



**FACULTY OF
PUBLIC HEALTH**

2014 Annual Report

Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

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Foreword by the President

By the time you read this, the UK general election will have taken place, and we may or may not have an administration. Whatever the outcome, times are likely to be tough and resources tight. The economic storm clouds are gathering globally, some pundits suggest that recession is lurking just around the corner, and we have yet to see the reinstatement of Keynesian economics to plan our way out of austerity. At times like this the resourcefulness and resilience of our members and fellows will be truly tested. The jury must still be out on whether the previous government's arrangements for public health will be fit for purpose when faced with the challenges ahead, but our responsibility as professionals must be to do the best by the populations we serve. It will require special leadership skills for transformational change in troubled times.

The past year has been a busy one for the Faculty of Public Health (FPH) and its staff with root and branch reviews of many of our functions. As a result, we have on the stocks a five-year strategy, a new curriculum and a new global health strategy together with a new chair of the renamed Global Health Committee (Neil Squires).

Our chief executive, David Allen, and his small but highly dedicated team deserve our fulsome thanks for their commitment and willingness to go the extra mile. However, with such a small organisation with a membership of around 3,600, a budget of under £2m and a staff of less than 20, we face real



challenges if we are to meet our aspirations. Part of the solution is to grow our membership, which we must do by reaching out to others who would like to be part of the family. Work is underway to develop new categories of membership which will be relevant to those in local government, the universities and other organisations including those in the third sector and those working internationally who can rightly claim to be part of the public health workforce. We also wish to develop corporate membership for those organisations which are public health organisations in all but name such as the Royal National Institute of Blind People and the Royal Society for the Prevention of Accidents.

We are placing high expectations on fuller engagement with our membership, and ideas as how best to do this are always welcome. The growth of Special Interest Groups (SIGS) is central to this

effort. We believe that by encouraging members and fellows to be active participants in one or more SIG we can liberate the enormous energy for evidence-based public health activism. Please don't be backward about coming forward and either joining a SIG or establishing a new one. If you have queries about how to proceed, please discuss this with Lindsey Stewart who is leading this at the FPH office. The Global Health Committee is already reframing its work around geographical SIGs, starting with Africa, Europe and Asia.

Perhaps most importantly, we need to continue the process of coalition building with other public health agencies. This work has moved forward this year with the establishment of the Public Health Network to identify common goals and priorities of key UK public health agencies. And internationally we now enjoy increasing links with the American and European public health associations, the World Federation of Public Health Associations and a range of other bodies including the World Health Organization.

One manifestation of our relationship with the American Public Health Association (APHA) is the continuing development of the film festival component of our annual conference

with the support of Pam Luna and Gary Black who have developed the APHA film festival for over 10 years. We have great pleasure in welcoming them to Gateshead this year. As for the 2015 conference itself, in the magnificent venue of Sage on the banks of the mighty river Tyne, we have every hope of building on the success of last year's conference in Manchester both in delegate numbers and in intellectual and practical stimulation. I anticipate warm local hospitality and a great event. Together with the Public Health Alliance we have within our sights the prospect of joint public health conference weeks in the near future to mobilise the synergies of our public health family.

And finally, whilst the aspiration to be a Royal College may be some way off, it is my hope that we can quickly progress from faculty to college status as an important step on that exciting journey.

A handwritten signature in black ink, appearing to read 'John R Ashton'. The signature is stylized and cursive, with a large initial 'J' and 'A'.

John R Ashton CBE
President

Introduction by the Chief Executive

I am grateful for the support for and input into the work of Faculty of Public Health (FPH) throughout 2014 from members, staff and colleagues from partner organisations.

It has been a challenging time for many working in public health across the UK. In a changing landscape, we have attempted to meet the needs of our members throughout the year – and will of course continue to do so. There are further challenges ahead for FPH members: continued public sector cuts and re-organisation in England; changes to public health funding and structures in Scotland and Northern Ireland; and the challenges of introducing ‘prudent healthcare’ in Wales.

So this has been a twin-track year: responding quickly to internal and external pressures but also endeavouring to plan and address some long-standing issues at FPH through the development of a five-year strategy and business plan. This annual report will touch on both tracks – as well as update on our commitments from last year’s report.

In reflecting on the year, I must emphasise the excellent support we have received from you, our members. There are so many ways to support the work of FPH, and you have been enormously successful in the multitude of roles, projects and aspects of policy engagement that you have given your time to drive forward. Inevitably – and particularly at this time in our history – there is always more to be done. I am confident we will all rise to the challenge.



Update report: last year we said we would....

- Complete the Curriculum Review and make recommendations to the General Medical Council (GMC). An enormous amount of work has been completed by a dedicated team, and we are on target to submit to GMC in April 2015 and implement the new curriculum from August 2016.
- Develop a public health manifesto for government ministers and policy makers. We consulted our membership and developed our 12-point manifesto *Start Well, Live Better* which we launched in November 2014.
- Develop clear guidance on effective interventions that tackle long-standing public health problems: we further developed ‘Better Mental Health for All’;

helped develop a fuel poverty tool kit; issued a joint statement on anti-microbial resistance; inputted into food poverty and air pollution guidance – amongst other things!

- Maintain a watchful eye on public health appointments and continue to work behind the scenes – as well as publicly – to achieve our aims: we opened 184 files for Appointment Advisory Committee (AAC) panels and persuaded 100% to follow good practice; we produced and promoted guidance literature in collaboration with others, trained and co-ordinated external assessors and wrote publicly about the issues; we also actively engaged with a number of national agencies to further the interests of our members.
- Further establish FPH's role in, and engagement with, the wider public health community: we began developing partnerships with agencies from this wider community, including the Local Government Association, the Royal Pharmaceutical Society and many Medical Royal Colleges and held discussions with agencies as wide-ranging as the Royal Society for the Prevention of Accidents, the National Parks Authority, MIND and the Forestry Commission; we took a lead role in bringing together the UK Public Health Network.
- Begin a governance review process taking us towards 'incorporation' as a company

limited by guarantee, but also empowering members to get actively involved in their professional body: we have embarked on a wide-ranging governance review process and are on target to become incorporated as a company limited by guarantee during 2015; the Special Interest Group approach was launched at the annual conference, and we are seeing encouraging signs of progress – particularly in the international field; we continue to find ways to enable our members to play their part in our collective agenda.

- Commission an external quality-assurance review of the revalidation system: we undertook this successfully in 2014 and received excellent feedback on our appraisal service and the support and leadership from FPH officers and staff.
- Seek greater collaboration and co-ordination across the public health sector to develop a UK strategy for public health: in October 2014 – in collaboration with the Association of Directors of Public Health – FPH hosted a UK Public Health Summit of leading public health agencies across the UK. As a result of this, a UK Public Health Network has been developed and a clear agenda for collaboration has emerged. We will play a key role in delivering this during 2015.

Other highlights from the year:

- FPH Conference in July shared an agenda of 'Glo-cal Health: Making a World of Difference' with 400 delegates and 70 speakers: the biggest event for some years.
- Wide-ranging consultation on our five-year strategy with local FPH and country committees, the conference and online. Approved by the FPH Board in November 2014.
- FPH was mentioned in local, regional, national, trade and broadcast media on average on a daily basis, and we had 590,000 unique visitors to our website.
- We refreshed and extended our meeting room facilities for members.
- Engaged more across the UK: at the Scottish FPH Conference in Inverness, the Public Health Wales conference in Cardiff, numerous FPH Local Affairs Committees and country committees, the FPH Board meeting in Warwick, a retired members event in Liverpool and a new registrar induction in London.
- Improved international engagement and profile through partnerships, membership and input into global, regional and UK agencies.
- Facilitated the launch of an All-Party Parliamentary Group on Health in All Policies.

Looking Ahead....

- Our Strategy – agreed by the Board in November 2014 – sets out the main priorities for FPH: Advocacy, Workforce, Standards

and Knowledge – as well as the enablers that will help us advance in these areas of work: Membership, Partnership, Profile and Global Health.

- Our vision - Better Health for All - should enable strong advocacy for the profession, for the issues that matter in public health and for high quality standards amongst a well-trained, competent workforce operating in an environment where they can flourish.
- We need our members to contribute actively to the delivery of our strategy; to increase our influence, capacity and impact through strategic collaborations with other agencies; to increase the profile of our members and organisation as a credible, authoritative and evidence-based voice of public health. And of course the events of 2014 have demonstrated the global nature of health: we need to help build global public health capacity through education, training and standards development.
- For the first time, FPH has set out ambitious five-year targets in all these areas – and developed a detailed business plan and budget to go alongside.

In 2015 we will:

- Launch, gain commitment to - and action on - FPH manifesto priorities
- Seek approval for the revised Specialty Training Curriculum
- Launch the e-portfolio service

- Research and develop plans for FPH's role in practitioner development, membership and appropriate standards and services
- Commission a quality assurance review of our Continuing Professional Development scheme
- Launch a multi-disciplinary revalidation service
- Launch an open course programme providing topical development opportunities
- Launch a public health e-learning module
- Launch a Fundraising and Business Development Programme
- Increase member engagement and input into our Special Interest Groups
- Register as a Company Limited by Guarantee
- Support and develop the UK Public Health Network
- Contribute to increasing public health capacity and standards outside of the UK.



David Allen
Chief Executive

Education and Training

The Faculty of Public Health (FPH) Education and Training Department is responsible for the operational delivery, development and management of FPH education and training functions, which include:

- Managing and delivering the FPH professional examinations
- Maintaining and developing the public health specialty training curriculum and assessment systems
- Ensuring that FPH meets its statutory obligations as a standard-setting body
- Carrying out assessments of Certificates of Eligibility for Specialist Registration (CESR) portfolio applications
- Undertaking work for Certificates of Completion of Training (CCT)
- Providing support to training programmes.

In 2014, the department continued to build on its achievements of the previous year in the following areas:

Curriculum and Assessment

The review of the public health specialty training curriculum that was commissioned in 2013 continued in 2014, with the oversight of a steering group chaired by Brendan Mason, Assistant Academic Registrar. The review has been a long, rigorous and transparent process involving two consultation phases and engagement with a wide body of stakeholders throughout. Submission of the revised curriculum to our two regulators, the General Medical Council (GMC) and the

UK Public Health Register, (UKPHR) will take place in April 2015.

Following approval of the curriculum, FPH will be working hard to ensure successful implementation of the curriculum by August 2016.

FPH would like to take this opportunity to extend its gratitude to all those who have contributed to the review, and particularly to members of the hard-working Curriculum Review Working Group led by Suzanna Mathew, FPH Director of Training for Curriculum and Assessment.

[http://www.fph.org.uk/curriculum review](http://www.fph.org.uk/curriculum_review)

Training Programme Liaison

In 2014 the Training Programme Liaison format was revised in light of the alteration to the format of the Annual Specialty Report (ASR) and revision to the date of submission. The questions circulated to the training programme directors (TPDs), registrars and faculty advisers as part of this process were directly lifted from the ASR template as well as additional questions from the UKPHR and FPH. This enabled us to gather more data to provide a comprehensive view of training.

This year's response was slightly lower than last year's due to external factors eg. absence of TPD and Faculty Advisers in some regions, responders dealing with higher priority public health issues. However, we did receive deanery reports in lieu of these responses. The revised submission date for the ASR meant the liaison process took place over the

Christmas period which added to the difficulty in people responding. For next year's ASR we will revise the timeline in order to ensure that people are afforded the maximum time to respond.

For the third year running, the non-medically qualified registrars were invited to take part in the National Training Survey (NTS). The responses from these registrars allow us to have a more complete picture of the training programme. The results of the NTS are available on our website.

[http://www.fph.org.uk/quality assurance](http://www.fph.org.uk/quality_assurance)

[http://www.fph.org.uk/national training survey](http://www.fph.org.uk/national_training_survey)

Programme Approval

FPH continues to ensure that high quality training locations are provided for registrars throughout the UK. All new applications are reviewed by our Director of Training, who, with the support of the local TPD, reviews the proposed placement and will decide whether the location is suitable and whether or not the supervision will provide the registrar with the robust, quality experience that is necessary for them to acquire training skills.

In the past 12 months we have reviewed are National Treasure placements – these are locations which are open to registrar and provide them with a unique learning environment. We have reviewed these to ensure that the content and contact details for the applicant are updated and that they are GMC-approved placements. In the next 12 months we will be looking to develop a process in which to annually review

these and gather registrars' feedback on their experience in these placements.

[http://www.fph.org.uk/training placements](http://www.fph.org.uk/training_placements)

[http://www.fph.org.uk/national treasures placements](http://www.fph.org.uk/national_treasures_placements)

Public Health in Other Clinical Specialties

In 2014, FPH repeated the three day course that was successfully piloted in September 2013. An introductory course for registrars from other specialties held in Birmingham, each accommodated around 20 attendees from a variety of specialties including general practice and sexual and reproductive health. The course content covered epidemiology, health protection, health services, management for specialty registrars, critical appraisal and how to write a research proposal. The course received excellent feedback for its content, relevance and delivery. The course has demonstrated that the material used for teaching is suitable to form the basis of an e-learning module in 2015.

FPH also worked with the Royal College of Paediatrics and Child Health (RCPCH) to develop a framework and pilot public health training placements for trainees from other clinical specialties. These placements started around March 2014 in Bristol and Plymouth and are now being evaluated, with a view to expanding the placements to include other specialties. In 2015, FPH are looking to develop an online course as an introduction to public health aimed at anyone interested in knowing more about this topic. There will also be two placement posts in Oxford and one in London advertised in September 2015. FPH also intends to identify and establish

contacts with other Royal Colleges to influence the public health content in other medical specialty curriculums and courses.

http://www.fph.org.uk/clinical_specialties

MFPH Examinations

As part of the Part A Development timetable, 2014 saw the conclusion of the Paper IIA review conducted by the Part A Development Committee (PADC). The committee concluded that the paper remained fit for purpose but that it would be useful to introduce some minor changes, such as a word limit on the critical appraisal question which would focus the candidates' responses and prevent them writing excessively long answers – thus reducing the burden on markers. The proposed changes were approved by the regulators, communicated to relevant stake holders and the new paper will be introduced at the June 2015 Part A examination.

In 2014, focused question writing days were arranged for the Part A examiners. This proved extremely beneficial as it gave examiners a chance to work together to produce questions. Feedback from examiners indicated that they found this very useful and stimulating.

Following a highly successful recruitment drive, we were delighted to receive applications from 11 people looking to become examiners. They are now in various stages of approval.

We would also like to thank the following examiners who stepped down in 2014 and contributed considerable time as examiners: David Walker (South West), Richard Holland (East of England), Mike

Robinson (London), Imogen Stephens (London), Tom Kenny (South Central)

http://www.fph.org.uk/part_a_exam

MFPH Part B/Objective Structured Public Health Examination (OSPHE)

As part of our on-going commitment to examiner training, we videorecorded an exam station at our June 2014 OSPHE sitting. It is planned that this footage will be used as a resource at an Examiner Development Day currently scheduled for May 2015.

We are pleased to announce the recruitment of new Part B examiners: Vicky Hobart (London), Judith Richardson (North West), Rashmi Shukla (North West), Isabel Oliver (South West).

We would like to thank Part B Logistics Lead Margaret Somerville who retired in September 2014. Her contribution to the exam over the past few years is greatly appreciated. Annette Wood (West Midlands) has stepped up as Logistics Lead, with David Ross (Defence Medical Services) taking on her vacant post as Deputy Logistics Lead from November 2014. We would also like to thank Jane Halpin, Dan Seddon and Jennie Carpenter, who have formally stepped down, for their many years of support as Part B examiners.

Pass rates:

February – 82%

April – sitting cancelled

June – 68%

September – 83%

November – 83%.

http://www.fph.org.uk/part_b_exam_osphe

Training and Registration

FPH staff attended a range of careers fairs in 2014 with particular reference to promoting public health careers for the whole workforce, increasing knowledge of public health specialty training and guiding potential registrars.

In October 2014, for the first time, FPH hosted an induction event for new registrars. This was considered a valuable opportunity to network and to introduce the new registrars to FPH staff, specialty registrar regional representatives and others, to talk about issues relevant to them as new registrars.

The retrospective recognition policy with the UKPHR was reviewed in 2014. The UKPHR has agreed with FPH to implement a Certificates of Eligibility for Specialist Registration (Combined Programme) policy in succession to the aforementioned route from summer 2015. Further information at http://www.fph.org.uk/length_of_training

Educational Prizes

The FPH programme of educational prizes recognises excellence and achievement across the broad field of public health education and training.

The Sir John Brotherton Prize is awarded for the best essay or research on public health by a student or young graduate. We are pleased to announce that the 2014 prize has been awarded to Ms Darshni Shah for her project *Recall of Tobacco Control Mass Media Campaigns and their Impact on Intention to Quit in the UK*.

The Cochrane Prize is awarded each year to an undergraduate student to support an educational activity in the field of

public health. We are pleased to announce that Mr Jonathan Broad has been awarded the Cochrane Prize for his project *Comparing public health and community-based healthcare in indigenous and minority groups in Cuba and Colombia*.

The aim of the Sian Griffiths award is to promote the development of public health capacity by helping FPH members, working within the specialty, to gain international public health experience either whilst in training or as a part of continuing professional development. An emphasis will be on public health work in middle and low income countries. We are pleased to announce that the 2014 prize has been awarded to Mr Conall Watson for his project *Control of communicable diseases in Fiji*.

The Michael O'Brien Prize is awarded annually for outstanding performance in the MFPH Part A examination. Dr Eszter Vamos (London) and Mr Nicholas Bundle (London) were awarded this year's prize for their first attempt at the exam.

The McEwan Prize is awarded annually to the candidate with the highest score in the Part B examination at their first attempt. The winner for the 2014 prize is Dr Gemma Ward (Wessex).

The Ann Thomas Prize is awarded to the Welsh candidate who attains the highest mark in FPH's Part B/OSPHE MFPH Examination. In 2014 the winner was Mr Ashley Gould (Oxford).

Academia and Research

The Academic and Research Committee (ARC) is responsible for providing a coordinated and representative voice for the research and academic communities

of the UK within and outside FPH. The committee has reviewed its terms of reference to achieve wider representation of academic and research communities around the UK. Its main aims are to support academic service integration and address the challenges in academic public health training and translation.

In 2014, ARC led on the academic elements of the FPH Training curriculum review and professional standards. It has

also engaged with the National Institute of Health Research (NIHR) and Health Education England (HEE) on issues around academic training. The committee continues to work on strengthening links with other key organisations such as the Local Area and Research Intelligence Association (LARIA) to further its aims, and there are plans to host an academic public health day to explore the current and future academic public health landscape.

Professional Standards and Affairs

The Professional Standards Department is responsible for the election and admission of suitably qualified and experienced public health specialists to membership of the Faculty of Public Health (FPH). Additionally, the department monitors and forecasts trends in the public health specialist workforce and quality assures the workforce through FPH presence on Appointment Advisory Committees (AACs). The department is also responsible for continuing professional development and the design and implementation of a revalidation scheme for medical members and members from a background other than medicine. In its role in FPH governance, Professional Standards also administers the distinction grades of membership and FPH's contribution to clinical excellence awards.

http://www.fph.org.uk/professional_standards

Statutory Regulation

In 2014 FPH responded to the Department of Health's consultation on the regulation of public health specialists from backgrounds other than medicine and dentistry. In general FPH supported the proposals, which included the transfer of registration of public health specialists from the UK Public Health Register (UKPHR) to the Health and Care Professions Council (HCPC).

In January 2015 FPH welcomed the government's response to the

consultation in which the commitment to statutory regulation was reinforced.

FPH believes that statutory regulation gives important assurance to everyone that the public health specialists who are employed on their behalf are properly trained and regulated. It also gives public health specialists recognition of their vital role in protecting and improving the public's health.

FPH acknowledge and highly value the vital contributions the UKPHR have made in establishing the voluntary register and in moving the profession towards a position where statutory regulation can now be established.

During 2015, FPH will work with the HCPC and UKPHR to ensure that standards are maintained during and after the transfer of the register. We will also work with the HCPC, Public Health England (PHE) and other stakeholders to develop a revalidation system equivalent to the General Medical Council for public health specialists from backgrounds other than medicine.

AACs

In 2014, FPH opened 184 files for Appointment Advisory Committee (AAC) panels, compared to 190 in 2013, 136 in 2012 and 42 in 2011.

Faculty Advisers and FPH staff worked tirelessly during the year to ensure that standards around appointments were maintained. In June 2014, James

Gore, Head of Professional Standards, wrote an article on senior public health appointments for *Public Health Today*

<http://www.fph.org.uk/uploads/Public%20Health%20Today%20June%202014.pdf>

and in September 2014 Peter Sheridan, FPH Registrar, wrote a blog on public health appointments <http://betterhealthforall.org/2014/09/05/senior-public-health-appointments-in-local-authorities/>

FPH currently has a list of 262 assessors to put forward to employers as external assessors on appointment panels. For the third consecutive year, FPH held an assessor training day attended by around 60 FPH assessors. The event, in Manchester was very well received and will be repeated in 2015. FPH is keen to ensure that all its assessors are up to date with current guidance and in a position to best represent FPH and the profession on panels. To this end, in 2014 FPH also launched a quality assurance scheme of its assessors, designed to maintain the current high standard of external assessment and to ensure credibility with employers.

Work in 2015 will focus on ensuring that all job description templates are fit for purpose in the new system in England but also across all the devolved nations. We are also working with PHE on collecting and sharing information on senior public health appointments with a view to developing a new intelligence system.

http://www.fph.org.uk/senior_public_health_appointments

Distinction grades of membership

FPH was pleased to receive 90 nominations across the four categories of distinction grades of membership. These were considered by the Fellowship Committee in January 2015.

Clinical excellence awards

Cuts in national spending meant that awards in Scotland continued to be frozen for application in 2014. In Northern Ireland a clinical excellence awards round opened in October 2013, and FPH was pleased to recommend two of its fellows for awards in 2014. In England and Wales an awards round also proceeded, though the number of awards available was significantly reduced compared to previous years. In 2014, FPH was delighted to support eight applicants in the gold, silver and bronze categories. FPH also ranked two applicants in the platinum category and recommended these to the Academy of Medical Royal Colleges.

FPH also received seven renewal applications and was able to support all of them.

http://www.fph.org.uk/distinction_grades_of_membership

Workforce

FPH continues to engage with other organisations, including the Department of Health, the Local Government Association (LGA), the Centre for Workforce Intelligence, the Association of Directors of Public Health (ADPH) and PHE regarding workforce matters. The Public Health Workforce Advisory Group (PHWAG), which had been developing work

streams arising from the Public Health Workforce Strategy (published 3 May 2013) was disbanded and replaced by a new group, People in UK Public Health, which has been set up as an advisory group to provide independent, expert advice to the four UK countries on an overarching strategy for the public health workforce with the goal of improving the public's health in the UK. The People in UK Public Health group held its first meeting in September 2014.

In addition, FPH continued to contribute to a Department of Health minimum dataset group which has undertaken work to develop occupational job codes. The scope of the workforce dataset is focussed on the specialist workforce as an urgent priority. The minimum dataset group is set to continue this work in 2015.

FPH have also closely collaborated with PHE on the development of a public health skills passport and with the review of the Public Health Skills and Knowledge Framework. This work will continue in 2015.

In 2014 FPH also replaced the draft minimum standards document developed in 2013 with a document setting out the local public health function in England. Whilst written with the public health system in England in mind, they are relevant to public health practice in other jurisdictions, and further development will take place in 2015 to ensure local compatibility in this regard.

FPH has also been a member of the standing group for Public Health Teams, chaired by PHE and involving ADPH and the LGA. In July, this group

published guidance on multi-disciplinary teams in local authorities concerning the appropriate employment of public health professionals who carry out roles as consultants in public health and directors of public health, and especially the need to maintain a mix of both medically and non-medically qualified staff. In 2015 this group will continue to work to produce guidance around continuity of service and career structures.

Membership Services

In 2014, FPH was pleased to welcome 175 new members and fellows, as well as 89 new associates and students.

The department has continued to improve existing membership services as well as set up and deliver new initiatives which focus on greater membership engagement. These have included continuing the retired fellows' afternoon tea as well as supporting the Education and Training team to set up a new welcome event for Specialty Registrars who are joining FPH for the first time. Student membership was also launched in the last quarter of the year and has been very well received so far.

Communication with FPH members has been improved by providing more opportunities for members to give us feedback on their membership services and to let us know why they leave FPH as they resign. These opportunities provide useful information on the benefits and services of membership as well as what we can work on to improve members' services and benefits even more. Contact with retired members has also been a priority and the

afternoon tea held for retired fellows in September revealed tangible ways in which we can engage with them more. A guide to being a retired FPH member has been the first outcome from this, and it has been warmly welcomed. Furthermore, statistical models of membership demographics and trends have been produced in 2014 which will allow us to plan FPH's work over the next five years.

Plans for 2015 are centred on exploring options for reviewing and expanding FPH membership in order to meet the goals of the new 2015-2019 strategic plan. This will include a review of FPH's subscription rates as well as scoping exercises on the feasibility of bringing members of the UK practitioner workforce into FPH membership.

Continuing Professional Development

From 1 April 2014, the new FPH continuing professional development (CPD) policy was implemented in full. The new policy raises the minimum standards for documentation in light of revalidation. For the first time, participants in the annual audit will need a minimum of 40 credits supported by a reflective note that has been assessed as 'good' to achieve a satisfactory audit outcome.

The deadline to submit an annual return has also been brought forward to the 30 April; members previously had until the 30 June to submit their annual return. This change will also bring the audit schedule forward.

More than 92% of members submitted their CPD returns to deadline in 2014. The rate of satisfactory audit submissions rose to

96% in the audit of 2013-14 CPD returns (from 91% in 2012-13).

In 2015, the CPD Advisers Committee will be developing a CPD scheme for practitioners as part of the overall FPH strategy. A qualitative review of the CPD scheme will also be conducted to identify any potential areas for future improvement.

http://www.fph.org.uk/continuing_professional_development%28cpd%29

Revalidation

2014 was a very busy year for revalidation with 57 recommendations being submitted to the GMC throughout the calendar year. FPH also worked with PHE to support its development as a designated body.

FPH currently has 93 doctors connected to it and 16 trained appraisers. A multi-source feedback tool and an online training course on the revalidation process were some of the ways in which appraisees were supported in Revalidation Year 2. All of our appraisers attended further training during 2014 and revalidation-ready appraisals took place throughout the year.

An external QA review/independent verification of the FPH appraisal and revalidation system was undertaken in May 2014. FPH received excellent feedback in regards to the appraisal service provided and the strong leadership of the outgoing Responsible Officer, Dr Edmund Jessop, together with the organisational support provided by the Revalidation and Workforce Officer, Angela Townsend.

In July 2014 a new FPH Responsible Officer, Dr John Woodhouse, was appointed and is continuing to develop the revalidation service with reference to the outcomes of the QA exercise carried out in 2014.

In 2015 we will be working with PHE and the UKPHR to develop systems of revalidation for public health specialists from backgrounds other than medicine and dentistry.

<http://www.fph.org.uk/revalidation>

Health Policy and Advocacy

The Health Policy and Advocacy Department works closely with Faculty of Public Health (FPH) members and stakeholders, including government departments, non-governmental organisations and parliamentarians to develop and influence policy to improve people's health and wellbeing, advocate FPH's position on public health issues and lobby for regulatory and legislative change where necessary. The year 2014 was a challenging and busy year, delivering our departmental and organisational objectives of:

- Strengthening and developing FPH's profile as a trusted and authoritative advocate on public health issues with members, the public, the media, governments and other professions
- Strengthening FPH's influence on policy through advocacy campaigns, including the launch of our manifesto for public health, *Start Well, Live Better*, and our new secretariat role to the All Party Parliamentary Group on Health in All Policies
- Launching our new platform for membership engagement in developing and delivering FPH advocacy and policy, our Special Interest Groups.
- Raising FPH's profile through managing FPH's external media and communications strategy.

***Start Well, Live Better* – a manifesto for the public's health**

With one eye on the general election taking place in May 2015, FPH produced its own manifesto for public health, *Start Well, Live Better*. The manifesto sets out 12 visionary but pragmatic steps that will

have an immediate, positive impact on people's health. With its focus on getting the early years right, we aim to set a solid foundation for long-term health and wellbeing. Any new government serious about protecting and improving people's health and wellbeing should implement these 12 steps.

Special Interest Groups

Summer 2014 saw the launch of FPH's Special Interest Groups (SIGs). SIGs offer a new, more flexible, platform for members to get involved in shaping and delivering action across the whole range of FPH activities, including policy and advocacy. SIGs provide a forum for members, and others, who share a passion for a particular issue. They also support FPH in building its capacity to develop more and better policy and action, to achieve the goal we've set of 'Better Health for All'. Current SIGs include Public Health Africa, India and related Countries, Transport, Pacific and Europe. For more information on SIGs email policy@fph.org.uk

APPH on Health in All Policies

FPH has taken on a new secretariat role for the newly formed All Party Parliamentary Group on Health in All Policies. This cross party group has been established to promote consideration of and explore the health effects of all national public policy on the health of the populations of the UK – particularly on health inequalities between different population groups.

Policy and advocacy

In addition to those issues the organisation majors on, we continue to

respond to key consultations and requests for evidence. The department responded to 17 major consultations, including evidence to Health Select Committee inquiries, government white papers and all party parliamentary group inquiries. We endorsed 25 reports, letters and submissions covering a wide range of public health issues.

Media, social media and communications

2014 saw FPH's media profile continue to grow with FPH mentioned in local, regional, national, trade and broadcast media, on average, every day. Key issues ranged from ebola, obesity and e-cigarettes to antimicrobial resistance. Our commentary on ebola was picked up by the major national print and broadcast media including the BBC, the *Guardian*, Sky, the *Telegraph*, Five News and reached as far afield as Australia and Denmark.

Our website had almost 590,000 unique visitors, 80 authors contributed articles to *Public Health Today*, and our social media following on Twitter (@fph) has reached the 5,000-followers mark. In 2014 we experienced both the positives and negatives of using social media. Its immediacy, and its ability to reach across boundaries and engage with people from across the globe has offered opportunities and major challenges. We will continue to work to strengthen our media presence – in print/broadcast and via social media.

Our blog, *Better Health for All*, covered a wide range of issues with posts on care.data, men's health, air pollution, psychological support in disasters and the living wage. Send us your idea for a

blog entry – email policy@fph.org.uk You can read our blog at <http://betterhealthforall.org/> You can also find out what we're doing via our Facebook page Like us at <https://www.facebook.com/facultyPH>

A look ahead

The year 2015 will be no less challenging and busy than 2014. The General Election looms large, and we will be doing all we can to promote our manifesto, *Start Well, Live Better*. The Transatlantic Trade Investment Partnership has slowly risen to the surface of public health policy, with growing concern about its potential impact on our public sector services, including the NHS. FPH produced a report on this in early 2015. We'll be developing our advocacy strategy for the next five years; a priority for the department will be to build capacity in its advocacy function – as a small but dedicated team of three we value the support of our members, and we'll be looking to increase the number of SIGs, and therefore members, engaged in our work. There is also the major review of public health in Scotland, and we'll be looking to support our members on this.

Working with members

As a team of only three staff, the Health Policy and Advocacy Department works closely with FPH members through its committees, its editorial groups and its representatives. We would like to thank all our members who have continued to provide us with their time, their expertise and their commitment to FPH. If you would like to get involved in FPH's policy work contact the team at policy@fph.org.uk

International Development

During 2014, the Faculty of Public Health (FPH) International Committee (IC), under the chairmanship of John Ashton, President, continued to develop FPH international activity and initiatives.

Global health strategy

The main focus of IC work has been the development of a global health strategy for FPH, which will set out the priorities, goals and objectives for future working. The strategy is aligned with the wider FPH five-year strategy and focuses activity under the key headings of advocacy, workforce, standards and knowledge. A sub-group of the IC, chaired by Annette Luker, has been leading on the drafting of the strategy which will be launched at the FPH annual conference in June 2015.

Special Interest Groups

Following the relaunch of the FPH Special Interest Groups (SIGs) at FPH's annual conference in 2014, world-regional and country-specific SIGs have been set up for Africa, Europe India and Pakistan, and further groups are proposed including Western Pacific.

Global health in the public health curriculum

Representatives of the IC and the Global Health Specialty Registrars Group have been working closely with the Curriculum Review Group to ensure the inclusion of global health within the new curriculum. The importance of the contextual links between local and global health and the context within which public health practice is undertaken have been incorporated.

Ebola

FPH published a position statement on Ebola in October. It supported the United Nations Secretary General in his petition for greater international commitment and called for urgent, in-depth infrastructure needs assessments to prevent spread.

Sudan

Under the framework of the FPH memorandum of understanding with Sudan, the UK has continued to work with Sudan on capacity-building and strengthening public health research and practice.

India

Sushma Acquilla, International Faculty Adviser, was invited by the India office of the UK's Department for International Development to participate in scoping work on the development of a public health cadre in the Indian state of Odisha. This has led to an MOU between the Government of Odisha and FPH.

Dr Acquilla is also the FPH representative on the UK-Public Health Foundation of India consortium funded by the Wellcome Trust, which aims to build capacity for public health research in India. Dr Acquilla hosted a workshop on the development of a competency framework for public health education in India, which is now being used in the Indian Institutes of Public Health.

WHO Europe Action Plan for Strengthening Public Health Services and Capacities

The World Health Organization (WHO) Europe Action Plan for Strengthening Public Health Services and Capacity is structured around 10 essential public health operations (EPHOs) which countries can use to create stronger public health services. FPH has led on EPHO 8 - "assuring sustainable organizational structures and financing" - and produced a joint public health brochure with WHO Euro providing the economic case for prevention. This was launched at the European Public Health Association conference in Glasgow in November.

FPH is represented also by Sushma Acquilla on EPHO 7 on 'assuring a

sufficient and competent public health workforce'.

Continuing professional development

Muna Abdel Aziz, FPH International Continuing Professional Development (CPD) Adviser, has continued to support overseas members with their CPD and also the development and promotion of the CPD buddy scheme.

Global Health Specialty Registrars Group

The Global Health Specialty Registrars Group (GHSRG), co-chaired during 2014 by Helen Elsey, Kate Conlon and Emily Youngman, has continued to support the work of the IC and played a key role in the development of global health in the new curriculum and also the development of the global health strategy.

In Review : 2014

Having been tasked by the Board to develop a five year strategy for the years 2015 – 2019, 2014 was a year of taking stock and planning for the future. The strategy was developed throughout 2014 and launched at the end of the year. In addition the other key deliverables were to

- Complete the Curriculum Review and make recommendations to the General Medical Council (GMC). An enormous amount of work has been completed by a dedicated team, and we are on target to submit to GMC in April 2015 and implement the new curriculum from August 2016.
- Develop a public health manifesto for government ministers and policy makers. We consulted our membership and developed our 12-point manifesto *Start Well, Live Better* which we launched in November 2014.
- Develop clear guidance on effective interventions that tackle long-standing public health problems: we further developed 'Better Mental Health for All'; helped develop a fuel poverty tool kit; issued a joint statement on anti-microbial resistance; inputted into food poverty and air pollution guidance – amongst other things!
- Maintain a watchful eye on public health appointments and continue to work behind the scenes – as well as publicly – to achieve our aims: we opened 184 files for Appointment Advisory Committee (AAC) panels and persuaded 100% to follow good practice; we produced and promoted guidance literature in collaboration with others, trained and co-ordinated external assessors and wrote publicly about the issues; we also actively engaged with a number of national agencies to further the interests of our members.
- Further establish FPH's role in, and engagement with, the wider public health community: we began developing partnerships with agencies from this wider community, including the Local Government Association, the Royal Pharmaceutical Society and many Medical Royal Colleges and held discussions with agencies as wide-ranging as the Royal Society for the Prevention of Accidents, the National Parks Authority, MIND and the Forestry Commission; we took a lead role in bringing together the UK Public Health Network.
- Begin a governance review process taking us towards 'incorporation' as a company limited by guarantee, but also empowering members to get actively involved in their professional

body: we have embarked on a wide-ranging governance review process and are on target to become incorporated as a company limited by guarantee during 2015; the Special Interest Group approach was launched at the annual conference, and we are seeing encouraging signs of progress – particularly in the international field; we continue to find ways to enable our members to play their part in our collective agenda.

- Commission an external quality-assurance review of the revalidation system: we undertook this successfully in 2014 and received

excellent feedback on our appraisal service and the support and leadership from FPH officers and staff.

- Seek greater collaboration and co-ordination across the public health sector to develop a UK strategy for public health: in October 2014 – in collaboration with the Association of Directors of Public Health – FPH hosted a UK Public Health Summit of leading public health agencies across the UK. As a result of this, a UK Public Health Network has been developed and a clear agenda for collaboration has emerged. We will play a key role in delivering this during 2015.

Looking Ahead: Plans for 2015

At its November 2014 Board meeting, the FPH agreed the 2015 budget and business plan. In February 2015 the Board agreed a long term budget and business plan to deliver the five year strategy. Key deliverables for 2015 are as follows.

In 2015 we will:

- Launch, gain commitment to - and action on - FPH manifesto priorities
- Seek approval for the revised Specialty Training Curriculum
- Launch the e-portfolio service
- Research and develop plans for FPH's role in practitioner development, membership and appropriate standards and services
- Commission a quality assurance review of our Continuing Professional Development scheme
- Launch a multi-disciplinary revalidation service
- Launch an open course programme providing topical development opportunities
- Launch a public health e-learning module
- Launch a Fundraising and Business Development Programme
- Increase member engagement and input into our Special Interest Groups
- Register as a Company Limited by Guarantee
- Support and develop the UK Public Health Network
- Contribute to increasing public health capacity and standards outside of the UK.

Governance

The Faculty of Public Health (FPH) is a faculty of the Royal Colleges of Physicians of the UK, the latter consisting of the Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians of London. FPH is a registered charity (charity number 263894), and its governing instrument is its standing orders.

The charity has given due consideration to Charity Commission published guidance on the operation of the Public Benefit requirement.

The trustees are the voting members of the FPH Board. Three trustees are appointed by the parent colleges. The President and vice-presidents are elected by the membership through a single transferable vote system. The remaining five officers are elected by the trustees. All officers are elected for a term of three years and, with the exception of the President, can stand for a further two-year term.

The remaining trustees are elected in accordance with the terms of Standing Orders 37-42 and the detailed procedures for the timetable and the single transferable vote system as agreed by the Board. The trustees who served during 2014 are listed in Appendix 1.

Following their election, the trustees are presented with the FPH trustee handbook, given a briefing by the President and given the opportunity to discuss administrative details further at the FPH offices. The trustees are also

required to spend time with FPH staff so that they can gain an understanding of how the organisation works.

The Board meets five times a year, once after the Annual General Meeting in accordance with Standing Order 49, three times to discuss general matters and the fifth time as an away day. The November Board included an item on trustee training to make trustees aware of their legal obligations. The functions and powers of the Board are detailed in Standing Orders 50 and 52.

In 2013 the Board reviewed and agreed the Mission and Values of the charity. In 2014 the Board again as part of the strategic review and governance projects revisited the Mission and Values and agreed they should remain as is.

The Executive Committee, appointed by the Board, carries out the functions set out in Standing Order 63 which include the power to act on behalf of the Board at the request of the President on matters of urgency.

A number of other standing committees are appointed by the Board to provide the structure to support the principal purposes of the organisation and are, in general, chaired by the officer with responsibility for that function.

Sub-committees and special committees with a limited lifespan may be appointed by the Board to assist it in any matter. All committees report to the Board via the Executive Committee. The committee structure in 2014 is set out in Appendix 2.

FPH relies heavily on its members who work voluntarily on committees and are appointed into posts to take forward the work programme.

The Chief Executive is appointed and removed by the Board and is responsible for the day-to-day management of the staff and FPH headquarters in accordance with guidelines agreed by the Board.

Objects

The charitable objects of FPH are:

- To promote for the public benefit the advancement of knowledge in the field of public health
- To develop public health with a view to maintaining the highest possible standards of professional competency and practice
- To act as an authoritative body for the purpose of consultation in matters of education or public interest concerning public health.

Governance Review

In early 2014 the FPH Board agreed to review the governance structure of the charity. A governance working group was formed to take this work forward in

line with becoming an incorporated company limited by guarantee. As part of this process the membership was balloted in September 2014 to seek approval for the charity to become incorporated. At that time the Board also sought approval to move from postal to electronic and telephone ballots. The membership voted to accept the proposed changes and the work of the governance working group continues.

Resources

Our financial resources are described in the financial statements. In addition to its paid staff, FPH relies heavily on the voluntary work of its honorary officers, board and committee members.

Principal Advisers

Bankers

National Westminster Bank Plc
125 Great Portland Street
London W1N 6AX

Solicitors

Hempsons Solicitors
40 Villiers Street
London WC2N 6NJ

Treasurer's report

2014 has been a year of financial change for FPH, but I am glad to report that we completed the year in a satisfactory position. Some of the changes were expected and planned for at the beginning of the year, but other, less helpful ones, arose out of the blue. As I reported in my notice about 2015 subscriptions, the Board remains concerned about our overall position for the future and is undertaking a full review of all our subscriptions and charges in light of our business plan for the next five years.

The expected changes relate to planned developments to our infrastructure to assist the work we do in supporting members, and to resolving issues around some of the grant monies held in our accounts. I discuss both of these further below.

The unexpected events relate to a contract held by FPH and also to some of our advocacy work. During routine work to review our service contracts, we identified a particular contract which we decided to terminate at a cost to FPH. However, this will lead to more control over costs in coming years. Separately, as I am sure all of you are aware, whilst undertaking advocacy work in relation to smoking, the President experienced problems using Twitter. In addition to the impact on our advocacy work, there was also a financial cost in relation to training and related matters. Without these unexpected costs and the funding of the governance review and a refurbishment project from reserves, we would have been close to our financial plan, but

instead there was an operational deficit of £194,402.

Total unrestricted income for 2014 was £1,665,790 which was £73,604 ahead of the previous year. Most of this increase can be attributed to a stabilisation of membership numbers over the year, and a return to membership of some individuals who had left the public health workforce following the NHS changes in England. We also had a useful return on investments and growth of revalidation income (the revalidation income however is matched by revalidation costs).

Despite the problems identified above, FPH has been able to continue with additional areas of work, in line with our core objectives.

Financial Summary

In looking at our financial statements, the most important figures to consider are those in the columns headed 'unrestricted funds'. These are the sums that are fully available for FPH to use for our operational activities. The other types of funds we report in our accounts have various restrictions placed on them, and they cannot be used for everyday activity. Some of these funds resource our prizes whilst others relate directly to grant-based projects and only become available once the project has been undertaken.

The previously reported reduction in grant income continues. To replace these, FPH has been successful in attracting some alternative forms of income. We have also been able to complete a full review of grant monies held in our accounts as 'restricted funds'. As a result,

some unused monies have been returned to the grant giver, but, more importantly, we have agreed that some projects are now complete and the funds have been transferred to our 'unrestricted funds'. Therefore, there is a significant reduction in the 'restricted funds' held on our balance sheet this year.

In planning for 2014 the overall situation for public health continued to be turbulent, and we planned for a small deficit position over the year. However, as reported above, the situation has turned out more difficult than expected. FPH has continued to manage its costs with the support of FPH staff and has been able to control the financial impact.

As in the previous year, we benefited from an improving investment position in 2014, but this was not as large as in 2013.

Looking at our overall funds in the two columns on the far right of the Statement of Financial Activities, we are reporting a decrease of £247,940 over the year. This relates to the deficit and the changes in 'restricted funds' reported above.

Investments

In order to protect FPH we have maintained a low-risk approach to our investments in 2014. The investment position through the year has shown an improvement from 2013 and our investments gained value through the year.

A socially responsible investment policy was adopted by FPH Board in 2007 and this remained the guide to the management of investments during 2014. The policy seeks as much as is feasible to channel FPH investments into sectors that promote and support public health objectives whilst maintaining reasonable returns.

Our investment policy was revised during 2014, and we are now in the process of implementing the changes that the new policy requires. It is likely that financial returns from investments will reduce in coming years following this change in policy.

Our investments are managed by Smith and Williamson Investment Managers. The Risk Management Audit and Finance Committee (RMAFC) reviewed the management of our investment funds and recommended that the management arrangements continue in 2015.

Reserves

FPH has a formal reserves policy in order to ensure that resources remain available to FPH to maintain our operating capability throughout any emergency.

In addition, the financial reserves also provide resources to support occasional, major developments to support the key objectives of FPH. As reported above, such developments are currently being implemented. These include some IT upgrades, and the capital investment in the new e-portfolio. These developments are in line with Charity Commission guidance.

Reserves now represent seven months of operational activity.

Risk Management

The RMAFC continues to manage risk for FPH and regularly reviews the risk register. This currently includes a number of items in relation to the new structures for public health in England. All these risk items were monitored closely throughout the year. A full review of the risk register was started in 2014 by RMAFC and the Senior Management Team.

We also saw a change of Risk Management Adviser during the year.

Keith Williams left the role at the 2014 AGM after many years of work supporting FPH. He has been succeeded by Brian McCloskey who takes on the role. I thank both Keith and Brian for their work supporting FPH.

Audit

Crowe Clark Whitehill LLP audited FPH activities in 2014. The audit statement is attached to the financial statements that follow. RMAFC recommends that they are appointed to continue as auditors of FPH in 2015.



David Williams
Honorary Treasurer

Statement of Trustees' Responsibilities

STATUS: The Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom is a Registered Charity

CHARITY NUMBER 263894

The trustees are responsible for the preparation of the Annual Report and Financial Statements in accordance with the applicable laws and regulations.

Charity law requires the trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards) and applicable law.

Under charity law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and of its net outgoing resources for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently

- make judgments and estimates that are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue to operate.
- The trustees are responsible for keeping proper accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



John R Ashton
President

20 May 2015

Independent Auditor's Report to the Trustees of The Joint Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom

We have audited the financial statements of The Joint Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom for the year ended 31 December 2014 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes numbered 1 to 13.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Report of the Trustees to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2014 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Report of the Trustees is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Crowe Clark Whitehill LLP

Crowe Clark Whitehill LLP

Statutory Auditor

London

Crowe Clark Whitehill LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

1 June 2015

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM**

STATEMENT OF FINANCIAL ACTIVITIES

FOR YEAR ENDED 31 DECEMBER 2014

Notes	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total 2014 £	Total 2013 £
INCOMING RESOURCES						
Income from generated funds:						
Donations and Gift Aid receipts	6,082				6,082	250
Investment income	35,284	630		1,506	37,420	27,786
Bank interest	5,724				5,724	7,198
	<u>47,090</u>	<u>630</u>		<u>1,506</u>	<u>49,226</u>	<u>35,234</u>
Incoming resources from charitable activities						
Membership fees and subscriptions	1,180,641				1,180,641	1,150,929
Examination and training fees	169,460		10,000		179,460	166,359
Maintaining professional standards	53,459				53,459	68,798
Public health policy and advocacy	81,948				81,948	74,204
Journal of Public Health income	123,470				123,470	123,583
Other income	9,722	5,000			14,722	8,930
	<u>1,618,700</u>	<u>5,000</u>	<u>10,000</u>		<u>1,633,700</u>	<u>1,592,803</u>
TOTAL INCOMING RESOURCES	1,665,790	5,630	10,000	1,506	1,682,926	1,628,037
RESOURCES EXPENDED						
Cost of generating funds						
Investment management fees	9,584				9,584	7,312
Charitable activities						
Grants and prizes		3,437	425	168	4,030	8,402
Examinations and training	645,639		28,278		673,917	634,510
Maintaining professional standards	502,431		40,165		542,596	601,725
Public health policy and advocacy	462,822		21,556		484,378	389,262
Journal of Public Health costs	98,766				98,766	93,452
Governance	140,948				140,948	71,592
2	<u>1,850,606</u>	<u>3,437</u>	<u>90,424</u>	<u>168</u>	<u>1,944,635</u>	<u>1,798,943</u>
TOTAL RESOURCES EXPENDED	1,860,190	3,437	90,424	168	1,954,219	1,806,255
OPERATING DEFICIT FOR THE YEAR	(194,400)	2,193	(80,424)	1,338	(271,293)	(178,218)
Net gains on investments	5 20,833	387		2,133	23,353	72,024
Net gain/ (loss) on foreign exchange						21,430
NET MOVEMENTS OF FUNDS FOR THE YEAR	(173,567)	2,580	(80,424)	3,471	(247,940)	(84,764)
Total funds brought forward	1,606,644	110,025	443,746	23,402	2,183,817	2,268,581
Transfers between funds	10	23,933	(23,933)			
Adjusted funds brought forward	1,606,644	133,958	419,813	23,402	2,183,817	
TOTAL FUNDS CARRIED FORWARD AT 31 DECEMBER	1,433,077	136,538	339,389	26,873	1,935,877	2,183,817

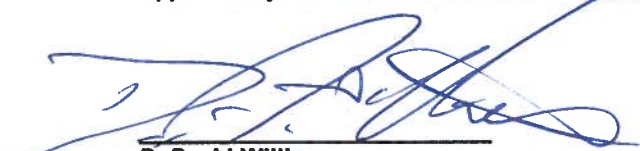
The above results are derived from continuing activities. There are no recognised gains or losses other than those dealt within the Statement of Financial Activities above.


Notes 1 to 13 form part of the Financial Statements.

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
BALANCE SHEET
AS AT 31 DECEMBER 2014**

	Notes	2014 £	2013 £
FIXED ASSETS			
Tangible assets	4	55,941	7,254
Investments	5	<u>1,277,189</u>	<u>1,245,488</u>
		1,333,130	1,252,742
CURRENT ASSETS			
Debtors and prepayments	6	68,199	162,050
Bank balances		<u>894,724</u>	<u>1,176,733</u>
Total Current Assets/(Liabilities)		962,923	1,338,783
CURRENT LIABILITIES			
Creditors - amounts falling due within the year	7	360,176	407,708
NET CURRENT ASSETS		<u>602,747</u>	<u>931,075</u>
NET ASSETS	9	<u>1,935,877</u>	<u>2,183,817</u>
REPRESENTED BY:			
Unrestricted funds		1,433,077	1,606,644
Designated funds	8	136,538	110,025
Restricted funds	8	339,389	443,746
Endowment funds	8	<u>26,873</u>	<u>23,402</u>
TOTAL FUNDS		<u>1,935,877</u>	<u>2,183,817</u>

Approved by the Board and authorised for issue on ^{20/12/2015} and signed on its behalf by:


Dr David Williams
 Treasurer


Professor John R Ashton CBE
 President

Notes 1 to 13 form part of the Financial Statements.

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM**

CASH FLOW STATEMENT

FOR YEAR ENDED 31 DECEMBER 2014

CASH (OUTFLOW) FROM OPERATIONS	2014	2013
	£	£
Net(outgoing) resources	(247,940)	(84,764)
Net (gains) on investments	(23,353)	(72,024)
Depreciation provision	2	2,910
Investment income	(37,420)	(27,786)
Bank interest received	(5,724)	(7,198)
(Increase)/Decrease in debtors	93,851	(42,187)
Increase/(Decrease) in creditors	(47,532)	25,372
	<hr/>	<hr/>
NET CASH OUTFLOW FROM OPERATIONS	(268,116)	(205,676)
	<hr/>	<hr/>
	2014	2013
	£	£
CASH FLOW STATEMENT		
Net cash outflow from operating activities	(268,116)	(205,676)
Add Returns on investment and servicing of finance		
Investment income	37,420	27,786
Bank interest	5,724	7,198
Capital expenditure & investment		
Purchase of Tangible Fixed Assets	(48,689)	
Net movement of investments	(8,348)	26,214
	<hr/>	<hr/>
Decrease in cash	(282,009)	(144,479)
	<hr/>	<hr/>
Analysis of cash changes		
Cash Balance 1 January 2014	1,176,733	1,321,212
Decrease in cash	(282,009)	(144,479)
	<hr/>	<hr/>
Cash balances 31 December 2014	894,724	1,176,733

Notes 1 to 13 form part of the Financial Statements.

FACULTY OF PUBLIC HEALTH OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2014

1. ACCOUNTING POLICIES

- (a) The financial statements are prepared under the historical cost convention as modified by the inclusion of investments at market value. In preparing the financial statements FPH follows best practice as laid down in the Statement of Recommended Practice Accounting and Reporting by Charities (SORP 2005) and the requirements of the Charities Act 2011 and relevant Financial Reporting Standards.
- (b) The trustees have a reasonable expectation that the charity has adequate resources to continue its activities for the foreseeable future. Accordingly, they continue to adopt the going concern basis in preparing the financial statements as outlined in the Statement of Trustees Responsibilities on page 23.
- (c) Fixed assets with an individual cost exceeding £5,000 have been capitalised except for computer equipment that is aggregated to £5,000 from 2010. Other assets costing less than £5,000 are included as resources expended in the Statement of Financial Activities (SoFA).
- (d) Depreciation of fixed assets is calculated on cost, on a straight line basis over three years for Computer Equipment and Furniture and Fittings.
- (e) Investments are stated at market value at the balance sheet date. The SoFA includes the net annual gains and losses arising on market valuation of the investments as at 31 December 2014.
- (f) All incoming resources are included in the Statement of Financial Activities (SoFA) on a receivable basis. Resources not physically received at the end of the financial period are accounted for as part of incoming resources when FPH is legally entitled to the income and the amount can be reasonably quantified and transfer of funds is certain.
- (g) Unrestricted funds are those without limitations attached to their usage and expenditure.
- (h) Designated funds are those set aside for specified projects by the Board, which has authority to amend their use and status.
- (i) Restricted funds are donations given with stipulated terms and conditions that cannot be changed by FPH or its Trustee Board.
- (j) Endowment Funds are perpetual funds where only the income generated from them is used for operational purposes. Capital growth/loss is adjusted to the value of the funds. Authority to change their nature and status lies with the donors.
- (k) Resources expended - Expenditure is recognised on an accruals basis including VAT where applicable (FPH is not a VAT registered charity). Costs of generating funds comprise costs directly attributable to managing the investment portfolio and raising investment income. Support costs are apportioned on the basis of staff time. Governance costs include the cost of the annual audit and expenditure and value of some staff time required for board meetings, election of trustees and statutory requirements of the AGM.
- (l) Service charges for the operating lease for 4 St Andrews Place is charged to the SoFA from charges received from the Royal College of Physicians of London.
- (m) Assets and liabilities denominated in foreign currency are valued at the mid-market rate of exchange rate at the end of the year. Expenditure and Income in foreign currency is recorded at the exchange rate on the date of transactions. Exchange gains and losses arising from these transactions are recorded in the SoFA.

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2014 (Continued)**

2 CHARITABLE EXPENSES

	Direct Employment Costs	Direct Costs	Support Costs (Including support Employment costs)	Total 2014	2013
Analysis of Expenditure	£	£	£	£	£
Grants and prizes		4,030		4,030	8,402
Examinations & training	221,410	126,032	326,475	673,917	634,510
Maintaining professional standards	197,784	83,786	261,026	542,596	601,725
Public health policy advocacy	141,838	164,672	177,868	484,378	389,262
Journal of Public Health Costs		98,766		98,766	93,452
Governance		<u>136,328</u>	<u>4,620</u>	<u>140,948</u>	<u>71,592</u>
Total	<u>561,032</u>	<u>613,614</u>	<u>769,989</u>	<u>1,944,635</u>	<u>1,798,943</u>

	2014	2013
Governance Costs	£	£
Audit and accountancy fees	15,770	16,790
Trustees and members expenses	44,431	32,678
AGM, election and board meeting costs	17,579	13,676
Consultancy costs re Governance review	42,876	-
Subscriptions, legal fees and other costs	15,673	3,431
Support costs	<u>4,620</u>	<u>5,017</u>
Total	<u>140,948</u>	<u>71,592</u>

Support costs allocation	Total	Examinations & Training	Professional Standards	Policy Advocacy	Governance	Basis for allocation
	£	£	£	£	£	
Management	686,795	291,201	232,823	158,650	4,121	Staff Time
Finance & administration	26,424	11,204	8,958	6,104	159	Staff Time
Information technology	<u>56,771</u>	<u>24,071</u>	<u>19,245</u>	<u>13,114</u>	<u>341</u>	Staff Time
	<u>769,989</u>	<u>326,475</u>	<u>261,026</u>	<u>177,868</u>	<u>4,620</u>	

FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2014 (Continued)

3 STAFF COSTS

<u>Staff Costs</u>	2014	2013
	£	£
Salaries and allowances	836,526	824,663
Social security costs	89,725	86,947
Defined pension contributions	75,050	60,402
Total	1,001,302	972,012
	N ^e	N ^e
Average number of employees (Full Time Equivalent) earning below £60,000	20	19
Number of employees whose annual salary (excluding pension costs) were between £90,000 and £100,000	1	1
Total	21	20

FPH made contributions to defined contributions pension schemes for 21 members of staff including a contribution of £12,081 in respect of the employee earning between £90,000 and £100,000.

No trustees were remunerated in the year

4 FIXED ASSETS

	Computer Equipment £	Asset in course of construction	Office Furniture & Equipment £	Donated Items £	Total £
Cost					
<i>At 1st January</i>	58,816		25,871	4,912	89,599
Additions during the Year		48,689			48,689
As at 31st December	58,816	48,689	25,871	4,912	138,288
Depreciation					
<i>At 1st January</i>	58,814		23,531		82,345
Charge for the year	2				2
As at 31st December	58,816	-	23,531	-	82,347
Net Book Value					
<i>At 31 December 2013</i>	2	-	2,340	4,912	7,254
At 31 December 2014	-	-	2,340	-	55,941

FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2014 (Continued)

5 INVESTMENTS

	Total 2014 £	Total 2013 £
Book Cost		
Cost at 1 January 2014	989,608	960,645
Additions	236,231	235,975
Disposals	<u>(198,877)</u>	<u>(207,012)</u>
Cost at 31 December 2014	<u>1,026,962</u>	<u>989,608</u>
Market Value		
Market value 31 December 2013	1,245,488	1,199,678
Realised from disposals	(227,883)	(262,189)
Additions at cost	<u>236,231</u>	<u>235,975</u>
Adjusted Market Value 31 December 2013	<u>1,253,836</u>	<u>1,173,464</u>
Market Value 31 December 2014	1,277,189	1,245,488
Market adjustment	<u>23,353</u>	<u>72,024</u>

6 DEBTORS & PREPAYMENTS

	Total 2014 £	Total 2013 £
Trade debtors	1,350	46,586
Prepayments	20,984	26,466
Accrued income	12,195	5,280
UK Public Health Register & UKPHA		10,552
Staff loans and other debtors	<u>33,670</u>	<u>73,166</u>
Total	<u>68,199</u>	<u>162,050</u>

7 CREDITORS - AMOUNTS FALLING WITHIN THE YEAR

	Total 2014 £	Total 2013 £
Trade creditors	38,309	62,572
Accruals	90,736	40,987
Tax and social security	23,216	28,321
Subscriptions paid in advance	13,129	1,204
Examination and other fees paid in advance	78,886	86,244
Pension reserve	78,836	80,066
Grant creditors	<u>37,065</u>	<u>108,315</u>
Total	<u>360,176</u>	<u>407,709</u>

FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2014 (Continued)

8 FUNDS

		Balance at 2013	Incoming Resource s	Resources Expended	Other Recognised Gains/ (Losses)	Transfers	Balance at 2014
	Note	£	£	£	£	£	£
DESIGNATED FUNDS							
Welsh Affairs Committee Fund	a	3,374	4	(2,500)			878
Scottish Affairs Committee Fund	a	53,155	29				53,184
UK Public Health Association	b	5,724					5,724
Littlejohn Gardner Prize Fund	z	6,076		(100)			5,976
Alwyn Smith Prize Fund	z	944					944
Wilfrid Harding Faculty Prize Fund	z	2,702					2,702
Cochrane Prize Fund	z	17,234		(250)			16,984
BACP Travelling Fellowship	z	5,124					5,124
O'Brien Prize Fund	z	129		(300)			(171)
June & Sidney Crown Award	z	9,114					9,114
Ann Thomas Prize Fund	z	1,672		(100)			1,572
The McEwen Award	z	3,022		(100)			2,922
Prize Funds Trading account		1,754	597	(87)	387		2,651
Business Development Fund	10		5,000			23,933	28,933
Total		110,025	5,630	(3,437)	387	23,933	136,538
RESTRICTED FUNDS							
Prize funds							
Prize Funds (current element)	z	2,753		(100)		Transfers (note 10)	2,653
Sian Griffith Prize Fund	z	1,360					1,360
Trainer of the Year Award	z	250		(75)			175
Sam Ramaiah Prize Fund	z	9,500		(250)			9,250
Elizabeth Russell Prize Fund	z	32,489					32,489
Health policy and advocacy							
Action on Climate Change	d	10,000		(4,000)		(6,000)	
Mental Health - Thinking Ahead (Natural England)	e	2,257					2,257
Mental Health Project	f	7,933				(7,933)	0
Production of a guide on the Role of the Director	g	17,556		(17,556)			
Education & training							
Grant to support College Training activities	h	12,500					12,500
Promotion of FPH Examinations Overseas	i	5,756		(5,756)			
Public Health Training in Clinical Specialities	j	175,192		(18,313)			156,879
Public Health Education & Training Support	k	20,000					20,000
Metacompanies	l		10,000	(4,209)			5,791
Professional standards							
CPD Fund	m	9,874					9,874
Revalidation Communication Activities	n	5,452		(2,443)			3,009
Meeting Costs	o	5,561		(5,561)			0
Revalidation Programme- multidisciplinary	p	91,308		(11,685)			79,623
International							
Determinants of Health - Import International Learning	q	30,476		(20,476)		(10,000)	(0)
Corporate							
Royal College Fund	r	3,529					3,529
Total		443,746	10,000	(90,424)		(23,933)	339,389
EXPENDABLE ENDOWMENT FUNDS							
Surplus on revaluation							
DARE Lecture Fund	c	23,402	1,506	(168)		2,133	26,873
Total		23,402	1,506	(168)		2,133	26,873

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2014 (Continued)**

8 FUNDS (continued)- Notes

a	Welsh and Scottish Affairs Committee Funds	Funds held on behalf of Welsh and Scottish Affairs Committees
b	UK Public Health Association	Funds held on behalf of Public Health Association
c	Dare Lecture Fund	Set up to fund annual lectures.
d	Action on Climate Change	Grant provided by the Department of Health- settled in 2014 (see Note 10)
e	Mental Health - Thinking Ahead (Natural England)	Grant provided by Natural England
f	Mental Health Project	Grant provided by Department of Health- settled in 2014 (see Note 10)
g	Production of a guide on the Role of the Director	Grant provided by Department of Health- settled in 2014 (see Note 10)
h	Grant to support College Training activities	Grant provided by the Academy of Royal Colleges
i	Promotion of FPH Examinations Overseas	Grant provided by Department of Health- settled in 2014 (see Note 10)
j	Public Health Training in Clinical Specialities	DOH fund to set up a programme of work around dual accreditation. Includes engagement with partner Royal Colleges, the commissioning of an educationalist and developing policy papers.
k	Public Health Education & Training Support	Grant provided by the Department of Health
l	Metacompetencies	Grant provided by the Health Education England
m	CPD Fund	Grant provided by the Academy of Royal Colleges
n	Revalidation Communication Activities	Grant provided to assist with dissemination of advice/news regarding revalidation, including PH specialty specific guidance. Includes regular pieces in newsletters, production of handbook and development of webinars.
o	Meeting Costs	Grant provided to assist with delivery of meetings commissioned by Department of Health- completed in 2014
p	Revalidation Programme- multidisciplinary	An extension of the multidisciplinary programme – to cover work on developing the FPH revalidation systems to ensure they can be applicable to all PH specialists, including liaison with the UKPHR.
q	Determinants of Health	Grant provided by Department of Health- settled in 2014 (see Note 10)
r	Royal College Fund	Grant provided by the NiDOF to assist FPH achieve Royal College status.
z	Prize funds	
	Littlejohn Gardner Prize Fund	Award for excellence in examinations held by FPH
	Alwyn Smith Prize Fund	Awarded annually to a member or fellow of FPH judged to have made the most outstanding contribution to public health through research or practice in community (public health) medicine
	Wilfrid Harding Faculty Prize Fund	Awarded biennially to a member judged to have made the most outstanding contribution to FPH
	Cochrane Prize Fund	Awarded to undergraduate students to support educational activities in public health medicine
	BACP Travelling Fellowship	Awarded biennially to assist trainee members of FPH undertake educational travel, normally outside the UK
	O'Brien Prize Fund	Award for excellence in examinations held by FPH
	June & Sidney Crown Award	Award to assist trainee members of FPH gain experience or further training outside the UK
	Ann Thomas Prize Fund	Award for excellence in examinations held by FPH
	The McEwen Award	Award for excellence in examinations held by FPH
	Sian Griffith Prize Fund	Award to assist FPH members gain international experience, particularly in low and middle income countries
	Trainer of the Year Award	Presented to the trainers adjudged to have contributed most to the training programme
	Sam Ramaiah Prize Fund	Award for excellence in examinations held by FPH
	Elizabeth Russell Prize Fund	Award created by the Scottish committee and transferred in 2011

Appendix 1

Board Members

Between 1 January 2014 and 31 December 2014

Officers

President	ASHTON, John
Vice President Policy	MIDDLETON, John
Vice President for Standards	JESSOP, Edmund (to June 2014) PEACHEY, Meradin (from July 2014)
Registrar	SHERIDAN, Peter
Assistant Registrar	IQBAL, Zafar
Academic Registrar	WEBSTER, Premila
Assistant Academic Registrar	MASON, Brendan
Treasurer	WILLIAMS, David

Elected Members

General Board Member	CAPEWELL, Simon
General Board Member	PAUL, Ash
General Board Member	STEPHENS, Imogen
Local Board Member, London	PRICE, Sarah (to June 2014) WALTERS, Helen (from July 2014)
Local Board Member, North West	SEDDON, Daniel
Local Board Member, South Central	GRAY, Ronald (to June 2014) PARKES, Julie (from July 2014)
Local Board Member, West Midlands	AHMED, Aliko
Local Board Member, South East Coast	TAHZIB, Farhang
Local Board Member, East Midlands	TOMLINSON, John

Local Board Member, East of England	LIPP, Alistair
Local Board Member, North East	BEENSTOCK, Jane (to January 2014) SANGOWAWA, Toks (from February 2014)
Local Board Member, Yorkshire and the Humber	TAYLOR, Andrew
Local Board Member, South West	RAE, Margaret (to June 2014) PEARSON, Sally (from July 2014)
Local Board Member, Scotland	CRIGHTON, Emilia
Local Board Member, Wales	MONAGHAN, Stephen (to June 2014) VAN WOERDEN, Hugo (from July 2014)
Local Board Member, Northern Ireland	WALDRON, Gerry

Ex Officio Members

Royal College of Physicians, London	THOMPSON, Sir Richard (to 29 July 2014) DACRE, Jane (from 29 July 2014)
Royal College of Physicians & Surgeons, Glasgow	DE CAESTECKER, Linda
Royal College of Physicians, Edinburgh	WATSON, Lorna

Co-opted Member

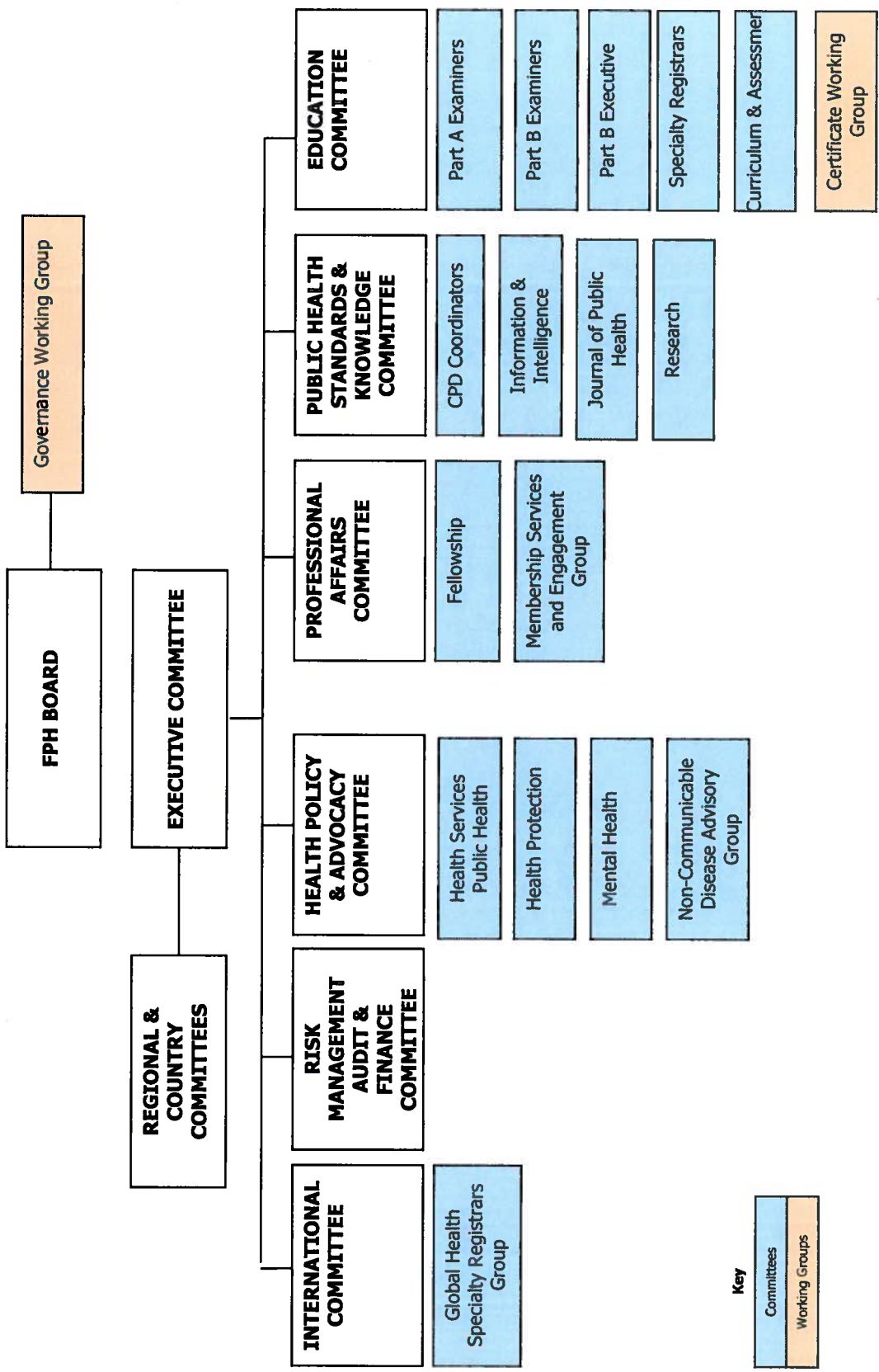
Chair, Specialty Registrars Committee	FARMER, Siobhan (to April 2014) BENNETT-BRITTON, Beth (from April 2014)
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Observers and lay members*

Vice President, ADPH	De GRUCHY, Jeanelle
President, PHMEG	MILLERSHIP, Sally
UKPHR Representative	KIDNEY, David (to June 2014)
Chair, FPH Academic & research Committee	BRAYNE, Carol
UKPHA Representative	BEAL, John (to June 2014)
Risk Management Adviser	WILLIAMS, Keith (to June 2014) MC CLOSKEY, Brian (from July 2014)
Chair, FPH International Committee	ASHTON, John
Lay member	CARRIER, John
Lay member	UNERMAN, Sandra
Lay member	STOTT, Adrian

*Observers and lay members are not FPH trustees.

Appendix 2 FPH 2014 Committee Structure



Appendix 3

2014 FPH Prize Winners

Alwyn Smith Prize

Professor Martin McKee

This prize was endowed by Professor Alwyn Smith on his retirement as President of the Faculty of Public Health in 1986. A medal and certificate are normally awarded annually to the member or fellow of FPH, judged to have made the most outstanding contribution to the health of the public by either research or practice in community medicine (public health medicine).

Sir John Brotherston Prize

Ms Darshni Shah

The prize is awarded to the best essay or research on a public health topic written by a student of medicine or young graduate prior to full registration.

Michael O'Brien Prize

Dr Helen Asquit

Dr Madeleine Wright

Dr Eszter Vamos

The prize is awarded for outstanding performance in the Diploma and Part A membership examination of FPH.

Sian Griffiths International Award

Mr Conall Watson

This prize was generously endowed by Professor Sian Griffiths to commemorate her term as President of the Faculty of Public Health (2001-2004) and was first awarded in 2010. The aim of the award is

to promote the development of public health capacity by helping FPH members working within the specialty, to gain international public health experience either whilst in training or as a part of continuing professional development. An emphasis will be on public health work in middle and low income countries.

McEwen Award

Dr Gemma Ward

The prize is awarded for the best performance in the Part B MFPH examination of FPH. All candidates who have passed the whole of the Part B MFPH examination (UK) at sittings held in the 12 months preceding the last Education Committee meeting before the FPH's Annual General Meeting are eligible for consideration.

Cochrane Prize

Mr Jonathan Broad

FPH awards a prize each year to an undergraduate student to support an educational activity in the field of public health medicine. Candidates must be bona fide students at a medical school in the United Kingdom at the time of application.

Ann Thomas Prize

Mr Ashley J Gould

The prize is awarded to the Welsh candidate who attains the highest mark in the FPH Part B/OSPHE MFPH examination.

Littlejohn Gairdner Medal

Vittal Katikireddi

This prize was instituted by Dorothy Hedderwick to commemorate the centenary of the appointment of her father, Sir Henry Duncan Littlejohn, as Medical Officer for Edinburgh and his friend, Sir William Tennant Gairdner, as Medical Officer of Health for Glasgow.

Appendix 4

Devolved Country Reports

Scotland

The Committee of the Faculty of Public Health in Scotland met on three occasions during 2014: 8th of January, 7th May and 22 October at the Royal College of Physicians in Edinburgh and the AGM was held on 6th of November 2014 in Aviemore. The 7th of May Committee meeting was attended by the Faculty Chief Executive, Mr David Allan when the Committee discussed the proposed strategic plan for the Faculty. The minutes of the meetings are available on line.

The annual conference, entitled “The Ball is in Your Court” in 2014 and attended by over 270 participants, was held in Aviemore on 6 and 7 November and its organization was overseen by a Steering Committee jointly chaired by Ms Pip Farman and Dr Simon Hilton. The conference was organized in collaboration with North of Scotland Health Boards and focused on the opportunities and challenges created by the unprecedented level of civic engagement generated by the independence referendum. During the Conference the Public Health Minister announced the Review of the Public Health Function in Scotland, due to report in summer of 2015.

The Committee of the FPH receives regular reports from the Service Improvement / Healthcare Public Health Interest Group network supported by the Scottish Public Health network and would work to support additional interest groups.

The Committee of the FPH in Scotland is actively involved with the Academy of Royal Colleges and Faculties in Scotland, influencing workforce policy, health and medical policy and the Convenor acts as Honorary Secretary to the Academy. The Scottish Academy oversees the appointments and training of the external assessors for the appointment of consultants and the Committee has 4 trained external assessors.

Dr Emilia Crighton

Wales

The newly constituted Faculty in Wales (FIW) Committee meets 3-4 times per year. In 2014 the FPH Wales Board member was Dr Hugo van Woerden. He also convened the FIW and was a member of the Academy of Medical Royal Colleges in Wales.

The fourth two-day Welsh Public Health Conference - a Prudent Approach to a Happier, Healthier, Fairer Wales – was held in October 2014 at the Wales Millennium Centre, Cardiff. The three main themes were:

- Health Protection and Reducing Harm
- Tackling Health Inequalities
- Prudent Healthcare

The Faculty in Wales held an open session during the conference for members in Wales, where David Allen held a Q&A session.

Some progress was made on the Welsh Government’s Public Health Bill and a Future Generations Bill after the

publication of a Public Health White Paper. Public Health Wales welcomed the White Paper and called for health in all policies approach in order to improve health and wellbeing. But it remained unclear by the end of 2014 whether either bill would explicitly take a broader ecological view of public health or whether health impact assessment in either would become a requirement as part of a health in all policies approach. Public Health Wales also called for the introduction of minimum unit pricing of alcohol. The National Assembly Health and Social Care Scrutiny Committee reviewed progress against the Welsh Government's Cancer Delivery Plan.

During 2014, Public Health Wales also launched a new all Wales system for communicable disease control. The Research and Policy Division also organised a series of seminars that addressed contemporary public health issues. The first seminar, entitled Prudent Healthcare: the critical role of public health in the wider healthcare system in Wales, was delivered by the chair of Public Health Wales Professor Sir Mansel Aylward. Over 5,000 people in Wales have now been trained in how to offer support and advice to those drinking harmful amounts of alcohol thanks to a training programme called Have A Word. This approach is now being taken-up by Public Health England. The Welsh Cancer Intelligence and Surveillance Unit published Public Health Wales' first ever official statistics – Cancer in Wales on World Cancer Day. The Child Death Review Programme used an innovative approach to review deaths through suicide in children and young people in Wales. Separately, the programme also identified and highlighted the strong association

between deprivation and the risk of child death in Wales, and reported on meningitis and dog bites. In 2014 the Child Measurement Programme for Wales showed that over a quarter of five year olds in Wales have an unhealthy body mass index compared to just over a fifth of five year olds in England, But the uptake of routine childhood immunisations in Wales is higher than it has ever been, and the 11th Welsh Immunisation conference was hosted by the Vaccine Preventable Disease Programme. There were developments in the Screening Division too, with four new tests being added for newborns and HPV incorporated to the cervical screening programme. One of the Public Health Wales Observatory team published a study with London School of Hygiene and Tropical Medicine suggesting that public private partnerships with automotive industries are unlikely to lead to injury reduction. The GRSP, a public-private partnership led by car, tyre and oil producers - which is highly integrated into the WHO road traffic injury policy arena - did not pursue many WHO recommended interventions instead it focussed on educational interventions for which there is no evidence of effectiveness in reducing road traffic injuries

Dr Tracey Cooper started her post as the new chief executive of Public Health Wales. Amongst other things, she has led the development of the organisation's Integrated Medium Term Plan which includes developing a systems working approach and emphasising earlier years. The plan was still in development by the end of 2014. In addition the Transforming Health Improvement Programme- which reviewed the

evidence of effectiveness of several health improvement programmes and activities - has identified the need to shift the emphasis away from delivering interventions that only reach a small number of people towards interventions which achieve change at a population level, focussing more on addressing the complex behaviours that cause poor health in settings like schools, workplaces and communities. All NHS Wales organisations are charged with developing such three-year plans by Welsh Government.

Outside of Public Health Wales and Welsh Government, Wales' International Health Collaborating Centre produced a Charter for International Health Partnerships in Wales. ONS produced its first health statistics bulletins in Welsh in September 2014. In previous years ONS published figures on deaths involving MRSA and Clostridium difficile for England and Wales. Public Health England has now taken over this function for England, but ONS continues to report for Wales. As Wales-specific publications, these two annual reports are now in Welsh (and English too). Llanfairpwllgwyngyll became Europe's first smoke-free village with the help of school children, the community and the local public health team with the local authority. Aneurin Bevan Gwent Public Health team have been pursuing public health placements for paediatric trainees and working with the deanery to secure Academic Clinical Fellows in General Practice for health inequities work in deprived populations based with their public health-led Living Well Living Longer programme. A conference on healthy ageing was followed by a public lecture given by the Minister for Health - over 600 members

of the public and professional attended with 30 men from the Caerphilly Cohort Study.

Dr Dyfed Wyn Huws

Northern Ireland

Liz Mitchell and Stephen Bergin commenced their terms of office as Faculty Advisor and CPD Coordinator respectively. Following two terms (six years) as Northern Ireland Board member, Gerry Waldron steps down as Northern Ireland Board member and Northern Ireland Affairs Committee (NIAC) Convenor following the June AGM. His successor Adrian Mairs is very experienced in Faculty affairs having served as Deputy Faculty Advisor on two occasions and currently sits on the Fellowship Committee.

It is vital for Devolved Nations such as Northern Ireland to have their concerns heard and represented through UK bodies such as FPH and it is hoped that any future governance changes will ensure this continues.

Of immediate concern is the current resourcing of the Public Health function in Northern Ireland. The Department of Health, Social Services and Public in NI announced budget cuts of 15% to all "arm's length" bodies including the Public Health Agency (PHA). Public Health professionals working in PHA are included in this cut as they are not considered "front line" workers. An estimated 40 – 50 PHA staff including PH professionals could be affected. It is worth noting that PHA was set up as a "lean" organisation and it is difficult to see how the savings could be made without a detrimental effect on the

health of the population of Northern Ireland. NIAC held a plenary meeting in April to discuss these concerns which was attended by Faculty Chief Executive Davis Allen.

NIAC also co-sponsored the Annual Scientific Meeting of the Public Health Agency the theme of which was Diversity in Public Health. NIAC is also involved in the forthcoming conference in June whose theme is focused on the recently published Northern Ireland Public Health Strategy.

Other successful meetings included a joint Health Protection/Health Service Public Health training day which included a presentation from Faculty President John Ashton (who also attended the All Island Prize Day in Dublin) and the first of the Faculty Curriculum Review Road shows which was very well attended and stimulated intense debate.

Dr Gerry Waldron

Appendix 5

Speciality Registrar Report

The Specialty Registrars' Committee (SRC) is a sub-committee of the Faculty of Public Health (FPH) Education Committee and represents the interests of specialty registrars in public health across the UK. It is made up of representatives from the four home nations (nine regions of England, Northern Ireland, Scotland and Wales) and Defence Medical Services as well as additional co-opted members representing registrar interests (such as the British Medical Association and non-medical unions).

Each year the SRC takes forward a number of work streams determined in consultation with committee members and registrars across the country. Our annual report offers a more detailed review of the work that the SRC has been involved in – at both regional and national levels – and demonstrates just how much is being achieved by registrars across the UK.

Update on SRC work-streams 2013/14

The SRC developed a national induction pack for new registrars to provide a comprehensive guide to specialty training and bringing together information from a range of FPH documents and the best examples of good practice from across the regions. The induction pack was provided for new starters in 2014 and was well received. Two SRC members

also contributed to the FPH national induction day.

SRC members have been involved in the review of the curriculum, contributing to a number of workshops and continue to engage registrars in consultation.

We held a very successful registrar session at the 2014 FPH conference offering registrars from across the country the opportunity to speak about different training experiences.

SRC work streams 2014/15

Whilst work has continued on improving the induction experience, on the other end of the scale the SRC has been working on guidance for registrars approaching their CCT. Our publication *Becoming a Consultant* describes the various processes required by FPH, the General Medical Council and the UK Public Health Register, and provides practical tips for job applications and interviews.

There are a growing number of diverse placement opportunities for registers but the process of applying to such placements is often unclear and inconsistent. The SRC is working on guidance for those providing such placements and for registrars making applications.

Advocating on public health issues is of huge importance to registrars. The SRC has sought to strengthen the registrar role in advocacy within FPH through representation on the Health Policy and Advocacy Committee and in writing blogs, contributing to debates and contributing

to the FPH manifesto and the new FPH Special Interest Groups.

We have also been involved in a number of other initiatives, consultations and advocacy:

- Collating feedback from candidates taking the Part A exam
- Undertaking a benchmarking exercise to compare the resources and support mechanisms available to registrars taking the Part A and Part B exams across each region
- Working with the GMC to review the public health specialty specific training survey questions to ensure they were fit for purpose
- Providing an overview of public health training in the UK to a delegation of Iraqi public health experts.
- Writing an article on the future of public health training in England beyond transition for the FPH magazine *Public Health Today*.

The SRC continues to disseminate information to registrars and to consult with colleagues on a wide range of issues through our network of regional representatives and online media.

Highlights from the regional reports

East of England: An on-going and varied programme of peer led training events has provided sessions on advocacy, shaped around the debate on e-cigarettes, navigating the political environment and emergency preparedness. The Spring Conference focussed on effective evaluation of public health interventions.

East Midlands: A new careers development programme for registrars

neering the completion of their training with activities designed to enable participants to develop the skills and knowledge to proactively manage their careers.

London, Kent, Surrey & Sussex: Improving health and wellbeing in communities through Team Up, a Health Education South London (HESL) initiative working with community groups and voluntary organisations. Registrars provide mentoring, public health advice and practical support.

North East: Year-long placements with Public Health England have been developed. Further strengthening links with the academic community, trainees in the Northern Region secured honorary contracts with the Institute of Health and Society at Newcastle University that will last until their final year of training.

North West: The Masterclass programme continues to deliver bi-monthly training on topics as varied as specialist placements, Health Economics, International/Global Health, Political Astuteness - Working with Politicians and a Myers Briggs Assessment.

Northern Ireland: The registrars in Northern Ireland are continuing to support the work of the Child Protection Project, working with street children in Peshawar, Pakistan.

Oxford: Registrars organised and held the UK's first Public Health Film Festival, as well as setting up the new Health Improvement Advice Centre at Oxford University Hospitals NHS Trust.

South West: The Public Health Development School was held over two days in September 2014 with the theme of 'Public Health – Making it Happen'.

Registrar Directed Learning included a visit to the Houses of Parliament to observe Health Questions, a Health Select Committee and meet Luciana Berger, Shadow Health Minister.

Wales: In preparation for the NATO Summit registrars played key roles in exercising and testing plans and resilience for Public Health Wales, and providing support to the organisation during the conference. The Transforming Training Initiative is helping to formulise education and development opportunities to enhance the training experience and better prepare trainees for consultant roles.

Wessex: Sustainability was a key theme for a series of joint seminars in Portsmouth developed by public health registrars. Six registrars reflected on their experiences of ebola screening duties at

Heathrow Airport in an article published in the journal *Perspectives in Public Health*.

West Midlands: A new *Guide to Public Health Training in the West Midlands* was produced for new registrars as a resource to be used throughout training. The West Midlands Public Health Ball returned, after a break of many years and was attended by more than 70 public health colleagues from across the region.

Yorkshire and The Humber: Close links with West Yorkshire police provide exciting opportunities for registrars to develop innovative partnership working between the criminal justice system and other organisations including a secondment to the Office of the PCC. Four registrars have become Clinical Leadership fellows under the HEYH Future Leaders Programme.