

UKPHR Board

24 June 2026 – VIRTUAL 2-4PM

ITEM	ISSUE	PRESENTER
	BOARD MEETING	
1	Welcome, apologies and new declarations of interest	Chair
2	Minutes of public meeting 22 April	Chair
3	Actions and matters arising	CEO
4	Governance forward planner - 2026	CEO
	<i>For decision</i>	
5	Fitness to Practice policy and process updates Item 5a: Guide for registrants Item 5b: How to raise concern (for the public & employers) Item 5c: Hearings guidance Item 5d: Investigations Guidance Item 5e: Triage guidance Item 5f: Sanctions policy	CEO/GJ
	<i>To note</i>	
6	Engagement plan 6a: Stakeholder mapping	JL/LS/RF
7	Reserves recovery strategy	JL/PJ
8	Comments, compliments & complaints policy/log	JL
9	Registration report 9a: RAC minutes: April 10a: RAC minutes: May	Registrar
10	Audit, Risk and Remuneration Committee report – including Risk Register 10a: ARRC minutes 19 May 2026 10b: Risk Register	ARRC Chair & CEO
11	Education and Standards Committee – no meeting	E&S Chair
	<i>Private meeting</i>	
12	Minutes from Private meeting 22 April 2026	Chair
13	Chief Executive's report & diary	CEO
14	Any other business	Chair
15	Date and time of next meeting- 24 June 2026, 2-4PM	

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Public minutes of the meeting of the UKPHR Board held on Thursday 22 April 2026 via Teams at 14:00 hours

Present: Linda Smith (LS) (UKPHR Chair)
Jessica Lichtenstein (JL) (Chief Executive)
James Sandy (JS)
Marianne Coward (MC)
David Evans (DE)
Duncan Vernon (DV)
Ranjit Khutan (RK)
Rachel Flowers (RF)
Joanna Dowd (JD)
Chris Emmerson (CE)
Lynn Butler (LB)
Pavenpreet Johal (PJ) (Secretariat)

Apologies: Benjamin Humphrey (BH)
Helen Featherstone (HF)
Gill Jones (GJ)

In attendance for item 5: Kate Lees (KL)
Anisah Ali (AA)

1. Welcome, apologies for absence and new declarations of interest

The Chair welcomed everyone to the meeting. Apologies were noted as above. There were no new declarations made.

2. Minutes of public Board meeting held on 5 March 2026

The public minutes of the meeting held on 5 March 2026 were agreed as a true and accurate record.

ACTION	WHO	WHAT	BY WHEN
	JL	Update and publish the 5 March 2026 public Board minutes on website	ASAP

3. Actions and matters arising

JL provided an update, advising that the team was generally on track and that the main outstanding points related to the practitioner conference budget and the EDI data workstream. The EDI data collection exercise, begun last year to capture comprehensive protected-characteristics information, still had gaps and completeness issues, so limited use had been made of the data to date. The upcoming renewal season would be used to make a more concerted effort to fill those gaps, with reporting expected once renewals had closed.

4. Governance forward planner – 2026

JL advised that the practitioner standards date had been incorrectly entered in the governance planner and confirmed that the item due for discussion was practitioner standards on the current date. She added that the planner would be updated to include further items, including the fitness to practise discussion scheduled for June, and emphasised that the document remained a working draft subject to change.

5. For decision

Practitioner standards refresh

The Board considered the paper on the review of the public health practitioner standards, introduced by KL, practitioner moderator. The Chair explained that the item had been brought directly to the Board because of timing, as it had not yet been considered by the Education and Standards Committee and the next committee meeting was not until July.

KL outlined that the work was a light-touch review approved by the Board the previous June, with the scope and purpose agreed at that time. The review was timed to align with the Department of Health and Social Care's review of the Public Health Knowledge and Skills Framework (PHSKF) to avoid overlapping consultation and burden on the public health system.

A steering group was established with representation across the public health system, including the four nations, and the review included an evidence review and a communications and engagement plan. Draft standards were developed before Christmas and then consulted on in January through an online consultation open for 62 days. The consultation received 79 responses, which were described as fewer in number than expected but high in quality. The standards were then revised following consultation and discussion by the steering group.

KL advised that the revised standards were not significantly different overall, with one additional standard relating to managing resources, two standards combined, and some minor wording changes to improve clarity and include elements of public health practice that had not previously been explicit. Supporting information was also updated to improve interpretation and consistency.

The implementation plan included a communications plan, a clear launch date, instructions for practitioners already in the portfolio process, inclusion of the revised standards in the next annual update of the guidance for public health practitioner registration, and updates to assessor, verifier and refresher training materials. The new standards would not come into force until two months before the e-portfolio change date was confirmed.

RF welcomed the work but raised concern that the supporting information should more clearly address health protection, noting its importance and the absence of standalone health protection standards for practitioners. KL responded that health protection had been the main area of debate during consultation and that the steering group had sought to balance the need to include health protection principles while ensuring the standards remained applicable across different public health settings. She explained that the supporting information defines resources broadly, including finance, staffing, materials and volunteers, as well as practitioners' time.

JS queried the wording of standard 1.7, suggesting it was lengthy and potentially unclear. KL acknowledged that the relevant standard may need further review for clarity.

RK noted that the paper had been circulated to the Education and Standards committee, with no further comments. He suggested that the Board could agree the paper now, with any exceptional points to be followed up through Chair's action if needed. JL confirmed that waiting for the next committee and Board cycles would delay implementation unnecessarily, and that the key voices on the committee had already been involved through the steering group.

The Board agreed the amended standards for public health practitioner registration and agreed the implementation plan. The Board also noted the work undertaken, including the consultation, and thanked the steering group, consultees and staff involved in the project. It was further agreed that any remaining detailed issues, including any wording or explanatory points arising after the meeting, would be followed up by the Chair and RK outside the meeting if required.

ACTION	WHO	WHAT	BY WHEN
	JL, AA & KL	Amend the revised standards in line with Board discussion and any subsequent comments from Education and Standards Committee if received and requiring Chairs action	ASAP

AA and KL left the meeting.

6. To be taken together:

The Board considered the budget paper alongside proposals on staff pay and the health cash plan, noting the three items were linked and should be considered together.

a. 2026-2027 Budget

JL explained that the organisation was budgeting in a more constrained position than in previous years because reserves had been affected by the unexpected costs of the office move. The Board noted that income was forecasted to increase by around £26,000 and that expenditure would begin to reduce over time because of savings linked to the move, including rent, utilities and insurance.

The Board noted that the organisation was still a few thousand pounds short of its minimum reserves target at some points during the financial year. It was also noted that further adjustments had been made to the spreadsheet after the paper had been issued to the Audit, Risk and Remuneration Committee, and that the working budget remained under review as updated quotes became available.

The Board considered options for the annual practitioner conference expenditure as part of the wider budget position. It was noted that the conference was valuable, but not core to regulation, and that there was a strong case for protecting reserves by deferring the event by five months into the next financial year. The Board also discussed the possibility of working with the Belonging in Public Health initiative, while also maintaining flexibility to explore the conference as a broader collaborative event. The Board agreed that delaying the conference would provide greater financial flexibility and would also allow time to consider whether it could be delivered in person or virtually or potentially aligned with other relevant conferences and events.

After discussing all items under 6 and item 7, the reserves policy, the Board then continued to consider the overall budget for 2026-27. Having considered the budget in the context of the reserves policy, the Board approved the budget for 2026-27.

ACTION	WHO	WHAT	BY WHEN
	JL	Delay the practitioner conference into the next financial year and explore opportunities to collaborate	ASAP

JL and PJ left the meeting for the following item to be discussed.

b. 2026-2027 staff pay

The Board considered the proposed staff salary increase, noting that the Audit and Risk Committee had recommended a 3% pay rise. It was explained that the increase was intended to reflect the external pay environment while remaining within the organisation's financial parameters. The Board supported the recommendation, noting both the value of the staff team and the need to retain a fair and consistent approach across the organisation. The Board agreed that a 3% increase should apply across the team, including the Chief Executive, and accepted that this was affordable within the budget.

JL and PJ returned to the meeting.

ACTION	WHO	WHAT	BY WHEN
	JL	Implement 2026-2027 staff pay	ASAP

c. Health cash plan for staff

The Board also considered the proposal to introduce a staff health cash plan. It was noted that the plan was inexpensive, offered good value for money, and included an employee assistance element that the organisation did not currently provide. The Board welcomed the proposal and felt it would be a positive addition to the employee benefits package. It was noted that the costs were expected to sit comfortably within the profit and loss account and would not have a material impact on reserves

ACTION	WHO	WHAT	BY WHEN
	JL	Sign up to the staff health cash plan	ASAP

7.

Reserves policy

The Board considered the reserves policy before it gave final approval for the 2026-27 budget.

JL explained that the reserves policy had been revised following further research into the actual costs associated with worst-case scenarios, including winding up the organisation, cyber-attack and fraud risks. The the upper limits of reserves should be set with realistic recognition that reserves are there to be used for the benefit of the charity.

The revised policy introduced more specific financial thresholds. The minimum operational reserve was set at £35,000, which the Board noted was the minimum level and not a target to be relied upon. The target reserves level was set at £65,000, though it was acknowledged that the organisation should ordinarily aim to hold more than this where possible.

The Board noted that the cash flow forecast in the budget spreadsheet related to cash reserves, being the closing balance / money in the bank position. It was explained that the organisation would fall slightly below the minimum threshold at certain points, including in December 2026, largely because of timing issues and the dilapidations cost due in April 2026, but that every effort had been made to mitigate this position.

The Board discussed the monitoring and reporting section of the reserves policy, with concern expressed that the wording could imply too much delay before action was taken if a significant financial issue arose. JL agreed that the policy should make clearer that an urgent response may be required, including a Chair's action or an extraordinary Board meeting where necessary.

Following this discussion, the Board approved the reserves policy, noting that the Audit and Risk Committee had recommended it for approval and that the revised wording would include the additional clarification discussed.

ACTION	WHO	WHAT	BY WHEN
	JL	Update the reserves policy to make it clearer that an urgent response may be required, including a Chair's action or an extraordinary Board meeting if necessary	ASAP

8. Fitness to Practise policy and process updates

The Chair noted that item 8 would be deferred to the next Board meeting in June. She observed that the paper was an important and necessary piece of work, providing assurance both for the Board and for staff, as well as for the Registrar.

The Chair invited brief comments or points requiring follow-up ahead of the June meeting. It was suggested that the Board would benefit from a more detailed discussion at the next meeting, with the Registrar to attend and, if possible, to provide a presentation.

JL explained that the key stakeholders in the process were registrants and employers, and that individuals from these groups would be asked to informally review the new documentation for clarity. She noted that engagement would include lead employers involved in fitness to practise and revalidation, together with contacts in organisations such as UK Health Security Agency, OHID, Public Health Wales and Public Health Scotland. These stakeholders were likely to be particularly interested in the employer guidance, although local authorities would present a further challenge where the guidance applied to people who were not public health professionals.

JL also added that the Faculty of Public Health would also be a useful source of insight, particularly in relation to how similar issues were handled for doctors in local authorities. She also explained that registrant input would be actively sought, so that the voices of those directly affected by the process could be heard.

RF supported this approach, noting that experience within the Faculty of Public Health workforce team could be drawn upon; they are also represented on the Education and Standards Committee and had already been presented an opportunity to comment on the documents.

The Board noted that the next meeting would provide the opportunity for a more detailed and comprehensive discussion of the paper.

9. Registration reports

The Board acknowledged work of the RP and RAC in previous agenda items and acknowledged the minutes of the RAC.

10. Audit, Risk and Remuneration Committee report – including Risk Register

The Board received the minutes of the Audit, Risk and Remuneration Committee meeting held on 26 March and noted them for information. The Chair advised that DV was present should any Board Director wish to raise points arising from the minutes. No questions were raised.

The Board also noted the risk register. It was explained that the next Audit and Risk Committee meeting would include the annual deep dive into the risk register, in line with the usual committee cycle where two committee meetings fall between Board meetings. It was anticipated that there may therefore be further feedback to report to the next Board meeting. DV confirmed that this arrangement was deliberate and that one of the committee meetings each year is used for the deep dive on the risk register.

11. Education and Standards Committee report

The Board acknowledged that there had not been a meeting since the last Board meeting.

12. Minutes from private meeting of the Board on 5 March 2026

Discussed in private meeting

13. Chief Executive's report & diary

Discussed in private meeting

14. Any other business

Discussed in private meeting

15. **Date, time and venue of next meeting**
Wednesday 24th June 2026 at 14.00 via Teams

Action points from this meeting

ACTIONS	WHO	WHAT	BY WHEN
	JL	Update and publish the 5 March 2026 public Board minutes on website	ASAP
	JL, AA & KL	Amend the revised standards in line with Board discussion and any subsequent comments from Education and Standards Committee if received and requiring Chairs action	ASAP
	JL	Delay the practitioner conference by 5 months and explore opportunities to collaborate	ASAP
	JL	Implement 2026-2027 staff pay	ASAP
	JL	Sign up to the staff health cash plan	ASAP
	JL	Update the reserves policy to make it clearer that an urgent response may be required, including a Chair's action or an extraordinary Board meeting if necessary	ASAP

The Chair closed the meeting at 16.00 hours.

UKPHR Board Meeting 24 June 2026
ITEM 3

UKPHR Board Action Log		
RAG Key	Outstanding	
	Likely to be delayed/ deadline not met	
	On track to be completed	
	DONE	

Meeting Date	Number	Action	Owner	Progress update	Target for completion
22/04/2026	26/12	Update and publish the 5 March 2026 public Board minutes on website	JL	DONE	May-26
22/04/2026	26/11	Amend the revised standards in line with Board discussion and any subsequent comments from Education and Standards Committee if received and requiring Chairs action	JL, AA & KL		Jun-26
22/04/2026	26/10	Delay the practitioner conference by 5 months and explore opportunities to collaborate	JL	DONE	May-26
22/04/2026	26/9	Implement 2026-2027 staff pay	JL	DONE	Apr-26
22/04/2026	26/8	Sign up to the staff health cash plan	JL	DONE	Jun-26
22/04/2026	26/7	Update the reserves policy to make it clearer that an urgent response may be required, including a Chair's action or an extraordinary Board meeting if necessary	JL	To be updated after Board item	Jun-26
05/03/2026	26/5	Confirm arrangements for a virtual 2026 practitioner conference	JL	Superceded by 26/10	JL
26/11/2025	25/21	Investigate the historical dip in practitioner registration numbers in 2022/23	JL	on track for annual report analysis	01/11/2026

30/09/2025	25/16	Draft an UKPHR EDI report	PJ	Still working on data sets with Fortesium; not enough data collected yet, so waiting until this year's renewal, to be completed in July. Update deadline to summer 2026	Jul-26
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UKPHR Governance forward planner



UKPHR Board meeting 24 June 2026

Item 4

MONTH	Board	Audit, risk, & remuneration committee	Education & standards committee
July		Annual report EOY accounts Q1 26/27 accounts Continue Risk deep dive	FTP additional guidance/update FPH curriculum & exam updates AI usage policy
August			
September	AGM Annual report EOY accounts Q1 26/27 accounts FTP additional guidance Lapsed survey results		
October		e-portfolio update Q2 26/27 accounts Financial forecasting 27-20	

UKPHR Governance forward planner

November	SrbPA update Mid-year data report PSA update Q2 26/27 accounts		
December			PSA update EDI Data discussion SRbPA update

Item 5 - Fitness to Practise Review Board meeting, 24 June 2026

Introduction

1. This paper provides an overview of the work undertaken as part of UKPHR's recent review of its Fitness to Practise process. It also summarises the key stages introduced to the process and explains how the revised guidance will improve transparency, accessibility and understanding, ensuring it upholds public protection, fairness and compliance with regulatory standards.
2. The review involved a significant research phase where we identified best practice across professional regulators and consulted the Professional Standards Authority/other accredited registers. The review involved close working with the Registrar and the Chair of the Education & Standards Committee, and informal consultation with employers.
3. The paper focuses on three core stages of the process: Stage 1 of the Triage process, Stage 2 Investigations and evidence gathering, and Stage 3 Fitness to Practise Panel, with dedicated guidance at each point of the process.
4. The key governance document for the Board to approve are the **FTP Rules**. There are then a suite of supporting guidance documents to aid the public, employers and our registrants in when it comes to raising concerns with us:
 - FTP Triage guidance
 - FTP Investigations guidance
 - FTP Hearings guidance
 - FTP Sanctions policy
 - How to raise a concern guide for registrants
 - How to raise a concern guide for public/employers

Key changes to the process

Clearer end-to-end FTP pathway

5. The Fitness to Practise process is now clearly described in three stages: Stage 1: Triage, Stage 2: Investigations and evidence gathering, and Stage 3: Fitness to Practise Panel, with dedicated guidance at each stage.
6. The Registrar can take limited but proportionate action without referring to a Fitness to Practise Panel- ie issuing advice or agreeing with the registrant on areas for remedial action. This is something that is being encouraged by the PSA to avoid FtP Panels when they can reasonably be avoided.
7. The guides for registrants and the public/employers clearly define Fitness to Practise, including public protection and public confidence and aligns explicitly to Good Public Health Practice 2024 and how UKPHR assures fitness to practise at initial registration, renewal and revalidation . The guides outline the Fitness to Practise process from beginning to end,

highlighting the key stages: how concerns are raised (including self-declaration), how UKPHR actions concerns we receive, and provides information on what registrants can expect from the process.

8. There is now clearer separation of roles between UKPHR staff, the Registrar, Complex Case Panels and the Fitness to Practise Panel, including which decisions sit where and when written outcomes will be provided.
9. It outlines issues that are normally outside the scope of Fitness to Practise and encourages local/employer resolution where appropriate by setting clear thresholds for employer referrals. It also sets out detailed examples of behaviours likely to amount to impairment (e.g. dishonesty, safeguarding failings, boundary violations, unmanaged health conditions, research misconduct, serious criminality) to support the triage and investigation stages.

Refined triage process and “case to answer” tests

10. A new triage threshold test has been introduced as the first stage of the Fitness to Practise process. This will help UKPHR to determine whether a concern can and should be taken further for investigation. The test sets a low bar for further action, but generally provides a formal process for us determining whether there is a legitimate concern that requires further action by the regulator. It focuses on whether the concern is made formally to us, if the concern is about a UKPHR registrant, its relevance to Good Public Health Practice 2024 and whether the information, if true, suggests impairment, with the UKPHR Registrar making the final threshold decision.
11. The Triage guidance outlines that this is a low, “realistic possibility” threshold and that concerns that are vexatious or have no relevance to fitness to practise will be closed early with reasons given to the complainant and the registrant.

Strengthened panel and hearing framework

12. The hearings guidance now formalises panel composition and clarifies that UKPHR staff/Registrar may advise on procedure but do not participate in decision-making.
13. It sets out the panel’s powers on case management (requesting disclosure, written statements, time-limiting submissions, allowing statements to stand as the main evidence, and amending allegations) and explains how decisions made by courts and other regulators can be used as proof.
14. The guidance confirms that hearings are normally held in public, but the panel can sit partly or wholly in private where necessary to protect the privacy and wellbeing of witnesses or registrants, particularly in health and sexual misconduct cases.

More clearly defined investigations and decision-making

15. The guidance now sets out in more detail what constitutes an investigation and evidence-gathering, who does what, and what kinds of decisions can be made once the investigation has finished.
16. The Registrar now has the option to take limited action if there are issues, but the threshold for a FtP Panel has not been met. This gives us a more proportionate way of dealing with concerns that may have been acknowledged and reflected on by the registrant, as well as

health issues- without being overly punitive. These options are described in more detail in the investigations guidance.

Transparency, support and sanctions

17. Across the documents there is a strong focus on providing clear, written reasons for every decision, in clear language and making hearing decisions publicly available on the register, but also removing details for complainants, third parties and health information.
18. The powers and review cycle for interim orders (up to 18 months, review at six months and then three-monthly or on new evidence) are now clearly set out, alongside signposting to separate interim order and appeals guidance.
19. The range of sanctions outlined in the sanctions guidance and the principle that panels must explain both the sanction and the reasoning in accessible terms are now summarised for registrants, including time-limits on restoration applications after erasure and the structure of the appeal process. This is all detail that was alluded to in the previous process, but never fleshed out.

Updated Rules

20. Rules documents set out the legal and procedural framework within which UKPHR's FtP function operates. They are formal, binding, and high level, and require Board approval. With the updated guidance setting out the detail, we've also revised the Rules document to ensure it remains appropriate and accurately sets out our responsibilities.
21. The Rules were last updated in 2021. These revised rules are consistent with all our new guidance documents, bringing in line with current regulatory practice, and improve clarity and accessibility by removing procedural detail that is better set out in the guidance. The following content has been amended:
 - a. The triage process is now discreet from the investigation process.
 - b. A new standalone paragraph on Interim Orders has been added, to reflect the policy that was approved by the Board in 2025 (after PSA set a requirement to put one in place).
 - c. Language has been made consistent throughout the document and the guidance.
 - d. Panel composition provisions to reflect one registrant member and one lay member in addition to the chair have been added.
 - e. A confidentiality provision has been added.
 - f. A restoration to the Register provision has been added, as reflected in the detailed guidance.
 - g. A provision for consensual disposal of cases without a full hearing has been added.
 - h. A rule on witness attendance clarifying UKPHR's position as a non-statutory regulatory has been added.
 - i. A provision requiring Panel members to withdraw where a conflict of interest or apparent bias arises and setting out what happens to proceedings in that event.
22. The following content has been removed as they are now addressed more fully in the guidance documents:
 - a. Detailed procedural steps regarding the precise sequencing of correspondence during the investigation.
 - b. The Step-by-step procedure for hearings.

Recommendation

The Board is asked to:

23. Approve the updated Rules at item 5g.
24. Agree that the Executive to continue to refine the guidance and discuss with stakeholders- within the confines of the Rules- and then publish the suite of documentation.

UK Public Health Register

Fitness to Practise: guidance for registrants

June 2026

Contents **UPDATE**

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Introduction

1. UKPHR's primary purpose is to improve public health practice and protect the public. Dealing with concerns about the professionalism and behaviour of registrants is central to achieving this. We also have a duty to maintain public confidence in public health professionals and in the regulation of the profession, as well as ensuring the highest possible standards.
2. If a concern is raised about a UKPHR registrant, we will look carefully at it. We will act when a registrant's ability, behaviour or health means there are reasons why they are unable to meet professional standards. If we investigate an issue and there is clear evidence that standards have been breached, we may issue a warning, restrict practice, suspend, or erase the individual from the register.
3. This guidance is designed to help you **understand what fitness to practise means, what kinds of concerns we can consider, how concerns are raised with us, and what happens if a concern is raised about you.**
4. All registrants are required to maintain the professional code of practice as set out in Good Public Health Practice (2024). You can find further information on these standards via our UKPHR user guide to Good Public Health Practice 2024 on the UKPHR website.

Scope of policy

5. UKPHR is only able to investigate concerns raised about active registrants via the Fitness to Practise process described in this guidance. Our public register includes all active registrants, and you can verify the registration status of any individual at search.ukphr.org.
6. UKPHR is unable to investigate concerns about professionals who are not registered with us. If you voluntarily withdraw from the register after an investigation has begun, the process will continue to its conclusion. If a concern is raised about someone who is not registered at the time and they later apply to restore their registration, the concern will be considered as part of that application.
7. UKPHR will maintain a record of concerns raised, including those about individuals who are not yet registrants but are undertaking the registration process as a Specialist, Specialty Registrar or Practitioner. This is to ensure that any concerns are considered from the point of application, and that only those who meet the requirements of Good Public Health Practice (2024) are admitted to the Register.

What is Fitness to Practise (FtP)?

8. You are considered *fit to practise* when you have the necessary skills, knowledge, health and character to carry out your professional duties safely and effectively. Fitness to practise also encompasses actions or behaviours that could affect:
 - The protection of the public
 - Public trust in the profession and the regulatory process
9. UKPHR is responsible for upholding professional standards among its registrants, safeguarding the public, and maintaining confidence in both the profession and its regulation.
10. Your health or disability is relevant only in relation to your ability to practise safely and effectively. If a condition is stable and well managed, it should not normally affect your ability to practise competently. Effective management may include making reasonable adjustments, placing limits on practice, or ceasing practice when appropriate.

Raising a concern

11. Concerns about UKPHR registrants can be brought to our attention in a number of ways:
 - Self-declaration by you at initial registration or annual renewal
 - A self-referral submitted by you
 - A concern raised by a member of the public, a service user or your employer
 - Information received from any other source about a registrant or an applicant to the register, including an employer or the police.

- UKPHR identifying information that raises a potential concern, even where no external complaint has been received. This might occur through professional networks, referrals from other registration bodies, or other sources.
12. Examples of concerns that will normally *not* be related to fitness to practise include:
- Poor timekeeping or attendance
 - Communication issues, interpersonal conflicts or disagreements (unless these involve bullying or threatening behaviour)
 - Sickness absence (unless it involves fraudulent claims or failure to manage a condition appropriately)
 - Disputes relating to employment or contractual arrangements
13. Where a concern falls into one of these categories and there is no suggestion of risk to the public, UKPHR will normally refer the matter back to the relevant employer to handle according to their policies.

What is impairment?

14. The term impairment refers to any situation that affects, or has the potential to affect, your ability to practise safely and effectively. Impairment may be temporary or permanent and is assessed by UKPHR on an individual basis.
15. Impairment is likely where conduct falls below the standards of Good Public Health Practice (2024). Examples include, but are not limited to, situations where a registrant:
- Has been dishonest, misrepresented facts or evidence, or falsified records in a professional capacity
 - Has concealed errors or failed to be open and honest when things have gone wrong, including failure to cooperate with investigations
 - Has breached confidentiality, mishandled sensitive information, or failed to protect data in line with legal and professional standards
 - Has been involved in or failed to prevent sexual harassment, exploitation or other inappropriate conduct, including failure to respond adequately to concerns about such behaviour
 - Has a substance misuse problem that affects their ability to work safely and effectively
 - Has failed to treat individuals, communities or colleagues with fairness, respect and compassion, including through discrimination, bullying or harassment
 - Has exploited, neglected or failed to safeguard vulnerable persons or populations
 - Has failed to maintain professional boundaries, including involvement in inappropriate relationships with service users or misuse of authority
 - Has allowed personal health problems to adversely affect their professional practice without informing a suitably qualified person or seeking necessary support

- Has failed to declare conflicts of interest, allowing financial or commercial interests to influence professional judgement or public health recommendations
 - Has been violent, threatening or exhibited unprofessional conduct toward service users, colleagues or the public
 - Has participated in research, audits or teaching without appropriate ethical oversight or consent, or has failed to report fraud or misconduct in research
 - Has failed to maintain competence, keep up to date with guidelines or undertake required continuing professional development
 - Has been subject to a caution or conviction, or is under investigation, for behaviour that may bring public health practice into disrepute or compromise public trust.
16. When considering whether your fitness to practise is impaired, UKPHR will consider the wider context in which the concern arose, including relevant aspects of your working environment and local systems. Where concerns suggest systemic or employer-level issues, these will be identified and, where appropriate, referred to the relevant employer or other body for action.
17. If you are unsure whether your conduct falls below the appropriate standard, please refer to the Good Public Health Practice Framework (2024) and contact UKPHR at register@ukphr.org or on 0121 296 4370.

How UKPHR assures fitness to practise

Initial registration

18. At the point of initial registration with UKPHR, you are required to complete a Health and Character declaration and a Fitness to Practise declaration. This declaration confirms your ability to practise safely and effectively. Any information disclosed that raises potential concerns will be subject to further review and investigation by UKPHR.
19. Self-declaration of any concerns related to fitness to practise operates on mutual trust between UKPHR and the registrant. It should be regarded as a positive and responsible action, reflecting sound professional judgement and accountability as a public health professional. In many instances this process allows UKPHR to provide appropriate support to you and to gain further insight into public health practice. You are expected to complete the Fitness to Practise declaration truthfully. Failure to disclose relevant information may lead to investigation by UKPHR and could impact your registration status.
20. Knowingly providing false or misleading information in a declaration will lead to refusal of registration or removal from the register. If you are uncertain about whether an issue should be declared, please contact UKPHR as soon as possible for guidance. Each concern will be considered on an individual basis to ensure appropriate support for you, to protect the public from potential harm, and to maintain public confidence in the profession and the regulatory process.

Annual renewal

21. UKPHR registrants are required to maintain their registration by engaging in the annual renewal process. All active registrants are invited to complete their annual renewal by submitting a Fitness to Practise declaration and paying the relevant fee.
22. You are responsible for monitoring and maintaining your own health and character as they relate to fitness to practise. You must contact UKPHR via submission of an online self-referral within 30 working days of the event occurring, rather than waiting for renewal, if any issues arise that may affect your ability to practise safely and effectively. Any declaration made at the time of initial registration or annual renewal should be viewed as a constructive step that reflects sound professional judgement.

Revalidation and re-registration

23. UKPHR registered specialists are required to engage in a revalidation process every five years to demonstrate that they continue to meet professional standards and keep their registration active. UKPHR registered practitioners engage in a re-registration process every five years to maintain their registration and ensure they continue to meet professional standards. Both processes include completing a Fitness to Practise declaration as part of the application.
24. UKPHR registered specialists also engage in a professional appraisal as part of their revalidation requirements. You are encouraged to inform your appraiser of any significant events or incidents at your appraisal discussion.
25. You must contact UKPHR as soon as possible via an online self-referral if any issues arise that may affect your ability to practise safely and effectively, rather than waiting until renewal or revalidation/re-registration.

The Fitness to Practise process

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

Stage One – Triage process

27. Any concern raised with UKPHR will undergo an initial assessment via a triage process to identify whether it falls within our remit for further investigation. This will be considered by a UKPHR staff member and the UKPHR Registrar. The Registrar will consider four key questions as part of the threshold criteria:
 - a. **Is the concern made in writing?** Concerns must be recorded in writing, by letter or email, so that the issues are clearly understood by all parties. Where a concern cannot be submitted in writing due to access difficulties, UKPHR will work with the person raising it to ensure the details are set out clearly.
 - b. **Is the concern about a UKPHR registrant?** UKPHR can only consider concerns about individuals who are registered. Concerns about non-registrants will not be taken forward. Where a concern is raised about someone who is not registered at the time and they later register or restore their registration, the concern will be considered as part of that application.

- c. **Is the concern relevant to the registrant's ability to meet Good Public Health Practice (2024)?** This includes concerns about:
 - Alleged misconduct or unethical behaviour
 - Deficient professional performance or competence
 - Health concerns affecting ability to practise safely
 - Criminal cautions or convictions
 - Improper inclusion on another professional register
- d. **Does the evidence provided, if verified and substantiated, suggest that fitness to practise is impaired?** The concern must be related to the registrant's fitness to practise and demonstrate that conduct falls below the standards of Good Public Health Practice (2024).

28. Only concerns that receive a yes answer to all three of these questions will proceed to the investigation stage. If they do not, the case will be closed with no further action taken by UKPHR. If the decision is to progress the case to the investigation stage, you will be notified at that point that a concern has been raised about you.

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

Stage Two – Investigations and evidence gathering

30. Once a case has passed the triage stage, it will proceed to the investigation stage. The primary purpose of the investigation is to consider the facts and the likelihood of misconduct or impairment being found in relation to the concerns raised. Evidence and information will be gathered from relevant sources, including from you, the person who raised the concern, and relevant third parties such as your employer.
31. The Registrar, supported by a UKPHR staff member, will consider three questions as part of a case-to-answer test:
- a. Is there a real prospect that a Fitness to Practise Panel could find the alleged facts proved on the balance of probabilities?
 - b. If those facts were proved, is there a real prospect that they would amount to a statutory ground of impairment, for example misconduct, deficient performance or competence, a health concern, or a conviction or caution?
 - c. If grounds of impairment could be established, is there a real prospect that a Panel would find current impairment such that some restriction on registration might be needed in the public interest?
32. Any medical information about you will only be sought with your written consent. If consent is declined, this will be taken into account in the decision-making process.
33. The Registrar will be provided with a portfolio of documents and given 28 days to review the evidence. As part of the decision-making process, the Registrar may refer the case to a Complex Case Panel for further advice and consideration. The decisions available to the Registrar are:
- a. **No further action** – the threshold for a Fitness to Practise Panel has not been met and the case is closed.

- b. **Advice** – this means that your conduct warrants a response but does not meet the threshold for a Fitness to Practise Panel hearing. The Registrar may issue you with written advice about your conduct or practice. This does not appear on the public register but is recorded internally and can be taken into account if further concerns arise. The case is then closed.
 - c. **Remedial action** – the Registrar may invite you to agree a programme of remedial action that UKPHR will monitor, as an alternative to referral to the Fitness to Practise Panel. This could include but is not limited to:
 - Completing specific continuing professional development or training
 - Working under supervision for a defined period
 - A reflective piece or written statement demonstrating insight into what went wrong and what has changed
 - A formal appraisal or performance review
 - Mentoring by a senior colleague or a period of assessed practice
 - Engagement with occupational health services or regular health assessments
 - Restrictions on certain types of practice pending recovery
 - d. Progress the case to a **Fitness to Practise Panel hearing**
34. The outcome and the reasons for the decision will be communicated in writing to both you and the person who raised the concern within 5 working days of the decision being made.
35. The Registrar may also issue an interim order if the concern is of a nature that involves a clear or potential risk to public protection or public confidence in the profession. An interim order will remain in place only for the period necessary for the concern to be considered by a Fitness to Practise Panel and must not exceed 18 months from the date it is made. All interim orders will be reviewed by the Registrar and potentially a Complex Case Panel within six months of being made and then every six months thereafter, or sooner if new relevant evidence becomes available. You may also ask for an early review. Further information on interim orders is available on the UKPHR website.
36. If the Registrar determines that there is a case to answer and that your fitness to practise may be impaired, the case will proceed to a Fitness to Practise Panel.

Stage Three – Fitness to Practise Panel

37. The Fitness to Practise Panel provides independent, balanced oversight in fitness to practise cases. Panel members will be separate from those who took part in the investigation stage, ensuring fairness and impartiality. The Panel brings together professional expertise and public perspective.
38. The Fitness to Practise Panel will comprise:
- A chair
 - One UKPHR registrant who is not a member of any UKPHR committee or working group, present to provide a professional perspective
 - One lay member who is independent of UKPHR and is not a public health professional, present to represent the views of the public

39. The Panel requires a quorum of three, at least one of whom must be a lay member.
40. The following may also attend:
- You and your representative, if one has been appointed
 - The individual who raised the concern
 - Witnesses
 - One or more UKPHR representatives, who may attend to advise on procedure but will not take part in decision making
 - A member of UKPHR staff providing administrative support
 - A legal representative, if UKPHR appoints one
41. You are entitled to be represented at the hearing by a solicitor, counsel, a representative of a professional organisation of which you are a member, or, at the Panel's discretion, another person of your choosing. UKPHR will meet reasonable travel expenses for attending an in-person hearing.
42. UKPHR is committed to ensuring that all those involved in the process are treated fairly and with respect. Reasonable adjustments and support will be provided based on the circumstances of each case, for example accessibility adjustments or separate waiting areas. Please contact UKPHR if you require specific arrangements.
43. Fitness to practise cases will normally be heard in public. The Panel may direct that a hearing, or part of a hearing, be held in private where it is satisfied that the particular circumstances of the case outweigh the public interest in an open hearing. The decision and the reasons for it will be confirmed in writing within 10 working days of the date the decision is made and will then be published on the UKPHR public register.
44. Further detail on the Fitness to Practise Panel hearing process is available in the Fitness to Practise Panel hearing guidance.

Sanctions

45. If the Fitness to Practise Panel decides that your fitness to practise is impaired, it will agree an appropriate sanction. The sanctions available to the Panel are:
- Take no further action
 - Issue a reprimand
 - Impose a conditions of practice order
 - Impose a suspension order
 - Erase you from the register
 - Issue an interim order
46. The Panel must ensure that both the decision to impose a sanction and the reasoning behind it are clearly explained in accessible language.

47. If the Panel removes your name from the register, you may not apply to have your name restored to the register earlier than five years from the date of erasure.
48. All relevant parties will receive written notification of any decision and the reasons for it at each stage of the process.
49. Further information on sanctions is available in the Fitness to Practise Sanctions policy.

Support for registrants

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

When and how will UKPHR share information about FtP?

54. We will not share declarations you've made to us in confidence with your employer unless the issue is being addressed as part of a formal FtP process.
55. If a concern has been referred to UKPHR and is being investigated as part of our Stage 2 FtP process (see details below), we will aim to contact your employer as soon as reasonably practicable. Details of the specific allegations will not automatically be shared at the outset, as we have a duty to manage information carefully and proportionately. However, we may ask them for additional

information or evidence relevant to the concern, such as employment records, supervision notes, or details of any local investigation that has been conducted.

56. UKPHR will conduct its own independent assessment of any concern that is raised with us, whether or not the employer's disciplinary or HR processes are concluded. If at any point during the investigation an interim order is imposed on a registration, we will inform the employer promptly, as this may have implications for them and your role. Once a final decision has been reached, we will notify your employer.
57. If, during our processing of a concern, questions arise that are appropriate to raise with the employer, we will contact you- unless doing so would compromise the investigation or put anyone at risk. We may ask you to provide relevant information or documentation as part of our investigation, and we would ask you to respond promptly and cooperate fully with any such requests. You should continue to manage the registrant in accordance with your own employment policies during this period, taking appropriate steps to protect service users and colleagues where necessary. UKPHR will keep you informed of significant developments where it is appropriate and lawful to do so and will notify you of the final outcome once a decision has been reached.

What is reflected on the UKPHR public register?

58. UKPHR's public register is the primary means by which employers, colleagues, and members of the public can check the registration status of a public health professional and understand whether any regulatory action has been taken. The register will always show whether an individual is currently registered, and their registration type.
59. Where the Registrar has imposed an interim order at any stage of the process, this will be reflected on the register immediately, as it has a direct and practical effect on the registrant's ability to practise. The fact that a concern is under investigation will not normally be published on the register before a referral to the Fitness to Practise Panel has been made, as no finding has been established at that stage and premature publication could be disproportionate.
60. Once a case has been referred to the Fitness to Practise Panel, UKPHR will note on the register that fitness to practise proceedings are pending. This recognises that referral to a Panel represents a significant threshold **and** the Registrar has determined that there is a realistic prospect of impairment being found. The broad nature of the concern (for example, misconduct or deficient professional performance) will normally be noted, though the full detail of the allegation will not be published at this stage.

61. Where the Fitness to Practise Panel has made a decision, the outcome and the sanction imposed will be published on the register. A reprimand, conditions of practice order, or suspension order will be shown for the duration of the order and for a period after it ends. Where a registrant is erased from the register, this will be noted until restoration is granted. Advice issued by the Registrar and any programme of remedial action agreed as an alternative to Panel referral will not normally be published on the register, unless the remedial programme includes a restriction on the registrant's practice.

Appeals

62. An appeal can only be made following a decision to impose a sanction at Stage Three (Fitness to Practise Panel). It must be submitted within 20 working days of receiving written confirmation of the decision.
63. Appeals will be considered by an Appeals Panel formed according to the same criteria as the Fitness to Practise Panel. No member of the original Fitness to Practise Panel may sit on the Appeals Panel. The Appeals Panel's decision and the reasoning behind it will be provided in writing within 10 working days of the decision.
64. UKPHR will retain a full transcript of hearings and decisions. A redacted version, protecting the anonymity of individuals raising concerns and any third parties, will be published on the UKPHR website. Information relating to your health or the health of others involved will not be disclosed.
65. Once the appeals process is complete, no further appeals will be permitted. Further information on our appeals process is available on the UKPHR website.

Feedback About our process

66. We are committed to maintaining the highest standards of service and we value and welcome feedback from you on the service we provide. If you wish to raise concerns about how we have managed this process, rather than about the concern itself, you can do so through our Comments, Complaints and Compliments policy, available on the UKPHR website.



Fitness to Practise

Guidance for the public and employers
June 2026

DRAFT

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Introduction

1. UKPHR's primary purpose is to improve public health practice and protect the public. Dealing with concerns about the professionalism and behaviour of registrants is central to achieving this. We also have a duty to maintain public confidence in public health professionals and in the regulation of the profession, as well as ensuring the highest possible standards.
2. If you have a concern about a UKPHR registrant, you can contact us and we will look carefully at any concern we receive. We will act when a registrant's ability, behaviour or health means there are reasons why they are unable to meet professional standards. If we investigate an issue and it there is clear evidence that standards have been breached, we may issue a warning, restrict practice, suspend, or erase the individual from the register.
3. This guidance is for members of the public, service users and employers. It explains what fitness to practise means, what kinds of concerns we can consider, how to raise a concern with us, and what happens after you do.
4. All registrants are required to meet the professional standards set out in Good Public Health Practice (2024). Further information on those standards is available in the [UKPHR User Guide to Good Public Health Practice 2024](#).

Scope of policy

5. UKPHR investigates concerns about registrants. Our public register includes all registrants, and you can verify the registration status of any individual at search.ukphr.org.
6. UKPHR is unable to investigate concerns about professionals who are not registered with us. If a registrant voluntarily withdraws from the register after an investigation has begun, the process will continue to its conclusion. If a concern is raised about someone who is not registered at the time and they later apply to restore their registration, the concern will be considered as part of that application.
7. UKPHR will keep a record of concerns raised about individuals who are not yet registered but are undertaking the registration process as a specialist, specialty registrar or practitioner. This ensures concerns are taken into account from the point of application.

What is fitness to practise?

8. A registrant is fit to practise when they have the necessary skills, knowledge, health and character to carry out their professional duties safely and effectively. Fitness to practise also encompasses actions or behaviours that could affect:
 - the protection of the public
 - public trust in the profession and in the regulatory process
9. UKPHR is responsible for upholding professional standards among its registrants, safeguarding the public, and maintaining confidence in both the profession and its regulation.
10. A registrant's health or disability is relevant only in relation to their ability to practise safely and effectively. If a condition is stable and well managed, it should not normally

affect the ability to practise competently. Effective management may include making reasonable adjustments, placing limits on practice, or ceasing practice when appropriate.

Part One: Raising a concern

How concerns can reach us

11. Concerns about UKPHR registrants can come to our attention in a number of ways:
 - Self-declaration by the registrant at initial registration or annual renewal
 - A self-referral by the registrant
 - A concern raised by a member of the public, a service user or the registrant's employer
 - Information received from any other source about a registrant or an applicant to the register, including an employer or the police.
 - UKPHR identifying information that raises a potential concern, even where no external complaint has been received. This might occur through professional networks, referrals from other registration bodies, or other sources.

What we can and cannot consider

12. Concerns relating to fitness to practise would not generally include the following, unless they have a direct bearing on a registrant's ability to practise safely:
 - Poor timekeeping or attendance
 - Communication issues, interpersonal conflicts or disagreements (unless these involve bullying or threatening behaviour)
 - Sickness absence (unless it involves fraudulent claims or failure to manage a condition appropriately)
 - Disputes relating to employment or contractual arrangements
13. Where a concern falls into one of these categories and there is no suggestion of risk to the public, UKPHR will normally refer the matter back to the relevant employer to handle according to their policies.

What is impairment?

14. Impairment refers to any situation that affects, or has the potential to affect, a registrant's ability to practise safely and effectively. Impairment may be temporary or permanent and is assessed by UKPHR on an individual basis.
15. Impairment is likely where a registrant's conduct falls below the standards of Good Public Health Practice. Examples include, but are not limited to, situations where the registrant:
 - Has been dishonest, misrepresented facts or evidence, or falsified records in a professional capacity
 - Has concealed errors or failed to be open and honest when things have gone wrong, including failure to cooperate with investigations

- Has breached confidentiality, mishandled sensitive information, or failed to protect data in line with legal and professional standards
 - Has been involved in or failed to prevent sexual harassment, exploitation or other inappropriate conduct, including failure to respond adequately to concerns about such behaviour
 - Has a substance misuse problem that affects their ability to work safely and effectively
 - Has failed to treat individuals, communities or colleagues with fairness, respect and compassion, including through discrimination, bullying or harassment
 - Has exploited, neglected or failed to safeguard vulnerable persons or populations
 - Has failed to maintain professional boundaries, including involvement in inappropriate relationships with service users or misuse of authority
 - Has allowed personal health problems to adversely affect their professional practice without informing a suitably qualified person or seeking necessary support
 - Has failed to declare conflicts of interest, allowing financial or commercial interests to influence professional judgement or public health recommendations
 - Has been violent, threatening or exhibited unprofessional conduct toward service users, colleagues or the public
 - Has participated in research, audits or teaching without appropriate ethical oversight or consent, or has failed to report fraud or misconduct in research
 - Has failed to maintain competence, keep up to date with guidelines or undertake required continuing professional development
 - Has been subject to a caution or conviction, or is under investigation, for behaviour that may bring public health practice into disrepute or compromise public trust
16. When considering whether a registrant's fitness to practise is impaired, UKPHR will consider the wider context in which the concern arose, including relevant aspects of the registrant's working environment and local systems. Where concerns suggest systemic or employer-level issues, these will be identified and, where appropriate, referred to the relevant employer or other body for action.
17. If you are unsure whether your concern relates to fitness to practise, please refer to the Good Public Health Practice Framework 2024 and contact UKPHR at register@ukphr.org or on 0121 296 4370.

How to raise a concern

18. If you wish to raise a concern about a UKPHR registrant, you can contact us in the following ways:
- Email: register@ukphr.org
 - Online form: available on the UKPHR website
 - Phone: 0121 296 4370
19. To record a concern, we will need the following information:
- Identification of the registrant, including their registration number if known
 - The nature of the concern
 - The events that took place and, where possible, when and where they occurred
 - Any action already taken in response by another organisation, such as the registrant's employer
20. We will also ask for:
- Your full name and contact details
 - Details of any other individuals involved
 - Contact details for someone else we can approach if further information is needed

21. When we investigate a concern, we are required to share sufficient information with the registrant so that they are able to understand the concern and respond to it fairly. We recognise, however, that some individuals who raise a concern may have personal or sensitive information they do not wish to be disclosed. Where this is the case, we will work with you to identify what can reasonably be kept confidential while still allowing us to progress the concern appropriately. Any disclosures will be limited to what is necessary for the fair handling of the concern.
22. Please contact us if you need support to put your concern in writing, for example due to language or literacy difficulties. We will do our best to assist.
23. We can accept concerns submitted anonymously. However, without contact details for the person raising the concern, our ability to obtain further information, verify the concern or provide updates is limited. Where possible, we encourage individuals to provide their name and contact details so that we can fully consider and respond. Please contact us if you have any concerns about sharing identifying information with us.
24. Once we receive a fitness to practise concern, we will continue to look into the matter even if we do not hear further from the person who raised it or from the registrant. Our role is to protect the public and uphold professional standards, and we must make decisions based on the evidence available to us.

Part Two: Guidance for employers deciding whether to refer

Introduction

25. This part of the guidance is for employers of UKPHR registrants. It is intended to help you decide whether a concern about a registrant's fitness to practise should be referred to UKPHR, and how to make a referral.
26. Employers are expected to manage most concerns about UKPHR registrants through their own local HR and governance processes and to refer to UKPHR where the threshold set out in this guidance is met. More general information about how we expect employers to engage with UKPHR and our registrants is in our [Employer Guidance](#).
27. If you are uncertain whether a concern meets the threshold for referral, you are welcome to contact UKPHR at register@ukphr.org before formally raising that concern with us.

Before making a referral

28. Before referring a concern to UKPHR, employers should wherever possible:
 - Complete any relevant local investigation and consider its conclusions
 - Consider the outcomes of any external investigation
 - Take any other reasonable steps to understand whether the concern raises a question about the registrant's fitness to practise.

Meeting the threshold for referral

29. A concern is likely to be serious enough to refer to UKPHR where it meets one or more of the following criteria:
- It is of a nature that is inherently serious including:
 - o Dishonesty, deception or fraud, including in connection with registration or revalidation
 - o Sexual misconduct or harassment
 - o Abuse of a service user's trust or violation of their fundamental rights
 - o Conduct suggesting a deep-seated problem with the registrant's attitudes or values
 - It represents a serious departure from the professional standards expected of a registered public health professional, and one or more of the following also applies:
 - o There are features that increase seriousness, such as a pattern of behaviour, harm caused or deliberate concealment
 - o You are not confident that the risk to the public or to the register can be managed locally
 - o The registrant has left or is leaving your employment
 - The registrant has accepted a caution, been charged with or convicted of a criminal offence, or received a police disposal, in circumstances that raise a question about their fitness to practise
 - Another regulatory or professional body has made a finding against the registrant
 - Public confidence in public health as a registered profession might be undermined if UKPHR does not consider the matter
 - An official inquiry or review has criticised the registrant's practice
30. Where there is a serious concern and an ongoing risk to the public, referrals should be made promptly. If this is the case, employers do not need to have concluded their own investigation or established the facts conclusively before making a referral.

When local resolution is more appropriate

31. Not all concerns need to be referred to UKPHR. Concerns that are genuinely isolated, acknowledged and being addressed effectively through local processes are generally handled more effectively by the employer. UKPHR would not normally expect a referral where:
- The concern relates to performance issues that are being actively managed through standard HR or supervision processes
 - The registrant has demonstrated genuine insight, and appropriate remediation has already taken place
 - The concern relates to a single, isolated, lower-level incident with no aggravating features
32. Where it is decided not to refer, the registrant may still need to reflect on the matter as part of their annual appraisal and revalidation.

How to make a referral

33. Referrals should be made using the online referral form on the UKPHR website, or by contacting us at register@ukphr.org. A referral should be made in good faith, based on all information available, and should be fair, balanced and accurate.
34. When making a referral, please provide:
- The registrant's full name and UKPHR registration number if known
 - Your organisation and your role
 - When the concern arose
 - A description of the concern

- Relevant context, including the registrant's working environment, personal circumstances, and role and level of experience
 - Information about how the registrant has responded to the concern
 - Whether any local investigation has taken place and its outcome
 - Supporting documentation
35. Please provide only factual information and avoid speculation. If supporting documentation is not yet available, do not delay submitting the referral. Indicate what further documentation will follow.

Urgent concerns

36. If you have an urgent concern where there is an immediate risk to the public or a matter that is time sensitive, please contact UKPHR directly at register@ukphr.org before or alongside submitting an online referral. Please include as much detail as possible.

After making a referral

37. Once a referral is received, UKPHR will assess whether it falls within our remit and whether it meets the threshold for formal consideration. We will acknowledge receipt and keep you informed at appropriate points. We may ask for additional information.
38. The time taken to consider a referral will depend on the complexity of the concern, the availability of information and engagement from relevant parties.
39. If you become aware of an error in your referral, or if new information comes to light, please contact us as soon as possible at register@ukphr.org.

When will UKPHR share information with employers?

40. If a concern has been referred to UKPHR about an employee, we will contact the employer as soon as reasonably practicable to let them know that an investigation has begun. Details of the specific allegations will not automatically be shared at the outset, as we have a duty to manage information carefully and proportionately. However, we may ask for additional information or evidence relevant to the concern, such as employment records, supervision notes, or details of any local investigation you have conducted.
41. UKPHR will conduct its own independent assessment of any concern that is raised with us, whether or not the employer's disciplinary or HR processes are concluded. We would ask that you continue to manage any immediate risk to the public through your own employment and supervision arrangements while our investigation is under way. If at any point during the investigation an interim order is imposed on a registration, we will inform you promptly, as this may have implications for their role. Once a final decision has been reached, you will be notified of the outcome and the reasons for it, and the decision will be published on the UKPHR public register.
42. If, during our processing of a concern, questions arise that are appropriate to raise with the employer, we will contact you- unless doing so would compromise the investigation or put anyone at risk. We may ask you to provide relevant information or documentation as part of our investigation, and we would ask you to respond promptly and cooperate fully with any such requests. You should continue to manage the registrant in accordance with your own employment policies during this period, taking appropriate steps to protect service users and colleagues where necessary. UKPHR will keep you

informed of significant developments where it is appropriate and lawful to do so and will notify you of the final outcome once a decision has been reached.

Part Three: The fitness to practise process

43. This part of the guidance provides an overview of the fitness to practise process that UKPHR follows once a concern has been received.

Stage 1: Triage

44. All concerns received by UKPHR undergo an initial triage to determine whether they fall within the scope for further investigation. The UKPHR Registrar, supported by a UKPHR staff member, will consider four questions:
- Is the concern made in writing? Concerns must be recorded in writing, by letter or email, so that the issues are clearly understood by all parties. Where a person cannot submit a concern in writing due to access difficulties, UKPHR will work with them to ensure the details are set out clearly.
 - Is the concern about a UKPHR registrant? UKPHR can only consider concerns about individuals who are registered. Concerns about non-registrants will not be taken forward. Where a concern is raised about someone who is not registered at the time and they later register or restore registration, the concern will be considered as part of that application.
 - Is the concern relevant to the registrant's ability to meet **Good Public Health Practice (2024)**? This includes concerns about:
 - o Alleged misconduct or unethical behaviour
 - o Deficient professional performance or competence
 - o Health concerns affecting ability to practise safely
 - o Criminal cautions or convictions
 - o Improper inclusion on another professional register
 - Does the evidence provided, if verified and substantiated, suggest that fitness to practise is impaired? The concern must be related to the individual's fitness to practise and demonstrate that conduct falls below the standards of Good Public Health Practice (2024).
45. Only concerns that receive a yes answer to each of these questions will proceed to the investigation stage. If they do not, the case will be closed with no further action taken by UKPHR. Once the Registrar reaches a decision, you will be notified of the next steps.
46. Further information on the triage process is available in the Fitness to Practise Triage guidance.

Stage 2: Investigation and evidence gathering

47. Cases that pass the triage stage proceed to investigation. The primary role of the Investigating Panel is to consider the facts and consider the likelihood of misconduct/impairment being found in relation to the concerns raised. Evidence and information will be gathered from relevant sources, including the registrant, the person who raised the concern and relevant third parties such as the registrant's employer.
48. The Registrar, supported by a UKPHR staff member, will consider three questions as part of a case to answer test:

- Is there a real prospect that a Fitness to Practise Panel could find the alleged facts proved on the balance of probabilities?
 - If those facts were proved, is there a real prospect that they would amount to a statutory ground of impairment, for example misconduct, deficient performance or competence, a health concern, or a conviction or caution?
 - If grounds of impairment could be established, is there a real prospect that a panel would find current impairment such that some restriction on registration might be needed in the public interest?
49. Any medical information about the registrant will only be sought with their written consent. If consent is declined, this will be taken into account in the decision-making process.
50. The Registrar will be provided with a portfolio of documents and given 28 days to review the evidence. As part of the decision-making process, the Registrar may refer the case to a Complex Case Panel for further advice and consideration. The decisions available to the Registrar are:
- No further action - the threshold for a Fitness to Practise Panel has not been met and the case is closed.
 - Issue advice – this means that conduct warrants a response but does not meet the threshold for a Fitness to Practise Panel hearing. This may be written advice to the registrant about their conduct or practice, which does not appear on the public register but is recorded internally and can be taken into account if further concerns arise. The case is then closed.
 - Invite the registrant to agree a programme of remedial action that UKPHR will monitor. This could include but is not limited to:
 - o Completing specific continuing professional development or training
 - o Working under supervision for a defined period
 - o A reflective piece or written statement demonstrating insight into what went wrong and what has changed
 - o A formal appraisal or performance review
 - o Mentoring by a senior colleague or a period of assessed practise
 - o Engagement with occupational health services or regular health assessments
 - o Restrictions on certain types of practise pending recovery
 - Progress the case to a Fitness to Practise Panel hearing.
51. The outcome and the reasons for the decision will be communicated in writing within 5 working days of the decision being made to both the registrant and the person who raised the concern.
52. The Registrar may also issue an interim order if the concern is of a nature that involves a clear or potential risk to public protection or public confidence in the profession. An interim order will remain in place only for the period necessary for the concern to be considered by a Fitness to Practise Panel and must not exceed 18 months from the date it is made. All interim orders will be reviewed by the Registrar and potentially a Complex Case Panel within six months of being made and then every six months thereafter, or sooner if new relevant evidence becomes available. The registrant may also ask for an early review. Further information on interim orders is available on the UKPHR website.
53. If the Registrar determines that there is a case to answer and that the registrant's fitness to practise may be impaired, the case will proceed to a Fitness to Practise Panel.

Stage 3: Fitness to Practise Panel

54. The Fitness to Practise Panel will comprise:
- A chair
 - One UKPHR registrant who is not a member of any UKPHR committee or working group, present to provide a professional perspective
 - One lay member who is independent of UKPHR and is not a public health professional, present to represent the views of the public
55. The panel requires a quorum of three, at least one of whom must be a lay member.
56. The following may also attend:
- The registrant and their representative if one has been appointed
 - The individual who raised the concern
 - Witnesses
 - One or more UKPHR representatives, who may attend to advise on procedure but will not take part in decision making
 - A member of UKPHR staff providing administrative support
 - A legal representative, if UKPHR appoints one
57. UKPHR will meet reasonable travel expenses for attending an in-person hearing. The panel may at any time postpone or adjourn proceedings, at its discretion or at the request of any party.
58. UKPHR may also request that:
- A registrant (or any other party) discloses copies of any document or evidence they intend to use
 - A registrant (or any other party) submits a written statement to the panel and to the other parties
 - A witness statement stands as that witness's evidence in chief
 - The allegations be amended
59. UKPHR is committed to ensuring that all those who raise concerns and all witnesses are treated fairly and with respect. Reasonable support will be provided based on the circumstances of each case, for example accessibility adjustments or separate waiting areas. Please contact UKPHR if you require specific arrangements.
60. Fitness to practise cases will be heard in public unless there is a health issue or police investigation that means the hearing should be held in private to protect those involved. The decision and the reasons for it will be confirmed in writing within 10 working days of the date the decision is made. The decision will then be published on the UKPHR public register.
61. Further detail on the Fitness to Practise Panel hearing process is available in the Fitness to Practise Panel hearing guidance.

Sanctions

62. If the Fitness to Practise Panel decides that a registrant's fitness to practise is impaired, it will agree an appropriate sanction. The sanctions available to the panel are:
- Take no further action
 - Issue a reprimand
 - Impose a conditions of practice order
 - Impose a suspension order

- Erase the registrant from the register
 - Issue an interim order
63. The panel must ensure that both the decision to impose a sanction and the reasoning behind it are clearly explained in accessible language.
 64. If the panel removes a registrant from the register, that registrant may not apply for restoration earlier than five years from the date of erasure.
 65. All relevant parties will receive written notification of any decision and the reasons for it at each stage of the process.
 66. Further information on sanctions is available in the Fitness to Practise Sanctions policy.

What is reflected on the UKPHR public register?

67. UKPHR's public register is the primary means by which employers, colleagues, and members of the public can check the registration status of a public health professional and understand whether any regulatory action has been taken. The register will always show whether an individual is currently registered, and their registration type.
68. Where the Registrar has imposed an interim order at any stage of the process, this will be reflected on the register immediately, as it has a direct and practical effect on the registrant's ability to practise. The fact that a concern is under investigation will not normally be published on the register before a referral to the Fitness to Practise Panel has been made, as no finding has been established at that stage and premature publication could be disproportionate.
69. Once a case has been referred to the Fitness to Practise Panel, UKPHR will note on the register that fitness to practise proceedings are pending. This recognises that referral to a Panel represents a significant threshold and the Registrar has determined that there is a realistic prospect of impairment being found. The broad nature of the concern (for example, misconduct or deficient professional performance) will normally be noted, though the full detail of the allegation will not be published at this stage.
70. Where the Fitness to Practise Panel has made a decision, the outcome and the sanction imposed will be published on the register. A reprimand, conditions of practice order, or suspension order will be shown for the duration of the order and for a period after it ends. Where a registrant is erased from the register, this will be noted until restoration is granted. Advice issued by the Registrar and any programme of remedial action agreed as an alternative to Panel referral will not normally be published on the register, unless the remedial programme includes a restriction on the registrant's practice.

Appeals

67. An appeal can only be made following a decision to impose a sanction at Stage 3. It must be submitted within 20 working days of receiving written confirmation of the decision.
68. Appeals will be considered by an Appeals Panel formed according to the same criteria as the Fitness to Practise Panel. No member of the Investigating Panel or the original

Fitness to Practise Panel may sit on the Appeals Panel. The Appeals Panel's decision and the reasoning behind it will be provided in writing within 10 working days of the decision.

69. UKPHR will retain a full transcript of hearings and decisions. A redacted version, protecting the anonymity of people who raised concerns and any third parties, will be published on the UKPHR website. Information relating to the health of the registrant or others involved will not be disclosed.
70. Once the appeals process is complete, no further appeals will be permitted. Further information on appeals is available ukphr.org.

Feedback about our process

71. We are committed to maintaining the highest standards of service and welcome feedback. If you wish to raise a concern about how UKPHR has managed this process, rather than about a registrant, you can do so through our Comments, Complaints and Compliments policy, available on the UKPHR website.



Fitness to Practise

Hearing Panel Guidance

June 2026

UKPHR Fitness to Practise – Panel and Hearings guidance

THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED. The electronic version of this document is the approved and most current. Any printed version is uncontrolled and may not be current. You can read the current, controlled version of the UKPHR FtP Hearing Panel guidance on UKPHR's website.

1. When UKPHR has determined the facts and grounds in relation to a concern or misconduct and it is considered that there is a case to answer at the end of the investigation process, the case will be referred to a Fitness to Practise Panel.
2. The Fitness to Practise Panel will be selected by the Registrar and Chief Executive and will comprise the following members:
 - A chair
 - One UKPHR registrant who is not a member of any UKPHR committee or working group, present to provide a professional perspective
 - One lay member who is independent of UKPHR and is not a public health professional, present to represent the views of the public
3. The panel requires a quorum of three, at least one of whom must be a lay member.
4. The panel may also be attended by:
 - a. The registrant and their representative if one has been appointed
 - b. The individual who raised the concern
 - c. Witnesses
 - d. One or more UKPHR representatives, who may attend to advise on procedure but will not take part in decision making
 - e. A member of UKPHR staff providing administrative support
 - f. A legal representative, if UKPHR appoints one.
5. In order to maintain the independence and impartiality of Fitness to Practise proceedings, any member of a Complex Case Panel who has advised the Registrar in the case to answer decision making process at the investigation stage must not sit as a member of the Fitness to Practise panel.
6. To promote fairness, proportionality, and consistency in decision-making, all Panel members are required to undertake structured training. This training will reinforce the correct application of regulatory standards and expected approaches to evidence assessment and decision-making.
7. UKPHR will meet reasonable travel expenses for attending an in-person hearing. The panel may at any time postpone or adjourn proceedings, at its discretion or at the request of any party. It may also, taking into consideration fairness, at times request the following:
 - a registrant (or any other party) discloses copies of any document or evidence they intend to use
 - a registrant (or any other party) submits a written statement to the panel and to the other parties
 - That oral submissions by either party are time limited.
 - a witness statement stands as that witness's evidence in chief
 - the allegations be amended

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

that the particular circumstances of the case outweigh the public interest in an open hearing. At the end of the hearing, the Fitness to Practise Panel will:

- a. Consider and announce its findings on the facts alleged.
 - b. If facts are found proved in whole or in part, hear submissions from both parties and consider and announce whether those facts amount to one or more grounds — namely misconduct, deficient professional performance, adverse physical or mental health, a conviction or caution, or a determination by another regulatory body.
 - c. If one or more grounds are established, hear further submissions from both parties and consider and announce whether, by reason of those grounds, the registrant's fitness to practise is currently impaired.
 - d. If fitness to practise is found to be impaired, the panel will hear submissions from both parties on the appropriate sanction. This may include consideration of an impact statement from the person who raised the concern, where one has been provided and the person did not give evidence at the hearing.
 - e. Announce the sanction to be imposed, if any, with reasons.
 - a. Invite submissions from both parties on whether the sanction should take effect immediately in the public interest, and announce its decision on this.
19. The Panel will announce whether any sanction is to take effect immediately or following the expiry of the 20 working day appeal period. If an appeal is submitted within that period, the sanction will not take effect until the appeal has been determined.
20. At each stage the Fitness to Practise Panel may withdraw to deliberate in private before announcing its decision.
21. The parties may be represented at any hearing by a solicitor or counsel (or in the case of the registrant, a representative of any professional organisation of which they are a member, or at the discretion of the Fitness to Practise Panel, a member of their family or any other person).
22. The Fitness to Practise Panel will make its decision by a simple majority vote. The Chair will have no casting vote, and every panel member must vote.



Fitness to Practise

Investigations and evidence gathering guidance

June 2026

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UKPHR Fitness to Practise – Investigations and Evidence Gathering

Introduction

1. This guidance supports UKPHR staff and the Registrar in carrying out Stage 2 investigations in a fair, consistent, and proportionate way. It explains the process for gathering information and evidence when a concern has passed the initial triage stage, the decisions available to the Registrar at the conclusion of an investigation, and the standards that apply throughout.
2. This guidance should be read alongside the Fitness to Practise Rules and UKPHR's other FtP guidance documents. Where this guidance refers to the Rules, the Rules take precedence.

Purpose of the investigation stage

3. When a concern has passed the initial triage stage and warrants further investigation, the aim will be to:
 - Clarify the facts of the concern and how they relate to Good Public Health Practice (2024).
 - Identify whether there is a real prospect that a Fitness to Practise Panel could find the facts proved and impairment established.
 - Assess current and future risk to the public and to public confidence, including whether an interim order is required in the public interest and for public protection, including the protection of the profession and the registrant.
4. The investigation should be an investigative rather than a punitive process, and proportionate to the seriousness and complexity of the concern. It should be conducted fairly and without undue delay.

Planning the investigation stage

5. Before gathering evidence, the Registrar (with support from UKPHR staff) should:
 - **Define the issues:** identify the specific allegations or concerns being investigated, including relevant dates, people involved, key behaviours, and any omissions.
 - **Identify the questions to answer:** for example, what happened, why it happened, whether professional standards were breached, whether the concern indicates an ongoing risk, and whether there is evidence of insight or remediation.
 - **Identify potential sources of evidence:** including the person who raised the concern, the registrant, the registrant's employer or commissioner, colleagues, and relevant documentary records.

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- **Set a timetable:** establish realistic deadlines for gathering evidence, with reference to UKPHR's obligation to progress cases without undue delay.
6. A brief investigation plan should be produced and recorded on the case file at the outset, covering the issues identified, the evidence to be sought, and the proposed timetable. The plan should be reviewed and updated as the investigation progresses.

Notifying the parties

7. At the start of the investigation, UKPHR staff should:
- write to the person who raised the concern to acknowledge that the matter has passed triage and is now being investigated, and provide a named contact at UKPHR;
 - write to the registrant to notify them of the concern, explain what will happen next, and invite their written response within a specified timeframe (normally 28 days); and
 - notify the registrant's employer of the concern, unless the employer is the person who raised it, or unless there is a specific reason not to do so at that stage (for example, because notification could prejudice the investigation or put the registrant at risk).
8. All correspondence should be clear, neutral, and factual. UKPHR staff should set out what information is being requested, why it is needed, and by when it is required. Parties should be given a reasonable opportunity to respond before decisions are taken.
9. Where the registrant is represented, correspondence should normally be directed to their representative.

Types of evidence to be gathered

10. The portfolio of documents produced at this stage for the Registrar should normally include a balanced set of material from several sources. Not every type of evidence will be needed in every case, but the decision not to seek a particular type of evidence should be noted on the case file with reasons.

Case records and documents

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

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Professional standards and policies

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

Witness accounts

- A clear account from the person who raised the concern, where possible, including a chronology and specific examples.
 - Statements from colleagues, managers, or other professionals who witnessed relevant events.
 - Where appropriate, statements from service users or community stakeholders who are directly affected.
11. Witnesses attend hearings voluntarily. UKPHR has no power to compel the attendance of witnesses or the production of documents. Where a party fails to produce relevant documents or make witnesses available, this will be taken into account by the Registrar and, if the case proceeds, by the Fitness to Practise Panel when considering the weight to be given to that party's case.

Registrant response and supporting material

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

Contextual or pattern information

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

Health-related information (where relevant)

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

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- Where health information is provided, it should be handled sensitively and shared only with those who need to see it for the purposes of the investigation.

Specialist or expert input (where needed)

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

Conducting the investigation

12. When gathering evidence, UKPHR staff should be clear, neutral, and factual in all correspondence, setting out what information is being requested, why it is needed, and by when.
13. They should also:
 - give registrants and other parties a reasonable opportunity to respond and to provide relevant material, including mitigating evidence;
 - keep a clear record of all enquiries, responses, and follow-up actions on the case file;
 - handle all information in line with data protection and confidentiality requirements, requesting and retaining only information that is necessary and proportionate to the concern; and
 - progress the investigation without undue delay, keeping parties informed of progress at reasonable intervals.
14. Where new or serious information emerges during the investigation that suggests a heightened risk to the public or to public confidence, the Registrar should consider whether an interim order is needed or should be varied, in line with UKPHR's interim orders guidance.

Complex Case Panel

15. The Registrar may convene a Complex Case Panel to provide advice at any stage of the investigation, particularly where a case raises difficult or novel issues, where the facts are complex, or where the Registrar is considering whether to agree a programme of remedial action.
16. The Complex Case Panel provides advice only. Responsibility for all decisions under the Fitness to Practise Rules remains with the Registrar.
17. Where a Complex Case Panel is convened, its advice and the Registrar's reasons for the decision taken should be recorded on the case file.

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Investigation stage: threshold for referral to a Fitness to Practise Panel hearing

18. In making a decision on whether a case should be closed after investigation or referred to a Fitness to Practise Panel hearing, the Registrar will consider three key questions as part of the case-to-answer test:
 - a. ***Is there a real prospect that a Fitness to Practise Panel could find the alleged facts proved on the balance of probabilities?***
 - b. ***If those facts were to be proved, is there a real prospect that they would amount to a statutory ground of impairment (for example misconduct, deficient performance or competence, a health concern, or a conviction or caution)?***
 - c. ***If grounds of impairment could be established, is there a real prospect that a Panel would find current impairment such that some restriction (conditions or suspension) on registration might be needed in the public interest?***
19. When applying the above three key questions, the Registrar will also consider whether honesty or integrity is in doubt, whether there are any health conditions affecting safe practice, and whether the concern is an isolated incident or part of a pattern. The level of harm or potential harm to the public, as well as what action the registrant has taken to remediate or prevent recurrence, will also be considered.
20. Factors such as a single low-level incident, strong evidence of early and effective remediation, and clear evidence that the registrant now poses minimal risk and that public confidence can be maintained without a hearing will be considered.
21. There are factors that UKPHR will consider that may indicate the case should be taken to a Fitness to Practise Panel hearing. These include serious or repeated failings, significant harm or risk to public protection, dishonesty or abuse of trust, criminal behaviour, concerns about sexual misconduct or violence, concealment, and lack of insight or remediation.
22. The Registrar may decide to convene a Complex Case Panel if further guidance is required in order to determine whether there is a “case to answer” in relation to the raised concern and whether it should proceed to a Fitness to Practise Panel.

Preparing the portfolio for the Registrar

23. Once UKPHR have gathered the relevant evidence and information, UKPHR staff should compile a portfolio of documents for the Registrar which includes the following:
 - The concern(s) and background;

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- The evidence obtained;
 - Any key points of agreement or dispute between the parties;
 - A succinct analysis of how the evidence relates to Good Public Health Practice (2024) and any other relevant standards;
 - Any factors relevant to current impairment and risk, including aggravating and mitigating factors;
 - Evidence of insight and remediation where available; and
 - A note of any evidence that could not be obtained and the reason why (for example, refusal of consent or non-cooperation by a third party).
24. The Registrar will consider the portfolio within 28 days of it being provided. Where the volume or complexity of the case requires additional time, this should be agreed in advance and noted on the case file.

Decision-making and recording outcomes

25. Following consideration of the evidence presented to them, the Registrar will determine whether there is a real prospect of impairment being found. The decisions available to the Registrar are:
- **No further action** – the threshold for a Fitness to Practise Panel has not been met and the case is closed.
 - **Advice** – this means that conduct warrants a response but does not meet the threshold for a Fitness to Practise Panel hearing. Advice is written advice to the registrant about their conduct or practice. It does not appear on the public register but is recorded internally and can be taken into account if further concerns arise. The case is then closed.
 - **Remedial action** – invite the registrant to agree a programme of remedial action that UKPHR will monitor. Any programme should be specific, time-limited, and verifiable. If the registrant declines, fails to comply with its terms, or does not respond within a reasonable period, the Registrar may refer the matter to the Fitness to Practise Panel. Examples of remedial action include, but are not limited to:
 - a. Completing specific continuing professional development or training;
 - b. Working under supervision for a defined period, with regular reports to UKPHR;
 - c. A reflective piece or written statement demonstrating insight into what went wrong and what has changed;
 - d. A formal appraisal or performance review, with results shared with UKPHR;
 - e. Mentoring by a senior colleague or a period of assessed practice;
 - f. Engagement with occupational health services or regular health assessments by an independent practitioner; or
 - g. Restrictions on certain types of practice pending recovery or remediation.

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- **Progress the case to a Fitness to Practise Panel hearing** – where the case-to-answer test is met, the case will be referred to a Fitness to Practise Panel hearing. Further information is set out in UKPHR's Fitness to Practise Hearings guidance.
26. The Registrar will also consider both the aggravating and mitigating factors, including evidence of insight and remediation, pattern of behaviour, and the impact on public confidence, and will provide clear written reasons for the decision, linked to the evidence and to relevant standards, so that both the registrant and the person who raised the concern are informed of the reasons for the decision.
 27. The outcome and the reasons for the decision will be communicated in writing within 5 working days of the decision being made to both the registrant and the person who raised the concern.

Interim orders

28. The Registrar may also consider whether an interim order is needed at any stage of the investigation. An interim order may be appropriate where the concern is of a nature that involves a clear or potential risk to public protection or public confidence in the profession, and where it would not be in the public interest to wait for the outcome of the full investigation before placing any restriction on the registrant's practice.
29. An interim order will remain in place only for the period necessary for the concern to be considered by a Fitness to Practise Panel and must not exceed 18 months from the date it is made. All interim orders will be reviewed by the Registrar and potentially a Complex Case Panel within six months of being made and then every six months thereafter, or sooner if new relevant evidence becomes available. The registrant may also ask for an early review.
30. Before an interim order is made or varied, the registrant will be notified and given the opportunity to make representations.
31. Further information on UKPHR's interim orders can be found on the UKPHR website.

Record keeping and confidentiality

32. All documents and correspondence relating to an investigation must be retained on the case file in accordance with UKPHR's records retention policy. The case file should include:
 - the investigation plan and any updates to it;
 - all correspondence with the parties;
 - all evidence obtained and considered;
 - any Complex Case Panel advice and the Registrar's response to it;
 - the Registrar's decision and written reasons; and

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- a record of how and when the outcome was communicated to the parties.
33. All information gathered during an investigation is confidential and must be handled in accordance with UKPHR's data protection and confidentiality obligations. Information should be shared only with those who need it for the purposes of the investigation, and should not be disclosed to any other person without the prior written consent of UKPHR, except where required by law.
34. Where a concern is ultimately not upheld, particular care should be taken to ensure that confidential information about the registrant is not retained beyond the period required by UKPHR's records retention policy.



Fitness to Practise

The Triage process

June 2026

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UKPHR Fitness to Practise – Triage process

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

Triage Threshold

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

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

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



Fitness to Practise

Sanctions Policy

June 2026

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UKPHR Fitness to Practise – Sanctions Policy

Introduction

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

Sanctions

Sanctions imposed by the panel may include:

- Taking no further action
- Issuing a reprimand
- Imposing a conditions of practice order
- Imposing a suspension order
- Erasing the registrant from the register
- Interim order

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Taking no further action

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

Imposing a Reprimand

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

Imposing a Conditions of Practice order

13. A conditions of practice order allows a registrant to continue practicing while subject to specific, proportionate restrictions that address the concerns identified in relation to their fitness to practise. Such an order may require the registrant to undertake certain actions, complete training, or limit aspects of their work.

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

Imposing a Suspensions order

20. A suspension order prohibits a registrant from practising their profession for a specified period and represents a serious restriction on their registration.
21. A suspension order is generally appropriate where there are serious concerns that cannot be resolved by a condition of practice order but that do not justify permanent removal from the Register. Such cases typically involve a serious breach of the standards of Good Public Health Practise 2024, performance and ethics, where the registrant has demonstrated insight, the issues are unlikely to be repeated, and there is evidence that the failings can be remedied.
22. The period of suspension must be proportionate and necessary to protect the public and public confidence and may be imposed for up to one year. Short-term suspensions may be appropriate where a staged return to practice is required, such as when the registrant has engaged with the process but is temporarily unable to comply with conditions of practice, or where there is no ongoing risk of harm but a sanction is required to uphold public confidence in the profession.

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23. Panels should clearly specify the purpose of the suspension and the expectations placed on the registrant. The suspension will be recorded on the registrant's entry on the UKPHR register and will remain visible for a specified period, typically five years, following the lifting or expiry of the order.

Erasing the registrant from the register

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

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- Grant restoration

Refusal of restoration

31. If the Registrar refuses restoration and is not satisfied that the registrant is fit to practise, the registrant must wait at least 12 months before applying again for restoration.
32. If the registrant is refused restoration again, the Registrar can suspend further applications for a specified time period or indefinitely.

Restoration with conditions of practice

33. If the Registrar agrees to grant restoration with conditions of practice, the registrant will be required to complete relevant education and training in order for UKPHR to restore their registration. This is to ensure that the registrant is competent and fit to practise.
34. Conditions of practice orders can be imposed for up to three years, with panels required to provide clear reasoning for the selected duration.

Grant restoration

35. The Registrar will determine that a registrant is now a fit and proper person to be restored to the register and that restoration would not undermine public protection, public confidence in the profession or proper professional standards.
36. Where restoration is granted, UKPHR will restore the registrant's name to the register as soon as reasonably practicable and notify the registrant in writing.

Interim Orders

37. The UKPHR has the power to consider whether it is necessary for the protection of the public or in the public interest, to impose an interim order to be applied whilst a registrant is waiting to be called to a Fitness to Practise Panel.
38. Interim orders can only be imposed if there is determined to be an immediate, genuine and continuing risk to the public, colleagues, the profession, or UKPHR, if an interim order is not made.
39. The purpose of an interim order is a temporary measure to protect the public interest, including the protection of the public, whilst there are ongoing concerns about a registrant's fitness to practise which have not yet been resolved.
40. This will recommend restrictions upon the registrant's practice and will usually be applied until the Fitness to Practise Panel comes to a final decision in relation to an allegation, or it is revoked.

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41. Further information on UKPHR's Interim Orders policy can be found [here](#).

After a sanction is imposed

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

Fitness to Practise Rules

June 2026

1. Application

- 1.1 These Rules apply whenever UKPHR receives information about the fitness to practise of a registrant, including information provided by a registrant about themselves.
- 1.2 These Rules apply to registrants even after they have resigned from the Register.
- 1.3 These Rules apply to registered public health specialists, specialty registrars, and practitioners.

2. Definitions

- 2.1 In these Rules:

Administrator means the person or persons appointed by UKPHR to administer the fitness to practise process and to support the Fitness to Practise Panel.

Appeals Panel means the independent panel established under UKPHR's Articles of Association to hear appeals from decisions of the Registrar and the Fitness to Practise Panel.

Concern means any information received by UKPHR which raises a question about whether the fitness to practise of a registrant is impaired by reason of misconduct, deficient professional performance, adverse physical or mental health, a conviction or caution, or a determination by another regulatory body.

Fitness to Practise Panel means the panel established under UKPHR's Articles of Association to consider and determine concerns referred to it by the Registrar.

Person who raised the concern means the individual or organisation that brought a concern to UKPHR's attention.

Presenting Officer means a person appointed to represent UKPHR at a hearing.

Registrant means a registered public health specialist, specialty registrar, or practitioner about whom a concern has been received by UKPHR.

Registrar means the Registrar of UKPHR.

UKPHR means the UK Public Health Register.

3. Triage

- 3.1 On receipt of a concern, the Registrar will carry out a triage assessment to determine whether the concern meets the threshold for a formal investigation. The Registrar will consider:
 - whether the concern relates to a person who is registered with UKPHR;
 - whether the concern falls within UKPHR's remit;

- whether, if the matters alleged were verified and substantiated, they could amount to an impairment of fitness to practise; and
- whether there is sufficient information to proceed.

- 3.2 If the answer to any of these questions is no, the concern will be closed at triage. The person who raised the concern will be informed of the outcome and the reasons for it. If the registrant has been contacted, they will also be informed of the outcome and the reasons for it.
- 3.3 Where appropriate, UKPHR may refer concerns that fall outside its remit to another organisation better placed to deal with them.
- 3.4 The Registrar may dismiss a concern that is manifestly unfounded. Where a concern is dismissed, the Registrar may nonetheless issue advice to the registrant.
- 3.5 The triage assessment will normally be completed within 20 working days of receipt of the concern.

4. Investigation

- 4.1 Where a concern passes triage, the Registrar will carry out a formal investigation. The Registrar will:
- acknowledge receipt of the concern and provide the person who raised the concern with a named contact at UKPHR;
 - notify the registrant of the concern and invite their response;
 - gather such further information, documentation, or reports as are necessary to properly consider the matter; and
 - notify the registrant's employer of the concern, unless the employer is the person who raised it.
- 4.2 Having investigated the concern, the Registrar will decide whether there is a realistic prospect that, if the facts were established, they would demonstrate impairment of the registrant's fitness to practise to a degree justifying action on registration. If so, the Registrar will refer the matter to the Fitness to Practise Panel.
- 4.3 The Registrar may, where appropriate, invite the registrant to agree a programme of remedial action as an alternative to referral to the Panel. If the registrant declines, fails to comply with, or does not respond to such an invitation, the Registrar may refer the matter to the Panel.
- 4.4 Where the Registrar decides not to refer a concern to the Panel, the case will be closed. The person who raised the concern and the registrant will be informed of the outcome and the reasons for it.

5. Interim Orders

- 5.1 At any stage in the process, the Registrar may refer a matter to the Fitness to Practise Panel for consideration of whether an interim order is necessary to protect the public or is otherwise in the public interest pending the outcome of a full hearing.
- 5.2 The Panel may impose an interim conditions of practice order or an interim suspension order. Any interim order will be reviewed at intervals of no more than six months.
- 5.3 The registrant will be notified before any interim order hearing and will have the opportunity to make representations.

6. Fitness to Practise Panel

6.1 Composition

- 6.1.1 The Fitness to Practise Panel will be selected by the Registrar and Chief Executive and will comprise:
- a chair;
 - one UKPHR registrant who is not a member of any UKPHR committee or working group, present to provide a professional perspective; and
 - one lay member who is independent of UKPHR and is not a public health professional, present to represent the views of the public.
- 6.1.2 The Panel requires a quorum of three, at least one of whom must be a lay member. Panel members must not have had any prior involvement in the case.

6.2 Powers

- 6.2.1 The Fitness to Practise Panel will consider and determine any concern referred to it by the Registrar. The Panel may, taking account of the overriding requirement of fairness:
- postpone or adjourn proceedings at its discretion or at the request of any party;
 - require a registrant (or any other party) to disclose any document or evidence they intend to use;
 - require a registrant (or any other party) to submit a written statement;
 - admit any evidence it considers fair and relevant, whether or not it would be admissible in a court of law;
 - proceed in the absence of the registrant if satisfied that all reasonable steps have been taken to notify them of the hearing; and
 - exclude any person whose conduct disrupts or is likely to disrupt the proceedings.
- 6.2.2 In determining any fact or matter, the Panel will apply the civil standard of proof.
- 6.2.3 The Panel may not order the payment of costs or expenses to either party.

6.3 Hearings

- 6.3.1 Hearings will normally be held in public. The Panel may direct that a hearing, or part of a hearing, be held in private where it is satisfied that the particular circumstances of the case outweigh the public interest in an open hearing.
- 6.3.2 The registrant and the person who raised the concern will each receive at least 20 working days' notice of the hearing date. Both parties have the right to attend and to be represented.
- 6.3.3 The registrant may be represented by a solicitor, counsel, a representative of a professional organisation of which they are a member, or, at the Panel's discretion, another person of their choosing.
- 6.3.4 UKPHR will meet reasonable travel expenses for attending an in-person hearing.
- 6.3.5 All hearings will be recorded. UKPHR may publish a record of any hearing held in public.

6.4 Procedure

- 6.4.1 The Panel will determine its own procedure in accordance with these Rules and the overriding requirement of fairness. At the conclusion of a hearing, the Panel will:
- consider and announce its findings on the facts;
 - consider and announce whether those facts amount to impairment of fitness to practise;
 - if it finds fitness to practise is impaired, hear submissions from the parties on the appropriate sanction and announce its decision on sanction with reasons; and

- announce whether any sanction is to take effect immediately or following the expiry of the appeal period.

6.4.2 Decisions of the Panel shall be taken by a simple majority. The chair will have no casting vote and no Panel member may abstain.

6.4.3 The Panel will provide written reasons for its decision within 10 working days of the date the decision is made.

7. Sanctions

7.1 If the Fitness to Practise Panel finds that a registrant's fitness to practise is impaired, it may:

- take no further action;
- issue a reprimand;
- impose conditions on the registrant's practice;
- suspend the registrant's registration for a specified period not exceeding 12 months; or
- erase the registrant from the Register.

7.2 A registrant whose name is erased from the Register may not apply for restoration earlier than five years from the date of erasure.

7.3 Any sanction imposed will take effect 20 working days after the date of the Panel's decision, unless the Panel directs otherwise.

8. Publication

8.1 The Registrar will arrange for the outcome of any fitness to practise proceedings to be published on the UKPHR public register.

8.2 The Registrar will notify the registrant, the person who raised the concern, and any other relevant interested parties of the Panel's decision as soon as reasonably practicable.

8.3 The Registrar will consider whether any information arising from proceedings should be shared with other regulators in accordance with UKPHR's information-sharing policies.

9. Appeals

9.1 Any party may appeal against a decision of the Fitness to Practise Panel, in accordance with the Appeals Rules.

9.2 Where an appeal is lodged within the appeal period, any sanction will not take effect until the appeal has been determined, unless the Panel has directed that the sanction take effect immediately.

10. Service

10.1 Any notice or document required under these Rules may be served:

- personally on the registrant;
- by post to the registrant's last known address;
- by email to an address the registrant has notified to the Registrar; or
- where the registrant is represented, on their representative.

10.2 Service may be proved by confirmation of posting, confirmation of receipt by email, or a signed statement from the person serving the document.

UKPHR Stakeholder Engagement Plan

UK Public Health Register

June 2026

1. Purpose and Scope

This Stakeholder Engagement Plan sets out how the UK Public Health Register (UKPHR) will engage with its key stakeholders in a planned, structured, and meaningful way. It is designed to directly support the delivery of UKPHR's 2024-2029 Strategy, which is built around four themes: maintaining, developing, and growing the Register; supporting the multi-disciplinary public health workforce; promoting collaboration across the public health and regulatory sectors; and investing in UKPHR's people and systems.

The plan covers how UKPHR will identify and communicate with stakeholders, what messages it will convey, what activities it will deliver, and how it will measure the impact of its engagement. It applies to all external and internal stakeholder engagement activities undertaken by UKPHR staff, Board members, and the wider volunteer workforce during the plan period.

2. Engagement Objectives

The engagement objectives below are drawn directly from UKPHR's four strategic themes and the priorities within them.

Grow and sustain the Register (Strategy Theme 1)
Support the public health workforce (Strategy Theme 2)
Strengthen collaboration and promote UKPHR's role (Strategy Theme 3)
Support internal engagement and organisational development (Strategy Theme 4)

3. Stakeholder Mapping

UKPHR engages with a wide range of stakeholders. Groups and organisations have been identified as priorities for engagement, along with their primary interest in UKPHR and the level of influence they hold; this is provided in Annex 1.

5. Key Messages by Audience

All communications will reflect UKPHR's values of public protection, fairness and equity, transparency and openness, resilience through robust regulation, and collaborative working.

- *For registrants:* UKPHR registration demonstrates your commitment to professional standards and ongoing competence. It protects the public and adds value to your career. We are here to support you through revalidation and throughout your professional life.
- *For employers and NHS organisations:* UKPHR-registered practitioners bring verified, standards-based public health competence to your workforce. Including UKPHR registration in job descriptions helps attract skilled professionals and strengthens public protection. We want to work with you to support your staff to register.
- *For practitioner and specialist portfolio candidates, apprentices, and specialty registrars:* The UKPHR offers clear, flexible, and supported routes to professional registration. We are committed to reducing barriers and helping you achieve registration.

- *For academic and training partners:* Partnership with UKPHR ensures your graduates and trainees are registration-ready and that your programmes align with the standards required for a regulated public health profession. We value your contribution to the public health workforce pipeline.
- *For policy and system stakeholders:* UKPHR registration underpins a regulated, competent, and multi-disciplinary public health workforce. We are committed to contributing to the system-wide agenda, sharing data and insight, and working collaboratively to build a sustainable public health workforce across all four nations.
- *For staff and internal audiences:* UKPHR is committed to being a great place to work. We will communicate openly about our direction and priorities, seek your views regularly, and act on what we hear. Your contribution is central to everything we achieve.

6. Engagement Activity Plan

The following activities form the core of UKPHR's engagement programme.

Activity	Objective	Target Audience	Frequency	Status	Gaps to fill
Registrant Newsletter	Keep registrants informed of UKPHR news, policy developments, revalidation reminders, and workforce updates	All registrants	Quarterly	In place	Need to work on better engagement with PHS and Health Boards in Scotland; Northern Ireland engagement remains difficult
New Registrant Welcome Webinar	Onboard new registrants, explain the benefits and obligations of registration, answer questions	Newly registered specialists and practitioners	Bi-monthly	??	
Lead Employer Engagement	Promote the value of UKPHR registration to employers, encourage inclusion of registration in job descriptions, discuss SRbPA support	NHS, UKHSA, DHSC/OHID, local authority, PHW, PHS, PHA, and other public health employers	Quarterly	In place for most employers	
Practitioner Scheme Engagement	Support local delivery of a high quality practitioner portfolio programme	Local and national Scheme coordinators, verifiers, assessors	Quarterly	In place	
PH Collaborative (England)	Support and contribute to system-wide PH strategic objectives	PH employers, government, national bodies	Quarterly	In place	
People in UK Public Health	Support and contribute to system/UK-wide PH strategic objectives	PH employers, government, national bodies	Quarterly	In place	
Portfolio Pathway and SRbPA Information Sessions	Support prospective candidates to understand and begin the portfolio route to registration	Portfolio candidates and prospective SRbPA applicants	Quarterly	In place	
Standards and Policy Consultation	Engage registrants, employers, and partners in the review and development of UKPHR standards and policies	Registrants, academic partners, professional bodies	As required	In place as needed; Registration Policy Group meets regularly	CE to get Network on regular schedule to keep on top of messaging

Activity	Objective	Target Audience	Frequency	Status	Gaps to fill
UKPHR Practitioner Conference	Showcase best practice in public health, strengthen community among registrants, and share UKPHR updates	Practitioner registrants	Annual	In place	
Four-Country Liaison Calls	Maintain regular dialogue with devolved nation public health teams to ensure UKPHR functions are relevant across all four nations	UKHSA, Welsh Government, Public Health Scotland, Public Health Agency NI	Quarterly	Less frequent than should be	Aim for quarterly; we generally do with Wales, slightly less with Scotland; more difficult with NI
Professional Body Liaison Meetings	Align messaging and activity with FPH, RSPH, and ADPH to promote a unified voice across the public health profession	FPH, RSPH, ADPH leads	Quarterly and as needed	In place	Establish relationship with new ADPH chief exec with aim of building better networks with DPHs
FPH committee meetings and steering groups	Align messaging and activity; contribute actively to development of initiatives through Education, Workforce, and Climate/Sustainability Committees; curriculum and standards groups.	FPH, local and national training programmes and workforce groups	Quarterly and as needed	In place	
Social Media and Website Updates	Raise awareness of UKPHR, share news, promote registration, and maintain a strong public presence	General public, prospective registrants, stakeholders	Weekly	Don't use as often as we should	Establish more of a presence on LinkedIn
Annual Report Publication	Report transparently on register growth, demographics, revalidation data, and strategic progress	All stakeholders	Annual	In place	
Revalidation/ Re-reg Support Webinars	Support registrants approaching revalidation and re-registration with clear information and guidance	Registrants due for revalidation	Annual	Needs to establish cycle	Have done one webinar; need to establish more systematically
Staff and Volunteer Workforce Surveys	Gather feedback from staff, Board members, Committee members, and assessors to inform continuous improvement	Internal audiences	Annual	In place	
PSA Accreditation Engagement	Maintain active participation in the PSA's Accredited Registers programme and embed best regulatory practice	PSA	Annual and as required	In place	
Institute of Regulation Engagement	Maintain active participation in IoR's programme of activities	IoR and other regulators	Quarterly and as needed	In place	Working on Chair engagement

7. Communication Channels

- UKPHR website (www.ukphr.org) - primary information hub for all audiences, including registration guidance, news, policies, and annual reports.
- Email and newsletters - targeted communications to registrants, candidates, employers, and stakeholders. Used for routine updates, event invitations, revalidation reminders, and consultations.
- Webinars and online events - interactive sessions for registrants, candidates, and stakeholders. Accessible to audiences across all four nations.

- Social media (LinkedIn, Bluesky, and X/Twitter) - public-facing channel for news, registration promotion, sector updates, and stakeholder engagement.
- Formal meetings - Board and Committee meetings, committee meetings with professional bodies, employer briefings, and four-country calls.
- Informal meetings – CE meets regularly with CEs of partner/stakeholder organisations; Chair and Vice-Chairs report on meetings to CE and Board
- Conferences and sector events - UKPHR practitioner conference, FPH Annual Conference, IoR conference, PSA events, local and national public health events and other relevant sector gatherings.
- Publications - Annual Report, annual accounts, consultation documents, standards papers, practice guidance, and information sheets.

8. Monitoring and Evaluation

Engagement will be monitored against the following indicators. Progress will be reported to the Board as part of the annual reporting cycle and reviewed against the SMART action plan that sits alongside the 2024-2029 Strategy.

- Register growth - total active registrants and net growth rate - quarterly
- Registration route uptake - numbers registering via each route including SRbPA and apprenticeships - quarterly
- Email open and click rates - percentage opens and clicks per newsletter or campaign - per send
- Event attendance - number of attendees and post-event satisfaction scores - per event
- Website traffic - unique visitors, page views, and bounce rate - monthly
- Social media reach - followers, impressions, and engagement rate - monthly
- Stakeholder satisfaction - survey scores from the annual stakeholder forum and other events - annually
- Demographic data - registrant and applicant demographics including protected characteristics, to monitor inclusivity and fairness - annually via Annual Report
- Staff and volunteer engagement - feedback survey scores and response rates

This plan will be reviewed annually by the CEO in conjunction with the UKPHR Team and Chair, and any significant changes will be brought to the Board for approval. It is intended to be a living document, updated in line with changes to the strategic landscape, stakeholder relationships, or UKPHR's priorities.

Annex 1

UKPHR Stakeholder Engagement Plan – Stakeholder Mapping

The table below maps UKPHR's key stakeholders to the relevant strategic theme, their level of power and influence over UKPHR, and the appropriate level of engagement. Blank cells are to be completed following Board discussion.

Stakeholder / Organisation	Strategy Theme	Power / Influence	Engagement Approach	Key Individuals / Roles	UKPHR Lead	Engagement Method	Frequency	Notes
UKPHR Board and Committees	Theme 4 – Invest in people and systems	High	Manage closely	Chair; Non-executive Board members; Committee chairs		Board papers; formal meetings; annual Board development programme	4-6 times/year as per schedule	
UKPHR Staff	Theme 4 – Invest in people and systems	High	Manage closely	CEO; all staff		Team meetings; 121s; appraisals; staff surveys; internal briefings	Ongoing	
UKPHR contractors	Theme 4 – Invest in people and systems	High	Manage closely	Registrar Moderators (practitioner and specialty)		Regular catch ups with staff and each other (moderators)	Ongoing and quarterly meetings	
UKPHR Volunteer Workforce (assessors, quality assurers)	Theme 4 – Invest in people and systems	Medium	Keep satisfied	Assessors Verifiers Registration Panel Chairs RAC Committee members		Regular briefings; feedback surveys; development opportunities	Ongoing	
Public Health Registrants	Themes 1 and 2 – Grow Register; Support workforce	High	Manage closely	Specialists Practitioners Specialty Registrars		Quarterly newsletter; webinars; annual conference; surveys; direct email	Ongoing	
Future registrants	Theme 1 – Maintain, develop and grow the Register	Medium	Keep informed	Specialty Registrars, SRbPA applicants, practitioner scheme members, apprentices		Information sessions; registration support; email guidance	As required	
Potential applicants	Theme 1 – Maintain, develop and grow the Register	Medium	Keep informed	Practitioners who are not registered Specialty Registrars who are not registered		Information sessions; regional/employer events; registration team support; email guidance	As opportunities arise	
NHS England	Themes 1 and 2 – Grow Register; Support workforce	High	Keep satisfied	Public Health Team Workforce, Training, and Education team		Through England Workforce Collaborative; direct engagement with workforce leads	Quarterly / as required	

UKHSA	Themes 2 and 3 – Support workforce; Promote collaboration	High	Keep satisfied	Workforce and development team SARD technical team		Through England Workforce Collaborative; direct engagement with workforce leads; regular technical meetings re SARD	Quarterly / as required	
DHSC/OHID	Themes 2 and 3 – Support workforce; Promote collaboration	High	Keep satisfied	National workforce team Regional workforce teams		Through England Workforce Collaborative; direct engagement with national workforce leads; project meetings; regular information sharing	Quarterly / as required	
Practitioner Scheme Coordinators	Themes 2 and 3 – Support workforce; Promote collaboration	High	Keep satisfied	Coordinating teams from each English region/devolved nation		Through practitioner scheme coordinator meetings; annual 121s, regular information sharing, email support	Quarterly / as required	
Devolved Nation Teams (Wales, Scotland, Northern Ireland)	Themes 2 and 3 – Support workforce; Promote collaboration	High	Keep satisfied	National workforce leads at PHW, PHS, PHA		Through PiUKPH, direct engagement with workforce leads	Quarterly	Have not yet established regular direct engagement with NI
Local authorities, Health Boards, Heath & Social Care Trusts	Themes 1, 2 Grow Register; Support workforce	High	Keep satisfied	DPH/other PH leaders and managers; employed practitioners		Through registrants, ADPH; direct outreach; and local events	Annually	
Faculty of Public Health (FPH)	Theme 3 – Promote collaboration	High	Manage closely	Workforce Registrar Academic Registrar Chief Executive Deputy CE President Specialist Teams Country Leads		Liaison meetings; joint communications; aligned messaging; conference engagement; regular 121s; Workforce & Education committee representation	At least quarterly / as required	
Royal Society of Public Health (RSPH)	Theme 3 – Promote collaboration	Medium	Keep satisfied	Chief Executive Policy Team		Liaison meetings; joint events; PiUKPH	Quarterly	
Association of Directors of Public Health (ADPH)	Themes 2 and 3 – Support workforce; Promote collaboration	Medium	Keep satisfied	Chief Executive Policy Team SRbPA Network lead		Liaison meetings; conference engagement; employer messaging/consultation; SRbPA network	Bi-annual	
Chartered Institute of Environmental Health (CIEH)	Themes 2 and 3 – Support workforce; Promote collaboration	Medium	Monitor	Chief Executive Standards & Workforce leads		Liaison meetings; PiUKPH	Quarterly	

CMOs & Deputy CMOs	Themes 1, 2 Grow Register; Support workforce	High	Keep informed			Meetings/comms to ensure they're aware of UKPHR and engaged with PH regulation	Annually	
Academic Partners, Apprenticeship Providers and Higher Education Institutions	Themes 1 and 2 – Grow Register; Support workforce	Medium	Keep informed	Apprenticeship Leads PH Programme Leads		Partnership meetings; EPA Apprenticeship provider meetings	Quarterly	
Specialist Training Programmes	Theme 1 – Maintain, develop and grow the Register	Medium	Keep informed	Heads of Schools, Training Programme directors; training leads		Engagement programme; direct liaison with training teams	Bi-annual	
Professional Standards Authority (PSA)	Themes 1 and 3 – Maintain, develop and grow the Register; Promote collaboration	High	Manage closely	Accredited Register Team		Accreditation process; PSA Accredited Registers programme participation; Engagement with annual review	Bi-annual and as required	
Healthcare Regulators	Theme 3 – Promote collaboration	Medium	Keep informed	Statutory Regulators Accredited Registers		Accredited Register Collaborative; occasional shadowing; sharing good practice; engagement at IoR events	Quarterly and as required	
Institute of Regulation	Theme 3 – Promote collaboration	Medium	Keep informed	Operational team and Board		Regulatory networks; shared learning events; bilateral engagement; annual conference	Bi-annual	
NIHR/National PH Research consortia	Theme 3 – Promote collaboration	Low	Monitor			Networks; conferences; bilateral engagement as opportunities arise	As opportunities arise	
International Public Health Organisations	Theme 3 – Promote collaboration	Low	Monitor			International networks; conferences; bilateral engagement as opportunities arise	As opportunities arise	
General Public and Media	Themes 1 and 3 – Grow Register; Promote collaboration	Low	Monitor			Website; press releases; social media	As needed	
Organisational regulators	Low	Low	Monitor	Arms length contact ie via websites		Annual returns; other statutory obligations	Annual	
UKPHR Suppliers	All themes	Low	Monitor	CEs and tech/sales teams		Regular catch ups; contract reviews; financial reviews	As needed	

PH Recruitment agencies	Theme 2 – Support the workforce	Low	Monitor	Recruiters; independently employed registrants		Sponsorship opportunities; press releases	As needed	
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Engagement Approach Key

Manage closely – High power, high interest. Prioritise the relationship; engage regularly and in depth. (yellow shading)

Keep satisfied – High power, lower interest. Keep onside and involved in key decisions. (green shading)

Keep informed – Lower power, high interest. Communicate regularly and value their input. (blue shading)

Monitor – Lower power, lower interest. Watch for changes; light-touch engagement. (grey shading)

Item 7

Board Meeting, 24 June 2026

UKPHR Reserves Recovery Strategy

Introduction

1. This paper summarises UKPHR's Reserves Recovery Strategy, which sets out how UKPHR will restore its reserves to the target level defined in the Reserves Policy (March 2026) over the three financial years 2026/27 to 2028/29.
2. UKPHR's reserves have been drawn down in recent years as a result of a set of deliberate, Board-approved investments and a number of one-off costs. The Board confirmed at the last strategy day that it is satisfied with the strategic progress this investment has enabled.
3. The Audit, Risk and Remuneration Committee (ARRC) considered the full strategy paper at its meeting on 21 May 2026 and agreed that an abridged version drawing out the key tables should be presented to the Board, to ensure all Board members understand the current position and the forward plan.

Why reserves have been drawn down

4. Investment in IT systems: significant investment in the Regulator Online registration platform and associated digital infrastructure, essential to delivery of UKPHR's strategy and enabling material improvements in registrant experience and operational efficiency.
5. Office relocation and downsizing: UKPHR has moved to a smaller serviced office. Facilities costs will reduce from approximately £54,000 to £30,000 per year — a recurring annual saving of £24,000 from 2026/27 onwards.
6. One-off relocation costs: the office move incurred unforeseen costs, including digital scanning of paper records (£8,000) and dilapidations charges for the former premises (£29,000).
7. These factors will produce a significant reported deficit in the 2025/26 end-of-year accounts, with a negative reserves position on an accruals basis of approximately £50,000. The accruals position will be explored in more detail at the July 2026 ARRC meeting. UKPHR's cash position and liquid assets remain strong.

Current cash position — 2026/27

8. The table below shows the projected monthly cash balance across 2026/27.

31 Mar26	30 April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
68643	49904	67830	109754	108691	92463	81548	72892	36528	30211	35836	63489	87285

9. The increase between the opening balance and early summer reflects annual renewal fee income received each spring; this is the primary income event of the year, though increasingly spread across the year as direct debit uptake grows.

10. Cash is drawn down as expenditure is incurred across the rest of the financial year. The forecast closing cash balance for 2026/27 is £87,285.
11. Even at the lowest point in the cycle (typically November to January), cash reserves are not projected to fall below approximately £30,000 — the agreed minimum threshold. This is slightly more favourable than the forecast presented at the March 2026 budget meeting.

Reserves targets

Cash reserves

12. The Reserves Policy sets a lower cash reserve target of £70,000, made up of: £40,000 to mitigate higher-likelihood operational risks; and £30,000 ringfenced for the costs of an orderly wind-down.
13. The upper target (3–4 months of operating costs) is £135,105–£180,139 based on forecast 2026/27 expenditure of £540,418.

Accounting reserves

14. Accounting (accruals-basis) reserves reflect timing differences between when income and expenditure are recognised; these are consolidated at financial year end, reported to Companies House, and published as per statutory requirements.
15. The ARRC noted that the Reserves Policy is currently focused on cash reserves. A suggestion was made that the policy could be extended in due course to address accruals accounting reserves as well, in recognition of the different information each provides.

Three-year financial forecast

16. The three-year financial forecast (May 2026) projects the following trajectory:

	2026/27	2027/28	2028/29
Total income	£563,594	£601,080	£642,805
Total expenditure	£540,418	£578,929	£589,753
Net surplus	£23,176	£22,151	£53,052
Projected year-end cash balance	£86,642	£108,793	£161,846
Projected year-end accounting balance	-£23,126	-£975	£54,027

17. UKPHR is forecast to generate a surplus in each of the three years, with the surplus growing significantly in 2028/29.
18. Income is projected to grow at approximately 14% over the three years, against expenditure growth of approximately 9%. Key income drivers include continued practitioner renewal growth (approximately 16% per year since 2023/24) and specialist fee income.
19. Key expenditure factors include full realisation of £24,000 annual facilities savings; IT costs normalising from 2027/28 following completion of the e-portfolio platform; no in-person conference in 2026/27; and reduced salary costs in 2026/27 due to a period of maternity leave.

Reserves recovery plan

20. The table below shows the projected reserves position against the Reserves Policy targets across the three-year period.

	2026/27	2027/28	2028/29
Projected year-end cash balance	£86,642	£108,793	£161,846
Projected year-end accounting balance	-£23,126	-£975	£54,027
Above minimum cash reserve (£30,000)?	✓ Yes	✓ Yes	✓ Yes
Above minimum target cash reserve (£70,000)?	✓ Yes (+£16,642)	✓ Yes (+£38,793)	✓ Yes (+£91,846)
Within upper target cash reserve range (£135,105–£180,139)?	Not yet	Not yet	✓ Yes
Accounting balance above minimum (£30,000)?	Not yet	Not yet	✓ Yes

21. Cash reserves are projected to be above the minimum target (£70,000) in each of the three years, and to reach the upper target range (£135,105–£180,139) during 2028/29.

22. The accounting balance is projected to recover from -£23,126 in 2026/27 to £54,027 in 2028/29, passing the £30,000 minimum threshold during that year.

23. The ARRC characterised 2026/27 and 2027/28 as a structured recovery phase, during which spending discipline will be important. The underlying direction of travel was considered positive.

Risks to the recovery trajectory

24. Practitioner income growth: the most material income risk; the forecast assumes continued 16% annual growth in practitioner renewals.

25. Unplanned expenditure: the experience of 2025/26 demonstrates that one-off costs can arise without warning (as with the dilapidations charge and increased National Insurance contributions).

26. Staff costs: extended absence cover would increase expenditure above forecast.

27. Legal and fitness to practise costs: a significant increase in appeals or FtP activity could affect the surplus in any given year.

28. IT and cyber risks: significant IT disruption could have direct cost implications and indirect impacts on income.

29. None of these risks is considered likely to derail the recovery trajectory entirely, but the Board (through the ARRC) should monitor the position quarterly and be prepared to take mitigating action such as reviewing discretionary expenditure if the year-end balance is tracking materially below forecast.

What the ARRC agreed (21 May 2026)

30. That the reserves recovery strategy paper provided the necessary transparency about the current position and set out a credible forward plan.
31. That an abridged version of the paper, drawing out the key tables, should be presented to the Board at the June 2026 meeting.
32. That quarterly financial reporting would continue and would include an update on the cash reserves position. Given the organisation's size, it is not practicable to report on the accruals-based position other than at year end; however, any material unexpected costs affecting reserves will be flagged as they arise.
33. That the Reserves Policy could be extended in due course to address accruals accounting reserves as well as cash reserves.

Monitoring and reporting

34. Quarterly financial reporting to the ARRC and Board will include the current cash reserves position against the target range and the forecast year-end balance.
 35. The annual budgeting exercise will confirm the applicable target reserves range for the forthcoming year.
 36. Annual budgets will include monthly projections of reserves held, to allow early identification of any deviation from the recovery trajectory.
 37. If, during the financial year, reserves approach or fall below the minimum target of £70,000, this will be reported to the Chairs of the Board and ARRC and included in the Chief Executive's report to the next Board meeting.
 38. This strategy will be reviewed in May 2029, or earlier if there is a material change in UKPHR's financial position, income model, or risk profile.
-

Recommended action

39. The Board is asked to:
 - note the current reserves position and the forward recovery trajectory;
 - note what was agreed by the ARRC at its meeting on 21 May 2026; and
 - consider whether any further action or assurance is required.

Summary

1. This paper reports activity since the last Board meeting not covered in the other papers on the agenda.

Chair's action

2. No Chair's action was taken

Workforce across four countries

Northern Ireland update

3. No further updates. Have emailed FPH NI lead directly but no response yet.

England

4. The England PH Workforce Collaborative meeting is the 22 June. The PH Workforce Capacity Review will be presented (slides are at item 14a). Key findings include:
 - a. Overall PH workforce capacity has declined to pre-COVID levels (1196 in 2022 to 1021 in 2025)
 - b. Shift towards a more distributed workforce, with specialist capacity increasingly spread across the wider system ie UKHSA, with reductions in OHID/DHSC
 - c. Academic pipeline pressures emerging- declines in academic capacity
 - d. Workforce profile presents strategic risks- predominantly female, stable and mid-to-late career, with limited diversity and increasing risks around succession and capacity.
5. There continue to be lot of unknowns around the NHS England consolidation with DHSC and what the impact on public health teams will be. Now we're hearing that changes to the local authority structure means a likely 13 additional DPH roles, which will be a challenge for the system. This is likely to be why there is such a focus and funding on the SRbPA route.
6. DHSC has nearly completed the review of the Public Health Skills & Knowledge Framework. I am on the steering group and one of our Moderators Kate Lees is on the working group. This should be ready over the summer.
7. There is a lot of focus on the SRbPA support programme, funded by DHSC. There are still some consternations about whether it 'will work' ie whether UKPHR can handle the increase in applications, and whether the support provided will get people through. We've now met with the involved parties to establish an MOU that sketches out responsibilities and risks. I've been adamant that the system must share the risk of UKPHR capacity to process an additional 50 applications in 3 years; there was agreement around the table, and this will be reflected in an updated document. The FPH, DHSC, ADPH have all agreed that they will

contribute to the process in whatever way they can. In addition, there is likely to be some funding now in the form of a grant (after I was told it wasn't possible) to potentially pay assessors for a limited period of time. I'm awaiting further detail on this, but a meeting is set with DHSC to discuss on 1 July.

8. There is now a UKPHR registrant leading on revalidation for DHSC; she is exploring consideration of UKPHR registrants in the Responsible officer framework- which is one of our strategic objectives.

Scotland

9. A catch up with the PHS workforce lead is scheduled for 29 June; further detail about the merging/nationalisation of practitioner schemes and the SRbPA support programme will be discussed.
10. In May, a Scotland-wide Practitioner conference was held, with a focus on supporting practitioners who are looking to register or are already registered with UKPHR; it was an excellent event and well-received. We hope to work directly with the Scottish practitioners on our own conference next year.

Wales

11. Discussions regarding a 'responsible officer' pilot for specialist registrants in Wales continue. We continue to link better with PHW/HEIW systems around appraisals and revalidation, which should improve data capture and result in closer working.
12. SRbPA development work is also happening, but at a relatively early stage.
13. There has been more work in Wales about identifying and supporting advanced practitioners- which has been an excellent initiative. There is dedicated work happening with this group who are a well networked and enthusiastic bunch. We may wish to consider engaging directly with them.

UK-wide

14. My 3-year tenure chairing the People in UK Public Health group is now at an end. The group has been transformed via shifting the secretariat to RSPH, who now have a policy lead working on the big strategic questions to be discussed by the group. It has become a useful space for the key organisations/people to collaborate. The chair will now be taken on by ADPH, but the individual hasn't yet been confirmed.

FPH

15. We have started exploring with FPH whether it is possible/advisable to require specialty registrar registration after it was raised at Education committee in September. We've drafted a SWOT analysis to enable us to explore all the potential impacts of this. We know the postgraduate dean is supportive, and the FPH is willing to explore further. However, the key will be to engage specialty registrars themselves appropriately, as it ultimately impacts them. As our new specialist registrar Board member joins, we're keen to take this work forward.

16. The FPH continues to work on its revision of the curriculum and assessment strategy. I sit on their steering groups and have engaged the specialist moderators. We've contributed to their consultation, the results of which are being analysed. It's likely that the curriculum will be simplified and streamlined, which we're in support of. Any updated curriculum will need to be integrated into the SRbPA competencies. The new curriculum will be presented to the E&S in due course, likely 2027.
17. I continue to attend the Education Committee, which is working on its EDI initiatives, troubleshooting the exam, and focussing on the curriculum update. There is unlikely to be an increase in training posts for 2027. Recruitment has finished and offers have been sent out so the new cohort is being confirmed now.
18. RF has provided a precis of the FPH Workforce Committee, at item 14b.

Professional Standards Authority

19. We've had feedback on our annual return, which met all standards. We have a few ongoing requirements relating to ongoing work like EDI data and FtP work, which is to be expected.
20. They are implementing their refreshed standards this coming year. There is a new annual return schedule, and our next one is due in August. I queried this as it's only 6 months after our last one, but they've assured us they'll do a mapping exercise that will significantly minimise the work we have to do.
21. The PSA is progressing on its 'maturity model' for Accredited Registers, which will outline the clear benefits of the AR process, and its importance within the healthcare regulatory landscape. Materials will be provided to the Board at its September meeting.
22. I met with the NHSE team working on regulation of NHS managers to discuss whether Accredited Registration is an appropriate pathway for them; it was a helpful discussion and will assist with our efforts to ensure ARs are recognised by the NHS.

Institute of Regulation

23. At the IoR conference in March I delivered a breakout session on small regulators, which the CE of the Fundraising regulator and the Labour Unions regulator. It was a well-received session with brilliant engagement and discussion and had excellent feedback. The IoR has now asked me to chair a roundtable session for senior staff of small regulators to discuss how to take forward this workstream for the future, as there's been quite a lot of interest.

SRbPA updates

24. We currently have 9 portfolios awaiting assessment; the longest wait is 9 months ago. We have 12 pre-applications waiting, the longest wait 6 months ago. These numbers fluctuate, but the recent recruitment of 5 more assessors will help; they're being trained in early July. We have others who are interested but can't make the training, so we're likely to hold another in early autumn. DHSC continues to promote the role.

25. E-portfolio development continues at pace, and we're on track to go live before the end of the year.

Conference

26. We've now met with the Conference Steering Group for the first time for the April 2027 conference. Messaging around delaying the conference into the next year was well-received. We'd like to incorporate some work we're contributing to on a multi-agency project called 'Belonging in Public Health' into the theme- also very well received. This will also allow us to more closely engage other orgs such as the FPH, RSPH and the ADPH in the conference planning. We're meeting again with the steering group in July to discuss keynote speakers and further develop the theme.

27. Chamberlain Dunn is re-costing the conference for us, and we hope it's affordable to do a hybrid event.

Jessica Lichtenstein
June 2026

Annex A: List of CEO and Chair external meetings since the last Board meeting

Chief Executive – External Meetings since last Board – below table has been updated for June meeting

Date	External meetings (All CEO unless otherwise stated)
w/c 27 th April	- Practitioner Moderator meeting - UKPHR portfolio & FPH health protection discussion - IOR Risk SIG Meeting
w/c 4 th May	- UKPHR/FPH CEO catch up - UKPHR and PHSKF- DHSC catch up call
w/c 11 th May	- UKPHR/FPH Education catch up - Specialist Moderators and UKPHR - quarterly catch up - UKPHR Practitioners in Scotland Conference - RSPH CEO catch up
w/c 18 th May	- Practitioner Scheme Coordinators Meeting - UKPHR/Fortesium catch up
w/c 25 th May	- SRbPA MOU Task and Finish Group 2
w/c 1 st June	- Meeting with Chamberlain & Dunn - UKPHR Conference Steering Group - People in UK Public Health
w/c 8 th June	- FPH Climate and Health Committee meeting - June 2026 - FPH Fair Exams Steering Group - Small regulators and IOR - next steps

w/c 15 th June	- DHSC/UKPHR catch up- Jessica & Mandy - IOR Risk SIG Meeting - Accredited Registers Collaborative Meeting - UKPHR & NHSE - Accredited Register discussion - HRCF Round Table - The use of AI in complaints - South East Public Health Conference
w/c 22 nd June	- Public Health Workforce Collaborative June 2026 - FPH: Curriculum Steering Group - AI Tech and Liabilities workshop (PSA)