

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.