with PSA and DHSC for clarification regarding accredited registers

Action: JL to confirm whether the proposed regulation applies across all four UK nations or only to England

Item 4 – SRbPA risks and mitigations: e-portfolio

6. The Committee received and discussed a detailed paper on the proposal to develop a SRbPA e-portfolio with Fortesium, and associated actions to address the increasing risk related to specialist portfolio assessment capacity and backlogs.

Context and Risk

7. The risk relating to specialist portfolio assessment capacity has escalated to red on the risk register, driven by growing waiting lists, a limited active assessor pool and anticipated further demand linked to Department of Health funding and support programmes.
8. There are currently 24 trained assessors, of whom only 17 are active, and this is insufficient to manage current and projected caseloads.
9. The current specialist portfolio process is described as unwieldy, heavily manual and off system, contributing to navigation and organisational problems for applicants and assessors, and to reputational risk from delays and unassessable portfolios.

Proposal: SRbPA e-portfolio with Fortesium

10. JL outlined a proposal to commission Fortesium, the supplier of the existing online registration system, to develop an integrated SRbPA e-portfolio.
11. Fortesium's proposal is significantly below what is believed to be the wider market price for a system of comparable complexity, largely because it would be built on the existing platform and licence, avoiding significant additional annual licensing costs that would likely apply with alternative providers.

12. Fortesium have indicated that they are confident that (1) they understand the specification and scope, having reviewed detailed process flows, guidance and requirements jointly developed with staff.; (2) the work can be delivered within the current financial year, with flexibility to agree a payment plan extending into Fortesium's next financial year (from January 2027), and potentially into the Board's following financial year if this is the only barrier to proceeding. And (3) the new module would fall within the existing licence, with the main additional running cost being increased online storage (e.g. Microsoft Azure).
13. The Committee noted that other suppliers would need to build bespoke interfaces to align a new system with the existing registration system, likely incurring substantial additional development costs and charge separate annual licensing fees, which for a portfolio of this scale and complexity are expected to be at least double the current practitioner e-portfolio licence cost.

Strategic and operational benefits

14. The Committee emphasised that an e-portfolio is now an industry standard and that the organisation is "out of step" with practitioner registration, the Faculty of Public Health and other regulators, all of whom use electronic portfolios.
15. Committee members reported from personal experience that electronic systems make assessment more efficient and manageable (e.g. easier navigation, clearer mapping of evidence to competencies, faster decision-making) and help to weed out poorly structured or low-quality submissions more quickly, supporting maintenance of standards.
16. Implementing an e-portfolio was seen as both a long-standing strategic objective (modernisation and alignment with the wider system) and a medium-term risk mitigation, by simplifying the process for assessors and applicants, improving throughput and clarity, and making assessor recruitment and retention a more attractive proposition.

Concerns and cautions

17. Simultaneously the Committee expressed concern about the timing and affordability of committing to a significant IT investment in the same period as an office move and other cost pressures, given the need to protect reserves to cover potential liabilities such as a fitness to practise case.
18. In addition to supplier time pressure to make a decision within weeks, which limited the scope to run a fuller competitive process, and inherent risks in IT programmes rarely delivering exactly to time and specification.
19. The Committee recognised a tension between acting quickly to secure a relatively low price and to begin mitigating risk. The preference, from a procurement best-practice perspective, for a more extensive market test and longer lead-in

Short- to medium-term mitigation of assessment risk

20. The Committee discussed the need for additional non-IT mitigations given that even with an optimistic timetable, the e-portfolio would not fully bed in for at least 12–24

months and the current risk and backlog are present now and likely to increase in the near term.

21. Reported and proposed mitigations included:

- Recent moderator audits of unsuccessful portfolios to understand common causes (navigation, organisation, human error) and strengthen guidance and sampling approaches at both pre-application and assessment stages.
- Updated guidance for assessors to sample and stop where portfolios become unmanageable rather than continuing full assessment, alongside an intent for assessors to be more “hawkish” in applying standards and time expectations.
- Training and bringing into the pool additional assessors this spring, with RF volunteering to resume assessing, which could significantly increase short-term capacity.
- Enhanced communications: (1) to assessors, underlining the coming benefits of the e-portfolio and clarifying expectations, support, CPD reflection opportunities and time limits and (2) to applicants and the wider system, explaining the nature of the backlog, steps being taken to address it and what realistic timelines and standards look like.

Assessor Recruitment, Retention and Incentives

22. The Committee agreed that increasing the number and activity of assessors is a critical and related strand of work, separate from but complementary to the e-portfolio.
23. Historic experience showing that payment for assessments did not substantially accelerate backlog clearance; very few trained assessors reported payment as a major incentive.
24. Existing CPD recognition, where assessors receive certificates for training and development sessions and are encouraged to record reflective notes as part of their own CPD.
25. Suggestions to strengthen incentives, included providing a template letter/certificate confirming assessment work for CPD and appraisal purposes; exploring a quid pro quo where, after a defined number of assessments, UKPHR could contribute to or cover the assessor’s annual appraisal costs, particularly for registrants not in standard NHS/public sector employment and don’t have access to existing employer appraisal systems.
26. There are also opportunities to engage retired or non-NHS public health professionals and those working outside the traditional system as well as working collaboratively with the Faculty of Public Health and other regulators, recognising potential overlap in assessor pools and shared challenges.

Procurement, Governance and Project Approach

27. The Committee acknowledged that commissioning Fortesium without a full open tender is not ideal in procurement terms but considered there to be a clear rationale given the existing relationship and proven delivery record; integration and licensing advantages and the time-limited and preferential nature of the current offer.
28. The Committee stressed the importance of treating this as a formal project, with an appropriate project and risk register, clear milestones, governance, and visibility of dependencies (including funding and fee decisions).
29. Learning from IT projects elsewhere (including the Faculty's e-portfolio experience) and seeking advice from partners on pitfalls and success factors. JL confirmed that she has already had discussions with the Faculty of Public Health and would revisit these to draw out further learning around procurement, implementation and user support.

Financial Position and Link to Fees

30. The Committee noted that the development work would need to be accounted for in the current financial year if the work is undertaken in that period, regardless of any payment profile agreed, as confirmed by the accountant. The decision therefore has implications for the approach to fees and to maintaining adequate reserves, and must be seen alongside the forthcoming discussion on fee setting and the office move.
31. It was recognised that investment in the e-portfolio is also an investment in future income and sustainability, by enabling more efficient processing and reducing the risk of reputational harm that could undermine confidence in the register. There will be a need to articulate clearly how any fee decisions relate to this investment and the broader risk management strategy.

Recommendation

32. The Committee agreed there is a strong strategic case for implementing the SRbPA e-portfolio and that, in principle, this is an essential modernisation rather than a discretionary enhancement.
33. While acknowledging concerns about timing, financial pressure and supplier-imposed deadlines, the Committee expressed cautious support to proceed with commissioning Fortesium, subject to appropriate mitigations and governance.
34. It was agreed that this committee will recommend proceeding with the Fortesium e-portfolio development as a matter of urgency, recognising the opportunity to secure a relatively low cost and to begin mitigating the assessment risk.
35. The decision sits outside the current agreed budget; therefore, formal approval will be sought via Chair's action, on the basis of a summary of the Committee's discussion and recommendation.

Action: JL to develop and bring to the Board a more detailed plan covering the e-portfolio implementation timeline, governance and project risk register; short- and medium-term mitigations on assessor recruitment, training and incentives and communications plans for assessors, applicants and wider stakeholders.

Action: JL to seek Chair's action with a concise summary of the Committee's discussion and recommendation to proceed with Fortesium, to enable Chair's action authorising the commitment in advance of formal budget adjustment.

Action: JL to quantify the target number of active assessors required to bring the risk within tolerance and to incorporate this into the mitigation plan and Risk Register.

Action: JL to engage with the Faculty of Public Health and other regulators about assessor recruitment and retention models, and report back within the mitigation plan.

Action: JL to ensure that the financial implications of proceeding with the e-portfolio (including any payment plan profile and reserves impact) are explicitly reflected in the subsequent fees paper and budget planning for the next financial year presented to the Board.

Action: Moderators to continue and extend regular audits and spot checks of portfolios and pre-applications to inform process improvements and to monitor whether mitigations are reducing the proportion of inaccessible or poor-quality portfolios.

Item 5 – Setting fees for 2026/27

36. The Committee considered a paper setting out options for fee uplifts for the next financial year, with historic context, financial forecasts and comparisons with other regulators.
37. JL noted that fees must now be set for next year, ahead of the final budget to be agreed by the Board in March, and that early clarity is needed for registrant communications. After a long period with no increases (2019–COVID), there was a major uplift two years ago and smaller increases since, leaving scope and need for further rises to support financial resilience.
38. The Committee reaffirmed that annual fee uplifts are a core part of the financial strategy and that specialist uplifts should be higher than practitioner uplifts, as specialists must register and practitioners do not, so practitioner fees must remain sensitive to affordability.
39. JL summarised recent or proposed increases by other regulators, including the GMC, GDC, NMC and HCPC, noting that their uplifts are at least comparable and often higher in percentage terms than the options under consideration. HF recommended to add percentage figures to the Board paper alongside cash increases, to show UKPHR's proposed fee rises are modest compared with some peers (for example, GDC and NMC in the 12–19% range).
40. The Committee discussed different uplift scenarios for specialist and practitioner annual registration fees. RF declaring a vested interest as a registrant, supported 6% for specialists and 2% for practitioners, citing high salaries among many specialists, ongoing pay disparities between medics and non-medics, and the importance of keeping practitioner fees low to encourage voluntary registration.

JDowd agreed that practitioners are near a ceiling on acceptability but noted that if UKPHR aims to be seen alongside the GMC and GDC, specialist fees remain comparatively low even with a 6% increase. The Chair and RF emphasised that, particularly in England, non-medical consultants often earn significantly less than medically trained counterparts, reinforcing the case for caution on increasing the fee as much as GMC's. DE supported 6% for specialists and 2% for practitioners as a reasonable balance between income needs and fairness. JD argued for 6% for specialists and 3% for practitioners, noting that the cash difference between £130 and £132 is small and that the organisation's overall increases remain low compared with other regulators. The Chair cautioned that even small practitioner uplifts generate "noise" because practitioner registration is not mandatory and not usually specified in job descriptions. JS favoured the higher options presented (e.g. 6% and 3%), arguing that there must be a clear and rational relationship between specialist and practitioner fees and that the percentages are still moderate relative to comparators.

41. The Committee also considered portfolio assessment and reassessment fees. The paper did not propose to increase any of these fees, which were increased 2 years ago after several years of no increases. DE noted that, once staff time is fully costed, the organisation is likely under-recovering its costs for running the SRbPA process, and that reassessment fees in particular seem low given the time involved. He suggested planning a further significant increase in portfolio and reassessment fees in a future year (for example 2027/28) and signalling this early.
42. LS agreed, suggesting that higher reassessment fees could encourage applicants to submit better-prepared first applications, while also helping cost recovery. She supported the lowest practitioner uplift option and stressed the need for careful communication, as this would be a third consecutive year of increases and some regulators (e.g. NMC) are only now raising long-frozen fees.
43. JL acknowledged the operational complications of changing portfolio fees mid-cohort but stated these are manageable if needed to underpin wider investment and risk mitigation. She agreed to revisit portfolio and reassessment fee options for the Board paper.
44. JL also confirmed that practitioner programme fees cannot be increased in the coming year because they are funded via NHS education budgets; any change requires a business case, and no additional funding is available next year. She is already in discussion with NHS Workforce, Training and Education about a business case for 2027/28, with a view to uplift at that point.
45. Overall, there was clear support for higher rather than lower increases for specialists, with a more cautious approach for practitioners, and the Committee proposed that the Board paper should reflect this by modelling a wider range of options.

Action: Revise Board paper and options to include 6% and 7% options for specialists and at least 2–4% options for practitioners. Add percentage comparisons for other regulators' increases. Re-work portfolio and reassessment

fee options, including possible future-year uplifts (e.g. 2027/28) and commentary on cost recovery and logistics. Set out the principles informing the recommended fee structure (specialist vs practitioner, affordability, link to wider investments such as the e-portfolio).

Action: JL to continue discussions with NHS Workforce, Training and Education and develop a business case for increased practitioner programme funding and related fee uplifts in 2027/28.

Action: Prepare a communications plan for registrants explaining why specialist and practitioner uplifts differ; how the increases relate to wider financial commitments and reserves and how the proposed uplifts compare, in percentage terms, with other regulators.

Item 6 – Office move update

46. PJ reported that the move to the Lewis Building is on track, with a 9-desk internal office taken initially and an agreed move to an external facing room when available (anticipated around June). The new lease starts 28 February, with the move on 3 March and the McLaren lease ending 5 March, minimising double running costs.
47. An initial payment of approximately £4,000 has been made for the deposit (two months' rent, refundable on exit) and staff access passes. Furniture has largely been donated to other tenants or arranged for recycling, IT and 53 boxes of specialist portfolios are scheduled for collection and short-term storage with invoicing deferred to April to support cash flow.
48. Supplier contracts have been terminated where possible; the internet contract will be run on and paid monthly until July rather than settled in a single March payment, aiding cashflow. Remaining move costs are expected to be minimal, limited to a short man and van hire for boxes.
49. The landlord has been formally notified of the move, and the organisation has requested to pay dilapidation costs by instalments; otherwise, the full amount will fall due within 14 days of vacating (end of March).
50. JL reported that clearing archives has allowed disposal of unnecessary paper and has been positive for team morale. Staff are engaged and optimistic about the move. The Committee thanked PJ and the wider team for well-coordinated work. No questions were raised.

Item 7 – Q3 2025/26 accounts

51. JL presented the Q3 cash-basis accounts, noting that variances mainly reflect the timing of income and expenditure and are explained in the spreadsheet notes, with red/green markers added for ease of review. Overall, nothing unexpected or concerning was identified, and on current plans the year-end outturn is expected to be close to the original budget, albeit moving-related costs (and some other known items) are not yet included.

52. JL confirmed that, once moving costs are factored in, the organisation is likely to end the year with a deficit in the region of £20,000, similar to the previous year, and that this needs to be viewed alongside the level of reserves. RF welcomed the clarity of the narrative but asked for more explicit interim forecasting between Q3 and year end, including the impact of the office move on the final deficit and reserves, so that the Committee have clearer sight ahead of the final Q4 position; JL agreed to provide ongoing updates at each meeting and to flag material items even before they appear in the bank balance.
53. HF queried a reference in the paper to cash reserves “at the end of Q1”, and JL confirmed this should refer to Q3, apologising for using an old draft and confirming that the point at which reserves fell below target had been notified to the Chair and Committee Chair as usual. The Committee noted that the reserves policy will be revisited at a future meeting in light of the updated projections.
54. The Chair thanked JL and the team for managing a complex period and keeping the Committee informed; no further questions were raised.

Item 8 – Risk Register

55. JL outlined the changes to the risk register. The main change noted was that risk 7 has escalated from amber to red, with updated narrative and mitigations provided; all other risks have been refreshed but their ratings remain unchanged. An additional column and colour-coding have been added to the register to flag where items have changed since the previous iteration, to support easier review.
56. RF requested that a proposed risk relating to registrants allegedly missing out on jobs due to registration status be removed on the grounds that it is anecdotal and not currently quantifiable; the Committee agreed that this should not be included at this stage, while noting the wider discussion about the SRbPA route’s contribution to the specialist workforce and employers’ ability to fill vacancies.

Item 9 – Close/confirmation of date and time of next meeting

57. The Committee noted that Jenny Douglas will not be present at the March Committee meeting due to prior conference commitments and recorded its thanks for her significant contribution over three terms on the Audit, Risk and Remuneration Committee. Members were informed that dates are being explored for a strategy day at which Jenny and Andrew will be invited to share reflections and allow colleagues to say farewell.
58. The Chair thanked all members for their work on a complex agenda and confirmed that the next Board meeting will take place in March, followed by the next scheduled meeting of the Audit, Risk and Remuneration Committee on the 26th March via Teams.

UKPHR Education and Standards Committee

Minutes of meeting on 25 February 2026

Present		Apologies	
NAME	ORGANISATION	NAME	ORGANISATION
Ranjit Khutan Chair (RK)	UKPHR Board	Gill Jones	UKPHR Registrar
Jessica Lichtenstein (JL)	UKPHR CEO	Sangeeta Leahy	ADPH
Ben Humphrey (BH)	UKPHR Board		
Joanna Dowd (JDowd)	UKPHR Board		
Rachel Flowers	UKPHR Board		
David Evans (DE)	UKPHR Board		
Carol Stewart (CS)	UKPHR Specialist Moderator		
Ann Crawford (AC)	UKPHR Practitioner Moderator		
Ellis Friedman (EF)	Faculty of Public Health		
Pav Johal (PJ)	Head of Business Development and Improvement, UKPHR		
Anisah Ali (AA)	Practitioner Registration Lead, UKPHR		
Zaira Ejaz (ZE)	Secretariat, UKPHR		

Item 1 - Welcome, apologies and declaration of interest

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

Item 2 – Minutes of previous meeting

2. The minutes of the meeting held on 07 October 2025 were agreed as a true record.

Item 3 - Action Points and matters arising

There were no action points and matters arising.

Item 4 – Fitness to Practise Review – key changes to the process

3. JL introduced the discussion on the Fitness to Practise (FtP) work to date and informed members that, although UKPHR historically receives very few fitness to practise (FTP) cases (around one per year), there has been a slight increase and a recognised need to strengthen processes, align with regulatory good practice and ensure concerns can be managed efficiently within UKPHR's limited resources. She noted the importance of clear, standardised procedures and language so that staff, registrants, employers and others understand what to expect and what is expected of them. JL outlined the extensive work led by ZE, drawing on observation and shadowing of other regulators (including HCPC and GMC) and engagement with smaller registers, as well as detailed input from Gill as FTP decision-maker and discussions with the Registration Policy Group and key employers.
4. ZE then presented the proposed key changes to the FTP process. She explained that the review's purpose is to provide a robust, fit-for-purpose process with clear, comprehensive resources for the public, employers, registrants and other stakeholders, and to improve transparency and clarity. The revised process is structured into three stages: (1) triage, using a new four-part threshold test to screen concerns and confirm that they relate to a UKPHR registrant, are relevant to the good public health practice standards and raise a question of possible impairment; (2) investigation and evidence-gathering, including a "case to answer" test framed around three key questions on whether alleged facts could be proved, whether they could amount to a statutory ground of impairment, and whether there is a real prospect that current impairment requiring conditions or suspension would be found; and (3) fitness to practise panel, supported by new hearings guidance and a sanctions policy. ZE highlighted that the revised framework clarifies roles and responsibilities (staff, Registrar, complex case panel and FTP panel), distinguishes issues that should be resolved locally by employers from those requiring regulatory action, and formalises panel composition and powers, including approach to public/private hearings, publication, sanctions and appeals, as well as time limits for restoration applications.
5. ZE confirmed that supporting guidance has been developed for each stage and for different audiences, including guidance on raising a concern for members of the public, employers and registrants. She noted that some of the new materials have already been used in live cases and have made handling more straightforward. Next steps include further engagement with "critical friends" such as key employers (for example, UKHSA), completion of an equality impact assessment on the FTP work, finalisation and publication of the guidance suite, communication of changes to registrants and stakeholders, and ongoing testing and refinement of the process in light of feedback. A full public consultation is not planned; the changes are intended to bring UKPHR into line with regulatory best practice in a proportionate way.
6. The Chair thanked Jessica and Zaira for the extensive work and invited comments, noting that the Committee was asked to (1) note progress and (2) provide initial feedback on the draft guidance, with further written comments to follow. DE welcomed the clearer, more robust process and focused his comments on the draft guidance for the public and employers. He suggested the text should more clearly explain what information provided by complainants will be shared with the registrant and what may remain confidential, recognising that some complainants may be willing to disclose their identity and details to UKPHR but not to the registrant, especially where there is a power imbalance (for example, bullying). He also queried wording that appeared to list the registrant and their representative as members of the panel rather than attendees and noted that the role and visibility of the complainant at the panel stage could be better explained. Finally, he proposed that the sanctions guidance should be explicit about the limits of UKPHR's powers as a voluntary register – for example, that UKPHR cannot directly suspend or dismiss an individual from employment and that employers decide how to act on regulatory findings.

7. JL acknowledged the complexity around complainant confidentiality and confirmed that UKPHR had taken legal advice on its disclosure obligations and the need to provide registrants with sufficient information to respond fairly, while seeking to protect complainants where possible. She agreed that the guidance could more clearly describe what will and will not normally be shared and how UKPHR can work with complainants on this. JL also noted that policies exist for sharing concerns about wider, systemic or organisational issues with other regulators or bodies, and undertook to ensure that these cross-references are built into the FTP documentation. On sanctions, it was agreed that wording should be clarified so that it is clear UKPHR's sanctions relate to registration status and that employers retain responsibility for employment decisions.
8. EF added broader, general comments. He strongly welcomed the substantial improvement on previous arrangements but stressed the importance, from a Faculty perspective, of being able to describe the alignment and differences between UKPHR's FTP processes and those of other regulators, particularly the GMC. He suggested including a short high-level comparison (for example, use of triage and case-to-answer tests, timeframes, and key procedural features) to support consistent messaging to Faculty members who may hold multiple registrations. He also raised the wider concern, recognised in other regulatory contexts, that FTP systems can sometimes focus too narrowly on individual "blame" while under-recognising systemic or employer-level factors contributing to concerns, and encouraged UKPHR to acknowledge this and to clarify how such issues may be identified and referred to appropriate bodies. EL further highlighted the well-documented emotional and mental health impact of FTP proceedings on registrants, urging that the procedures and communications explicitly recognise these risks and that standard letters and templates be carefully drafted to minimise distress and signpost support where appropriate. He asked that UKPHR's position on registrants' access to legal representation be made explicit.
9. RF echoed that this was an impressive, complex piece of work and noted that many of the behaviours listed as potential grounds for FTP action would also constitute gross misconduct in most employment settings. She suggested that, where allegations are substantiated and lead to a regulatory sanction (for example, removal from the register), UKPHR should routinely inform the employer, leaving it to the employer to apply their own policies on gross misconduct. The Chair supported this approach and reiterated the usefulness of numbered sections and paragraphs in the guidance to aid referencing in complaints and hearings, as well as clarity on who selects panel members and a sample agenda for hearings. He also queried differences in wording between the public/employer and registrant guidance where similar issues are addressed and asked that these be reviewed for consistency.
10. In response to questions from BH and EF, ZE confirmed that, while the current focus has been on developing the process and guidance, a suite of standard letters and communications for complainants and registrants will be developed next, considering the emotional impact on those involved and drawing on practice from other regulators. She welcomed further written comments on the documents and confirmed that feedback from "critical friends" and legal advisers will also be incorporated. The Chair concluded that the Committee noted the substantial progress made on revising the FTP process, agreed that members would submit detailed written comments by 6 March to allow refinement before wider engagement and Board consideration, and thanked ZE and JL for their work on this complex, high-risk area.

ACTION: Committee members to provide detailed written comments on Fitness to Practise draft guidance and resources to Zaira Ejaz by 6th March for further refinement.

Item 5 – Practitioner standards light touch review

11. AA provided a verbal update on the light touch review of the practitioner standards. The purpose is to ensure the standards remain aligned with current public health practice by updating terminology, improving clarity and making the wording more accessible, while keeping them skills-based and applicable across roles and settings. The review is limited to the standards themselves and does not change assessment processes, registration requirements, scheme delivery or roles of moderators, assessors or verifiers.
12. She outlined that the work has been led by Kate Lees with moderators and a steering group including representatives from the three nations, practitioners, scheme coordinators, employers and the Faculty of Public Health. A desk-based review of relevant frameworks informed draft wording which went to consultation for four weeks via Microsoft Forms, promoted through scheme and wider public health networks, with 78 responses received. Next steps are to analyse the responses with the steering group at its final meeting on 25 March and to issue refreshed standards around May, supported by a short presentation or video and possibly a webinar to explain changes.
13. In discussion, committee members thanked AA and colleagues for a strong and inclusive process. RF reported very positive feedback from practitioners she had engaged, who felt valued by being consulted, and supported holding a webinar. She also noted initial technical issues with the online link, which were mitigated by offering a paper option. BH commented that, from his perspective as a practitioner and assessor, the proposed changes significantly improve clarity and interpretation of the standards and welcomed that the number of standards is not being increased. RK concluded by thanking all involved and confirming the committee's interest in the forthcoming analysis and final refreshed standards.

Item 6 – UKPHR EDI action plan update

14. JL reported that substantial EDI work was completed in 2020-22 following a working group chaired by Gill and most actions from the EDI plan have now been embedded into business as usual. Current work includes an equality impact assessment linked to fitness to practise as well as the SRbPA portfolio route and further development of EDI related data. A full report on registrant data by protected characteristics is still outstanding, as comprehensive data collection only began at the last annual renewal season. An interim analysis will go to the next Education and Standards committee and inform the next annual report, with a more complete report expected after a further renewal cycle. Work is ongoing to improve how the importance of sharing this information is communicated to registrants.
15. JL also outlined new activity with the Institute of Regulation, where UKPHR is engaged in a working group led by CQC to develop an EDI self-assessment framework for regulators. She is representing smaller regulators to ensure the tool is proportionate and usable for organisations with limited data and resources, such as UKPHR, as well as for larger regulators.
16. In discussion, Committee members thanked JL for the significant EDI progress. RF endorsed the value of the Institute's support for small organisations and highlighted persistent challenges in securing self-reported EDI data, reflecting wider societal reluctance to self-define characteristics such as ethnicity and sexuality. She stressed the need to explain clearly why such data matter for representativeness and action. RK noted that registrants are frequently asked for EDI data in many settings and underlined the importance of explaining how UKPHR will use the data in ways that benefit registrants.

17. JL advised that a new paper on supporting neurodiverse applicants to the register, developed by Donna Sager and a Scottish coordinator, offers practical advice on reasonable adjustments and could underpin a UKPHR-wide neurodiversity policy to complement the existing reasonable adjustments policy. This will also be shared with Specialist moderators.

18. MC noted that another board she sits on has re-framed “Equality, Diversity and Inclusion” simply as “Inclusion” to emphasise belonging and potentially reduce barriers to disclosure; this may be a useful framing for UKPHR to consider. RK concluded that EDI remains an ongoing workstream that will return to the Committee, particularly as the EDI data reporting, self-assessment framework and neurodiversity work progress.

Item 7 – Any other business

None.

Item 8 - Next meeting

19. **Tuesday 21st July 2026 at 14.30hrs** was proposed and agreed.