



**FACULTY OF  
PUBLIC HEALTH**

# **2015 Annual Report**

## **Faculty of Public Health**

of the Royal Colleges of Physicians of the United Kingdom

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# Foreword by the President

TURNING my hand to draft a State of the Public Health Nation after 3 years as your president, I find a very mixed picture to report. Almost 70 years since the post-world war settlement and the establishment of welfare states in many western democracies, in this one at least there is a fear that progress may have stopped and even gone into reverse. As economic and political storm clouds gather internationally, we are reminded that the great institutions of the United Nations, such as the World Health Organisation, UNESCO, UNICEF, to mention but a few were founded in a response to the misery of the recession of the 1920's and 30's and the conflagration that grew out of it. They were intended to provide a bulwark of security, so that 'never again' would an international generation be slaughtered in war. Here in the UK, Beveridge's landmark report in 1942 paved the way for tackling the determinants of the determinants of hatred and conflict that led to misery, ill health, death and destruction. Want, Ignorance, Idleness, Squalor and Disease, Bunyonesque giants were to be brought low by a welfare state that prevented poverty, guaranteed universal state education, put everybody to productive work, tackled the slums and insanitary environments and put in place a comprehensive national health service with roots in public health and local and national government to ensure that, where possible, disease was prevented and, where it could not be prevented, treatment was available democratically and free at the time of use.

As those storm clouds gather, health security has never been more important yet the very basis of the universal welfare state is under attack as never before under the guise of the need for austerity. The prospects for health and wellbeing of future generations look



fragile, there are increasing concerns about mental health, and there are signs that the ever increasing tendency to longevity is coming to a halt or going into reverse. The progress that we saw with the Spearhead local authorities before 2010 is now in doubt. Inequalities in health and opportunity have again become a disgrace. In these circumstances the need for an effective public health system staffed by well-trained professionals acting in concert with citizens and 'the organised efforts of society' has never been more apparent. Public health budgets are being slashed, efforts dissipated, arrangements fragmented and staff morale affected. But nobody ever said that the vocation of public health was easy. Nor, should it be clear, was it ever solely a managerial and technical discipline.

When I was elected in 2013, I said that, in addition to its important professional role as a setter of standards, the Faculty of Public Health (FPH) would take its place as a

'must-go-to' organisation for evidence-based opinion on matters to do with the health of the public. That, rather than just responding to the public-health weather, it would seek to influence it and would be a visible, credible champion, not only throughout the UK but internationally. I have always subscribed to John Pemberton's notion that 'public health is the 'political wing of medicine' and that 'parliament is its dispensary'. As a charitable organisation, the path we tread is not always easy, but as long as we stick with a small 'p', we should be on safe ground.

So what can I report? From FPH's point of view, whilst it is a mixed picture, there is a great deal that is positive to share. Since David Allen took up his post as chief executive in 2013, there has been a mood change in the office in St Andrews Place, and the talents of our small but asset-rich team have been increasingly to the fore. What is not often appreciated is just how many of our members and fellows play an active role in FPH's work as examiners, officers, committee members and now increasingly members of Special Interest Groups, listed later in this report. These assets are our true riches. If you are not yet one of them I would encourage you to think how you might contribute to public health not just through your day job but through this increasing aspect of our work. Special Interest Groups now exist for a wide variety of topics. If you do not find your passion here, why not start another one by talking in the first instance to Femi Biyibi.

On the curriculum front I would especially wish to acknowledge the achievement of Brendan Mason and his team for their Olympian work on reviewing the curriculum and having it accepted by the General Medical Council. In a very real sense, work like this must be seen as work in progress in view of the dynamic nature of the challenges to public health, so this new curriculum cannot be seen as set in stone. The fundamental shift of the arrangements for

public health in England in 2013 and the divergent systems in Scotland, Wales and Northern Ireland, not to mention the many other countries of the world where our members and fellows are to be found means that one size certainly no longer fits all. Our curriculum must continue to evolve and change. In England itself, as the new arrangements for public health bed down, other questions are being thrown up, such as the need for competencies in the law as applied to public health, as well as children's and adult safeguarding, and there may be implications from the report of the Health Select Committee.

Meanwhile, the sorting out of fit-for-purpose arrangements for the governance of FPH goes on, often unseen, but is always demanding. If we are to realise our ambitions of moving towards a full blown, significant multi-disciplinary Royal College over the next ten years, the building blocks must be put in place now. I know that John Middleton will be giving this his full attention. My vision is that, as we grow our membership through new categories such as our practitioner status and reach out to professional colleagues in nursing and many other relevant areas, we can create a real force of breadth and depth.

I have left until last my comments on policy and communications, part of our work so close to my heart. In thanking John Middleton, Simon Capewell, Lindsey Stewart, Liz Skinner and Mark Weiss for their stupendous work over the past three years, I would wish to recognise the volume of work that this small team has produced as well as its quality. They have certainly punched above their weight and in so doing have raised our profile immeasurably and helped to put us firmly on the map.

John R Ashton CBE  
President

# Introduction by the Chief Executive

ENORMOUS thanks once again to all our members who support the work of FPH through their voluntary efforts, finding time in crowded diaries to both help point us in the right strategic direction but also to undertake short and long-term projects that make real progress on delivering that strategy. A note of thanks also to the whole staff team at No.4 St. Andrews Place. They are responding well to the many internal and external challenges our new strategy brings. We are making good progress and I hope taking a more empowered, joined-up approach to our work.

It has been another challenging year in public health – much as predicted. Many local authorities in England have had to deal with swingeing cuts to budgets and continued reconfiguration, with the workforce challenges that this brings. But there are stories of success and inspiration here as well – authorities that really champion public health, recognised in the *Local Government Chronicle* awards and elsewhere.

In the devolved nations, colleagues have been grappling with similar financial and structural issues, with reviews in both Scotland and Northern Ireland which will introduce significant changes, and policy and legislative innovations in Wales which are setting a strong pace.

Our plans for 2015 have mainly been about making progress in delivering the first year of our strategy and business plan: this has required a lot of research and preparation, whilst at the same time maintaining our core business. This year saw the launch of our Manifesto, driven by members and summarising the areas of focus for change.



We also developed reports and campaigns on emerging issues such as the Transatlantic Trade and Investment Partnership, the campaign against cuts to public health and a series of high-profile consultation responses. We also launched new standards for practitioner membership of FPH, as well as rewriting our revalidation policies and developing continuing professional development accreditation. The curriculum review was a huge, complex undertaking which will support training from September 2016 onwards.

The growth and development of the FPH Annual Conference, with more delegates, partners and exhibitors at Newcastle than in previous years and an energy-filled programme to match, surely makes this an unmissable calendar appointment!

We launched the ‘Special Interest Group’ (SIG) model to help provide a forum and focus for increased engagement and delivery of the FPH strategy and in 2015 have developed 12 such groups covering everything from sustainability to Syria. We continue to develop in this area and invite

ideas and suggestions from our members to support these exciting initiatives.

Partnership-working has become more central in all we do, from our campaigning activity on tackling obesity and the introduction of a sugar tax, through to our support for the UK Public Health Network sector collaborative. This coalition appointed a manager and held a series of high-level meetings with UK and country organisation representatives and is successfully generating a space where the public health community can find common ground.

FPH's public profile has continued to strengthen with representation in the media every three days on average – covering both manifesto priorities and emerging issues.

At a global level, FPH took on the chairmanship of the Academy of Medical Royal Colleges Global Health Group, seeking to develop a more collaborative agenda with key external partners. At a very practical level we successfully bid to DfID for, and launched, a three-year capacity-building project in Odisha, India – hopefully an example our evolving global health SIGs will adopt and improve.

Internally, we have introduced a Customer Relationship Management (CRM) system which should improve our efficiency and communications over time; and further improved our facilities with meeting rooms and video-conferencing services for members.

It hasn't all been plain sailing however; there are areas that have not developed quite as we would have liked and which represent unfinished business. We made good initial progress on our review of governance and plans for incorporation, developing new

articles and regulations, but our timetable was derailed by discussions with the Royal College of Physicians regarding our lease of No4 St. Andrews Place. We continue to seek ways to modernise our governance arrangements and reach resolution of outstanding issues. We experienced significant technical problems with the introduction of our e-portfolio service and both recognise and apologise for the inconvenience this will have caused members. We have invested a considerable amount of time and money in putting matters right – and aside from attempting to avoid similar problems in future, we will also be working on adaptations to respond to the new curriculum in the year ahead. Whilst we had received support for our calls for statutory regulation for public health specialists with a background other than medicine, plans to legislate were cancelled at the eleventh hour and a significant opportunity lost in our fight for equivalence.

We endeavour to take our members' views into account in all our key areas of work – and I thank you for your time and feedback – both in our general membership survey but also each time we seek your input and thoughts on key issues affecting the public's health. As we improve our IT base and website functionality in the coming year I hope we will get smarter at seeking and using this feedback, but, if you have any concerns or questions, please get in touch with me and the team here at FPH. Our outline plans are laid out later in this report and I look forward to updating you on further progress during 2016.

Thank you again for your support, advice, engagement in – and encouragement for – your professional body.

David Allen  
Chief Executive

# Education and Training

The Faculty of Public Health (FPH) Education and Training functions 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 focusing in the following areas:

## **Curriculum and Assessment**

The review of the public health specialty training curriculum was completed in 2015 and we were pleased to receive formal approval from our regulators the General Medical Council (GMC) and the UK Public Health Register. FPH extends its gratitude to all those who have contributed to the curriculum review, and particularly to members of the Curriculum Review Working Group led by Suzanna Mathew, FPH Director of Training for Curriculum and Assessment.

In 2015 we will continue to move forward with implementing the curriculum and embedding it within the training programme, and ensuring that all registrars transition appropriately.

[http://www.fph.org.uk/curriculum\\_2015](http://www.fph.org.uk/curriculum_2015)

## **MFPH Examinations**

In 2015 the Part A MFPH examination underwent a review by the GMC, the outcome of which was a number of requirements that the Part A Development Committee will be moving in 2016 to implement.

The two sittings of the Part A examination in 2015 saw 184 candidate attempts with an overall pass rate of 49%.

FPH would like to thank the contributions of all the examiners who stepped down in 2015 and in particular Dr Helen Adcock, who completed her term as Part A Chair, and Dr Jennifer Kurinczuk, who stepped in as interim Part A Chair from July to December 2015. In January 2016 we welcome Dr Richard Holland as the new Part A Chair of Examiners.

[http://www.fph.org.uk/part\\_a\\_exam](http://www.fph.org.uk/part_a_exam)

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

The Part B MFPH examination continues to be held in Manchester with positive feedback on all aspects.

In 2015, four sittings were held examining 88 candidates with an overall pass rate of 82.75%.

FPH would like to thank all those Part B examiners who have contributed to the examination over the past year.

[http://www.fph.org.uk/part\\_b\\_exam\\_osphe](http://www.fph.org.uk/part_b_exam_osphe)



### **Training and Registration**

FPH staff attended a range of careers fairs in 2015 with particular reference to promoting public health careers for the whole workforce, increasing knowledge of public health specialty training and guiding potential registrars.

FPH also hosted its second annual 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.

Work was also ongoing during 2015 developing minimum standards for Educational Supervisors. These will be launched in early 2016.

# Professional Standards

The Faculty of Public Health (FPH) Professional Standards functions include:

- The election and admission of suitably qualified and experienced public health specialists to membership.
- Administering the distinction grades of membership and FPH's contribution to clinical excellence awards.
- Monitoring and forecasting trends in the public health specialist workforce and quality assuring the workforce through FPH presence on Appointment Advisory Committees (AACs).
- Maintaining and administering the FPH continuing professional development (CPD) scheme.
- Delivering FPH's statutory responsibilities as a designated body for General Medical Council (GMC) revalidation.

[http://www.fph.org.uk/professional\\_standards](http://www.fph.org.uk/professional_standards)

## Statutory Regulation

In January 2015 FPH welcomed the Government's response to the consultation in which the commitment to statutory regulation was reinforced. However, in September FPH was deeply disappointed by the Government's decision to indefinitely delay the introduction of statutory regulation for public health specialists from backgrounds other than medicine whilst ministers decided how best to take forward the work of the Law Commissions of England, Wales, Scotland and Northern Ireland on reforming the regulation of health and social care professionals.

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. We will continue to lobby for the introduction of a system of statutory regulation which we consider to be vital to the profession.

## AACs

In 2015, FPH opened 135 files for AAC panels, compared to 184 in 2014, 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. The Consultant in Public Health job description was reviewed and in 2016 FPH will be revising the Director of Public Health job description.

FPH currently has a list of 262 assessors to put forward to employers as external assessors on appointment panels. For the fourth consecutive year, FPH held an assessor training day attended by around 60 FPH assessors. The event, in London, was very well received and will be repeated in Bristol in 2016. 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 2016 FPH will be reviewing its guidance for assessors and ensuring that their contributions at appointments panels are valued.

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. In 2016 we will also continue to work with Public Health England (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](http://www.fph.org.uk/senior_public_health_appointments)

### **Distinction Grades of Membership**

FPH was pleased to receive 81 nominations across the four categories of distinction grades of membership. These were considered by the Fellowship Committee in January 2016.

### **Clinical Excellence Awards**

Cuts in national spending meant that awards in Scotland continued to be frozen for application in 2015. In England and Wales an awards round also proceeded, though the number of awards available was significantly reduced compared to previous years. In 2015, FPH was delighted to be able to support members in each of the available categories.

### **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. We have contributed to a range of work, including being significant contributors to the Centre for Workforce Intelligence's projects on specialists, practitioners and the wider workforce.

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 2016.

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 2016.

FPH has also commissioned a piece of qualitative research looking at capacity in local public health teams in the UK. This work is ongoing and will hopefully be published in summer 2016.

Led by Meradin Peachey, Vice-President for Standards, FPH has also led a small working group to revise and re-introduce the *Good Public Health Practice* document (which was withdrawn in 2014). The new version was released in early 2016.

FPH has also been a member of the standing group for Public Health Teams, chaired by PHE and involving ADPH and the LGA. In 2016 this group will continue to work to produce guidance around continuity of service and career structures. It will also look at other ways to define and promote the unique value of the public health specialist workforce

### **Membership**

In 2015, FPH was pleased to launch a membership category for practitioners: Practitioner Member of the Faculty of Public Health (PFPH). Initially focussed on practitioners registered with the UK Public Health Register, the category will be developed during 2016 to allow public health practitioners attached to other professional regulators to enter the FPH membership family.

The department continues to work on its membership offer and support, with

dedicated news bulletins to different membership segments and by facilitating two retired members' events which have led to the establishment of a Senior Fellows' Group. During 2016, FPH will be continuing to develop these strands and also hope to introduce some welcome new features to membership.

### **CPD**

In 2015, FPH commissioned the mid, a technology-based education and training company, to find out what our members thought about our current CPD policy and whether it met their professional requirements. We received a total of 665 responses to the online questionnaire, although not all respondents completed all questions. Twelve members also participated in focus groups and 15 in one-to-one telephone interviews, building on the feedback gathered in the online survey.

FPH would like to extend our sincere gratitude to all those members who contributed to this research.

The research provided important feedback to the CPD Advisers Committee and has fed into the development of their work plan.

The CPD Adviser Committee also led on the development of a CPD scheme for practitioners and an accreditation scheme which will be launched in 2016.

[http://www.fph.org.uk/continuing\\_professional\\_development\\_%28cpd%29](http://www.fph.org.uk/continuing_professional_development_%28cpd%29)

### **Revalidation**

2015 was a very busy year for revalidation with recommendations being submitted to the GMC throughout the calendar year.

FPH currently has around 100 doctors connected to it and 16 trained appraisers. In 2015 all policies associated with revalidation were reviewed and re-written to ensure our service reflects best practice.

In 2016 FPH will be moving forward with putting in place a system of professional appraisal 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 FPH's members and stakeholders to advocate FPH's position on public health issues and lobby for regulatory and legislative change where necessary. In 2015 our seven departmental priorities were:

## 1. Seek political commitment to FPH's manifesto, Start Well, Live Better

**December:** The European Court of Justice gave a judgement on Scottish proposals to introduce minimum unit pricing. FPH continues to push for government commitment on this.

**May:** FPH sent its manifesto to all MPs and secured wider parliamentary support for it.

**February:** FPH published its manifesto for Northern Ireland.

**January:** Multi-stakeholder work helped secure a government commitment to introduce standardised packaging of tobacco products in May 2016.

## 2. Engage support of partners to seek implementation of manifesto 'asks'

**November:** FPH joined the steering group of the Obesity Health Alliance and outlined 10 priorities for government, retailers and health professionals.

## 3. Implement a new delivery model for the Special Interest Groups (SIGs) through increased member engagement in committees and SIGs.

The SIG model was launched at FPH's conference in June. Eleven SIGs were formed covering topics ranging from climate change, housing, the built environment, international development and capacity

building. A new policy officer was hired to support and develop the SIGs.

### Achievements:

- The Sustainable Development SIG's Sue Atkinson was invited to the 21<sup>st</sup> Conference of the Parties to the UN Framework Convention on Climate Change (COP21) in Paris in December, helping FPH to raise its global profile through engagement in EU and international climate advocacy.
- The India and Related Countries SIG successfully applied for DfID funding to engage in a capacity development project in the State of Odisha, India.

### Development work underway:

- The governance review is providing an opportunity to explore how to increase SIG membership.
- SIG workplans, collaborative opportunities for advocacy and online resources are being developed to increase awareness of SIGs and their profile. For further information about SIGs, email [policy@fph.org.uk](mailto:policy@fph.org.uk)

## 4. APPG on Health in All Policies

FPH continues to provide the secretariat for the All-Party Parliamentary Group (APPG) on Health in All Policies, which explores the health impacts of national policy on the UK population. In November, FPH supported the APPG's inquiry into child poverty, furthering our manifesto and charitable objectives.

## 5. Local authority cuts, TTIP and child obesity

**August & September:** FPH made a strong case for investment in public health to the government consultation on local authority

spending and the House of Commons Health Committee inquiry into public health post-2013.

**March:** FPH published a major report on the Transatlantic Trade and Investment Partnership (TTIP), endorsed by key national and international partners.

**October:** FPH submitted written and oral evidence to the House of Commons Health Committee inquiry into childhood obesity.

## 6. Launch a policy/campaign priority on mental health with specific 'asks' and identification of good practice

FPH secured generous funding from Public Health England to produce a best-practice report on public mental health. The report will be written for FPH by the Mental Health Foundation. The funding includes the creation of a new award for best practice in public health: 30 entries were received in December from across the world.

## 7. Increase profile

### Media coverage:

FPH was mentioned in the international, national, trade and regional media 1,053 times, compared with 430 in 2014. The organisation was mentioned in the media every three days in 2015. Key topics included e-cigarettes, as well as two FPH policy priorities: a duty on sugary drinks and mental health.

### Digital and print:

FPH's Twitter account (@FPH) remained a key communications tool in 2015, particularly during the annual conference when FPH's account was mentioned 559 times, 201 more than in 2014. Our LinkedIn page is proving an effective means of reaching a professional audience: we posted an update, on average, every month in 2015,

with each post reaching an average of 330 people.

FPH's Facebook's page continues to increase its impact: posts about the junior doctors' contract, public health cuts and sustainability each reached more than 1,000 people.

Our priority of partnership work was delivered in part through **Public Health Today** which had 84 authors from across the health and social care sector.

Our blog, **Better Health for All**, had over 13,000 views in 2015 and covered a range of issues including FPH's manifesto priorities, FPH's global health strategy, public health cuts and making the case for investing in public health.

Send us your idea for a blog entry – email [policy@fph.org.uk](mailto:policy@fph.org.uk) You can read our blog at <http://betterhealthforall.org/>

### A look ahead

Some key areas include:

- The EU Referendum
- Devolved-nation elections
- Mayoral elections
- New FPH President
- Scottish Public Health Review

### Working with members: thank you

Thank you to all FPH members who provide us with their time, their expertise and their commitment to deliver our policy, advocacy and media work.

If you would like to get involved in FPH's policy work, contact the team via [policy@fph.org.uk](mailto:policy@fph.org.uk)

### Contact FPH via our social media channels:

- [Facebook](#)
- [Twitter](#)
- [LinkedIn](#)

# International Development

During 2015 the Faculty of Public Health's (FPH's) Global Health Committee (GHC), under the chairmanship of Neil Squires, continued to develop FPH global health activity and initiatives.

## **Global health strategy**

In June, FPH launched a new global health strategy for 2015-2019 with the aim of contributing actively to the improvement of global public health through the organised efforts of FPH members. The strategy sets out four goals: be a leader in advocating for 'Better Health for All'; support high standards of public health training, examination and regulation globally; support the development of the global public health workforce, including building the capacity of the UK public health workforce to engage in global health; share and generate knowledge, evidence and information to support global public health action. An operational plan to support delivery of the strategy is currently being developed.

## **Special Interest Groups (SIGs)**

During 2015 SIGs were formally launched for Africa (Public Health Africa), India & Related Countries, Pakistan, Pacific Islands and Europe. First meetings were held at the FPH annual conference, and each group developed terms of reference and priorities, which will help shape the operational plan for the Global Health Strategy.

### **India**

Through the India SIG, FPH bid for and secured funding for a project to develop a public health cadre for Odisha State in India. The two-year project is to provide training based on locally identified public health priorities for 300 public health workers. Thanks largely to the hard work of

Sushma Acquilla, requests for support have been received from other states and scoping work undertaken in Madhya Pradesh. Support has also been requested on the development of a curriculum for MPH training.

### **Pakistan**

The Pakistan SIG is working with Public Health England (PHE) on a project to support Pakistan in complying with International Health Regulations. The project is funded by the UK Department for International Development (DFID), and ways in which existing linkages established by SIG members can be connected to the work led by PHE are being explored.

### **Public Health Africa**

During 2015 a global health fellowship was established to support the work of Public Health Africa. The group is taking forward work in South Sudan and has been in discussion with PHE on potential support for longer-term system strengthening post-Ebola in Sierra Leone.

### **South Africa**

FPH hosted a South African delegation to discuss the potential public health contribution that FPH can provide under a Memorandum of Understanding that has been signed between the Department of Health in the UK and the Government of South Africa. There are a number of public health areas where FPH member expertise might support South Africa's health development agenda.

### **Academy of Medical Royal Colleges' (AoMRC) Global Health Group (GHG)**

In April FPH took on the chair of the AoMRC GHG for a period of one year, with a view to identifying options for on-going

coordination of the Royal Colleges' collective contribution to global health. FPH hosted three meetings of the group, which explored potential opportunities for collaborative working supporting the development of a multi-college bid to provide health system strengthening support to Sierra Leone – this work is on-going. A recommendation on the future of the GHG was submitted to the AoMRC Council in April, and both a collaborative working group and a communications forum will be created, with the AoMRC to decide who will manage this process, which will have a three-year mandate.

### **Advocacy**

A letter was drafted and accepted for the *Times* on the migrant crisis in the Mediterranean, calling for rescue missions to reduce the death toll from drowning.

A joint statement was issued by FPH and the Association of Directors of Public Health on the UK response to the Syrian Refugee Crisis. The GHC continues to work with PHE to support coordination of the UK offer to accommodate refugees arriving in the UK

### **European Public Health Association (EUPHA) and WHO Euro**

Neil Squires participated in the EUPHA conference in Milan and held discussions on a potential partnership with WHO Euro – including the placement of a Public Health Global Health Fellow.

### **Linkages with other organisations and initiatives**

The GHC has met with representatives of the following:

- MedicineAfrica – an online platform which provides a network for the global health workforce to support each other

through education, the strengthening of institutions and clinical services and the conducting of strategic health systems research.

- Global Health Exchange – an initiative sponsored by Health Education England to facilitate NHS volunteering internationally and to document the benefits of these opportunities both for overseas partners and the NHS workforce, who gain a range of leadership and other skills through their experience. The GHE has a partnership with the People's University and offers affordable online learning internationally and provides a potential platform for other public health agencies to promote learning and development opportunities to a global health audience.
- Intercollegiate Global Health Junior Doctors Working Group – Sarah Walpole presented the results of work commissioned by the AoMRC to develop a set of global health competencies through a wide process of consultation. The global health competencies are applicable across a range of specialties and this work is now being discussed with individual Royal Colleges.

### **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, co-chaired during 2015 by Kate Conlon and Ashley Sharp, has continued to support the work of the GHC and played a key role in the development of the global health strategy



# Achievements and performance 2015

## Key achievements linked to strategic priority: Advocacy

### Progress the FPH manifesto *Start Well, Live Better*

- 2015 saw the launch of the Faculty of Public Health (FPH) manifesto which provided a challenge to all political parties to produce a compelling plan for public health under the key themes
  - Give every child a good start in life
  - Introduce good laws to prevent bad health and save lives
  - Help people live healthier lives
  - Take national action to tackle a global problem
- Sue Atkinson represented FPH's Sustainable Development Special Interest Group (SIG) at the 21<sup>st</sup> Conference of the Parties to the UN Framework Convention on Climate Change (COP21) in Paris, helping FPH to raise its global profile through engagement in EU and international climate advocacy.

### Increase influence on public health policy internationally

- FPH presented at the American Public Health Association conference in Chicago and World Federation of Public Health Associations (WFPHA) conference in Kolkata
- Following the WFPHA, FPH agreed to deliver a DfID-funded project to strengthen capacity of the public health cadre and shape public health strategy with the government of Odisha and GoI, India. This project is being led by Dr Sushma Acquilla FFPH, with input from the India SIG, public health representatives in India as well as Dr Neil Squires FFPH and David Allen, FPH Chief Executive. Work commenced in 2015 and will continue until 2018
- FPH chaired and provided committee support to the Global Health Forum of the Academy of Medical Royal Colleges throughout 2015, focussing the work of the committee on a collaborative agenda with key external partners

## Key achievements linked to strategic priority: Workforce

### Advancing excellence in training, education and examinations

- Completed the review of the Public Health Training Curriculum and received formal approval thereof from our regulators the General Medical Council and the UK Public Health Register (UKPHR)
- Provided two sittings for our Part A exam – 184 candidates, overall pass rate 49%
- Provided four sittings of our Part B OSPHE exam – 88 candidates, overall pass rate 82.75%
- Early in 2015 FPH replaced the ePortoflio system which is used by our specialty registrars to log their learning competencies. The new system will be reviewed during 2016 to ensure that it reflects recent changes to the curriculum

## Key achievements linked to strategic priority: Standards

### Expand membership to provide a professional home for public health specialists and practitioners in the UK

- FPH launched the category of Practitioner Membership – initially to practitioners registered with the UKPHR – will expand to new segments of the profession in 2016
- In 2015, FPH opened 135 files for Appointment Advisory Committees
- FPH quality-assured its continuing professional development (CPD) policy. A significant majority of those surveyed were satisfied with the CPD scheme and provided important feedback on the need to simplify and clarify areas of the policy
- FPH's revalidation appraisal process expanded and now has 100 doctors connected and 16 trained appraisers

## Key achievements linked to strategic priority: Knowledge

- The FPH annual conference 'The Politics of Healthy Change', themed on the manifesto, was held over three days in Newcastle and Gateshead attracting around 500 delegates and 80 speakers, both national and international
- Published four issues of **Public Health Today**, themed on Inequalities, Sex, Disaster and Healthcare public health - featuring 84 authors from across the health and social care sector
- The Journal of Public Health increased its impact factor in 2013 to 2.296 (from 1.993 in 2012) (latest available figures); during 2015 increased the average number of monthly downloads to over 38,000; received visits from 141 countries to its website and increased its profit share payment to FPH by around £10,000 on the previous year.

## Key changes to the FPH governance and infrastructure supporting all the strategic priorities

- FPH members voted to accept articles and regulations which will be implemented when FPH becomes incorporated as a charitable company limited by guarantee. This will move the charity to a board/council model, reducing the number of trustees from 33 to 5 and having the council members become the Company Law Members of the charity
- Members were consulted on a change of name for FPH and agreed to a minor change on incorporation from the Faculty of Public Health of the three Royal Colleges of Physicians of the United Kingdom to the Faculty of Public Health
- Members had previously agreed a move from postal to electronic voting for elections and changes to standing orders – this was successfully adopted in 2015
- A number of improvements were made to the decor of the building, and changes in use of space meant that we now have an extra meeting room and hot-desking for members
- IT systems have been upgraded to include a customer relationship management system; this went live in December 2015 and will be adopted across the organisation over the next year
- Preparations have been made to introduce video conference in 2016
- FPH registered retrospectively with HMRC to pay VAT

# Looking Ahead: Plans for 2016

The Faculty of Public Health (FPH) will continue working to achieve the strategic priorities as set out in the 2015 - 2019 strategic plan. In 2016, we will continue to build on and embed the key work achieved during 2015 and we will increase the opportunities for member engagement and support in delivering our strategy.

## Advocacy

- Continue to influence the agenda in support of our health policy manifesto priorities – specifically on the levy on sugary drinks, standardised packaging of tobacco products, minimum unit pricing and climate change.
- Develop and launch a Mental Health Award and report, highlighting good practice
- Speak up in support of the public's health - and the profession of public health – through our work with APPGs, Select Committees and politicians in Parliament and in Devolved Assemblies.
- Grow engagement in our Special Interest Groups and increase their impact.

## Workforce

- Increase membership numbers and revenue in all categories to grow the reach and influence of FPH to support a wider public health community
- Fit for purpose specialist workforce trained for the future, by ensuring the curriculum is implemented across the UK, positive feedback is received on the Annual Specialty Report, and a 100% success rate is maintained through GMC audited files
- We will provide regular courses to our membership and beyond, as part of the FPH standard-setting, education & advocacy role
- Increasing influence of FPH on other medical specialties, through the development and delivery of a plan which includes collaboration with other Medical Royal Colleges and the development of e-learning resources
- PH specialist workforce feels valued at local and national level and FPH recognised as crucial and valuable part of appointments process. Through the delivery of a strategy specifically targeted at strengthening and communicating the value of public health specialists.

## Standards

- Individual public health specialists and practitioners enabled to maintain and improve standards of public health practice through the development of knowledge, skills, attitudes and behaviour through maintaining 95% of CPD returns and satisfactory audits

- FPH delivers statutory function for the General Medical Council (GMC) and implements equivalent system of professional appraisal for the multidisciplinary workforce
- FPH examinations are recognised as reliable and valid by specialty registrars, training programme directors, heads of school and membership through GMC approval of changes to the Part A examination

## Knowledge

- Grow the reach and influence of the FPH Annual Conference & Exhibition through increased delegate and speaker numbers and increased revenue
- Increase the circulation of *Public Health Today*, including copy which will be written by and geared towards the newer membership categories
- Increase the readership of the *Journal of Public Health*, publish a number of additional issues including a mental health special edition to coincide with the annual conference 2016
- Ensure that FPH speaks from an evidence-informed position and help to focus efforts on getting public health research into practice

## Changes in Infrastructure required to meet the above priorities

- Progress towards incorporation of the charity as a company limited by guarantee
- Registration of the new charity with the Charity Commission
- Update finance system to accommodate increased volume of transactions and clearer management reporting
- Replace the online members' area of the website and initiate project to replace the existing website
- Review human resources policies and procedures within the organisation to ensure they are up to date and effective.

# 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 2015 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 2015 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**

As part of the ongoing work to become a charitable company limited by guarantee, FPH members were balloted during the year on the Articles of Incorporation and Regulations as well as a new name for the organisation. We are pleased that the membership agreed to adopt the articles and regulations as proposed. Members also agreed a minor name change from the Faculty of Public Health of the three Royal Colleges of Physicians of the United Kingdom to the Faculty of Public Health. We do hope to be able to implement these changes in 2016.

## **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.

## **Key Management Personnel and Remuneration Policy**

Chief Executive- David Allen

Head of Education, Education and Professional Development- James Gore

Head of Policy and Advocacy- Lindsey Stewart

Head of Business Services- Magdalene Connolly

### **Remuneration policy**

Pay scales currently exist for all staff based on a grade and point system. Pay is reviewed annually in April, however, there is no guarantee of an automatic incremental increase in pay as a result of any review.

Cost of Living is reviewed in October each year, and any amount awarded is back dated to the previous April.

The Board recognises the requirement for a formal remuneration policy will implement one in 2016.

### **Principal Advisers**

#### **Bankers**

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

#### **Solicitors**

Hempsons Solicitors  
40 Villiers Street  
London WC2N 6NJ

#### **Auditors**

Crowe Clark Whitehill LLP  
St Bride's House  
10 Salisbury Square  
London EC4Y 8EH, UK

### **Investment Managers**

Smith and Williamson  
25 Moorgate  
London  
EC2R 6AY

# Treasurer's report

I'm glad to report that 2015 has been a more stable year than 2014. We have continued to implement change within the Faculty of Public Health (FPH) and this is reflected in our accounts, but this is principally the next stage in our overall plan. From the financial point of view, FPH completed the year in a satisfactory position.

As I reported last year, the Board undertook a review of all our subscriptions and charges during 2015. This identified some anomalies in our fee structure which have now been corrected in preparation for our expansion of membership categories.

The Board has adopted a five-year business plan which has now completed its first year. This will involve updating a number of systems within the FPH office, exploring the new membership categories mentioned above and developing additional sources of income. As a result there will be a net outflow of resources for three years – and this is reflected in these accounts.

The unrestricted deficit for 2015 of £116,024 was a better outturn than that anticipated in the plan, aided by net investment gains of £27,723.

Total unrestricted income for 2015 was £1,829,668 which was £168,749 ahead of the previous year. This includes a helpful contribution from our investments, and also increased revalidation income as higher numbers than expected registered to use the FPH service. Neither of these sources of income can be guaranteed for the future. Otherwise our membership numbers over the year have been stable, and we are beginning to see other sources of income increase, which supports our work.

FPH continues developing 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 apparent reduction in membership income for the year is due to us reallocating income internally. Some membership fees relate directly to other departments, and these fees are now allocated appropriately. Overall receipts for member services are unchanged over the year.

Within the 'restricted funds' we continue to complete the work funded by grant monies. As this work completes the funds held for these grants is run down. There is little new grant funding available, and there continues to be a significant reduction in the 'restricted funds' held on our balance sheet.

As in the previous two years, we have benefited from an improving investment position in 2015, particularly in the first half of the year. The investment position at the end of 2015 does not look so promising. The combination of our operating deficit and the reduction in 'restricted funds' leads to an overall deficit of £191,495, an improvement on last year. This is reported in the two columns on the far right of the Statement of Financial Activities.



### Investments

Our investments are managed by Smith and Williamson Investment Managers

The key objectives of the FPH Investment Policy are;

1. Achieve an unrestricted income of at least £35,000 from dividends and interest.
2. Achieve a return on investment at least in line with inflation within an acceptable level of risk.
3. Where feasible, to channel investments into sectors that promote and support public health objectives whilst maintaining acceptable returns.

Unrestricted investment income in 2015 was £40,690 and the total return on investments was 2.3%.

The Risk Management Audit and Finance Committee (RMAFC) reviewed the management of our investment funds and recommended that the management arrangements continue in 2016.

### Free Reserves

Unrestricted funds at 31 December (including designated funds of £134,001) totalled £1,451,154 representing 7 months of normal operational expenditure and 80% of yearly unrestricted turnover.

The FPH Reserves Policy states that the level of reserves should represent a minimum of 4 months of expenditure and a maximum of 12 months unrestricted turnover.

### Other reserves

The following amounts were held at 31 December 2015;

Restricted funds	£266,653
Endowment funds	£26,575

Details of funds are shown in Note 9 to the accounts.

### Risk Management

The RMAFC continues to manage risk for FPH and regularly reviews the risk register. All these risk items were monitored closely throughout the year.

One risk that has become increasing apparent during the year relates to our lease on 4 St Andrews Place and our Governance Review. During 2015 we balloted members regarding incorporation of FPH as a company limited by guarantee. Unfortunately, because of ongoing discussions with our landlord about the lease, we have been prevented so far from taking incorporation further. This is being actively managed by the Board.

### VAT

During the year the professional advice we have received regarding VAT registration has changed. As a result we have been in contact with HMRC and have made a registration application. From 2016 FPH will be VAT registered.

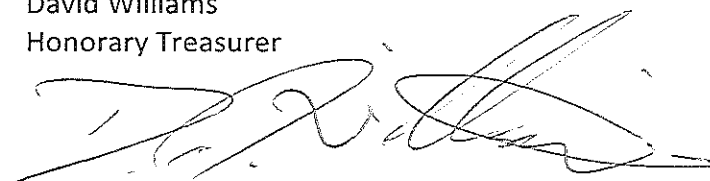
### Audit

Crowe Clark Whitehill LLP audited FPH activities in 2015. The audit statement is attached to the financial statements that follow. RMAFC recommends that they are appointed to continue as auditors of FPH in 2016.

### Treasurer

Finally, I must report that this is my final year as Treasurer, as I have now completed five years in office. It has been an exciting time to be Treasurer, and it has been a privilege to support FPH in this way. I wish my successor an interesting and fruitful time in this role.

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

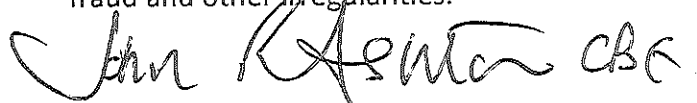
The trustees are responsible for the preparation of the Annual Report and Financial Statements in accordance with the applicable laws and regulations.

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

19/5/16

## 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 2015 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

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 2015 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland; 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 Foreword by the President, Introduction by the Chief Executive and 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  
Statutory Auditor  
London

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

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

**STATEMENT OF FINANCIAL ACTIVITIES**

**FOR YEAR ENDED 31 DECEMBER 2015**

	Notes	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total 2015 £	Total 2014 £
<b>INCOMING RESOURCES</b>							
Donations and legacies		4,904				4,904	6,082
<b>Charitable activities</b>							
Membership fees and subscriptions		1,111,111				1,111,111	1,180,641
Examination and training fees		282,209				282,209	184,460
Maintaining professional standards		111,867		7,000		118,867	53,459
Public health policy and advocacy International		139,872				139,872	81,948
Journal of Public Health income		4,081				4,081	
		133,036				133,036	123,470
<b>Total income from charitable activities</b>		<b>1,782,176</b>		<b>7,000</b>		<b>1,789,176</b>	<b>1,623,978</b>
Other trading activities		1,898				1,898	9,722
Investment income		40,690	521		1,494	42,705	43,144
<b>TOTAL INCOMING RESOURCES</b>		<b>1,829,668</b>	<b>521</b>	<b>7,000</b>	<b>1,494</b>	<b>1,838,683</b>	<b>1,682,926</b>
<b>RESOURCES EXPENDED</b>							
Investment management fees		10,868				10,868	9,584
<b>Charitable activities</b>							
Grants and prizes		2,391	3,654	1,425	2,401	9,871	6,296
Examinations and training		632,461		54,287		686,748	700,906
Maintaining professional standards		653,584		24,024		677,608	589,717
Public health policy and advocacy International		545,363				545,363	533,090
Journal of Public Health costs		23,839				23,839	9,063
		104,909				104,909	105,563
<b>Total expenditure on charitable activities</b>	2a	<b>1,962,547</b>	<b>3,654</b>	<b>79,736</b>	<b>2,401</b>	<b>2,048,338</b>	<b>1,944,635</b>
<b>TOTAL RESOURCES EXPENDED</b>		<b>1,973,415</b>	<b>3,654</b>	<b>79,736</b>	<b>2,401</b>	<b>2,059,206</b>	<b>1,954,219</b>
Net gains on investments	6	27,723	696		609	29,028	23,353
<b>Net income/(expenditure)</b>		<b>(116,024)</b>	<b>(2,437)</b>	<b>(72,736)</b>	<b>(298)</b>	<b>(191,495)</b>	<b>(247,940)</b>
<b>Total funds brought forward</b>		<b>1,433,077</b>	<b>136,538</b>	<b>339,389</b>	<b>26,873</b>	<b>1,935,877</b>	<b>2,183,817</b>
<b>TOTAL FUNDS CARRIED FORWARD AT 31 DECEMBER</b>		<b>1,317,053</b>	<b>134,101</b>	<b>266,653</b>	<b>26,575</b>	<b>1,744,382</b>	<b>1,935,877</b>

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 14 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 2015**

	Notes	2015 £	2014 £
<b>FIXED ASSETS</b>			
Tangible assets	4	7,252	7,252
Intangible assets	5	121,767	48,689
Investments	6	<u>1,292,033</u>	<u>1,277,189</u>
		1,421,052	1,333,130
<b>CURRENT ASSETS</b>			
Debtors and prepayments	7	269,532	68,199
Bank balances		<u>618,044</u>	<u>894,724</u>
<b>Total Current Assets/(Liabilities)</b>		<b>887,576</b>	<b>962,923</b>
<b>CURRENT LIABILITIES</b>			
Creditors - amounts falling due within the year	8	584,248	360,176
<b>NET CURRENT ASSETS</b>		<u><b>323,330</b></u>	<u><b>602,747</b></u>
<b>NET ASSETS</b>	10	<u><b>1,744,382</b></u>	<u><b>1,935,877</b></u>
<b>REPRESENTED BY:</b>			
Unrestricted funds		1,317,053	1,433,077
Designated funds	9	134,101	136,538
Restricted funds	9	266,653	339,389
Endowment funds	9	<u>26,575</u>	<u>26,873</u>
<b>TOTAL FUNDS</b>		<u><b>1,744,382</b></u>	<u><b>1,935,877</b></u>

Approved by the Board and authorised for issue on

and signed on its behalf by:

\_\_\_\_\_  
Dr David Williams  
Treasurer

\_\_\_\_\_  
Professor John R Ashton CBE  
President

Notes 1 to 14 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 2015**

**1. ACCOUNTING POLICIES**

- (a) The financial statements have been prepared in accordance with the Charities SORP (FRS102) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements have been prepared to give a “true and fair” view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a “true and fair” view. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The charity constitutes a public benefit entity as defined by FRS 102.

The charity transitioned from previously extant UK GAAP to FRS 102 as at 1 January 2014. No adjustments arose from the transition to FRS 102.

In the view of the Trustees, there are no material uncertainties casting doubt on the going concern of the charity.

- (b) Financial Instruments

The charity has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade debtors, accrued interest and other debtors. Financial liabilities held at amortised cost comprise grants payable and accruals.

Investments, including bonds held as part of an investment portfolio are held at fair value at the Balance Sheet date, with gains and losses being recognised within income and expenditure.

- (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 five years for Computer Software and 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 2015.
- (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 not reclaimable). 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.
- (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**

**CASH FLOW STATEMENT**

**FOR YEAR ENDED 31 DECEMBER 2015**

	<i>Total funds</i>	<i>Prior year funds</i>
	£	£
<b>Cashflows from operating activities</b>		
Net expenditure for the reporting period per the SOFA	(191,495)	(247,940)
Gains on investments	(29,028)	(23,353)
Depreciation charges	30,442	2
Dividends and interest from investments	(42,705)	(43,144)
(Increase)/decrease in debtors	(201,333)	93,851
Increase/(decrease) in creditors	204,070	(47,532)
	<hr/>	<hr/>
<b>Net cash provided by (used in) operating activities</b>	<b>(230,049)</b>	<b>(268,115)</b>
	<hr/>	<hr/>
<b>Cash flows from operating activities:</b>		
Net cash used in operating activities	(230,049)	(268,115)
	<hr/>	<hr/>
<b>Cash flows from investing activities:</b>		
Dividends and interest from investments	42,705	43,144
Purchase of property, plant and equipment	(103,520)	(48,689)
Proceeds from sale of investments	279,246	227,883
Purchase of investments	(265,062)	(236,231)
<b>Net cash used in investing activities</b>	<b>(46,631)</b>	<b>(13,893)</b>
	<hr/>	<hr/>
Change in cash and cash equivalents in the reporting period	(276,680)	(282,009)
Cash and cash equivalents at the beginning of the reporting period	894,724	1,176,733
Cash and cash equivalents at the end of the reporting period	<b>618,044</b>	<b>894,724</b>
	<hr/>	<hr/>
<b>Analysis of cash and cash equivalents:</b>	Current year	Prior year
Cash in hand	133,026	114,569
Notice deposits (less than 3 months)	485,018	780,155
Total cash and cash equivalents	<b>618,044</b>	<b>894,724</b>
	<hr/>	<hr/>

**FACULTY OF PUBLIC HEALTH**  
**OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR YEAR ENDED 31 DECEMBER 2015 (Continued)**

2a EXPENDITURE ON CHARITABLE ACTIVITIES	Direct Employment Costs	Direct Costs	Support Costs	Total 2015	2014		
<b>Analysis of Expenditure</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>		
Grants and prizes		7,480	2,391	9,871	6,296		
Examinations & training	206,253	121,809	358,686	686,748	700,906		
Maintaining professional standards	236,752	101,300	339,556	677,608	589,717		
Public health policy advocacy	155,244	150,995	239,124	545,363	522,090		
International		14,274	9,565	23,839	9,063		
Journal of Public Health Costs		97,735	7,174	104,909	105,563		
<b>Total</b>	<b>598,249</b>	<b>493,593</b>	<b>956,496</b>	<b>2,048,338</b>	<b>1,944,635</b>		
<b>Support costs allocation</b>	Total	Grants and prizes	Examinations & Training	Maintaining Professional Standards	Public Health Policy	International	Journal of Public Health
	<b>£</b>		<b>£</b>	<b>£</b>	<b>£</b>		<b>£</b>
Management, including salaries	728,092	1,821	273,034	258,472	182,023	7,281	5,461
Finance- direct costs	30,524	76	11,447	10,836	7,631	305	229
Information technology- direct costs	68,926	172	25,847	24,469	17,232	689	517
Governance (see below)	128,954	322	48,358	45,779	32,238	1,290	967
	<b>956,496</b>	<b>2,391</b>	<b>358,686</b>	<b>339,556</b>	<b>239,124</b>	<b>9,565</b>	<b>7,174</b>

Support costs are allocated based on the proportion of staff costs associated with each activity

<b>Governance Costs</b>	2015	2014
	<b>£</b>	<b>£</b>
Audit and accountancy fees	18,020	15,770
Trustees and members expenses	52,053	44,431
AGM, election and board meeting costs	16,996	17,579
Consultancy costs re Governance review	36,660	42,876
Insurance, legal fees and other costs	5,225	15,673
<b>Total</b>	<b>128,954</b>	<b>136,329</b>

OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

NOTES TO FINANCIAL STATEMENTS

FOR YEAR ENDED 31 DECEMBER 2015 (Continued)

2b SOFA 2014 COMPARATIVE

	Unrestrict ed Funds	Designate d Funds	Restricted Funds	Endowmen t Funds	Total
	£	£	£	£	£
<b>INCOMING RESOURCES</b>					
Donations and legacies (Gift aid receipts)	6,082				6,082
<b>Charitable activities</b>					
Membership fees and subscriptions	1,180,641				1,180,641
Examination and training fees	169,460		15,000		184,460
Maintaining professional standards	53,459				53,459
Public health policy and advocacy	81,948				81,948
International					
Journal of Public Health income	123,470				123,470
<b>Total income from charitable activities</b>	<b>1,608,978</b>	<b>0</b>	<b>15,000</b>	<b>0</b>	<b>1,623,978</b>
Other trading activities	9,722				9,722
Investment income	41,008	630		1,506	43,144
<b>TOTAL INCOMING RESOURCES</b>	<b>1,665,790</b>	<b>630</b>	<b>15,000</b>	<b>1,506</b>	<b>1,682,926</b>
<b>RESOURCES EXPENDED</b>					
Investment management fees	9,584				9,584
<b>Charitable activities</b>					
Grants and prizes	2,266	3,437	425	168	6,296
Examinations and training	672,628		28,278		700,906
Maintaining professional standards	549,552		40,165		589,717
Public health policy and advocacy	511,534		21,556		533,090
International	9,063				9,063
Journal of Public Health costs	105,563				105,563
<b>Total expenditure on charitable activities</b>	<b>1,850,606</b>	<b>3,437</b>	<b>90,424</b>	<b>168</b>	<b>1,944,635</b>
<b>TOTAL RESOURCES EXPENDED</b>	<b>1,860,190</b>	<b>3,437</b>	<b>90,424</b>	<b>168</b>	<b>1,954,219</b>
<b>Net gains on investments</b>	<b>20,833</b>	<b>387</b>		<b>2,133</b>	<b>23,353</b>
<b>Net income/(expenditure)</b>	<b>(173,567)</b>	<b>(2,420)</b>	<b>(75,424)</b>	<b>3,471</b>	<b>(247,940)</b>

**FACULTY OF PUBLIC HEALTH  
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM  
NOTES TO FINANCIAL STATEMENTS  
FOR YEAR ENDED 31 DECEMBER 2015 (Continued)**

<b>3 STAFF COSTS</b>	<b>2015</b>	<b>2014</b>		
<b>Staff Costs</b>	<b>£</b>	<b>£</b>		
Salaries	926,003	836,526		
Employers national insurance	97,236	69,725		
Employers pension contributions	78,131	75,050		
<b>Total</b>	<b>1,101,370</b>	<b>1,001,301</b>		
Aggregate employee benefits of key management personnel (Chief Executive and Senior Management Team)- representing 4 employees (2014- 5 employees)	320,705	343,483		
No trustees were remunerated in the year				
<b>Staff headcount</b>	<b>N*</b>	<b>N*</b>		
Average number of employees earning below £60,000	21	21		
Number of employees whose annual salary (excluding pension costs) were between £60,000 and £70,000	1	0		
Number of employees whose annual salary (excluding pension costs) were between £90,000 and £100,000	1	1		
<b>Total average number of employees</b>	<b>23</b>	<b>22</b>		
<b>4 TANGIBLE ASSETS</b>	<b>IT Equipment and £</b>	<b>Office Furniture &amp; £</b>	<b>Donated Items £</b>	<b>Total £</b>
<i>At 1st January</i>	<i>58,816</i>	<i>25,871</i>	<i>4,912</i>	<i>89,599</i>
<b>As at 31st December</b>	<b>58,816</b>	<b>25,871</b>	<b>4,912</b>	<b>89,599</b>
<b>Depreciation</b>				
<i>At 1st January</i>	<i>58,816</i>	<i>23,531</i>		<i>82,347</i>
<b>As at 31st December</b>	<b>58,816</b>	<b>23,531</b>		<b>82,347</b>
<b>Net Book Value</b>				
<i>At 31 December 2014</i>	<i>-</i>	<i>2,340</i>	<i>4,912</i>	<i>7,252</i>
<b>At 31 December 2015</b>	<b>-</b>	<b>2,340</b>	<b>4,912</b>	<b>7,252</b>
<b>5 INTANGIBLE ASSETS</b>	<b>E-Portfolio software costs £</b>	<b>CRM software costs £</b>		<b>Total £</b>
<i>At 1st January</i>	<i>48,689</i>			<i>48,689</i>
Additions during the Year	2,700	100,820		103,520
<b>As at 31st December</b>	<b>51,389</b>	<b>100,820</b>		<b>152,209</b>
<b>Depreciation</b>				
Charge for the year	10,278	20,164		30,442
<b>As at 31st December</b>	<b>10,278</b>	<b>20,164</b>		<b>30,442</b>
<b>Net Book Value</b>				
<i>At 31 December 2014</i>	<i>48,689</i>	<i>-</i>		<i>48,689</i>
<b>At 31 December 2015</b>	<b>41,111</b>	<b>80,656</b>		<b>121,767</b>

**FACULTY OF PUBLIC HEALTH  
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**6 INVESTMENTS**

	2015	2014
	£	£
<b>Book Cost</b>		
Cost at 1 January 2015	1,026,962	989,608
Additions	265,062	236,231
Disposals	<u>(257,686)</u>	<u>(198,877)</u>
<b>Cost at 31 December 2015</b>	<b><u>1,034,338</u></b>	<b><u>1,026,962</u></b>
<b>Market Value</b>		
Market value 31 December 2014	1,277,189	1,245,488
Realised from disposals	(279,246)	(227,883)
Additions at cost	<u>265,062</u>	<u>236,231</u>
<b>Adjusted Market Value 31 December 2015</b>	<b><u>1,263,005</u></b>	<b><u>1,253,836</u></b>
<b>Market Value 31 December 2015</b>	<b>1,292,033</b>	<b>1,277,189</b>
<b>Market adjustment</b>	<b><u>29,028</u></b>	<b><u>23,353</u></b>

**7 DEBTORS & PREPAYMENTS**

	2015	2014
	£	£
Trade debtors	10,420	1,350
Prepayments	27,052	20,984
Accrued income	19,164	12,195
Staff loans and other debtors	<u>212,896</u>	<u>33,670</u>
<b>Total</b>	<b><u>269,532</u></b>	<b><u>68,199</u></b>

**8 CREDITORS - AMOUNTS FALLING WITHIN THE YEAR**

	2015	2014
	£	£
Trade creditors	71,178	38,309
Accruals	74,576	90,736
Tax and social security	169,063	23,216
Subscriptions paid in advance	28,671	13,129
Examination and other fees paid in advance	72,557	78,886
Pension reserve	91,162	78,836
Grant creditors and deferred income	<u>57,039</u>	<u>37,065</u>
<b>Total</b>	<b><u>564,246</u></b>	<b><u>360,177</u></b>

**FACULTY OF PUBLIC HEALTH  
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9 FUNDS		Balance at 2014	Incoming Resources	Resources Expended	Other Recognis ed Gains/ [Losses]	Transfers	Balance at 2015
	Note	£	£	£	£		£
<b>DESIGNATED FUNDS</b>							
Welsh Affairs Committee Fund	a	878	2				880
Scottish Affairs Committee Fund	a	53,184	27	(1,142)			52,069
UK Public Health Association	b	5,724					5,724
Littlejohn Gardner Prize Fund	z	5,976					5,976
Alwyn Smith Prize Fund	z	944					944
Wilfrid Harding Faculty Prize Fund	z	2,702		(150)			2,552
Cochrane Prize Fund	z	16,984		(250)			16,734
BACP Travelling Fellowship	z	5,124		(1,500)			3,624
O'Brien Prize Fund	z	(171)		(100)		271	
Sir John Brotherston Prize	z			(100)		100	
June & Sidney Crown Award	z	9,114					9,114
Ann Thomas Prize Fund	z	1,572		(100)			1,472
The McEwen Award	z	2,922		(100)			2,822
Prize Funds Trading account		2,652	492	(212)	696	(371)	3,257
Business Development Fund	m	28,933					28,933
<b>Total</b>		<b><u>136,538</u></b>	<b><u>521</u></b>	<b><u>(3,654)</u></b>	<b><u>696</u></b>		<b><u>134,101</u></b>
<b>RESTRICTED FUNDS</b>							
<b>Prize funds</b>							
Prize Funds (current element)	z	2,653					2,653
Sian Griffith Prize Fund	z	1,360					1,360
Trainer of the Year Award	z	175		(25)			150
Sam Ramaiah Prize Fund	z	9,250		(250)			9,000
Elizabeth Russell Prize Fund	z	32,489					32,489
Lindsey Davies Synergy Fund	z		7,000	(1,150)			5,850
<b>Health, policy and advocacy</b>							
Mental Health - Thinking Ahead (Natural England)	d	2,257					2,257
<b>Education &amp; training</b>							
Grant to support College Training activities	e	12,500		(8,422)			4,078
Public Health Training in Clinical Specialities	f	156,879		(34,965)			121,914
Public Health Education & Training Support	g	20,000		(10,570)			9,430
Metacompetencies	h	5,791		(330)			5,461
<b>Professional standards</b>							
CPD Fund	i	9,874		(7,193)			2,681
Revalidation Communication Activities	j	3,009					3,009
Revalidation Programme- multidisciplinary	k	79,623		(16,831)			62,792
<b>Corporate</b>							
Royal College Fund	l	3,529					3,529
<b>Total</b>		<b><u>338,388</u></b>	<b><u>7,000</u></b>	<b><u>(79,736)</u></b>			<b><u>266,653</u></b>
<b>EXPENDABLE ENDOWMENT FUNDS</b>							
Surplus on revaluation							
DARE Lecture Fund	c	26,873	1,494	(2,401)		609	26,575
<b>Total</b>		<b><u>26,873</u></b>	<b><u>1,494</u></b>	<b><u>(2,401)</u></b>		<b><u>609</u></b>	<b><u>26,575</u></b>

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**9 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	Mental Health - Thinking Ahead (Natural Englar	Grant provided by Natural England
e	Grant to support College Training activities	Grant provided by the Academy of Royal Colleges
f	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.
q	Public Health Education & Training Support	Grant provided by the Department of Health
h	Metacompetencies	Grant provided by the Health Education England
i	CPD Fund	Grant provided by the Academy of Royal Colleges
j	Revalidation Communication Activities	Grant provided to assist with dissemination of advice/news regarding revalidation, including PH specialty specific guidance. Includes regular pieces in new slotters, production of handbook and development of webinars.
k	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.
l	Royal College Fund	Grant provided by the NiDOF to assist FPH achieve Royal College status.
m	Business Development Fund	Moneys released from past funding agreements to be used for future projects at the discretion of the Trustees.
<b>z</b>	<b>Prize funds</b>	
	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
	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
	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
	Lindsey Davies Synergy Fund	The award recognises an individual who has demonstrated a strong commitment to, or success in, collaboration on behalf of FPH with another organisation and has been effective in developing a synergistic relationship as part of an outward-facing approach to driving forward public health objectives. This award has been established by Lindsey Davies, President of FPH from 2011 until 2014

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10 ANALYSIS OF ASSETS	Unrestricted £	Designated £	Restricted £	Endowments £	Total £
Fixed assets:					
Tangible assets	7,252				7,252
Intangible assets	121,767				121,767
Investments	1,224,801		23,620	43,612	1,292,033
Current assets	510,442	134,101	243,033		887,576
Current liabilities	(547,209)			(17,037)	(564,246)
<b>Total assets</b>	<u>1,317,053</u>	<u>134,101</u>	<u>266,653</u>	<u>26,575</u>	<u>1,744,382</u>

**11 FINANCIAL ASSETS AND LIABILITIES**

	2015 £	2014 £
Financial assets at amortised cost	<u>242,480</u>	<u>47,215</u>
Financial assets at fair value	<u>242,480</u>	<u>47,215</u>
Financial liabilities at amortised cost	<u>(564,246)</u>	<u>(360,177)</u>

**12 TRUSTEES' REMUNERATION AND EXPENSES**

No trustees received remuneration during the year (2014: Nil).

Travelling and subsistence expenses of £28,060 were reimbursed to 15 Board members in 2015. (2014: 26 trustees reimbursed £39,506)

**13 AUDITORS REMUNERATION**

	2015 £	2014 £
Audit fee	14,000	15,770
Fees in relation to tax advice	4,020	
	<u>18,020</u>	<u>15,770</u>

**14 OPERATING LEASES**

FPH has a lease on 4 St Andrews Place expiring on 25 August 2084. The Trustees of this lease are:

- a) Dr Keith Williams
- b) Dr Elizabeth Aline Scott
- c) Professor Selena Felicity Gray

	2015 £	2014 £
Other commitments per annum- expiring	13,314	-
expiring 2-5	-	17,752
expiring greater than 5 years	-	-



# Appendix 1

## Board Members

Between 1 January 2015 and 31 December 2015

		Trustee attendance at Board meetings
<b>Officers</b>		
President	ASHTON, John	5 out of 5
Vice President for Policy	MIDDLETON, John (to June 2015) CAPEWELL, Simon (from June 2015)	1 out of 2 3 out of 3
Vice President for Standards	PEACHEY, Meradin	4 out of 5
Registrar	SHERIDAN, Peter	3 out of 5
Assistant Registrar	IQBAL, Zafar	4 out of 5
Academic Registrar	WEBSTER, Premila	3 out of 5
Assistant Academic Registrar	MASON, Brendan	4 out of 5
Treasurer	WILLIAMS, David	5 out of 5
<b>Elected Members</b>		
General Board Member	CAPEWELL, Simon (to June 2015) ATKINSON, Sue (from July 2015)	1 out of 2 1 out of 2
General Board Member	PAUL, Ash	2 out of 5
General Board Member	STEPHENS, Imogen	4 out of 5
Local Board Member, London	WALTERS, Helen	4 out of 5
Local Board Member, North West	SEDDON, Daniel	3 out of 5
Local Board Member, South Central	PARKES, Julie	2 out of 5
Local Board Member, West Midlands	AHMED, Aliko (to June 2015) SAUNDERS, Patrick (from Sept 2015)	1 out of 2 2 out of 2
Local Board Member, SE Coast	TAHZIB, Farhang	4 out of 5
Local Board Member, East Midlands	TOMLINSON, John	3 out of 5
Local Board Member, East of England	LIPP, Alistair	3 out of 5
Local Board Member, North East	SANGOWAWA, Toks	4 out of 5

Local Board Member, Yorkshire & the Humber	TAYLOR, Andrew (to February 2015) HOOPER, Judith (from February 2015)	0 out of 0 2 out of 4
Local Board Member, South West	PEARSON, Sally	5 out of 5
Local Board Member, Scotland	CRIGHTON, Emilia (to June 2015) CAVANAGH, Julie (from June 2015)	2 out of 2 2 out of 3
Local Board Member, Wales	VAN WOERDEN, Hugo (to February 2015) HUWS, Dyfed (from February 2015)	0 out of 0 2 out of 5
Local Board Member, Northern Ireland	WALDRON, Gerry (to June 2015) MAIRS, Andrew (from June 2015)	1 out of 2 3 out of 3

### **Ex Officio Members**

RCP London	DACRE, Jane	0 out of 5
RCP&S Glasgow	DE CAESTECKER, Linda (to June 2015) CRIGHTON, Emilia (from June 2015)	1 out of 2 3 out of 3
RCP Edinburgh	WATSON, Lorna	3 out of 5

### **Co-opted Member**

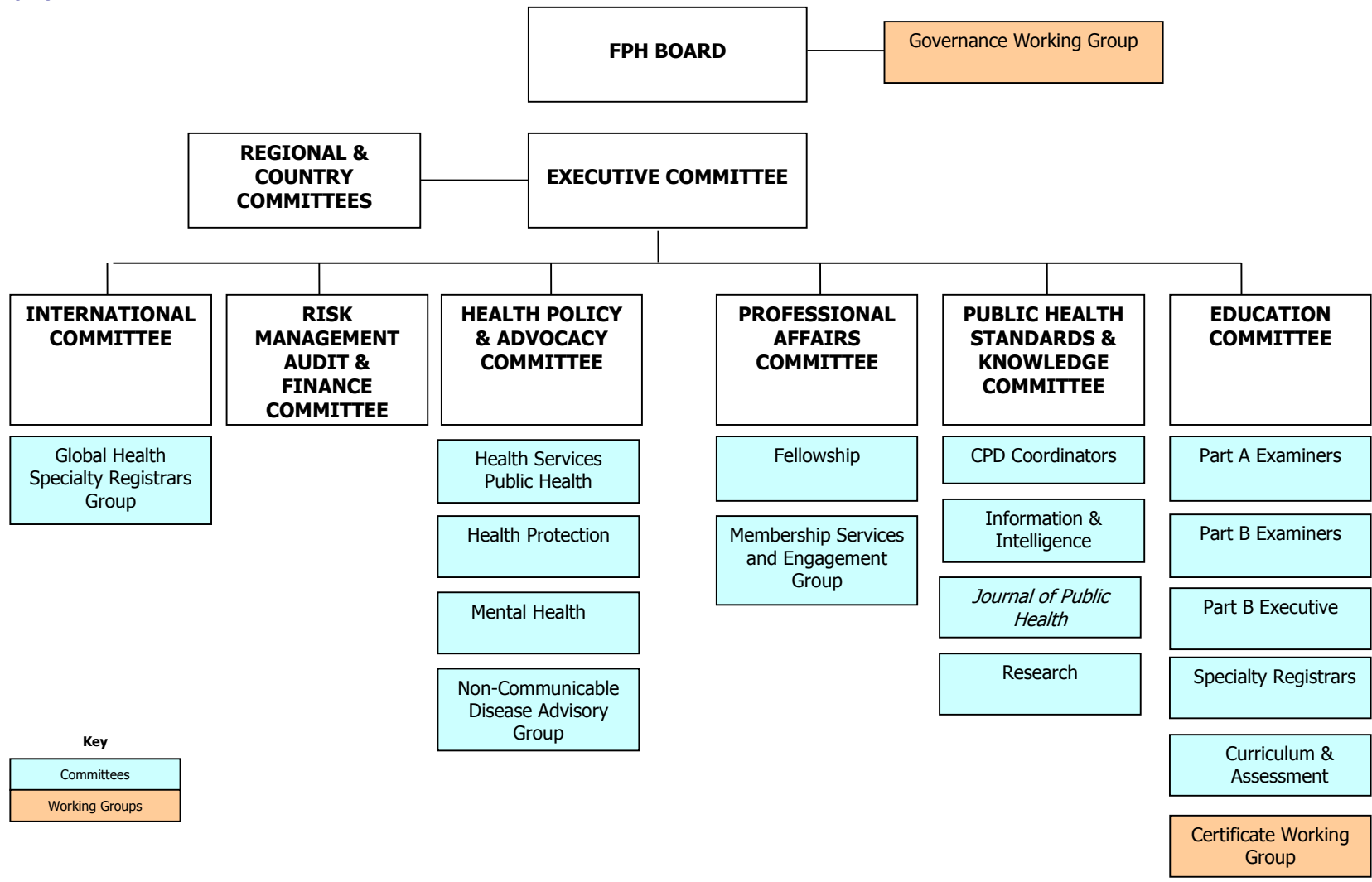
Chair, Specialty Registrars Committee	BENNETT-BRITTON, Beth (to April 2015) MCGIVERN, Mark (from April 2015)	1 out of 1 4 out of 4
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### **Observers and Lay Members\***

Vice President, ADPH	De GRUCHY, Jeanelle	
President, Health Protection Society	MILLERSHIP, Sally	
Chair, FPH Academic & research Committee	BRAYNE, Carol	
Risk Management Adviser	MCCLOSKEY, Brian	
Chair, FPH Global Health Committee	ASHTON, John (to February 2015) SQUIRES, Neil (from February 2015)	
Lay member	CARRIER, John	
Lay member	UNERMAN, Sandra (to February 2015)	
Lay member	STOTT, Adrian	

\*Observers and lay members are not FPH trustees.

# Appendix 2 FPH 2015 Committee Structure



# Appendix 3

## 2015 FPH Prize Winners

### **Alwyn Smith Prize**

#### **Dr Nick Gent**

This prize was endowed by Professor Alwyn Smith on his retirement as President of the Faculty of Public Health (FPH) 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).

### **Wilfrid Harding Prize**

#### **Professor Sarah Stewart-Brown**

This prize, which is awarded biennially, was established by Dr and Mrs Wilfrid Harding for effort and achievement on behalf of the faculty (for example, contributions to public health training, further education activities, health promotion, promotion of public health in regions/countries, representation of the faculty on outside bodies or inquiries).

### **Sir John Brotherston Prize**

#### **Dr Alice Tyler**

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**

#### **Mr Nicholas Bundle**

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

### **Sian Griffiths International Award**

#### **Dr Nadeem Hasan**

This prize was generously endowed by Professor Sian Griffiths to commemorate her term as President of FPH (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.

### **BACP Travelling fellowship**

#### **Dr Nadeem Hasan**

Established in 1994, using funds donated by the British Association of Community Physicians on its dissolution, a fellowship is normally awarded biennially to assist members of FPH in training to undertake educational travel, normally outside the United Kingdom.

### **McEwen Award**

#### **Ms Charlotte Matthews**

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 William Burch**

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**

#### **Dr Christopher Johnson**

The prize is awarded to the Welsh candidate who attains the highest mark in

the FPH Part B/OSPHE MFPH examination.

### **Sam Ramaiah Award**

#### **Dr Rebecca Cushen**

An award is given each year for the best piece of work, including papers, policies, posters, presentations, audits or research, on a public health topic seeking to improve the health of black or minority ethnic communities or reduce health inequalities in the United Kingdom.

### **Littlejohn Gairdner Medal**

#### **Dr Joanne Morling**

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 (CFPHS) held three routine meetings throughout 2015: 19 January 2015 in Glasgow, 12 May 2015 in Glasgow and 3 September 2015 in Edinburgh. In addition a well-attended annual general meeting was held on 5 November 2015 in Peebles, and a similarly well-attended extraordinary general meeting on 2 March 2015 in Glasgow, to enable the membership to respond collectively to the Scottish Government Review of the Public Health Function. The minutes of the meetings are available online and are available to all FPH members and fellows in Scotland via their committee representative.

In June 2015, Dr Emilia Crichton stood down as Convenor of FPH in Scotland, a post which she had held for five years; the incoming Convenor in June 2015 is Dr Julie Cavanagh.

The CFPHS hosts an annual conference in Scotland, to support professional public health practice. In 2015 the annual Scottish conference was held in Peebles on 6 and 7 November and was attended by more than 200 participants, mostly based in Scotland. Conference organisation was overseen by a Steering Committee jointly chaired by Dr Alison McCallum, NHS Lothian, and Dr Ellie Hothersall, NHS Fife. The conference was organised through a collaboration of health boards in the east of Scotland. Opening the conference, the Scottish Public Health Minister reported on the progress of the Review of the Public Health Function in Scotland. During his delivery of the DARE lecture, Professor Simon Capewell elicited a

show of hands from the conference audience, to gauge local support for a levy on sugary drinks – the response in favour of a levy was almost unanimous.

The CFPHS was pleased to award its first Service Medal at its Annual Conference Dinner in November 2015; the award was presented to Dr James Chalmers, a recently retired fellow of FPH, for his work as Scottish Director of the Training Programme, in which he provided outstanding personal and professional support to members in training.

The CFPHS receives regular reports from the Service Improvement/Healthcare Public Health Interest Group network supported by the Scottish Public Health network and is working to support additional interest groups.

On 2 November 2015, FPH hosted a Retired Fellows Tea at the Royal College of Physicians in Edinburgh. The event was attended by retired members who had mostly previously worked in Scotland, and was supported by CFPHS.

The CFPHS is actively involved with the Academy of Royal Colleges and Faculties in Scotland, influencing workforce policy, health and medical policy; the FPH Convenor is a member of the Academy Committee. The Scottish Academy oversees training of the external assessors for the appointment to consultant posts in Scotland, and in 2015 CFPHS supported this work through four members/fellows who are trained external assessors.

Dr Julie Cavanagh

## **Northern Ireland**

The Northern Ireland Affairs Committee (NIAC) met on three occasions during 2015. The first two meetings were convened by Dr Gerry Waldron, who stepped down as Convener of NIAC and Northern Ireland Local Board Member in June 2015, after serving two terms. We are all very grateful to Gerry for his leadership over the past few years and for representing the interests of local FPH members so well.

While the committee met on three occasions, it also arranged a number of other meetings and workshops during the year. The first of these was an extraordinary meeting held in April to develop a NIAC response to the Donaldson Report. This was a review of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland. In August, NIAC invited FPH's Chief Executive and Treasurer to a meeting with members of FPH in Northern Ireland to discuss the proposed new governance arrangements for FPH. Then, in November, NIAC organised a workshop for all Northern Ireland FPH members in order to inform the development of a response to a consultation on a review the Public Health Act (Northern Ireland) 1967.

With local elections due in May 2016, NIAC (with the help of FPH Head of Health Policy and Advocacy, Lindsey Stewart, and the Health Policy and Advocacy Committee) produced a Northern Ireland version of the FPH manifesto. This proved very helpful when we engaged with local political parties in a series of meetings between November 2015 and January 2016.

NIAC was again a partner organisation for the Public Health Agency's Public Health Annual Scientific Meeting in June. In October, NIAC sponsored the Stevenson Prize event; this gives an opportunity for public health trainees to present a piece of work they have undertaken. The three trainees who came first, second and third in that event were then eligible to compete in the All-Ireland of Ireland Public Health Registrars Prize. This was held, in partnership with the Faculty of Public Health Medicine (FPHM) in Ireland, in November. NIAC has good links with our colleagues in FPHM in Ireland and is working to develop these further.

NIAC and FPH members in Northern Ireland remain concerned about the future of the public health function following a 15% cut in the budget of the Public Health Agency in 2015/16, the potential for a further cut in 2016/17 and the implications of an on-going review of health and social care here.

Dr Adrian Mairs

## **Wales**

No report was received from Wales.

# Appendix 5

## Specialty Registrar Report

The Specialty Registrars' Committee (SRC) continues to work to represent the interests of public health registrars across the UK through specific work streams, representation on Faculty of Public Health (FPH) committees and active engagement with the registrar body on a wide range of issues.

A comprehensive report has been written outlining the full work of the SRC over the past year and discussions about how registrars can better link into specific pieces of work for FPH and Special Interest Groups are also underway.

### Update on 2014/15 work streams

- The National Induction Pack and the *Becoming a Consultant* document were completed and are now available annually for new registrars and those close to Certificate of Completion of Training (CCT).
- The SRC worked closely with FPH and the British Medical Association (BMA) to address issues relating to the Part A examination, supporting FPH to ensure that the exam continues to be a high quality assessment of public health skills and knowledge.

### 2015/16 work streams

Highlights from this year's work include:

- A survey of recently qualified consultants, aiming to understand the journeys registrars take through training and destinations post-CCT, collating reflections on perceived gaps in support during training and as newly-appointed consultants.
- Work towards a second version of the career profiles document, capturing career stories from senior public health colleagues working in a broad spectrum of roles, in

order to support registrars as they consider their own career routes.

- Input into the update of the Local Government Association (LGA) guide to Training of Public Health Registrars in England.
- The running of a dedicated registrar-led session on the first morning of the FPH conference.
- The re-drafting of specimen answers to the new-style Paper 2A critical appraisal question for the FPH website.
- Input into the implementation of the newly approved curriculum.

We have also coordinated registrar responses to the following consultations;

- FPH's *NHS Policy and Principles* paper.
- FPH's response to the House of Commons Health Committee inquiry into public health post 2013.
- The Shape of Training Mapping exercise run by the Academy of Medical Royal Colleges.
- An FPH survey looking at capacity and capability in healthcare public health.
- The UK Public Health Register consultation on the review of routes to registration for specialists.
- The Local Health Protection Review Engagement paper, phase-two consultation paper and local health protection function on-call review summary documents.



## Highlights from the Regional Reports

**East of England:** Registrars visited the Bromley-by-Bow Centre in East London. This is a high profile, community-owned health and social care centre, working in one of the most deprived areas in the UK, using innovations such as social prescribing and community ownership of health services.

**East Midlands:** A baseline audit of Specialty Registrar (StR) travel was completed to establish baseline mileage and carbon emissions. The audit aimed to explore barriers and enablers to use of sustainable transport and suggest ways of reducing the environmental impact of StR travel.

**London, Kent, Surrey & Sussex:** A research club was set up by registrars, supported by Imperial College, encouraging registrar engagement with academic public health, whilst also providing additional support to those intending to pursue a career in the field.

**North East:** Use of a community-centred approach has formed a common staple of a number of educational sessions delivered, covering the successes of capacity building and asset-based methods in local authority settings.

**Northern Ireland:** The All-Island of Ireland Public Health Registrars Prize event saw StRs present work on a diverse range of topics including investigation of interval cancers, Shigellosis among men who have sex with men and economic evaluation of a variety of public health interventions.

**North West:** Produced the June 2015 edition of *PH1* entitled *Advocacy in Action*, exploring what advocacy is and how it can be used to improve health and wellbeing.

**Oxford Deanery (Thames Valley):** Held a regional symposium on Global Health, with external speakers from a variety of organisations including the Global Health Network, the Commonwealth Secretariat, UK-Med

(emergency humanitarian response organisation), Public Health England and Oxford University.

**Scotland:** Scottish registrars actively participated in the review of public health in Scotland, with registrar representatives meeting with the chair of the review group and the policy lead.

**South West:** Registrars participated in the Annual Quality Panel, contributing to reviews of all training locations in the region.

**Wales:** Registrars visited Parc Prison, Bridgend, to find out how the prison operates and how the health needs of the prisoners are being met. Several registrars undertook health needs assessments for prisons in Wales, including a prospective assessment for a new prison that is due to be built.

**Wessex:** The Bank of Projects initiative was implemented, facilitating remote working on projects based outside an StR's current placement. This project recognises the need for StRs to be able to undertake additional specific projects that are of significant career benefit to them or will help them to fulfil learning outcomes. It will allow access to work areas which are no longer included in local authority public health, such as screening and immunisations.

**West Midlands:** Registrars identified that they would benefit from formal mentor training and, as a result, will be offering to mentor UK Public Health Register practitioners in order to decrease the attrition of practitioners looking to complete the registration process.

**Yorkshire & the Humber:** The regional Specialty Registrar Committee chose the theme of social isolation for 2015, working to raise awareness of this important issue and establishing a formal partnership with the Campaign to End Loneliness.