



**FACULTY OF
PUBLIC HEALTH**

2013 Annual Report

Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

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Foreword by the President

It is a privilege and a pleasure to write the foreword to this, the first annual report of my presidency and also the first of our new chief executive David Allen. The Faculty is now pretty well grown up having been in existence for 42 years and can no longer claim the innocence of youth for decisions made in the fire of the contested field that is public health. Our mission is twofold: it is about both the standards of public health practice and being an influential voice for the public health. This is a big task for a small Faculty of 3,300 members and fellows, a budget of £1.5 million and a total of about 20 paid staff.

It seems to me that we face a choice between being a small bureaucracy and secretariat for the provision of meal tickets for public health consultants, or we can aim much higher and seek to make a difference both at home and abroad.

I am greatly encouraged by our members survey which gives a strong steer towards the latter. This is certainly the ambition of both David Allen and myself and I think most of our officers and staff. I see us being a powerful catalyst for public health policy and action across the whole of society. I see us as being a trusted source of evidence, intelligence and comment and a 'must go to place' for government and pundits. And I see us as being an evidence based champion. I hope you agree!

If we are to realise these goals we need the full engagement of our members and fellows and of many thousands more who



are in public health but may not yet realise it. We need to reach out in friendship and collaboration to the many other members of the public health family who share our vision and to forge collaborative links with the plethora of public, private and voluntary sector organisations and institutions that have a part to play. This year's annual report should be seen as a baseline for these ambitions and for the work ahead

Our ambition is to punch above our weight. I hope that in reading the report you will have a glimpse of the huge amount of work going on in St Andrews Place and the commitment and dedication of both paid staff and volunteer members and fellows. But to achieve what we wish we must do more and smarter and we need to ensure that we are constantly ahead of the game, seeing round corners and refreshing our ways of working. There is a lot to be

done. We are in the process of refreshing our mission and re-energising our work. We are in the foothills of where we would like to be. I hope you will feel motivated to ask yourself how you can be part of this exciting journey.

A handwritten signature in black ink that reads "John Ashton". The signature is written in a cursive, flowing style with a prominent initial 'J' and a long horizontal stroke at the end.

John R. Ashton C.B.E.
President

Introduction by the Chief Executive

I am grateful to all members, staff and colleagues from partner organisations for their support, encouragement and willingness to share knowledge and experience so freely in my early months in post. It has developed my understanding of the breadth and scale of 'public health' and helped distil some of the key issues we face as a body and as a sector. Thank you.

In this – my first – annual report, I would particularly like to thank Russell Ampofo for stepping up and taking on the role of acting Chief Executive of the Faculty of Public Health (FPH) for the year to November 2013. Russell's professional management and leadership style has been instrumental in FPH's steady focus and delivery in challenging times. This vote of thanks is extended to the whole Senior Management Team - and indeed all staff who have been working hard within FPH.

I am also grateful to members and trustees for their support in taking on such a wide range of voluntary roles in support of our work, particularly those whose work takes place 'behind the scenes'. Make no mistake this work is every bit as important as that undertaken in the spotlight, and it is my intention to develop more opportunities for members to engage in both arenas.

In our **membership survey**, you told us that:

On the whole we are improving the services that you value most – particularly our advocacy and



continuing professional development (CPD) services. However, you also made clear that we need to improve our support on consultant appointments and our partnership working, as well as accessibility for people with disabilities.

You value our communications – especially our ebulletins – but we need to stop duplicating our messages and consider alternative routes (digital and audio materials), as well as smarten up our IT systems.

You want us to further develop our advocacy for the profession as a whole, engage with the wider public health workforce, improve value for money, promote FPH more effectively and improve the delivery of membership services. You want us to increase focus outside of London and England, improve services for international members, improve our CPD and revalidation services and ensure accessibility in our building, materials and online presence.

Quite rightly, you want a lot from your professional body – and we are listening and will respond.

Fortunately, you also want improved membership engagement to help us to achieve these aims – something I welcome and will be working to facilitate.

Seventy per cent of responders cited specific “public health passions” – everything from alcohol to academic public health, workplace to wider determinants. We need to tap into this passion and liberate it on behalf of FPH.

Notable **highlights** from the year include:

- In February, we gave evidence to the Communities and Local Government Inquiry into the Role of Local Authorities in Health. In April, we submitted evidence to the Health Committee Inquiry into the Implementation of the Health and Social Care Act 2012 - and launched our new CPD policy.
- In July, we launched *Better Mental Health for All*: a new online resource promoting mental well-being
- The FPH Conference in July brought 300 delegates together to share an agenda of ‘Strength, Solidarity and Delivery’
- The strong leadership shown by FPH in withdrawing from the Government’s Responsibility Deal
- September saw the successful pilot of an introductory course Public Health for Clinical Specialties – part of our programme to increase the prominence of public health across other disciplines
- In November, the launch of our consultation on the curriculum and assessment system
- Also in November, the Scottish FPH Conference in Dunblane, attracting hundreds of delegates and a key-note speech from the Scottish Minister for Public Health, Michael Matheson
- In December, the publication of an FPH response to the Francis Inquiry, and our bid to host the 2017 World Federation of Public Health Associations Congress
- FPH input into 190 Appointment Advisory Committees (AACs) at a key time of change
- The considerable media profile we have developed as the voice of an independent public health workforce – with national media coverage on average every three days
- Our first full year of operation of the FPH revalidation service, fulfilling our statutory roles as a designated body and source of specialty-specific advice
- Collaboration with Public Health England and the Local Government Association to produce two guidance documents on senior public health appointments which highlight the key role and contribution FPH makes to the appointment process

- The Government's announcement of an independent review of standardised tobacco packaging
- Our launch of position statements on transport, food marketing, the built environment, obesity and sugar.

In the devolved countries -

- We began reviewing the curriculum for specialty training – consulting in, Northern Ireland, Scotland, Wales and England.
- We reviewed the job descriptions for senior public health appointments to ensure they were fit for purpose in all four countries of the UK.
- We ensured that there was strong devolved nation input into all of our key areas of project work, including developing minimum standards for public health, revising employers' guidance for public health appointments and updating the CPD policy.

Our **Specialty Registrars** continue to add considerable value to FPH through variety and innovation across a huge range of work on local and national levels:

- The Curriculum Review; planning the annual FPH conference; The Shape of Training Review; presenting to foreign delegations on behalf of FPH.
- The Specialty Registrars Committee has developed more consistent practice

- across regional training programmes (eg. a national induction pack)
- The variety and innovation in a range of work at local and national levels – authoring books, developing online communication platforms and increasing international collaboration.

Our **financial position** at the end of 2013 improved on a number of fronts: Our approved 2013 budget agreed a deficit of £5,000 but our out-turn showed an unrestricted surplus of £56,267. This was achieved through a combination of good management, realising cost-efficiencies and investment performance. Our diversified investments grew by £45,810 to £1,245,488 – an increase of 3.8% – and generated a cash return of £27,786.

We attracted new funding to support the Curriculum Review, our work on revalidation and scope out new assessment methodologies in training; we also completed our European Public Health Innovation and Research in Europe (PHIRE) project and our Specialty Adviser Training projects.

Our annual audit was a positive experience, thanks to the excellent work of our Risk Management Audit and Finance Committee and the Corporate Affairs team. With a review and implementation of effective controls and procedures being completed in 2013, advice for 2014 is to improve our related parties and conflict-of-interest register – and focus on developing a clear reserves policy.

Challenges

Our membership has faced a number of challenges this year and we have engaged and taken action – but there are more on the way.

The establishment of Public Health England and the move of public health from the NHS in England into local government created huge challenges. Many of these remain and we are working with partners to ensure the best possible outcomes for the public health system.

The Shape of Training review chaired by David Greenaway proposes significant changes in the way education and training is coordinated in the UK. The Faculty Education Committee will be advocating for continued high quality training in public health and well as ensuring public health is appropriately positioned within any new system.

We are actively engaged in debates about access to and use of appropriate information for public health specialists – both ONS and care data – where key data sets need to be retained for the Public's health.

The review and subsequent implementation of the training curriculum will require FPH engagement with strategic stakeholders, training programmes and specialty registrars to ensure a managed and phased implementation of any likely change to the curriculum.

Possible changes to the political landscape, in both Scotland – with the upcoming referendum on independence in 2014, and the

general election on the horizon for 2015, will present both opportunities and challenges. FPH will be actively promoting those public health actions, values and principles it believes should be embedded in the manifestos of all political parties, and is working to secure their commitment to delivering the very best system for people's health and wellbeing.

The on-going uncertainty around the mechanics and timetable for statutory regulation for non-medical specialists continues to cause concern. However, we understand that new statutory arrangements should be in place by summer 2015. FPH will continue to work hard with regulators and the Department of Health to ensure this happens satisfactorily and that it includes an appropriate system of revalidation.

Future Strategy

FPH began a strategic review process in 2013, with the development of a clear 'vision' following on from input from around the UK. We have started to build on this and will be bringing a draft strategy forward for consultation during 2014 – at regional meetings and online. This will focus on our core strategic objectives as well as considering how we can best build capacity in the UK and internationally. I am keen that we develop stronger partnerships with the voluntary sector – many of whom fit the description of 'public health bodies in disguise'... I am convinced that many will welcome closer working relationships with our members as well as with FPH as a corporate body. Moreover, as a 'Third Sector', they offer us fantastic levels of resource, networks and often a

closeness to the public that we might otherwise lack.

Moving forward, we will:

- Complete the Curriculum Review and make recommendations to the General Medical Council
- Develop a 'Public Health Manifesto' for government ministers and policy makers
- Develop clear guidance on effective interventions that tackle long-standing public health problems
- Maintain a watchful eye on public health appointments and continue to work behind the scenes – as well as publicly – to achieve our aims
- Further establish FPH's role in, and engagement with, the wider public health community
- Begin a governance review process taking us towards 'incorporation' as a company limited by guarantee, but also

empowering members to get actively involved in their professional body

- Commission an external quality-assurance review of the revalidation system
- Seek greater collaboration and co-ordination across the public health sector to develop a UK strategy for public health.

I want us to find avenues for every member of FPH to play their part in our collective design and plans. Whatever their special interest or area of expertise, FPH can help link them with others of a like mind and help their voice be heard. As a strong community, let us help each other to bring about the changes we want to see.



David Allen
Chief Executive

Education and Training

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

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

In 2013, the department continued to build on its achievements of the previous year in the following areas:

Curriculum and Assessment

In 2013 the Education Committee commissioned and initiated a review of the current curriculum and assessment system. An overarching steering group was established, chaired by Brendan Mason, Assistant Academic Registrar, to set out and oversee the review process and report to the Education Committee. In

November 2013 a consultation with all members and stakeholders was launched. It lasted three months and included a series of five workshops throughout the UK.

We are pleased that we have been able to deliver such an open and transparent process and confirm that we are committed to engaging with our stakeholders to inform this review. During 2014 the education and training team will continue to review the curriculum, in line with General Medical Council (GMC) standards, for presentation to the regulators in January 2015.

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

Training Programme Liaison

The GMC revised the Annual Specialty Report template in 2013 and focused on receiving specific responses on each of the GMC's quality improvements. As such we revised the Faculty Programme Liaison process in order to collect new information from Training Programme Directors, Registrars and Faculty Advisers.

The reviewed Faculty Programme Liaison process allowed FPH to produce the Annual Specialty Report which is a regulatory requirement for the GMC. FPH received a 100% timely response rate to the liaison process which provided the necessary intelligence to successfully complete

the Annual Specialty Report for the regulators.

For the second successive year, an invitation to complete the GMC National Training Survey was distributed to both medics and non-medical registrars, to provide a complete registrar picture of the delivery of training in the UK. The National Training Survey is a key element of intelligence for FPH in overseeing the quality of training in the UK and contributes to the content of the Annual Specialty Report to highlight areas of concern or good practice. The data/feedback was fed into the Annual Specialty Report process. FPH have agreed that the data from the training survey is published on the FPH website and shared with public health training programmes in order to improve the quality of training.

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

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

Programme Approval

Prior to the transition of public health functions to local authorities in England, FPH worked with Training Programme Directors, Heads of School and the GMC to ensure that all new training locations would be safely transferred to the new system whilst maintaining their GMC approval which recognises that they are of suitable

quality for Registrar training. A robust system of approving and reviewing all training placements was agreed with the GMC and implemented to ensure that all programmes were successfully approved following the transition. This swift process meant that there was continuous and high quality training maintained during the transition across the whole of the UK.

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

Public Health in Other Clinical Specialties

September 2013 saw the successful pilot of the Public Health for Clinical Specialties: An Introductory Course for registrars from other specialties. The course, held in Birmingham, accommodated 20 attendees from a variety of specialties including general practice and sexual and reproductive health. The course content covered epidemiology, health protection, health services, management for specialty registrars, critical appraisal and how to write a research proposal. The course received excellent feedback for its content, relevance and delivery. The course has demonstrated that the material used for teaching is suitable to form the basis of an elearning module in 2014/15.

FPH also worked with the Faculty of Sexual and Reproductive Health, the Royal College of Paediatrics and Child Health (RCPCH) and the Faculty of

Sports and Exercise Medicine to develop a framework and pilot public health training placements for trainees from other clinical specialties. The RCPCH expressed an interest in the initiative and worked with FPH to develop the first public health placement aimed at paediatrics trainees. This placement will be piloted and evaluated during 2014 for expansion into other geographical locations and clinical disciplines.

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

MFPH Examinations

2013 saw the introduction of an attempt limit for the MFPH examinations. This policy change came about as a result of an initiative by the GMC and took effect on 1 June 2013. Both the MFPH Part A and Part B examinations are now subject to a limit of six attempts. However, candidates are able to apply for an additional attempt over and above the attempt limit by following the additional-attempts procedure as outlined in the regulations and guidance available on the FPH website.

In addition to the attempt limit, once the Part A examination has been passed, no candidate will be permitted more than seven years to pass the Part B examination. The seven-year validity period will be calculated from the date that a candidate passes the Part A examination. Should a

candidate fail to achieve a Part B pass within the seven-year limit, they will be required to take the Part A again.

MFPH Part A Exam

A new Part A syllabus took effect on 1 September 2013. The new syllabus was reviewed in 2011 and approved by the GMC in 2012. The new syllabus is scheduled to be examined in the June 2014 Part A exam. The output from this is a more focused Part A syllabus that makes explicit items that were previously implicit, giving candidates a better sense of the knowledge that it expected in the examination and formed the basis of the Part A question-setting meeting in October 2013.

Following a request by the FPH Specialty Registrars Committee (SRC) for an additional mechanism for providing feedback on the Part A, it was agreed that, in addition to the feedback form provided to candidates on the day of the exam, an SRC representative would collate the views of Registrars following each exam and submit these for the attention of the Part A Chair and examiners. Registrars now have an additional mechanism to provide feedback which will be considered at the results day.

In accordance with the Part A development timetable, work began on reviewing Paper IIA. This work is being overseen by the Part A Development Committee chaired by Prof Jenny Kurinczuk. The aim is to develop a Paper IIA that seeks to

robustly test candidates and reduce the marking burden on the examiners.

2013 saw the seventh and eighth sittings of Paper IIB, introduced in January 2010, which consists of five sections requiring registrars to demonstrate their data-manipulation and interpretation skills. The paper was designed to enable detailed analysis of variations in pass rates between sittings and the identification of the source of any differences that occur year on year. Preliminary analysis of the questions used to-date shows that the new format of the examination has been a success with the marks on these questions not varying significantly between sittings, suggesting that the new format has minimised inter-marker variability. The results also indicate that exam security and integrity has been maintained.

In 2013 Part A Examiners received further training in question-writing to build on the training process from 2011. These sessions have proved very useful in examining the theoretical aspects of question-writing and development. The outputs from this session were additional questions added to the Part A question bank for use at future examinations. This meant that examiners faced less of a burden when producing questions for the October meeting where the papers for the forthcoming June and January exams are set.

We are pleased to announce the recruitment of six new Part A Examiners Iain Lang (South West), Sarah Aitken (Wales), Aparna Verma (North West), Mary Platt (East of England), Abraham George (South East) and Karthik Paranthaman (East Midlands).

We would also like to thank those who have recently stepped down and who contributed considerably during their time as a Part A examiners: Paola Primatesta (International – Switzerland), Kamran Siddiqi (Yorkshire and The Humber), John Wilkinson (North East) and Harsh Duggal (West Midlands).

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

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

With the Royal College of General Practitioner's new Clinical Assessment Centre in Euston completed in early 2013, FPH took the opportunity to pilot two sittings at the new venue. However, following feedback from candidates and examiners, the decision was taken to move the OSPHE back to the GMC in Manchester for the remainder of 2013, as it was felt this better suited the particular needs of the FPH exam.

Preliminary work has been undertaken to explore the possibility of videoing future OSPHE sittings for use as a training resource for examiners. This is likely to be implemented mid-2014 with an examiner training workshop

based around the footage to be scheduled in the autumn.

We are pleased to announce the recruitment of five new Part B examiners: Sarah Jones, Wales, John Lucy, Wales, Kevin Smith, Yorkshire and The Humber, Bharat Sibal, West Midlands, and Nourieh Hoveyda, London.

We would also like to thank the Part B examiner Andrew Cook, South Central, who recently stepped down. His contribution over the past few years is greatly appreciated. Additionally, Annette Wood, West Midlands has joined the Part B officers as Deputy Logistics Lead, and we also welcomed Edward Prosser as lay member and Celia Duff (East of England) as Training Programme Director representative on the OSPHE Executive Committee.

Pass rates: February 88%, April 95%, July 71%, October 78%, December 71%.

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

Training and Registration

As a part of FPH's on-going commitment to providing prospective registrars with guidance and support we attended a range of careers fairs in 2013 to promote public health careers, increase knowledge of public health specialty training and provide guidance for potential registrars.

The internal CESR (CP) policy has been reviewed in the light of the GMC position statement on changes to the Combined Programme in March 2013. The new policy can be found at http://www.fph.org.uk/cesr_and_cesr%28cp%29#cesr

Educational Prizes

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

The Sir John Brotherston Prize is awarded for the best essay or research on public health written by a student or a young graduate. We are pleased to announce that the 2013 prize has been awarded to Mr Graham McIlroy for his project *The use of antipsychotic medication in hospital inpatients with dementia since warnings about their safety: a time series analysis*.

The Cochrane Prize is awarded each year to an undergraduate student to support an educational activity in the field of public health. We are pleased to announce that Ms Jennifer Dodds has been awarded the Cochrane Prize for her project *A qualitative study to explore reasons for early removal of Copper Intrauterine Contraceptive Devices among Adivasi women in the Nilgris District, Tamil Nadu*.

The Michael O'Brien Prize is awarded annually for outstanding performance in the MFPH Part A examination. Both Dr Chin Chin Yeung (Hong Kong) and Dr Erlend Aasheim (East of England) were jointly awarded this year's prize

for their performance at their first attempt of the exam.

The McEwan Prize is awarded annually to the candidate with the highest score in the Part B) examination at their first attempt. The winner for the 2013 prize is Dr Adam Briggs (Oxford).

Academia and Research

We are pleased to announce that Prof Carol Brayne has been appointed as the new Chair of the FPH Academic and Research Committee. The committee has been renamed (from the Research Committee) to address the need for a central voice for the

academics and the research community within FPH and for the UK.

FPH has been successful in driving up the quality of public health education, training and assessment in many areas during 2013. But we couldn't have achieved all of this, nor deliver our 2014 work programme, without the considerable cooperation, effort and commitment of our FPH Examiners, Registrars and committee members. We would also like to extend our thanks to trainers across the UK for their engagement and support in continuing to deliver and manage high quality training.

Professional Standards and Affairs

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

AACs

With the ongoing uncertainty about the future public health system in England, the number of AAC panels in 2013 increased considerably, with 190 files open compared to 136 in 2012 and 42 in 2011.

Faculty Advisers and FPH staff worked tirelessly during this year of transition to ensure that standards around appointments were maintained. FPH has also continued to ensure that guidance on appointments and job description templates for senior public health posts are reflective of the current system. In October 2013, FPH

also produced, in collaboration with the Local Government Association, Public Health England and the University and Colleges Employers Association, two documents: on the appointment of Directors of Public Health and on the appointment of Consultants in Public Health.

FPH currently has a list of 289 assessors to put forward to employers as external assessors on appointment panels. For the second consecutive year, FPH held an assessor training day attended by around 60 FPH assessors. The event was very well received and will be repeated in 2014. FPH is keen to ensure that all its assessors are up-to-date with current guidance and in a position to best represent FPH and the profession on panels. To this end, in 2014 FPH will also be launching a quality assurance scheme of its assessors.

Distinction grades of membership

FPH was pleased to receive 67 nominations across the four categories of distinction grades of membership. These were considered by the Fellowship Committee in January 2014.

Clinical excellence awards

Cuts in national spending meant that awards in Scotland continued to be frozen for application in 2013. In Northern Ireland a clinical excellence awards round opened in October, and FPH was pleased to recommend two Fellows for awards. In England and Wales an awards round also

proceeded, though the number of awards available was significantly reduced compared to previous years. In 2013, FPH was delighted to support 12 applicants in the gold, silver and bronze categories. FPH also ranked two applicants in the platinum category and recommended these to the Academy of Medical Royal Colleges.

One significant change in 2013 was that renewals were brought in line with new applications. As a result, for the first time FPH was able to support the renewal applications of its members.

Workforce

FPH continues to engage with other organisations, including the Department of Health, the Local Government Association, the Centre for Workforce Intelligence, the Association of Directors of Public Health and Public Health England (PHE) regarding workforce matters. FPH services meetings of the Public Health Workforce Advisory Group (PHWAG) which began developing work streams arising from the Public Health Workforce Strategy published on 3 May 2013. Changes to the terms of reference of PHWAG were agreed.

In addition, FPH has contributed to a new Department of Health minimum dataset group who has undertaken work to develop occupational job codes. The scope of the workforce dataset focussed on the specialist workforce in 2013 as an urgent priority. The minimum dataset group are set to continue this work in 2014.

In November 2013 FPH developed and published a draft set of standards for

public health in the context of the delivery of public health within local authorities. This work was led by Maggie Rae, FPH Local Board Member and Corporate Director of Public Health and Public Protection for Wiltshire Council, with help from many other FPH Fellows. It is expected that this draft set of standards be reviewed in collaboration with the Local Government Association and PHE in 2014.

Membership Services

In 2013, FPH was pleased to welcome 223 new Members and Fellows.

The department has led on implementing the Membership Engagement Strategy approved in 2012 in a number of ways.

Communication with FPH members has been improved by digitising the admission process and by the development of welcome packs which members receive upon joining. These provide useful information on the benefits and services of membership. Contact with retired members has also been a priority and a successful afternoon tea held for retired Fellows in September showed that this level of engagement is both possible and very well received. Furthermore, two surveys have been conducted with Associates and Members and these have provided useful insights into other areas of membership engagement that can be improved, including more robust communication with international members, establishing special interest groups for members to participate in and refining online services into a unified system.

Future plans to improve engagement in 2014 include a strategic review of the role and function of how FPH bestows distinction and honorary grades of membership, expanding FPH's body of associate affiliates and developing comprehensive marketing and communication strategies.

Continuing Professional Development

In February 2013 the FPH Board approved the new **Continuing Professional Development (CPD)** policy which ran in conjunction with the current CPD policy for the CPD year 1 April 2013 to 31 March 2014. Members were free either to apply the current policy or the new policy in making their returns for 2013-14 and the online system was amended in order to allow either system to be used. The new policy will be implemented in full from 1 April 2014. The revision happened in light of revalidation, aligns FPH's approach with all colleges and faculties of the Academy of Medical Royal Colleges (AoMRC) and strengthens reflection. FPH's audit process and policy was also developed. Over 94% of all members submitted their CPD returns to deadline in 2013. It was the second time that 20% of all CPD returns were audited and the rate of satisfactory audit submissions rose up to 91% in the audit of 2012-13 CPD returns.

Revalidation

2013 was a very busy year for revalidation following the recommendations to the General Medical Council (GMC) in December 2012. FPH continued to work with the UK Public Health Register to develop the revalidation process for Specialist registrants. FPH also worked with Public Health England to support its development as a designated body.

FPH currently has 80 doctors connected to it and 15 trained appraisers. A multi-source feedback tool and an online training course on the revalidation process were some of the ways in which appraisees were supported in Revalidation Year 1. All of our appraisers attended further training during 2013. Revalidation-ready appraisals took place throughout 2013 and Dr Edmund Jessop is set to make our Year 1 recommendations to the GMC in early 2014.

Early in 2014 a recruitment process will begin for a new FPH Responsible Officer to take over from Dr Edmund Jessop when his term of office as Vice-President, Standards, comes to an end in July 2014.

Health Policy and Advocacy

The Health Policy and Advocacy Department works closely with Faculty of Public Health (FPH) members and stakeholders, including government departments, non-governmental organisations and parliamentarians to develop and influence policy to improve people's health and wellbeing, advocate FPH's position on public health issues and lobby for regulatory and legislative change where necessary. 2013 continued to be a challenging and busy year, delivering our departmental and organisational objectives of:

- Strengthening and developing FPH's profile as a trusted and authoritative advocate on public health issues – with members, the public, the media, governments and other professions
- Strengthening FPH's influence on policy through advocacy campaigns, including a specific campaign on public mental health, ensuring public health input to shape the strategic direction of major public health policies
- Working to ensure a safe, effective public health system in England and supporting members through that transition
- Raising FPH's profile through managing FPH's external media and communications strategy.

Working to ensure a safe public health system in England

Early 2013 was dominated by further regulations and guidance relating to the implementation of the Health and Social Care Act 2012 in England.

Regulations on the role and remit of public in local authorities were challenged by FPH as it appeared to 'water down' the role of directors of public health. There was also widespread concern about regulations which appeared to give greater emphasis on the role of the private sector in national health services. FPH raised these concerns directly with ministers and in the media.

FPH continued to work with partners and government departments to ensure that guidance and information relating to implementation of the transition were robust and fit for purpose, including on health protection, the role of the director of public health and the process for appointing public health specialists.

Better Mental Health for All

As part of its advocacy strategy, the Board agreed public mental health and wellbeing as its policy priority for 2013. Our newly invigorated Mental Health Committee developed ***Better Mental Health for All*** – a new online resource to support the promotion of mental wellbeing and the primary prevention of mental illness. The resource provides evidence-based information and guidance on a number of aspects including the importance of parenting, the economic case for investing in prevention and examples of interventions to promote mental wellbeing and prevent mental illness. The resource is available via the FPH website.

Policy and advocacy

2013 saw the publication of the findings of the Francis Inquiry into the tragic situation at Mid Staffordshire NHS Foundation Trust. FPH's response to this is available on its website.

To support best practice, FPH also published a number of briefing and position statements on the built environment and physical activity, transport and health, obesity, food marketing and children, town planning and public health, and on the case for a duty on sugar sweetened beverages. Following a call by the Public Health Minister at our annual conference for public health to take action on sugar, FPH convened a meeting of partner organisations to discuss future action. We will continue to pursue this issue throughout 2014.

Another important issue we have been working on in 2013 is the public health impact of illicit drugs. We convened a meeting of the leading experts in drugs policy to support us in developing our policy on this complex and contentious issue. Work will be ongoing throughout 2014.

Responsibility Deal

In the summer 2013, FPH withdrew from the Government's Responsibility Deal. This was not an easy decision, but the right one. Being part of the process was a difficult challenge for FPH but it was felt that monitoring what was happening, as well as providing challenge on the need for evidence, evaluation and accountability, was important. However, following announcements that the Government would not implement minimum unit pricing or standardised tobacco packaging, and

the disbandment of the Cabinet sub-committee on public health, it became clear that the voluntary process of the Responsibility Deal was increasingly becoming the route for the development of government policy on public health. FPH took the decision to withdraw from the deal – a position supported by our members. A number of other organisations withdrew soon after.

We continue to work through other routes, with the Government and other national stakeholders, on the development of public health policy.

The department also responded to 17 major consultations, including evidence to Health Select Committee Inquiries, and endorsed more than 16 reports and submissions.

Media and communications

FPH's media profile as an authoritative voice for public health continued to grow in 2013. FPH's spokespeople gave their expert view of public health stories in the national news, on average, every three days. FPH was mentioned 100 times by international and national newspapers, broadcasters as well as trade and regional press. These included coverage in the *Daily Mail* every month. The Mail Online had more than 146 million 'unique browsers' to its site in September 2013.

Key issues covered included mortality rates, obesity, alcohol, vaccinations and the Responsibility Deal. FPH President Professor John Ashton's views on the need to make young people more physically active and give them better sexual health education were covered by 51 international, national and local media outlets,

including the *Times*, *Telegraph*, *Daily Mail*, *Star* and BBC Radio Five Live.

Advocacy for Health/Policy in Action

Our monthly ebulletin provides members with regular information and updates on the policy, advocacy and media work we are undertaking. It also flags up opportunities for members to shape the work we are doing, as well as influencing the wider policy agenda through participation in 'external' working groups and committees. The bulletin has been renamed *Policy in Action* to better reflect its content. Look out for it in your inbox and do let us know what you think.

Better Health for All – FPH Blog

FPH's blog continued to build on its successes of the previous year, with regular posts from members, guests and commentators. It covered a wide range of issues including welfare reform, pension funds and tobacco, and the controversial e-cigarette, which sparked a huge debate on whether they provide a stepping stone to smoking real cigarettes or support harm reduction. What do you think? Read our blog at <http://betterhealthforall.org/>

Social media

FPH now has a presence on Twitter, Pinterest and Facebook. On Twitter we now have almost 4,000 followers. It provides an excellent – and instant – way to talk directly with members and others interested in public health, to promote our work, and the great work

our members do. Follow us on twitter @fph.

After a bit of a hiatus, we re-invigorated our Facebook page. Come along and like us at <https://www.facebook.com/facultyPH>

A look ahead

This year already promises to be as challenging as 2013. We will be continuing our policy and advocacy streams focused on tackling sugar, and developing our position on illicit drugs.

We will also have on the horizon the forthcoming referendum in Scotland, and the general election in 2015. With this in mind, work will begin on developing our manifesto for public health. We'll be asking members what they want to see in party manifestos to protect and promote public health.

The department will also lead on the development of special interest groups and engaging members in the work of the department in new and more diverse ways.

Working with members

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

International Development

The international activity and initiatives of the Faculty of Public Health (FPH) continued throughout 2013. The International Committee (IC) continues to establish links and build on project initiatives in various regions including Europe, Africa, Asia and America. FPH is working in partnership with other organisations, including Public Health England and the Department for International Development. The FPH Global Partnership Framework includes five focal areas for international engagement:

- Research, evidence generation and policy
- Training, technical assistance and skills transfer
- Academic development and knowledge sharing
- Standards, practice and professional development
- Leadership and advocacy.

Key international projects and activities undertaken during 2013 included:

International Network Groups

Strengthening of the Network Groups has encouraged discussion on international public health issues. Members have become active in posting queries, news and events to the group.

Launch of the CPD Buddy Scheme for international members

Following a survey of international members, a Continuing Professional

Development (CPD) Buddy Scheme was launched on 2 October 2013 for international members who were interested in having a buddy to support them. The scheme has been advertised through the CPD Committee and the international Network Groups to encourage UK members to support overseas colleagues. On the first day, there were 10 immediate responses which grew to 16 matched pairs by the end of 2013. Buddies are expected to communicate by Skype at least every two months.

European Action Plan for Strengthening Public Health Services

Strengthening public health services is one of the main objectives for Health 2020. The World Health Organization (WHO) Europe is working to tackle health inequalities across Europe by building capacity and taking forward the 10 Essential Public Health Operations. Of the 10-point European Action Plan for Strengthening Public Health Capacities and Services, FPH will lead on action eight which focuses on finance systems in public health. The Terms of Reference document has been drafted and a wider reference group meeting of senior public health professionals with an understanding of what constitutes a good public health system has been planned. The priorities for 2014 are to map a range of public health systems and assess their strengths and weaknesses and approaches to financing.

Public Health Africa and the Eastern Mediterranean

The then President of FPH, Lindsey Davies, attended the first Arab World Conference on Public Health in Dubai in April 2013 and gave presentations on both the current challenges in public health in the UK and on the UK Training Programme. A fringe meeting with FPH Fellows and members was also attended by Professor Davies. The second Arab World Conference on Public Health is due to take place in April 2015

The IC has strengthened links with the Public Health Africa Group, supporting its ideals of capacity-building to help provide a useful framework by which African countries can work to develop standards in the region. The Public Health Africa Group is in the process of agreeing terms of reference with FPH.

MOU with Singapore

The then FPH President, Lindsey Davies, visited Singapore in January 2013 and on behalf of FPH signed a Memorandum of Understanding (MOU) with the College of Public Health and Occupational Physicians, Singapore to exchange professional understanding and shared learning, focusing on health improvement and health protection.

Public Health Innovation and Research in Europe (PHIRE)

2013 saw the completion of FPH's role as a partner in this 30-month project funded by the European Commission and led by the European Public Health Association (EUPHA). The purpose of the project was to map, support and promote public health research at a local and European level, showing its impact and importance. The reports

have been published by EUPHA and can be found at <http://www.eupha.org/>

Public Health Today

An international column has now become a regular feature in the FPH quarterly publication, *Public Health Today*. The column is designed to invite interest from the wider membership to build working capacity on these projects. The December 2013 issue of *Public Health Today* had Global Health as its theme and can be found on the FPH website at http://www.fph.org.uk/public_health_today_archive

Global health in the public health curriculum

In conjunction with the FPH Education Committee, the IC continues to support the review of the public health curriculum. It is keen to see a small number of core learning outcomes in global health included within the curriculum. Linked to this, the FPH Global Health Specialty Registrars Group is also engaged with the Intercollegiate Global Health Junior Doctors Working Group on developing a core set of postgraduate global health learning outcomes for application across all specialties.

International Forum of the Academy of Medical Royal Colleges

The forum, at which FPH has a representative, aims to coordinate the international activities of the Royal Colleges in order to improve health through education and training, to share experiences and expertise, and to work collaboratively on healthcare projects.

FPH international strategy

FPH is currently developing a strategic plan for the five-year period 2015 to 2020. As part of this, it will also review and agree priorities on its international strategy. In the meantime FPH will support the IC in its

existing main areas of priority which include supporting overseas members, contributing to standards through the development of competencies and training, and working to develop effective partnerships.

In Review : 2013

In May 2012 at the request of the Faculty of Public Health (FPH) officers, the FPH trustees were consulted on developing FPH's medium-term priorities. These priorities listed below were set for 2013/2014 while plans for the future were developed.

Organisational Priority 1: To develop and implement a fit-for-purpose revalidation process for Specialist registrants

FPH delivered on the following in 2013

- Development of the revalidation process throughout 2012 and early 2013
- Eighty doctors connected to FPH
- Fifteen trained FPH appraisers
- Appraisals throughout 2013 conducted
- Recommendation of eighteen doctors by Dr Edmund Jessop, FPH Responsible Officer, to the General Medical Council (GMC) for revalidation
- Launch of a multi-source feedback tool and online training resource to aid the revalidation process
- Continuation of work with the UK Public Health Register to develop a system of revalidation for public health specialists from backgrounds other than medicine.

Organisational Priority 2: To continue developing a safe public health system

FPH delivered on the following in 2013

- Worked throughout 2013 to ensure standards around appointments were maintained
- Worked with Public Health England (PHE) and the Local Government Association to publish two guidance documents on appointments highlighting FPH's key role
- Engaged with a large number of external organisations regarding workforce matters, including PHE, the Centre for Workforce Intelligence and unions including the British Medical Association and UNITE
- Serviced and facilitated meetings of the Public Health Workforce Advisory Group (PHWAG)
- Monitored and reported on developments and trends within the UK public health workforce
- Launched a revised Part A syllabus, delivered two sittings of the Part A and five sittings of the Part B examinations
- Ensured that training posts, GMC approval and training capacity were maintained following the transition.

**Organisational Priority 3:
To provide support for members during transition**

FPH delivered on the following in 2013

- Provided support to public health registrars and training programmes to monitor and improve quality of training
- Developed the Continuing Professional Development (CPD) function in line with the changing structures.

**Strategic Priority 4:
To support income generation**

FPH delivered on the following in 2013

- Ran a number of pilot courses throughout the year which we hope to develop further in 2014/2015
- Ran a well-attended annual conference
- Utilised a number of restricted funds in delivery of grant-funded projects
- Coordinated a robust national recruitment process for the training scheme
- Plans developed to launch Corporate Membership in 2014.

**Strategic Priority 5:
To be a leading voice for public health**

FPH delivered on the following in 2013

- Increased FPH's media profile as an authoritative voice with FPH's spokespeople giving their expert view in the national news of public health stories up to 10 times a month
- Asserted FPH's role as the public health standard-setting body by

producing minimum standards in public health for organisations

- Produced and disseminated FPH ebulletins, *Public Health Today* and the *Journal of Public Health*, Elected to distinction grades of membership forty one eminent persons working in public health in the UK and overseas
- Endorsed twenty three reports, submissions and letters.

**Strategic Priority 6:
To ensure members provide expert opinion on behalf of the specialty**

FPH delivered on the following in 2013

- Expert opinion was given on mortality rates, alcohol, vaccinations, the Responsibility Deal, sex education. FPH committees and members responded to sixteen key consultations and inquiries, including Select Committee inquiries
- Forty-six members represent FPH on a wide range of external committees, working groups and panels.

**Strategic Priority 7:
To contribute to the delivery of a robust system of regulation for all public health specialists**

FPH delivered on the following in 2013

- Approved and implemented a new CPD policy for the CPD year 2013/2014
- Audited 22% of all CPD returns and saw an increased rate of satisfactory audit submissions on the previous year
- Trained and increased the number of assessors available to

employers to act as external assessors on appointments panels

- Developed FPH's standard-setting and professional-affairs role to ensure an independent professional voice for public health.

Strategic Priority 8:

To focus on mental health as its policy priority

FPH delivered on the following in 2013

- **Better Mental Health for All** was launched in July 2013 as an online resource to support mental health and wellbeing—work continued throughout 2013 to further develop this resource
- **Mental Health Network Group** established to enable networking and knowledge-sharing for members
- Mental Health Committee members represented FPH at external meetings/conferences

to promote the resource and promote mental health and wellbeing in policy considerations.

Strategic Priority 9:

To develop meta competencies for specialist public health

FPH delivered on the following in 2013

- Scoped the development of meta-competencies with engagement of Health Education England and the Academy of Medical Royal Colleges in preparation for a large programme of work in 2014.

Strategic Priority 10:

To review the committee structure to ensure good governance

We delivered on the following in 2013

- Reviewed the function and composition of FPH individual committees. This work will continue into 2014/2015.

Looking Ahead: Plans for 2014

At its November 2013 meeting, the FPH Board delegated the newly appointed Chief Executive, David Allen, to convene a strategy development group comprising trustees and staff and to bring a strategy proposal to the February Board meeting for review and subsequently wider consultation.

By February 2014 the Strategy Development Group had met on three occasions, to review the current position, commit to strategic targets and plan initial stages of strategy implementation over the 2015-2020 period. Board members also contributed to this process and a first draft was discussed and approved by officers on 10 February 2014.

Alongside this, the Senior Management Team has developed an outline business plan for 2014 which helps link existing activity into emerging strategic priorities.

Work to develop the strategy via member consultation will continue through to autumn 2014 with a view to the strategy being endorsed by the Board in November 2014.

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 2013 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 awayday. The awayday agenda includes 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.

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 2012 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.

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.

Public Benefit

The Trustees confirm that they have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the Charity Commission guidance on public benefit.

Principal Advisers

Bankers

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

Solicitors

Hempsons Solicitors
40 Villiers Street
London WC2N 6NJ

2013 Financial Performance report by the Treasurer

I am glad to report this year that FPH finances have improved over the past year. 2013 saw the initial bedding down of the various changes that have been made in the organisation of public health across England. Alongside this work has been undertaken to integrate these new systems across the four countries of the UK. FPH has worked hard to maintain this UK-wide focus.

The restructuring of FPH staffing and activities was completed during 2013, with the appointment of a new chief executive. The additional costs of this process are incorporated within these accounts.

Total Income for 2013 was £1,592,803 which was £38,796 ahead of the previous year. This increase can be attributed to income from the Journal of Public Health and the annual conference. While membership numbers remain steady, income had dropped slightly and this is due to an increase in the number of retired members.

The previously reported reduction in grant income also continues. FPH continues to be successful in several areas, but we have also been able to attract alternative forms of income.

With the improving finances FPH has been able to take on some 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.

As our grant income in particular reduces, there will be a reduction in the amounts identified under 'restricted funds'. As the work related to these grants is completed the funds are utilised and this is a natural consequence of the grant.

In planning for 2013 the overall situation for public health seemed turbulent, and we planned for a break-even position over the year. However, the situation has turned out better than expected. FPH has continued to manage its costs with the support of FPH staff and has been able to achieve a surplus for the year. This is after the on-off costs of appointing a new chief executive.

As last year we benefited from an improving investment position in 2013 with an improvement in our financial reserves.

Looking at our overall funds in the far right columns there is a further reduction in funds, but this has been limited to under £85,000. This relates to the utilisation of reducing grant funding as identified above. As reported last year the

Board has identified income generation as a priority for the coming years.

Looking forward to 2014, FPH has identified a number of initiatives that should assist the interaction between members and our central resources. This includes rationalisation of our web-based facilities, and changes to our educational systems. The plan is to support these developments through the use of some of our reserves. The Board is confident that we can manage our costs and provide a responsive service to members to address the public health issues going forward.

Investments

In order to protect FPH we have maintained a low-risk approach to our investments in 2013. The investment position through the year has shown a continued improvement from 2012 and our investments gained value through the year.

A socially responsible investment policy was adopted by FPH Board in 2007 and this remained the guide to the management of investments during 2013. The policy seeks as much as is feasible to channel FPH investments into sectors that promote and support public health objectives whilst maintaining reasonable returns. A list of the companies that FPH has funds invested in is listed on the website (www.fph.org.uk/ethical_investment_policy). We will be updating this policy in 2014.

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

recommended that the management arrangements continue in 2014.

Reserves

FPH has a formal reserves policy in order to ensure that resources remain available to FPH to maintain our operating capability throughout any emergency. This reserves policy established a lower guideline limit of 12-months operating costs. Through 2013 FPH has built up our reserves to £1,606,644 to achieve this level.

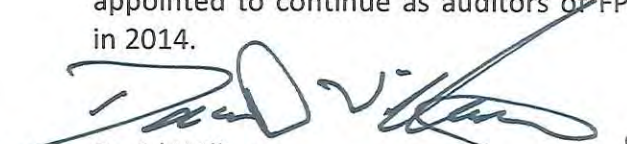
In addition to managing emergencies the financial reserves also provide resources to support occasional, major developments to support the key objectives of FPH. As identified above a couple of such developments have recently been identified by the Board, and reserves may be used for these developments in line with Charity Commission guidance.

Risk Management

The RMAFC continues to manage risk for FPH and regularly reviews the risk register. This currently includes a number of items in relation to the new structures for public health in England. It has been possible to remove some of these items from the register. All these risk items were monitored closely throughout the year.

Audit

Crowe, Clark Whitehill LLP audited FPH activities in 2013. The audit statement is attached to the financial statements that follow. RMAFC recommends that they are appointed to continue as auditors of FPH in 2014.



David Williams
Honorary Treasurer

18 JUNE 2014

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 C.B.E
President

12 JUNE 2014

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 2013 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes numbered 1 to 13.

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

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

Respective responsibilities of trustees and auditor

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

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

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

Scope of the audit of the financial statements

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

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

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2013 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Matters on which we are required to report by exception

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

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

Crowe Clark Whitehill LLP

Crowe Clark Whitehill LLP

Statutory Auditor

London

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

26 June 2014

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

STATEMENT OF FINANCIAL ACTIVITIES

FOR YEAR ENDED 31 DECEMBER 2013

	Notes	Unrestricted Funds £	Designated Funds £	Endowment Funds £	Restricted Funds £	Total 2013 £	Total 2012 £
INCOMING RESOURCES							
Income from generated funds:							
Donations		250				250	500
Investment income		25,984	480	1,322		27,786	25,687
Bank interest		7,121	77			7,198	5,707
		<u>33,355</u>	<u>557</u>	<u>1,322</u>		<u>35,234</u>	<u>31,894</u>
Incoming resources from charitable activities							
Membership fees and subscriptions		1,150,929				1,150,929	1,184,999
Examination and training fees		166,359				166,359	160,954
Maintaining professional standards		34,825			33,973	68,798	10,256
Public health policy and advocacy		74,204				74,204	69,560
Journal of Public Health income		123,583				123,583	118,660
Other income		8,930				8,930	9,578
		<u>1,558,830</u>			<u>33,973</u>	<u>1,592,803</u>	<u>1,554,007</u>
TOTAL INCOMING RESOURCES		1,592,185	557	1,322	33,973	1,628,037	1,585,901
RESOURCES EXPENDED							
Cost of generating funds							
Investment management fees		7,312				7,312	6,963
Charitable activities							
Grants and prizes			4,406	3,207	789	8,402	7,174
Examinations and training		609,702			24,808	634,510	614,140
Maintaining professional standards		488,026			113,699	601,725	572,870
Public health policy and advocacy		384,505			4,757	389,262	341,796
Journal of Public Health costs		93,452				93,452	94,367
Reorganisation costs							57,293
Governance		71,592				71,592	80,006
	2	<u>1,647,277</u>	<u>4,406</u>	<u>3,207</u>	<u>144,053</u>	<u>1,798,943</u>	<u>1,767,646</u>
TOTAL RESOURCES EXPENDED		1,654,589	4,406	3,207	144,053	1,806,255	1,774,609
OPERATING DEFICIT FOR THE YEAR		(62,404)	(3,849)	(1,885)	(110,080)	(178,218)	(188,708)
EU payment							(54,653)
Net gains on investments	5	70,543	1,437	44		72,024	52,964
Net gain/ (loss) on foreign exchange		21,430				21,430	(9,811)
NET MOVEMENTS OF FUNDS FOR THE YEAR		29,569	(2,412)	(1,841)	(110,080)	(84,764)	(200,208)
Total funds brought forward		1,550,377	112,437	25,243	580,524	2,268,581	2,468,789
Transfers between funds	10	<u>26,698</u>			<u>(26,698)</u>		
Adjusted funds brought forward		1,577,075			553,826		
TOTAL FUNDS CARRIED FORWARD AT 31 DECEMBER		1,606,644	110,025	23,402	443,746	2,183,817	2,268,581

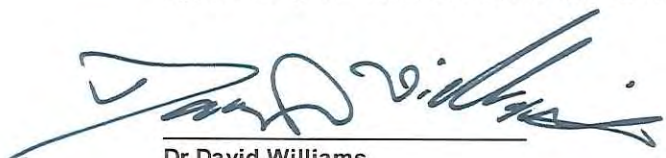
The above results are derived from continuing activities. There are no recognised gains or losses other than those dealt within the Statement of Financial Activities above.

Notes 1 to 13 form part of the Financial Statements.

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
BALANCE SHEET
AS AT 31 DECEMBER 2013**

	Notes	31/12/2013	31/12/2012
		£	£
FIXED ASSETS			
Tangible assets	4	7,254	10,164
Investments	5	<u>1,245,488</u>	<u>1,199,678</u>
		1,252,742	1,209,842
CURRENT ASSETS			
Debtors and prepayments	6	162,050	119,863
Bank balances		<u>1,176,733</u>	<u>1,321,212</u>
Total Current Assets/(Liabilities)		1,338,783	1,441,075
CURRENT LIABILITIES			
Creditors - amounts falling due within the year	7	407,708	382,336
NET CURRENT ASSETS		<u>931,075</u>	<u>1,058,739</u>
NET ASSETS	9	<u>2,183,817</u>	<u>2,268,581</u>
REPRESENTED BY:			
Unrestricted funds		1,606,644	1,550,377
Designated funds	8	110,025	112,437
Endowment funds	8	23,402	25,243
Restricted funds	8	<u>443,746</u>	<u>580,524</u>
TOTAL FUNDS		<u>2,183,817</u>	<u>2,268,581</u>

Approved by the Board and authorised for issue on 20 May 2014 and signed on its behalf by:



Dr David Williams
Treasurer



Professor John R Ashton CBE
President

Notes 1 to 13 form part of the Financial Statements.

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

CASH FLOW STATEMENT

FOR YEAR ENDED 31 DECEMBER 2013

CASH (OUTFLOW) FROM OPERATIONS	2013	2012
	£	£
Net(outgoing) resources	(84,764)	(200,208)
Net (gains) on investments	(72,024)	(52,964)
Depreciation provision	2,910	2,802
Investment income	(27,786)	(25,687)
Bank interest received	(7,198)	(5,707)
(Increase)/Decrease in debtors	(42,187)	38,507
Increase/(Decrease) in creditors	25,372	(124,713)
	<hr/>	<hr/>
NET CASH OUTFLOW FROM OPERATIONS	(205,676)	(367,970)
	<hr/>	<hr/>
	2013	2012
	£	£
CASH FLOW STATEMENT		
Net cash outflow from operating activities	(205,676)	(367,970)
Add Returns on investment and servicing of finance		
Investment income	27,786	25,687
Bank interest	7,198	5,707
Capital expenditure & investment		
Net movement of investments	26,214	13,209
	<hr/>	<hr/>
Decrease in cash	(144,479)	(323,367)
	<hr/>	<hr/>
Analysis of cash changes		
Cash Balance 1 January 2013	1,321,212	1,644,579
Decrease in cash	(144,479)	(323,367)
	<hr/>	<hr/>
Cash balances 31 December 2013	1,176,733	1,321,212

Notes 1 to 13 form part of the Financial Statements.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2013

1. ACCOUNTING POLICIES

(a) Basis of preparation

The financial statements are prepared under the historical cost convention as modified by the inclusion of investments at market value. In preparing the financial statements FPH follows best practice as laid down in the Statement of Recommended Practice Accounting and Reporting by Charities (SORP 2005) issued in March 2005 and the requirements of the Charities Act 2011 and relevant Financial Reporting Standards. The trustees have a reasonable expectation that the charity has adequate resources to continue its activities for the foreseeable future. Accordingly, they continue to adopt the going concern basis in preparing the financial statements as outlined in the Statement of Trustees Responsibilities on page 23.

(b) Fixed assets

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).

Depreciation of fixed assets is calculated on cost, on a straight line basis over three years for Computer Equipment and Furniture and Fittings.

(c) Investments

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 2012.

(d) Incoming resources

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.

(e) Resources expended

Expenditure is recognised on an accruals basis including VAT where applicable (FPH is not a VAT registered charity). Costs of generating funds comprise costs directly attributable to managing the investment portfolio and raising investment income. Support costs are apportioned on the basis of staff time. Governance costs include the cost of the annual audit and expenditure and value of some staff time required for board meetings, election of trustees and statutory requirements of the AGM.

(f) Fund accounting

Unrestricted funds are those without limitations attached to their usage and expenditure. Designated funds are those set aside for specified projects by the Board, which has authority to amend their use and status.

Restricted funds are donations given with stipulated terms and conditions that cannot be changed by FPH or its Trustee Board.

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.

(g) Foreign currency transactions

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.

(h) Operating leases

Rentals applicable to operating leases are charged to the Statement of Financial Activities in the period to which the cost relates

FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2013 (Continued)

2 CHARITABLE EXPENSES

	Direct Employment Costs	Direct Costs	Support Costs (Including support Employment costs)	Total	2012
Analysis of Expenditure	£	£	£	£	£
Grants and prizes		8,402		8,402	7,174
Examinations & training	175,566	104,461	354,482	634,510	614,140
Maintaining professional standards	178,337	139,969	283,419	601,725	572,870
Public health policy advocacy	120,987	75,149	193,126	389,262	341,796
Journal of Public Health Costs		93,452		93,452	94,367
Reorganisation costs				-	57,293
Governance		66,576	5,016	71,592	80,006
Total	474,890	488,009	836,043	1,798,943	1,767,646

Governance Costs	2013 £	2012 £
Audit and accountancy fees	16,790	14,720
Trustees and members expenses	32,678	22,012
AGM, election and board meeting costs	13,676	19,131
EGM costs		9,856
Subscriptions, legal fees and other costs	3,431	9,957
Support costs	5,016	4,330
Total	71,592	80,006

Support costs allocation	Total £	Examinations & Training £	Maintaining Professional Standards £	Public Health Policy Advocacy £	Governance £
Management	734,107	311,261	248,862	169,579	4,405
Finance & administration	39,688	16,828	13,454	9,168	238
Information technology	62,249	26,393	21,102	14,379	373
	836,043	354,482	283,419	193,126	5,016

FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2013 (Continued)

3 STAFF COSTS

<u>Staff Costs</u>	2013	2012
	£	£
Salaries and allowances	824,663	749,926
Social security costs	86,947	84,475
Defined pension contributions	60,402	76,212
Total	972,012	910,613
	Nº	Nº
Average number of employees (Full Time Equivalent) earning below £60,000	19	18
Number of employees whose annual salary (excluding pension costs) were between £90,000 and £100,000	1	
Number of employees whose annual salary (excluding pension costs) were between £100,000 and £110,000		1
Total	20	19

FPH made contributions to defined contributions pension schemes for 23 members of staff including a contribution of £4,210 in respect of the employee earning between £90,000 and £100,000.

4 FIXED ASSETS

	Computer Equipment £	Office Furniture & Equipment £	Donated Items £	Total £
Cost				
<i>At 1st January</i>	58,816	25,871	4,912	89,599
As at 31st December	58,816	25,871	4,912	89,599
Depreciation				
<i>At 1st January</i>	56,904	23,531	0	79,435
Charge for the year	2,910			2,910
As at 31st December	58,814	23,531	0	82,345
Net Book Value				
<i>At 31 December 2012</i>	2,912	2,340	4,912	10,164
At 31 December 2013	2	2,340	4,912	7,254

FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2013 (Continued)

5 INVESTMENTS

	Total 2013 £	Total 2012 £
Book Cost		
Cost at 1 January	960,645	949,519
Purchases for the year	235,975	161,652
Cost of sales for the year	<u>(207,012)</u>	<u>(150,526)</u>
Cost at 31 December	<u>989,608</u>	<u>960,645</u>
Market Value		
Market value 1 January	1,199,678	1,159,923
Realised from sales	(262,189)	(174,862)
Purchases at cost	235,975	161,653
	<u>1,173,464</u>	<u>1,146,714</u>
Adjusted Market Value	<u>1,173,464</u>	<u>1,146,714</u>
Market Value 31 December	1,245,488	1,199,678
Market adjustment	<u>72,024</u>	<u>52,964</u>

6 DEBTORS & PREPAYMENTS

	Total 2013 £	Total 2012 £
Trade debtors	46,586	31,183
Prepayments	26,466	42,706
Accrued income	5,280	24,293
UK Public Health Register & UKPHA	10,552	9,649
Staff loans and other debtors	<u>73,166</u>	<u>12,032</u>
Total	<u>162,050</u>	<u>119,863</u>

7 CREDITORS - AMOUNTS FALLING WITHIN THE YEAR

	Total 2013 £	Total 2012 £
Trade creditors	62,572	34,177
Accruals	40,987	48,890
HMRC creditor	28,321	20,176
Subscriptions paid in advance	1,204	1,427
Examination and other fees paid in advance	86,244	68,453
Pension reserve	80,066	82,312
Other creditors		1,991
Grant creditors	<u>108,315</u>	<u>124,910</u>
Total	<u>407,708</u>	<u>382,336</u>

FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2013 (Continued)

8 FUNDS

		Balance at 31/12/2012	Incoming Resource s	Resources Expended	Other Recognised Gains/ (Losses)	Balance at 31/12/2013
		£	£	£	£	£
DESIGNATED FUNDS						
	Note					
Welsh Affairs Committee Fund	a	3,368	6			3,374
Scottish Affairs Committee Fund	a	56,129	51	(3,023)		53,157
UK Public Health Association	b	5,724				5,724
Littlejohn Gardner Prize Fund	z	6,293		(217)		6,076
Alwyn Smith Prize Fund	z	952		(8)		944
Wilfrid Harding Faculty Prize Fund	z	3,002		(300)		2,702
Cochrane Prize Fund	z	17,484		(250)		17,234
BACP Travelling Fellowship	z	5,124				5,124
O'Brien Prize Fund	z	345		(216)		129
June & Sidney Crown Award	z	9,114				9,114
Ann Thomas Prize Fund	z	1,772		(100)		1,672
The McEwen Award	z	3,130		(108)		3,022
Trading account			500	(184)	1,437	1,753
Total		112,438	557	(4,406)	1,437	110,025
EXPENDABLE ENDOWMENT FUNDS						
DARE Lecture Fund	c	25,243	1,322	(3,207)	44	23,402
Total		25,243	1,322	(3,207)	44	23,402
RESTRICTED FUNDS						
Transfers						
Prize funds						
Prize Funds (current element)	z	2,855		(100)		2,755
Sian Griffith Prize Fund	z	1,360				1,360
Trainer of the Year Award	z	250				250
Sam Ramaiah Prize Fund	z	9,500				9,500
Elizabeth Russell Prize Fund	z	32,739		(250)		32,489
HOAD Fund		439		(439)		-
Health, policy and advocacy						
Action on Climate Change	d	10,000				10,000
Mental Health - Thinking Ahead (Natural England)	e	2,257				2,257
Mental Health Project	f	12,690		(4,757)		7,933
Production of a guide on the Role of the Director	g	17,556				17,556
Education & training						
Grant to support College Training activities	h	12,500				12,500
Promotion of FPH Examinations Overseas	i	5,756				5,756
Public Health Training in Clinical Specialities (2)	j	200,000		(24,806)		175,192
Public Health Education & Training Support	k	20,000				20,000
Professional standards						
Speciality Advisor Training Project	l	13,769		(53)	(13,716)	-
CPD Fund	m	13,237		(3,363)		9,874
Revalidation Communication Activities	n	5,452				5,452
Meeting Costs	o	5,850		(289)		5,561
Revalidation - Multi-Source Feedback Pilot Project	p	14,781		(1,800)	(12,981)	-
Revalidation Programme- multidisciplinary	q	155,324	5,000	(69,016)		91,308
International						
Phire Project	r	10,204	28,973	(39,177)		-
Providing Mechanisms to Develop Capacity on Social Determinants of Health - Import International Learning	s	30,476				30,476
Corporate						
Royal College Fund	t	3,529				3,529
Total		580,524	33,973	(144,053)	(26,698)	443,746

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2013 (Continued)**

8 FUNDS (continued)- Notes

a	Welsh and Scottish Affairs Committee Funds	Funds held on behalf of Welsh and Scottish Affairs Committees
b	UK Public Health Association	Funds held on behalf of Public Health Association
c	Dare Lecture Fund	Set up to fund annual lectures- the lecture was held at the Scottish conference in 2012
d	Action on Climate Change	Grant provided by the Department of Health
e	Mental Health - Thinking Ahead (Natural England)	Grant provided by Natural England
f	Mental Health Project	Grant provided by Department of Health
g	Production of a guide on the Role of the Director	Grant provided by Department of Health
h	Grant to support College Training activities	Grant provided by the Academy of Royal Colleges
i	Promotion of FPH Examinations Overseas	Grant provided by the Department of Health
j	Public Health Training in Clinical Specialities (2)	DOH fund to set up a programme of work around dual accreditation. Includes engagement with partner Royal Colleges, the commissioning of an educationalist and developing policy papers.
k	Public Health Training in Clinical Specialities (2)	Extension of above
m	Public Health Education & Training Support	Grant provided by the Department of Health
l	Speciality Advisor Training Project	Grant to aid the provision of FPH's duty of cooperation, to provide specialty specific advice for appraisal and revalidation. This has included training events for advisers.
m	CPD Fund	Grant provided by the Academy of Royal Colleges
n	Revalidation Communication Activities	Grant provided to assist with dissemination of advice/news regarding revalidation, including PH specialty specific guidance. Includes regular pieces in newsletters, production of handbook and development of webinars.
o	Meeting Costs	Grant provided to assist with delivery of meetings commissioned by Department of Health, including meetings of the Public Health Workforce Advisory Group
p	Revalidation - Multi-Source Feedback Pilot Project	Pilot of two different multi-source feedback (MSF) systems, an essential requirement of revalidation, run in tandem with other revalidation pilot projects.
q	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.
r	Phire Project	The objective of PHIRE is to contribute to the improvement of public health knowledge and practice across the European Union by assessing the impact and uptake of the first Public Health Programme (PHP) and structuring information on public health research. FPH is one of eight implementation partners working in cooperation with EUPHA sections and member associations.
s	Providing Mechanisms to Develop Capacity on Social Determinants of Health - Import International Learning	Fund provided by the Department of Health
t	Royal College Fund	Grant provided by the NiDOF to assist FPH achieve Royal College status.

FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2013 (Continued)

8 FUNDS (continued)-z-Prize funds

Littlejohn Gardner Prize Fund Alwyn Smith Prize Fund Wilfrid Harding Faculty Prize Fund Cochrane Prize Fund BACP Travelling Fellowship O'Brien Prize Fund June & Sidney Crown Award Ann Thomas Prize Fund The McEwen Award Sian Griffith Prize Fund Trainer of the Year Award Sam Ramaiah Prize Fund Elizabeth Russell Prize Fund	Award for excellence in examinations held by FPH 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 Awarded biennially to a member judged to have made the most outstanding contribution to FPH Awarded to undergraduate students to support educational activities in public health medicine Awarded biennially to assist trainee members of FPH undertake educational travel, normally outside the UK Award for excellence in examinations held by FPH Award to assist trainee members of FPH gain experience or further training outside the UK Award for excellence in examinations held by FPH Award for excellence in examinations held by FPH Award to assist FPH members gain international experience, particularly in low and middle income countries. Presented to the trainers adjudged to have contributed most to the training programme Award for excellence in examinations held by FPH Award created by the Scottish committee and transferred in 2011
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9 ANALYSIS OF ASSETS

	Unrestricted	Designated	Endowment	Restricted	Total
	£	£	£	£	£
Fixed assets;					
Tangible assets	7,254				7,254
Investments	1,180,994	22,891	41,603		1,245,488
Current assets	807,903	87,134		443,746	1,338,783
Current liabilities	(390,506)		(18,201)		(407,708)
Total assets	1,606,644	110,025	23,402	443,746	2,183,817

10 TRANSFERS BETWEEN FUNDS

A review of restricted funds identified pre-2013 grant-funded expenditure that had been previously been included in unrestricted costs. This sum, totalling £26,698 has now been transferred into unrestricted funds to reimburse the costs.

11 TRUSTEES' REMUNERATION AND EXPENSES

No trustees received remuneration during the year (2012: Nil).
 Travelling and subsistence expenses of £22,166 were reimbursed to 26 Trustee Board Members in 2013. (2012: 26 trustees reimbursed £22,012)

12 AUDITORS REMUNERATION

	2013	2012
	£	£
Audit fee	14,340	14,720
Under accrued in previous year	2,450	-
	16,790	14,720

13 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

	2013	2012
	£	£
Other commitments per annum- expiring within one year	-	-
expiring 2-5 years	17,752	17,752
expiring greater than 5 years	-	-

Appendix 1

Board Members

Between 1 January 2013 and 31 December 2013

Officers

President	DAVIES, Lindsey (to June 2013) Ashton, John (from July 2013)
Vice Presidents	MIDDLETON, John JESSOP, Edmund
Registrar	HAWKER, Jeremy (to June 2013) SHERIDAN, Peter (from July 2013)
Assistant Registrar	SHERIDAN, Peter (to June 2013) IQBAL, Zafar (from July 2013)
Academic Registrar	WEBSTER, Premila
Assistant Academic Registrar	MASON, Brendan
Treasurer	WILLIAMS, David

Elected Members

General Board Member	HARVEY, Ian (to June 2013) CAPEWELL, Simon (from July 2013)
General Board Member	HILL, Alison (to June 2013) PAUL, Ash (from July 2013)
General Board Member	RAO, Jammi (to June 2013) STEPHENS, Imogen (from July 2013)
Local Board Member, London	PRICE, Sarah
Local Board Member, North West	LUCY, John (to June 2013) SEDDON, Daniel (from July 2013)
Local Board Member, South Central	GRAY, Ronald
Local Board Member, West Midlands	IQBAL, Zafar (to June 2013) AHMED, Aliko (from July 2013)
Local Board Member, South East Coast	BRUCE, Margaret
Local Board Member, East Midlands	TOMLINSON, John
Local Board Member, East of England	LIPP, Alistair
Local Board Member, North East	BEENSTOCK, Jane

Local Board Member, Yorkshire and the Humber	TAYLOR, Andrew
Local Board Member, South West	RAE, Margaret
Local Board Member, Scotland	CRIGHTON, Emilia
Local Board Member, Wales	MONAGHAN, Stephen
Local Board Member, Northern Ireland	WALDRON, Gerry

Ex Officio Members

Royal College of Physicians, London	THOMPSON, Sir Richard
Royal College of Physicians & Surgeons, Glasgow	DE CAESTECKER, Linda
Royal College of Physicians, Edinburgh	FRASER, Andrew (to August 2013) WATSON, Lorna (from September 2013)

Co-opted Member

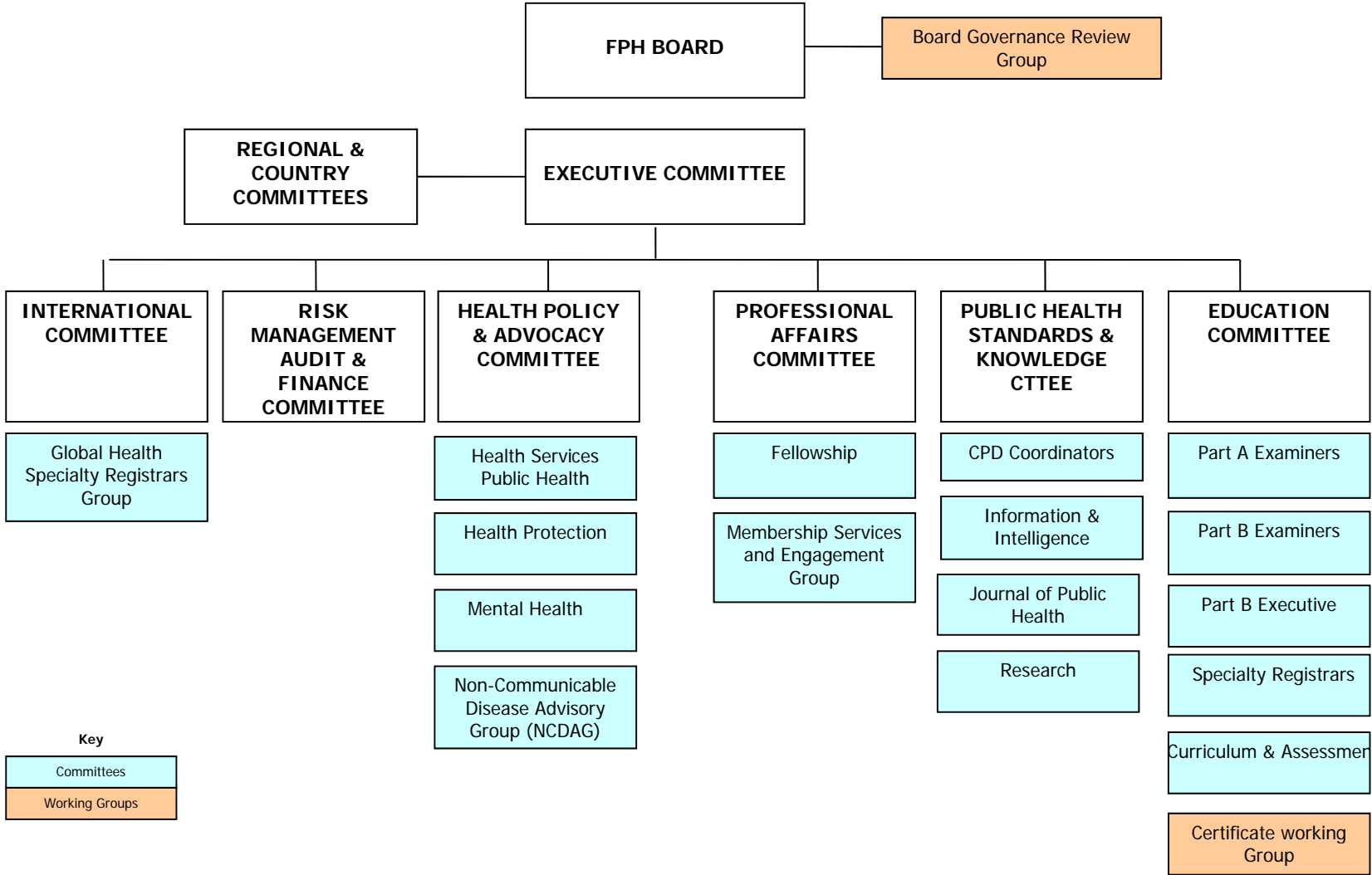
Chair, Specialty Registrars Committee	FARMER, Siobhan
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Observers and lay members*

President, ADPH	ATHERTON, Janet
President, PHMEG	MILLERSHIP, Sally
UKPHR Representative	HARRIS, Fiona (to June 2013) KIDNEY, David (from July 2013)
Chair, HOADS	RAINE, Rosalind
UKPHA Representative	BEAL, John
Risk Management Adviser	WILLIAMS, Keith
Chair, FPH International Committee	TROOP, Pat (to November 2013)
Lay member	DICKINSON, David (to October 2013) CARRIER, John (from November 2013)
Lay member	UNERMAN, Sandra
Lay member	STRONG, Liam (to June 2013) STOTT, Adrian (from November 2013)

*Observers and lay members are not FPH trustees.

Appendix 2 FPH 2013 Committee Structure



Appendix 3

2013 FPH Prize Winners

Alwyn Smith Prize – Professor Mark Bellis

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

Wilfrid Harding Prize – Dr Rob Cooper & Professor David Strachan

This prize, which is awarded biennially, was established by Dr and Mrs Wilfrid Harding for effort and achievement on behalf of FPH (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 – Mr Graham McIlroy

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.

Littlejohn Gairdner Prize – Dr Philip Conaglen and Dr Alexandra Stirling

This prize instituted by Dorothy Hedderwick, is awarded 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.

Michael O'Brien Prize – Dr Chin Chin Yeung & Dr Erlend Aasheim

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

McEwen Award – Dr Adam Briggs

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 – Ms Jennifer Dodds

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

Ann Thomas Prize – Mr Sion Lingard

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

Appendix 4

Devolved Country Reports

Scotland

The 2013 Scottish Annual Public Health Conference “Making Scotland a Healthier Place” was held in Dunblane on 7 and 8th of November and was attended by over 300 delegates. The preparation was overseen by a Conference Steering Group chaired jointly by Drs Linda de Caestecker and Hazel Henderson. The Conference focused on the evidence of interventions like investment in early life and in particular in early childhood developmental programmes; social justice; environmental modifications; physical activity and nutrition that would create and facilitate a healthier place. The Conference was addressed by the Minister for Public Health Mr Michael Matheson and by the Chief Medical Officer for Scotland Dr Harry Burns.

During 2013 the Committee of the Faculty of Public Health in Scotland met on three occasions: 26th February, 15th May and 17th September at the Royal College of Physicians & Surgeons, in Glasgow. The Committee considered matters related advocacy, professional standards and regulation and had debates about the possible implications on the public sector and public health of policy changes like the Health and Social Care Integration and on the impact for Public Health in Scotland following a ‘Yes’ vote in the Scottish Referendum.

The AGM was held during the annual conference in Dunblane on 7th November 2013 and was attended by

both the Faculty President Dr John Ashton and the Chief Executive Mr David Allan. The 15th of May Committee meeting was attended by the President, Prof Lindsay Davies. On these occasions the Scottish Committee discussed the vision and strategic direction for the Faculty in the context of divergent UK health policies.

Dr Emilia Crighton

Wales

The Faculty in Wales (FIW) Committee meets 3-4 times per year. It has recently updated its constitution as a result of a regular review and also to take account of the geographical and other changes inherent in the 2009 NHS reorganisation in Wales.

The adoption of the new constitution by the committee also enabled the opportunity to be taken to hold a regular re-election to refresh the membership of the committee. This election took place recently, with considerable interest / numbers of nominations and a new committee has been elected which has met on one occasion so far.

This first meeting of the newly elected committee was chaired by the outgoing Local Board Member for Wales (Dr Stephen Monaghan) who after two terms is not eligible for re-election and now hands over the reins as chair of the FIW Committee to Dr Hugo Van Woerden who has been elected as the new Local Board Member for Wales.

The October 2009 NHS Reorganisation in Wales has bedded down and the Welsh public health system comprising Welsh Govt, Public Health Wales and the 7 Directors of Public Health is well established.

The Welsh Government has recently issued a Public Health White Paper which is currently out to consultation as a prelude to potential public health legislation mainly centred upon aspects of lifestyle and health behaviours. In parallel, a consultation is also taking place regarding a potential Future Generations Bill which was originally referred to as a Sustainable Development Bill and which will apparently include a more overarching ecological view of public health.

The Faculty in Wales is a centrally involved collaborator within a newly inaugurated initiative on obesity - alongside other Colleges / Faculties - under the umbrella of the Academy of Medical Royal Colleges in Wales.

Dr Stephen Monaghan

Northern Ireland

Undoubtedly the highlight of the year was the reactivation of the Stephenson Prize for Public Health Registrars in Northern Ireland. All our Registrars submitted entries evidencing the wide breadth of their work in all domains of public health. The top three entries were presented in front of a live audience in an event which also allowed the other entrants to showcase their work in the innovative form of "two minute magic".

Joint meetings between our trainees and their counterparts in the Republic of Ireland continued and were further developed in the form of an inaugural "All Island Public Health Registrars' Prize" where the three Stephenson Prize winners went head to head with the top three from a similar competition in the Republic. Congratulations to Mary Dallat who won both the Stephenson and All Island Prizes with her innovative work on evaluating the public health benefits of an Urban Greenway project in Belfast.

The Northern Ireland Affairs Committee (NIAC) again co-sponsored the Annual Scientific Meeting of the Public Health Agency the theme of which was Older People. NIAC is also involved in the forthcoming conference in June whose theme is Diversity in Public Health.

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

Finally we pay tribute to Liz Reaney and Stephen Bergin who are stepping down as CPD Co-ordinator and Faculty Advisor respectively after years of dedicated service to Faculty Members in Northern Ireland.

Dr Gerry Waldron

Appendix 5

Speciality Registrar Report

Introduction

The Specialty Registrars' Committee (SRC) is a sub-committee of the Faculty of Public Health Education Committee and represents the interests of specialty registrars in public health from across the UK. It is made up of representatives from the 4 home nations (9 regions of England; Northern Ireland; Scotland and Wales) and Defence Medical Services as well as additional co-opted members representing registrar interests (such as the BMA and non-medical unions). We have produced a more detailed report, which offers additional detail on the work that the SRC has been involved in - at both regional and national levels – and demonstrates just how much is being achieved by registrars across the UK.

Update on SRC workstreams 2012/13

In 2012/13 we developed a Career Profiles report which summarises careers stories from a variety of public health specialists working in a diverse range of settings.

SRC workstreams 2013/14

One of our main outputs from 2013/14 will be a national induction pack available to new registrars from August 2014. We have worked closely with the Faculty as well as using existing induction material

from each of the regions to create a comprehensive and consistent guide to specialty training, relevant to registrars across the UK.

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

- Developing a registrar conference as part of the extended Faculty conference coming up in July 2014.
- Playing a key role in the curriculum review process.
- Improving the standards of training through the GMC examinations and data gathering consultation, St3 Entry to training and the introduction of the CCT fee.
- Improving network links for registrars through planning regional meetings with the FPH President and meeting Japanese and Iraqi Delegations on their visits to the Faculty.
- Contribution to the “Educating for Sustainable Healthcare”, “The Shape of Training Review” and the “Junior Doctor Contract” consultations.
- Contributing to Faculty development through the CEO recruitment, Board Away Day and FPH Strategy Development.

Highlights from the Regional Reports

East of England: impressive academic involvement and publications including a chapter for a book on public health careers, which three registrars have co-authored, writing about working in public health in a local authority setting.

East Midlands: actively identifying training needs, commissioning courses and evaluating their effectiveness through Health Education East Midlands.

London, Kent, Surrey & Sussex: participation in the EUGISMET PREV programme – a European Union funded exchange programme that aims to increase understanding of the structure and practice of public health in Europe.

North East: registrars working at the implementation of alcohol screening and brief interventions (ASBI) in secondary care – and being short listed for the NICE shared learning awards for 2013.

North West: the North West Quality Group is developing a guide for Registrars approaching completion of training, to help them navigate the complicated process of registering as a consultant.

Northern Ireland: launching the An All-Island of Ireland Public Health registrar prize aimed at encouraging cross border collaboration in Ireland on issues relating to Public Health Medicine and which will hopefully enhance partnerships across the country in the future.

Scotland: strong registrar involvement in the FPH Scotland Conference with registrars presenting posters and parallel sessions on a broad range of work, including lessons learned from an HIV look-back and dealing with radioactive land contamination.

South West: the on-line platform Huddle that was instigated and led by registrars as a tool to facilitate file sharing, discussion forums, journal clubs, group consultations and communication between the training programme team, has been growing from strength to strength.

Wales: publication of the inspiring Welsh edition of PH1 which paid homage to the legacy of Welsh born Aneurin Bevan. He wanted to 'Tredegarise' the UK when introducing the NHS in 1948 (in 1890 this South Wales town saw the establishment of the Tredegar Workmen's Medical Aid and Sick Relief Fund - the model later used by Bevan).

West Midlands: the organisation of mock consultant interviews for those coming up to CCT arranged with support from the TPD and consultants who played the part of the interview panel.

Yorkshire and The Humber: organising a 'Training Amnesty Conference' where all supervisors, registrars, and others who have supported the training programme over the years were invited to review the programme delivery in our region.