



**FACULTY OF
PUBLIC HEALTH**

2016 Annual Report

Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

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Foreword by the President

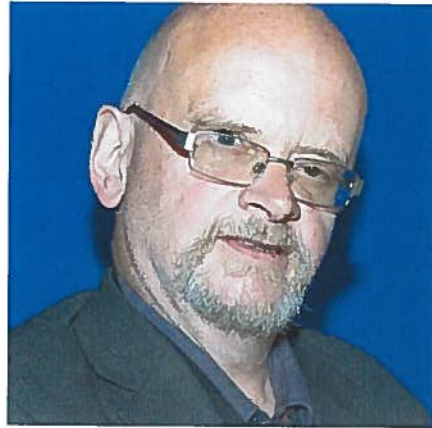
Welcome to the Faculty's Annual Report for 2016-17.

First off, I would like to pay tribute to the Faculty staff who have made me very welcome in my first year and for their extraordinary commitment, hard work and good humour.

It has been an unprecedented year in global political terms which threaten the public's health at home and across the world. It has been a year for me in which it has been necessary to build and cement relationships with colleagues across the public health systems, in the UK, in Europe and across the globe. There have been setbacks and uncertainties for public health colleagues wherever they are. We are all in the trenches together - we must make sure we are all firing in the same direction

I have been active visiting all parts of the United Kingdom - I have now met with virtually all the regional Associations of Directors of Public Health and with the Presidents of the Academy of Medical Royal Colleges and Faculties. I have met with many of the representative bodies of local government. We have had in depth discussions with colleagues in Belfast, Cardiff and Edinburgh and instigated 'deep dive' Board level features for the four nations of the UK.

Other public health colleagues expect us to deliver our unique role as standard setter for specialist public health. I believe our new curriculum is a major asset and I am grateful to Academic Registrar, Brendan Mason, and Assistant Academic Registrar, Suzanna Mathew, for the hard work they have done



on this with the Faculty staff. Getting the Part A exam approved by our regulators was a major achievement. Farhang Tahzib has been moving forward the ethics and values aspects of our curriculum with Prof John Coggon and other academics around the country. I have asked Brendan Mason to develop a similar programme on the personal effectiveness strand of our curriculum.

In my election statement, I said I wanted us to come together as a coherent public health community, taking common positions in public, issuing single or joint statements and holding our differences in private. I believe we need to do much more collectively, as a public health voice. The 'Taking a new line on drugs' report with the Royal Society for Public Health was, I hope, the first example of many. We submitted joint evidence to the Health Select Committee on the implications of Brexit for the public's health.

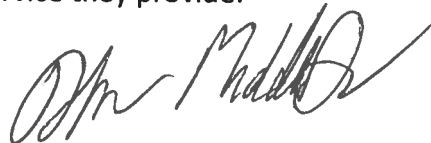
There have been notable successes in media and advocacy work on obesity, where the public health community was united in its condemnation of the watering down of the child obesity plan and the avoidance of marketing controls. It seems the government collusion with protecting advertising jobs

condemns children to a lifetime of over consumption and a premature death. Our Vice President for Policy, Simon Capewell, has been active across a range of related fronts on obesity, sugar and diet. We have been strongly involved in the renewed concerns about air pollution and particularly around diesel. Our Local Board Member, Patrick Saunders, was a key contributor to the report 'The air we breathe' by the Royal College of Physicians of London and the Royal College of Paediatrics and Child Health, which fired off the campaigning. We marked the 60th anniversary of the Clean Air Act with the publication of our report on the health effects of cars - thanks to Lucy Saunders and colleagues on that one. In 2017, we mark the 10-year anniversary of the ban on smoking in enclosed public places. It is important to note there is still much to do building on this great success for the public's health. In January, I wrote with ADPH President, Andrew Furber, asking for publication of a new tobacco control strategy. We still wait...

The Faculty itself has undergone a period of reshaping and rebuilding. We are close to sealing the incorporation of the Faculty as a charity and independent company limited by guarantee. We have instigated changes in the business and conduct of our Executive and Board. I believe my Board colleagues have come together in a very coherent way, each bringing their own skills and interests for the

collective benefit of the Faculty. Our equality and diversity work continues across all arms of the Faculty's business. I would particularly thank our Chief Executive, David Allen, for his tireless work sorting the governance and business conduct of our Board and Faculty. Thanks also go to demitting officers Meradin Peachey, Peter Sheridan and Zafar Iqbal for their hard work on behalf of the Faculty and a welcome to incoming Registrar, Maggie Rae.

This year marks the 75th anniversary of the Beveridge Report. Written in 1942, in the very depth of the Second World War, it was the blueprint for the modern welfare state which was to banish the 'five great evils' - want, idleness, ignorance, squalor and disease. That there could be such vision, such optimism at such a time of great despair, should be a beacon of hope for us all and give us the resolve to continue our fight to improve the health of the public - locally and globally. Where there is no vision the people suffer. I hope, I expect, everyone involved in improving the health of the public to provide the vision and continue the great public service they provide.



John Middleton
President

Introduction by the Chief Executive

The commitment and support our trustees and membership give to the work of your professional body never ceases to amaze me: it is truly inspirational and often goes unrecognised. So, unashamedly, I begin this introduction with a huge thank you to all who give their limited free time to support and enhance the delivery of our strategy and business plan – as advisors, assessors, examiners, educational supervisors, peer reviewers, editors, trustees, committee and special interest group members – and many other roles. I have always maintained that for FPH to be a truly effective organisation we need to harness – and grow – this energy and expertise, and it has been a pleasure to participate in this under the leadership of John Middleton.

It has been incredibly helpful to meet so many members and partners in the programme of visits that the President and I have made across the UK this year. There is no replacement for getting out there and hearing things first hand, and our visits to Scotland, Wales and Northern Ireland, as well as the regions of England, have all been informative and engaging.

I also want to pay tribute again to the team at 4 St Andrews Place, who have not only maintained an excellent record in service delivery this year, but supported each other brilliantly during a significant period of change, with a number of colleagues leaving and even more joining FPH to help deliver our new plans. Thank you all.

But 2016 will surely go down as a turbulent political year by anyone's standards. The President and I – and many others – have written about the implications of the EU Referendum results in June 2016 – as well as the changes in the USA under President



Donald Trump, the war in Syria and changes to the political establishments in many European countries with a rise in populist, right-wing politics. They are all significant developments and areas where the public's health is at risk.

FPH's work on the EU referendum is notable: we were amongst the very few agencies who began our thinking in 2015, commissioning an analysis of the potential impact of both possible outcomes of the referendum. We canvassed support from other colleges, public health partners and across the wider sector, consulted our membership to gain your perspective, published a report before the referendum and achieved significant coverage across the media. In the event of course, we have found we have much more to do – and have continued to attempt to place health higher up the agenda for the Brexit debate.

At a UK level, we have been active in other areas of policy development and influence – on sugar taxation, use of illicit drugs, air pollution, violence and many others and again we have responded to significant

consultation exercises across the public health agenda.

As the austerity agenda continues to bite on public services – particularly but not exclusively in England - we have seen and championed examples of good practice whilst arguing strongly for protection of public health investment in interventions we know generate huge returns on investment.

The development of the FPH annual conference continued in Brighton in 2016, with more delegates, partners and exhibitors than in previous years. I am grateful to all our partners and collaborators in Brighton for their wonderful local support – memories of the samba dance troupe will stay with me for some time!

On the global stage, FPH continued to play an active role both in Europe (through our membership of ASPHER, EUPHA and EPHA) and further afield through the World Federation of Public Health Associations and our engagement at the American Public Health Association congress in Chicago. Our DfiD-funded capacity-building project in Odisha, India was successfully restructured to deliver in an 18 month time period: sincere thanks to Sushma Acquilla and members of the India special interest group for all their support and hard work in delivering this project.

Planning to support delivery of the new curriculum went well, with the September launch, and we have worked hard with the GMC on developments to our Part A examination, reaching successful conclusion in early 2017.

Our special interest group (SIG) chairs met in late 2016 and the numbers and level of engagement has increased and continues to make steady progress. We now have twenty operational SIGs and more in the pipeline. Internally, our new customer relationship management system has been bedding in

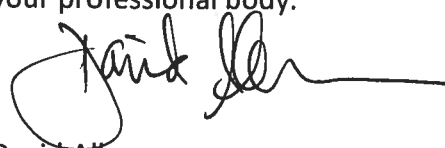
this year and the recent appointment of our “super-user” will ensure that we are able to improve the quality of our membership data and the efficiency of our services.

We continued to experience delays in progress towards incorporation as a company limited by guarantee throughout 2016 – however, through our governance review we introduced new committee terms of reference and a stronger emphasis on delivery for all our committees which is already beginning to yield results.

We took significant action this year in recognising the difficulties our members were experiencing with our e-portfolio service and in preparing for adaptations to reflect the new curriculum. We believe we have made good progress here but recognise there is more to be done.

Plans for 2017 are detailed later in this report, but I would like to flag a few key areas. I see 2017 as an important year in the further development of our membership services and promotion of new membership routes; a year we make improvements to our website and one in which we become an incorporated body – whilst maintaining our strong core services in education and standards. I also see it as an opportunity to refocus our policy agenda and target our campaigning at the issues that matter most to you, our members, and become a truly effective advocacy organisation. I see it as a year where the strong preparation work we have done with our teams and plans begins to pay dividends and we make yet more progress.

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



David Allen
Chief Executive

Achievements and performance 2016

Key achievements linked to strategic priority: Advocacy

Progress the FPH manifesto *Start Well, Live Better*

- FPH led a key inquiry on behalf of the APPG on Health in All Policies, the report of which helped to protect the statutory measurement of child poverty
- FPH was invited to give oral evidence to a number of Select Committees: including on Brexit, childhood obesity, suicide prevention
- FPH was among the very few agencies which began its thinking on Brexit in 2015, commissioning an analysis of the potential impact of both possible outcomes of the referendum
- FPH, as a member of the Obesity Health Alliance Steering Group, helped to secure a levy on sugary drinks
- FPH published key reports on: illicit drug use (with RSPH), mental health (with the Mental Health Foundation) and violence prevention

Key achievements linked to strategic priority: Workforce

Advancing excellence in training, education and examinations

- FPH received formal approval of changes to the standard setting of our Part A MFPH examination from the General Medical Council
- FPH provided two sittings of our Part A exam – 165 candidates, overall pass rate 58.2%
- FPH provided four sittings of our Part B OSPHE exam – 95 candidates, overall pass rate 83%
- FPH became an accredited training centre through Skills for Justice in relation to the new practitioner course

Key achievements linked to strategic priority: Standards

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

- FPH continued to develop its new categories of membership including Practitioner Membership, expanding the criteria to new segments of the profession in 2016
- FPH launched a new category of International Practitioner Membership
- In 2016, FPH opened 148 files for Appointment Advisory Committees
- FPH introduced mandatory use of the electronic diary for CPD returns
- FPH launched a new scheme of CPD accreditation for events and short courses
- FPH commissioned a qualitative research project examining capacity in local public health teams
- FPH's revalidation appraisal process expanded and now has around 110 doctors connected and 14 trained appraisers

Key achievements linked to strategic priority: Knowledge

- The FPH annual conference ‘Public health in a cold climate; melting hearts and minds with evidence’, themed on better mental health and getting evidence into practice, was held over three days in Brighton attracting around 600 attendees and 80 speakers, both national and international
- FPH published four issues of *Public Health Today*, themed on what public health has done for us, arts and culture, sport and physical activity and sustainability - featuring 91 authors from across the health and social care sector
- The *Journal of Public Health’s* impact factor in 2015 stood at 2.019 (latest available figures). During 2016 the average number of monthly downloads rose to 47,390 - a significant increase from 38,000 in 2015

Key achievements linked to global health

- FPH delivered a DfID-funded project to strengthen capacity of the public health cadre in the Indian State of Odisha and to shape public health strategy with the Governments of Odisha and India. The project was led by Dr Sushma Acquilla with support from the India SIG. Work continued into 2017 and was completed in April
- FPH was represented through the Africa SIG, Public Health in Africa (PHA), at the African Federation of Public Health Associations’ conference in Nigeria in September. Professor Aliko Ahmed and Dr Victor Joseph, co-chairs of PHA, have been actively engaged in discussions on the establishment of a Public Health Africa Foundation
- The Pakistan SIG was represented at the 7th annual public health conference of the Health Services Academy of Pakistan in Islamabad in December. Members have engaged with Public Health England to identify how FPH might support its programme to strengthen Pakistan’s compliance with international health regulations

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

- The FPH governance review continued through 2016. Committee chairs met in April to discuss the committee structure – all committees now have revised terms of reference and annual work plans. New committees have been established for quality assurance, communications, remuneration and membership
- Special interest groups continued to grow in number and attract new members
- FPH continued to improve and develop its systems which are being adopted across the organisation. It implemented a new finance and payroll system
- FPH introduced video conferencing for its meetings
- FPH consulted on and implemented a revised employee handbook and appraisal system
- FPH selected a pension scheme to ensure it meets its statutory obligation in relation to auto enrolment

Looking Ahead: Plans for 2017

The Faculty of Public Health will continue working to achieve the strategic priorities set out in the 2015-2019 strategic plan. Whilst the strategic plan is continually monitored and reported against, this year we will look at extending the period covered to 2021.

Advocacy

- Reshape the communications and media function to better deliver against our various organisational priorities
- Reshape our policy team and create and start to deliver up to three programmes of UK-wide influencing activity to drive public health reform with the new Westminster Government
- Support the refreshing of the work plans and activities of the FPH policy committees and special interest groups so that they better support and complement our various organisational priorities – in particular our desire to engage our membership more and grow our income
- Actively support the delivery of a new FPH website
- Refresh our quarterly *Public Health Today* magazine and *Journal of Public Health* to better support and complement our various organisational priorities

Workforce

- Increase membership numbers and revenue in all categories to grow the reach and influence of FPH to support a wider public health community
- Support the development of a fit for purpose specialist workforce trained for the future, by ensuring the curriculum is implemented across the UK, positive feedback is received on the Annual Specialty Report and a 100% success rate is maintained through GMC audited files
- Increase influence of FPH on other medical specialties through the development and delivery of a plan which includes collaboration with other Medical Royal Colleges and the development of an e-learning resource
- Support the public health specialist workforce to feel valued at local and national level and ensure FPH is recognised as a crucial and valuable part of the appointments process - through the delivery of a strategy specifically targeted at strengthening and communicating the value of public health specialists

Standards

- Enable individual public health specialists and practitioners to maintain and improve standards of public health practice through the development of knowledge, skills, attitudes and behaviour through maintaining 95% of CPD returns and satisfactory audits
- Deliver FPH's statutory function for the General Medical Council (GMC)

- Ensure FPH examinations are recognised as reliable and valid by specialty registrars, training programme directors, heads of school and membership through a structured review of policies and a development plan

Knowledge

- Continue to grow the reach and influence of the FPH annual conference and exhibition through increased delegate and speaker numbers and increased revenue
- Increase the circulation of *Public Health Today*, including copy which will be written by and geared towards the newer membership categories
- Increase the readership of the *Journal of Public Health*
- Ensure that FPH speaks from an evidence-informed position and help to focus efforts on getting public health research into practice

Global health

- Develop key priorities for 2017-2018 to support delivery of the FPH global health strategy
- Respond to opportunities to support public health development in lower middle income countries through the government's Prosperity Fund
- Explore opportunities for development and delivery of public health training programmes in the Middle East, in particular Oman and Kuwait
- Explore the establishment of an MOU between FPH and the South African College of Public Health Medicine to support collaborative working

Changes in infrastructure required to meet the above priorities

- Progress towards incorporation of the charity as a company limited by guarantee
- Registration of the new charity with the Charity Commission
- Replace the FPH website and the online members area

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 six 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 2016 are listed in Appendix 1.

Following their election, the trustees are presented with the FPH trustee handbook, given a briefing by the President and given the opportunity to discuss administrative details further at the FPH offices. The trustees are also required to spend time with FPH staff so that they can gain an understanding of how the organisation works.

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

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

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

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

Sub-committees and special committees with a limited lifespan may be appointed by the Board to assist it in any matter. All committees report to the Board via the Executive Committee. The committee structure in 2016 is set out in Appendix 2.

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

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

Objects

The charitable objects of FPH are:

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

Governance Review

As part of the ongoing work to become a charitable company limited by guarantee, FPH previously reported that the membership agreed to adopt Articles and Regulations as proposed by the Board. Members also agreed a minor name change from the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom to the Faculty of Public Health. Unforeseen delays prevented us from completing change related to incorporation in 2016. We now expect to become a charitable company limited by guarantee in 2017.

Resources

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

Key Management Personnel and Remuneration Policy

Chief Executive - David Allen

Director of Education and Professional Standards - James Gore

Head of Business Services - Magdalene Connolly

Head of Policy and Advocacy - Lindsey Stewart to April 2016

Director of Policy and Communications - Angus Baldwin from November 2016

Remuneration policy

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

Cost of living is reviewed in October each year and any amount awarded is backdated to the previous April.

The Board recognises the requirement for a formal remuneration policy. This was implemented in 2016 and a remunerations committee was formed.

Principal Advisers

Bankers

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

Solicitors

Bates Wells and Braithwaite London LLP
10 Queen Street Place
London EC4R 1BE

Auditors

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

Investment Managers

Smith and Williamson
25 Moorgate
London
EC2R 6AY

Treasurer's report

I am pleased to deliver my first report as the Faculty Treasurer. 2016 has proved to be both an interesting and challenging year. The firm foundations laid by my predecessor have been built upon as we seek to achieve our vision of an organisation which helps improve the health of the population, meets the needs of current and future members and maintains financial solvency. We have continued to implement change within the Faculty of Public Health and this is reflected in our accounts. From the financial point of view, FPH completed the year in an expected position relative to our budgetary forecast. The Faculty strategy aims to grow our membership and, in order to develop and market its "offer" to non-obligatory categories of Faculty membership, this has necessitated a planned reliance on using our reserves in 2016.

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

The Board continued its review of subscriptions and charges started in 2015. It decided to introduce the principle of full cost recovery. This has been reflected in the increase of the charge for revalidation in 2017 and is likely to lead to a higher than inflation increase in exam fees in 2018.

The unrestricted deficit for 2016 of £87,046 was a better outturn than that anticipated in the plan. There were three unplanned factors which led to this favourable outcome, but we cannot rely on these factors in future years. The three factors were a marked increase in net investment gains due to favourable stock market movement, a sizeable legacy and

underspending on staffing due to a high turnover of personnel. Whilst the last factor assisted our financial position, it adversely affected our organisational capacity.

Total unrestricted income for 2016 was £1,848,118 which was £18,450 ahead of the previous year. The membership income over the year has been stable. However, our forecast over the next few years is that a small decline in traditional membership numbers may occur, potentially adversely affecting our main current source of income. In addition to our aforementioned plan to increase membership categories and therefore income, we also have plans to increase income from other sources including courses, conferences and legacies. There is not yet much evidence in the accounts of a clear positive trend in these activities. I would anticipate that financial benefits from these actions will be delivered in 2018 and beyond.

FPH continues developing additional areas of work, in line with our core objectives.

Financial Summary

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

Overall receipts for member services are slightly down over the year.

As in the previous three years, we have benefited from an improving investment position in 2016. The investment position in

2017 is difficult to forecast especially due to the uncertainty caused by "Brexit".

It is intended in 2017/18 to develop our ethical investing policy. It is expected that we will be able to achieve a "greener" investment portfolio without an adverse impact on the return on our investments.

The overall deficit amounted to £40,254, an improvement on last year. This is reported in the two columns on the far right of the Statement of Financial Activities.

Investments

Our investments are managed by Smith and Williamson Investment Managers. In accordance with our standard practice we will tender for our auditors in 2017.

The key objectives of the FPH investment policy are:

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

Unrestricted investment income in 2016 was £35,552 and the total return on investments was 14.1%.

Free Reserves

Unrestricted funds at 31 December (including designated funds of £145,410 and excluding functional assets of £98,577) totalled £1,276,840 representing 7.5 months of normal operational expenditure and 70% of yearly unrestricted turnover.

The FPH reserves policy states that the level of reserves should represent a minimum of four months of expenditure and a maximum of 12 months' unrestricted turnover.

Other reserves

The following amounts were held at 31 December 2016;

Restricted funds	£296,688
Endowment funds	£32,023

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

Risk Management

The Risk Management, Audit & Finance Committee (RMAFC) continues to manage risk for FPH and regularly reviews the risk register. All high risk items were monitored closely throughout the year.

Committee Issues

The RMAFC has developed a comprehensive work plan which is RAG rated. Achievements include updates to the website and introduction of automated direct debits. A task and finish group has been set up to review Faculty prizes. A Remuneration Committee was set up in 2016.

VAT

From 2016, FPH has been VAT registered.

Audit

Crowe Clark Whitehill LLP audited FPH activities in 2016. The audit statement is attached to the financial statements that follow. RMAFC recommends in accordance with our standard practice that we tender for our auditors in 2017/18.

Thanks

Finally, I wish to pay credit to the support I have received from Faculty staff and the members of the RMAFC.



Ellis Friedman
Honorary Treasurer

Statement of Trustees' Responsibilities

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

CHARITY NUMBER 263894

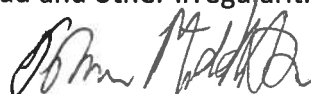
The trustees are responsible for the preparation of the Annual Report and Financial Statements in accordance with the applicable laws and regulations.

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

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

- select suitable accounting policies and then apply them consistently
- make judgments and estimates that are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going-concern basis unless it is inappropriate to presume that the charity will continue to operate
- The trustees are responsible for keeping proper accounting records that are sufficient to show and explain the charity's transactions and disclose with

reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



John Middleton
President

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 2016 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes numbered 1 to 14.

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

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

Respective responsibilities of trustees and auditor

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

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

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

Scope of the audit of the financial statements

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

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

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2016 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Matters on which we are required to report by exception

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

- the information given in the 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

31 May 2017

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

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
STATEMENT OF FINANCIAL ACTIVITIES
FOR YEAR ENDED 31 DECEMBER 2016**

	Notes	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total 2016 £	Total 2015 £
INCOMING RESOURCES							
Donations and legacies		90,000		5,000		95,000	4,904
Charitable activities							
Membership fees and subscriptions		1,120,353				1,120,353	1,111,111
Examination and training fees		222,064		50,450		272,514	282,209
Maintaining professional standards		104,339				104,339	118,867
Public health policy and advocacy International		151,873		52,600		204,473	139,872
Journal of Public Health Income		122,026		69,402		191,428	4,091
		122,026				122,026	133,036
Total income from charitable activities		1,720,655		172,452		1,893,107	1,789,176
Other trading activities		1,911				1,911	1,898
Investment income		35,552	241		1,215	37,008	42,705
TOTAL INCOMING RESOURCES		1,848,118	241	177,452	1,215	2,027,026	1,838,683
RESOURCES EXPENDED							
Investment management fees		10,911				10,911	10,868
Charitable activities							
Grants and prizes		2,635	1,412	1,075	410	5,532	9,871
Examinations and training		664,751		53,009		717,760	686,748
Maintaining professional standards		701,469		21,471		722,940	677,608
Public health policy and advocacy International		555,359		35,035		590,394	545,363
Journal of Public Health costs		19,828		36,827		56,655	23,839
		108,437				108,437	104,909
Total expenditure on charitable activities	2	2,052,479	1,412	147,417	410	2,201,718	2,048,338
TOTAL RESOURCES EXPENDED		2,063,390	1,412	147,417	410	2,212,629	2,059,206
Net gains on investments	6	138,226	2,480		4,643	145,349	29,028
Net (expenditure)/income		(77,046)	1,309	30,035	5,448	(40,254)	(191,495)
Transfers between funds	9r	(10,000)	10,000				
NET MOVEMENTS OF FUNDS FOR THE YEAR		(87,046)	11,309	30,035	5,448	(40,254)	(191,495)
Total funds brought forward		1,317,053	134,101	266,653	26,575	1,744,382	1,935,877
TOTAL FUNDS CARRIED FORWARD AT 31 DECEMBER		1,230,007	145,410	296,688	32,023	1,704,128	1,744,382


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

Notes 1 to 14 form part of the Financial Statements.

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
BALANCE SHEET
AS AT 31 DECEMBER 2016**

	Notes	2016 £	2015 £
FIXED ASSETS			
Tangible assets	4	7,252	7,252
Intangible assets	5	91,325	121,767
Investments	6	<u>1,424,311</u>	<u>1,292,033</u>
		1,522,888	1,421,052
CURRENT ASSETS			
Debtors and prepayments	7	200,113	269,532
Bank balances		<u>402,547</u>	<u>618,044</u>
Total Current Assets		602,660	887,576
CURRENT LIABILITIES			
Creditors - amounts falling due within the year	8	421,420	564,246
NET CURRENT ASSETS		<u>181,240</u>	<u>323,330</u>
NET ASSETS	10	<u>1,704,128</u>	<u>1,744,382</u>
REPRESENTED BY:			
Unrestricted funds		1,230,007	1,317,053
Designated funds	9	145,410	134,101
Restricted funds	9	296,888	266,653
Endowment funds	9	<u>32,023</u>	<u>26,575</u>
TOTAL FUNDS		<u>1,704,128</u>	<u>1,744,382</u>

Approved by the Board and authorized for issue on 22/5/17 and signed on its behalf by:



Dr Ellis Friedman
Treasurer



Professor John Middleton
President

Notes 1 to 14 form part of the Financial Statements.

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

CASH FLOW STATEMENT

FOR YEAR ENDED 31 DECEMBER 2016

	<i>Total funds</i>	<i>Prior year funds</i>
	£	£
Cashflows from operating activities		
Net expenditure for the reporting period per the SOFA	(40,254)	(191,495)
Gains on investments	(145,349)	(29,028)
Depreciation charges	30,442	30,442
Dividends and interest from investments	(37,008)	(42,705)
Decrease/(increase) in debtors	69,419	(201,333)
(Decrease)/increase in creditors	(142,826)	204,070
	<hr/>	<hr/>
Net cash used in operating activities	(265,576)	(230,049)
	<hr/>	<hr/>
Cash flows from operating activities:		
Net cash used in operating activities	(265,576)	(230,049)
	<hr/>	<hr/>
Cash flows from investing activities:		
Dividends and interest from investments	37,008	42,705
Purchase of property, plant and equipment	0	(103,520)
Proceeds from sale of investments	358,163	279,246
Purchase of investments	(345,092)	(265,062)
Net cash provided by/(used in) investing activities	50,079	(46,631)
	<hr/>	<hr/>
Change in cash and cash equivalents in the reporting period	(215,497)	(276,680)
Cash and cash equivalents at the beginning of the reporting period	618,044	894,724
Cash and cash equivalents at the end of the reporting period	402,547	618,044
	<hr/>	<hr/>
Analysis of cash and cash equivalents:	Current year	Prior year
Cash in hand	172,356	133,026
Notice deposits (less than 3 months)	230,191	485,018
Total cash and cash equivalents	402,547	618,044
	<hr/>	<hr/>

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 2016

1. ACCOUNTING POLICIES

- (a) The financial statements have been prepared in accordance with the Charities SORP (FRS102) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.
The financial statements have been prepared to give a “true and fair” view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a “true and fair” view. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.
The charity constitutes a public benefit entity as defined by FRS 102.
In the view of the trustees, there are no material uncertainties casting doubt on the going concern of the charity.
- (b) **Financial Instruments**
The charity has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade debtors, accrued interest and other debtors. Financial liabilities held at amortised cost comprise grants payable and accruals.
Investments, including bonds held as part of an investment portfolio, are held at fair value at the Balance Sheet date, with gains and losses being recognised within income and expenditure.
- (c) Fixed assets with an individual cost exceeding £5,000 have been capitalised, except for computer equipment that is aggregated to £5,000 from 2010. Other assets costing less than £5,000 are included as resources expended in the Statement of Financial Activities (SoFA).
- (d) Depreciation of fixed assets is calculated on cost, on a straight-line basis over five years for computer software and three years for computer equipment and furniture and fittings.
- (e) Investments are stated at market value at the balance sheet date. The SoFA includes the net annual gains and losses arising on market valuation of the investments as at 31 December 2016.
- (f) All incoming resources are included in the Statement of Financial Activities (SoFA) on a receivable basis. Resources not physically received at the end of the financial period are accounted for as part of incoming resources when FPH is legally entitled to the income and the amount can be reasonably quantified and transfer of funds is certain.
- (g) Unrestricted funds are those without limitations attached to their usage and expenditure.
- (h) Designated funds are those set aside for specified projects by the Board, which has authority to amend their use and status.

- (i) Restricted funds are donations given with stipulated terms and conditions that cannot be changed by FPH or its Trustee Board.
- (j) Endowment Funds are perpetual funds where only the income generated from them is used for operational purposes. Capital growth/loss is adjusted to the value of the funds. Authority to change their nature and status lies with the donors.
- (k) Resources expended - Expenditure is recognised on an accruals basis including VAT where not reclaimable). Costs of generating funds comprise costs directly attributable to managing the investment portfolio and raising investment income. Support costs are apportioned on the basis of staff time.
- (l) Service charges for the operating lease for 4 St Andrews Place is charged to the SoFA from charges received from the Royal College of Physicians of London.
- (m) Assets and liabilities denominated in foreign currency are valued at the mid-market rate of exchange rate at the end of the year. Expenditure and Income in foreign currency is recorded at the exchange rate on the date of transactions. Exchange gains and losses arising from these transactions are recorded in the SoFA.

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2016(Continued)**

2 EXPENDITURE ON CHARITABLE ACTIVITIES

Analysis of Expenditure	Direct Employment Costs	Direct Costs	Support Costs	Total 2016	2015
	£	£	£	£	£
Grants and prizes		2,897	2,635	5,532	9,871
Examinations & training	187,230	135,338	395,192	717,760	686,748
Maintaining professional standards	254,731	94,094	374,115	722,940	677,608
Public health policy advocacy	243,985	82,947	263,462	590,394	545,363
International		46,117	10,538	56,655	23,839
Journal of Public Health Costs		100,533	7,904	108,437	104,909
Total	685,946	461,926	1,053,846	2,201,718	2,048,338

Support costs allocation	Total	Grants and prizes	Exams & Training	Professional Standards	Policy & Advocacy	International	Journal of Public Health
	£	£	£	£	£	£	£
Management and finance, including salaries	819,371	2,048	307,264	290,877	204,843	8,194	6,145
Information technology- direct costs	89,295	224	33,485	31,699	22,324	893	670
Governance (see below)	145,180	363	54,443	51,539	36,295	1,452	1,089
	1,053,846	2,635	395,192	374,115	263,462	10,538	7,904

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

Governance Costs	2016	2015
	£	£
Audit and accountancy fees	14,500	18,020
Trustees and members expenses	50,501	52,053
AGM, election and board meeting costs	22,708	16,996
Consultancy costs re Governance review	35,514	36,660
Insurance, legal fees and other costs	21,957	5,225
Total	145,180	128,954

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2016 (Continued)**

3 STAFF COSTS

<u>Staff Costs</u>	2016	2015
	£	£
Salaries	894,347	926,003
Employers national insurance	95,466	97,236
Employers pension contributions	75,310	78,131
Total	1,065,122	1,101,370

Aggregate employee benefits of key management personnel (Chief Executive and Senior Management Team)- representing 5 employees (2015- 4 employees)	333,581	320,705
--	---------	---------

No trustees were remunerated in the year

<u>Staff headcount</u>	N#	N#
Average number of employees earning below £60,000	21	21
Number of employees whose annual salary (excluding pension costs) were between £60,000 and £70,000	1	1
Number of employees whose annual salary (excluding pension costs) were between £100,000 and £110,000	1	1
Total average number of employees	23	23

4 TANGIBLE ASSETS

Cost	IT Equipment and software £	Office Furniture & Equipment £	Donated Items £	Total £
<i>At 1st January</i>	<u>58,816</u>	<u>25,871</u>	<u>4,912</u>	<u>89,599</u>
<i>As at 31st December</i>	<u>58,816</u>	<u>25,871</u>	<u>4,912</u>	<u>89,599</u>
Depreciation				
<i>At 1st January</i>	<u>58,816</u>	<u>23,531</u>		<u>82,347</u>
<i>As at 31st December</i>	<u>58,816</u>	<u>23,531</u>		<u>82,347</u>
Net Book Value				
<i>At 31 December 2015</i>	<u>-</u>	<u>2,340</u>	<u>4,912</u>	<u>7,252</u>
<i>At 31 December 2016</i>	<u>-</u>	<u>2,340</u>	<u>4,912</u>	<u>7,252</u>

5 INTANGIBLE ASSETS

Cost	E-Portfolio software costs £	CRM software costs £	Total £
<i>At 1st January</i>	<u>51,389</u>	<u>100,820</u>	<u>152,209</u>
Additions during the Year			<u>0</u>
<i>As at 31st December</i>	<u>51,389</u>	<u>100,820</u>	<u>152,209</u>
Depreciation			
<i>At 1st January 2016</i>	<u>10,278</u>	<u>20,164</u>	<u>30,442</u>
Charge for the year	<u>10,278</u>	<u>20,164</u>	<u>30,442</u>
<i>As at 31st December</i>	<u>20,556</u>	<u>40,328</u>	<u>60,884</u>
Net Book Value			
<i>At 31 December 2015</i>	<u>41,111</u>	<u>80,656</u>	<u>121,767</u>
<i>At 31 December 2016</i>	<u>30,833</u>	<u>60,492</u>	<u>91,325</u>

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2016(Continued)**

6 INVESTMENTS

	2016	2 015
	£	£
Book Cost		
Cost at 1 January 2016	1,034,338	1,026,962
Additions	345,092	265,062
Disposals	<u>(241,697)</u>	<u>(257,686)</u>
Cost at 31 December 2016	<u>1,137,733</u>	<u>1,034,338</u>
Market Value		
Market value 31 December 2015	1,292,033	1,277,189
Realised from disposals	(358,163)	(279,246)
Additions at cost	345,092	265,062
	<u> </u>	<u> </u>
Adjusted Market Value 31 December 2016	<u>1,278,962</u>	<u>1,263,005</u>
Market Value 31 December 2016	<u>1,424,311</u>	<u>1,292,033</u>
Market adjustment	<u>145,349</u>	<u>29,028</u>

7 DEBTORS & PREPAYMENTS

	2016	2015
	£	£
Trade debtors	-	10,420
Prepayments	63,420	27,052
Accrued income	-	19,164
Staff loans and other debtors	<u>136,693</u>	<u>212,896</u>
Total	<u>200,113</u>	<u>269,532</u>

8 CREDITORS - AMOUNTS FALLING WITHIN THE YEAR

	2016	2015
	£	£
Trade creditors	66,478	71,178
Accruals	147,611	74,576
Tax and social security	10,584	169,063
Subscriptions paid in advance	19,041	28,671
Examination and other fees paid in advance	78,397	72,557
Pension reserve	78,388	91,162
Grant creditors and deferred income	<u>20,921</u>	<u>57,039</u>
Total	<u>421,420</u>	<u>564,246</u>

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2016 (Continued)**

9 FUNDS

		Balance at 2015 £	Incoming Resources £	Resources Expended £	Other Recognised Gains/ (Losses) £	Transfers	Balance at 2016 £
DESIGNATED FUNDS							
	<i>Note</i>						
Welsh Affairs Committee Fund	a	880	2				882
Scottish Affairs Committee Fund	a	52,069	25	(791)			51,304
UK Public Health Association	b	5,724					5,724
Littlejohn Gardner Prize Fund	z	5,976		(100)			5,876
Alwyn Smith Prize Fund	z	944					944
Wilfrid Harding Faculty Prize Fund	z	2,552					2,552
Cochrane Prize Fund	z	16,734					16,734
BACP Travelling Fellowship	z	3,624					3,624
O'Brien Prize Fund	z			(100)		100	
Sir John Brotherton Prize	z			(100)		100	
June & Sidney Crown Award	z	8,114					9,114
Ann Thomas Prize Fund	z	1,472		(100)			1,372
The McEwen Award	z	2,822					2,822
Prize Funds Trading account		3,257	213	(221)	2,480	(200)	5,529
Business Development Fund	q	28,933					28,933
Clifford Hamer Shaw Memorial Fund	r					10,000	10,000
Total		134,101	241	(1,412)	2,480	10,000	145,410
RESTRICTED FUNDS							
<u>Prize funds</u>							
Prize Funds (current element)	z	2,653					2,653
Sian Griffith Prize Fund	z	1,360					1,360
Trainer of the Year Award	z	150		(25)			125
Sam Ramasiah Prize Fund	z	9,000					9,000
Elizabeth Russell Prize Fund	z	32,489					32,489
Lindsey Davies Synergy Fund	z	5,850		(1,050)			4,800
Dr Stewart-Brown Prize Fund	z		5,000				5,000
<u>Health policy and advocacy</u>							
Mental Health - Thinking Ahead (Natural England)	d	2,257					2,257
Mental Health	e		52,600	(35,035)			17,565
<u>Education & training</u>							
Grant to support College Training activities	f	4,078		(2,267)			1,811
Public Health Training in Clinical Specialities	g	121,914		(20,414)			101,500
Public Health Education & Training Support	h	9,430		(9,430)			
Metacompetencies	i	5,461		(330)			5,131
Speciality Training	j		20,450	(17,042)			3,408
WWPH- practitioner training	k		30,000	(3,527)			26,473
<u>Professional standards</u>							
CPD Fund	l	2,681		(101)			2,580
Revalidation Communication Activities	m	3,009		(2,833)			176
Revalidation Programme- multidisciplinary	n	62,792		(18,537)			44,255
<u>Corporate</u>							
Royal College Fund	o	3,529					3,529
<u>International</u>							
Odisha	p		69,402	(36,827)			32,575
Total		266,653	177,452	(147,417)			296,688
EXPENDABLE ENDOWMENT FUNDS							
DARE Lecture Fund	c	26,575	1,215	(410)		4,643	32,023
Total		26,575	1,215	(410)		4,643	32,023

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2016 (Continued)**

9 FUNDS (continued)- Notes

a	Welsh and Scottish Affairs Committee Funds	Funds held on behalf of Welsh and Scottish Affairs Committees
b	UK Public Health Association	Funds held on behalf of Public Health Association
c	Dare Lecture Fund	Set up to fund annual lectures.
d	Mental Health - Thinking Ahead (Natural England)	Grant provided by Natural England
e	Mental Health- PHE	Collaborative agreement with Public Health England sharing good practice in public mental health project.
f	Grant to support College Training activities	Grant provided by the Academy of Royal Colleges
g	Public Health Training in Clinical Specialities	DOH fund to set up a programme of work around dual accreditation. Includes engagement with partner Royal Colleges, the commissioning of an educationalist and developing policy papers.
h	Public Health Education & Training Support	Grant provided by the Department of Health
i	Metacompetencies	Grant provided by the Health Education England
j	Specialty Training	Agreement with DOH to provide e-learning tool for public health specialty training
k	WWPH- practitioner training	Agreement with Health Education Board to scope and develop public health courses for practitioners
l	CPD Fund	
m	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.
n	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.
o	Royal College Fund	Grant provided by the NIDOF to assist FPH achieve Royal College status.
p	Odisha Project	DFID funded project to build specialist public health capacity in Odisha, India.
q	Business Development Fund	Moneys released from past funding agreements to be used for future projects at the discretion of the Trustees.
r	Clifford Hamer Shaw Memorial Fund	Part of legacy received to be used for the production of public health films.
z	Prize funds	
	Littlejohn Gardner Prize Fund	Award for excellence in examinations held by FPH
	Alwyn Smith Prize Fund	Awarded annually to a member or fellow of FPH judged to have made the most outstanding contribution to public health through research or practice in community (public health) medicine
	Wilfrid Harding Faculty Prize Fund	Awarded biennially to a member judged to have made the most outstanding contribution to FPH
	Cochrane Prize Fund	Awarded to undergraduate students to support educational activities in public health medicine
	BACP Travelling Fellowship	Awarded biennially to assist trainee members of FPH undertake educational travel, normally outside the UK
	O'Brien Prize Fund	Award for excellence in examinations held by FPH
	June & Sidney Crown Award	Award to assist trainee members of FPH gain experience or further training outside the UK
	Ann Thomas Prize Fund	Award for excellence in examinations held by FPH
	The McEwen Award	Award for excellence in examinations held by FPH
	Sian Griffith Prize Fund	Award to assist FPH members gain international experience, particularly in low and middle income countries.
	Trainer of the Year Award	Presented to the trainers adjudged to have contributed most to the training programme
	Sam Ramasiah Prize Fund	Award for excellence in examinations held by FPH
	Elizabeth Russell Prize Fund	Award created by the Scottish committee and transferred in 2011
	Lindsey Davies Synergy Fund	The award recognises an individual who has demonstrated a strong commitment to, or success in, collaboration on behalf of FPH with another organisation and has been effective in developing a synergistic relationship as part of an outward-facing approach to driving forward public health objectives. This award has been established by Lindsey Davies, President of FPH from 2011 until 2014
	Dr Stewart- Brown Award	Annual mental health award

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2016 (Continued)**

10 ANALYSIS OF ASSETS	Unrestricted £	Designated £	Restricted £	Endowment £	Total £
Fixed assets:					
Tangible assets	7,252				7,252
Intangible assets	91,325				91,325
Investments	1,349,879		25,964	48,468	1,424,311
Current assets	186,526	145,410	270,724		602,660
Current liabilities	(404,975)			(16,445)	(421,420)
Total assets	1,230,007	145,410	296,688	32,023	1,704,128

11 FINANCIAL ASSETS AND LIABILITIES

	2016 £	2015 £
Financial assets at amortised cost	<u>136,693</u>	<u>242,480</u>
Financial assets at fair value	<u>1,424,311</u>	<u>1,292,033</u>
Financial liabilities at amortised cost	<u>(421,420)</u>	<u>(564,246)</u>

12 TRUSTEES' REMUNERATION AND EXPENSES

No trustees received remuneration during the year (2015: Nil).
Travelling and subsistence expenses of £28,060 were reimbursed to 15 Board members in 2016. (2015: 26 trustees reimbursed £39,506)

13 AUDITORS REMUNERATION

	2016 £	2015 £
Audit fee	14,500	14,000
Fees in relation to tax advice	-	4,020
	<u>14,500</u>	<u>18,020</u>

14 OPERATING LEASES

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

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

	2016 £	2015 £
Other commitments per annum- expiring within one	-	13,314
expiring 2-5 years	-	-
expiring greater than 5 years	-	-

Appendix 1

Board Members

Between 1 January 2016 and 31 December 2016

Officers		Trustee attendance at Board meetings
President	ASHTON, John (to June 2016)	2 out of 2
	MIDDLETON, John (from June 2016)	3 out of 3
Vice President for Policy	CAPEWELL, Simon	4 out of 5
Vice President for Standards	PEACHEY, Meradin	5 out of 5
Registrar	SHERIDAN, Peter	3 out of 5
Assistant Registrar	IQBAL, Zafar	5 out of 5
Academic Registrar	WEBSTER, Premila (to June 2016)	2 out of 2
	MASON, Brendan (from June 2016)	3 out of 3
Assistant Academic Registrar	MASON, Brendan (to June 2016)	2 out of 2
	MATHEW, Suzanna (from June 2016)	2 out of 3
Treasurer	WILLIAMS, David (to June 2016)	2 out of 2
	FRIEDMAN, Ellis (from June 2016)	3 out of 3
International Registrar	SQUIRES, Neil (from June 2016)	2 out of 3
Elected Members		
General Board Member	ATKINSON, Sue	5 out of 5
General Board Member	PAUL, Ash (to June 2016)	0 out of 2
	PACKHAM, Chris (from June 2016)	1 out of 3
General Board Member	STEPHENS, Imogen (to June 2016)	2 out of 2
	RUTTER, Harry (from June 2016)	2 out of 3
Local Board Member, London	WALTERS, Helen (to August 2016)	3 out of 3
	LLOYD, Susan (from Sept 2016)	2 out of 2
Local Board Member, North West	SEDDON, Daniel (to June 2016)	0 out of 2
	EDWARDS, Dymrna (from June 2016)	3 out of 3
Local Board Member, South Central	PARKES, Julie	4 out of 5

Local Board Member, West Midlands	SAUNDERS, Patrick	5 out of 5
Local Board Member, SE Coast	TAHZIB, Farhang	5 out of 5
Local Board Member, East Midlands	TOMLINSON, John (to June 2016) CHALLENGER, Alison (from June 2016)	1 out of 2 3 out of 3
Local Board Member, East of England	LIPP, Alistair	2 out of 5
Local Board Member, North East	SANGOWAWA, Toks	4 out of 5
Local Board Member, Yorkshire & the Humber	HOOPER, Judith	2 out of 5
Local Board Member, South West	PEARSON, Sally	4 out of 5
Local Board Member, Scotland	CAVANAGH, Julie	5 out of 5
Local Board Member, Wales	HUWS, Dyfed (to Sept 2016) JONES, Angela (from Nov 2016)	1 out of 3 1 out of 1
Local Board Member, Northern Ireland	MAIRS, Andrew	4 out of 5

Ex Officio Members

RCP London	DACRE, Jane	0 out of 5
RCP&S Glasgow	CRIGHTON, Emilia	3 out of 5
RCP Edinburgh	WATSON, Lorna	4 out of 5

Co-opted Members

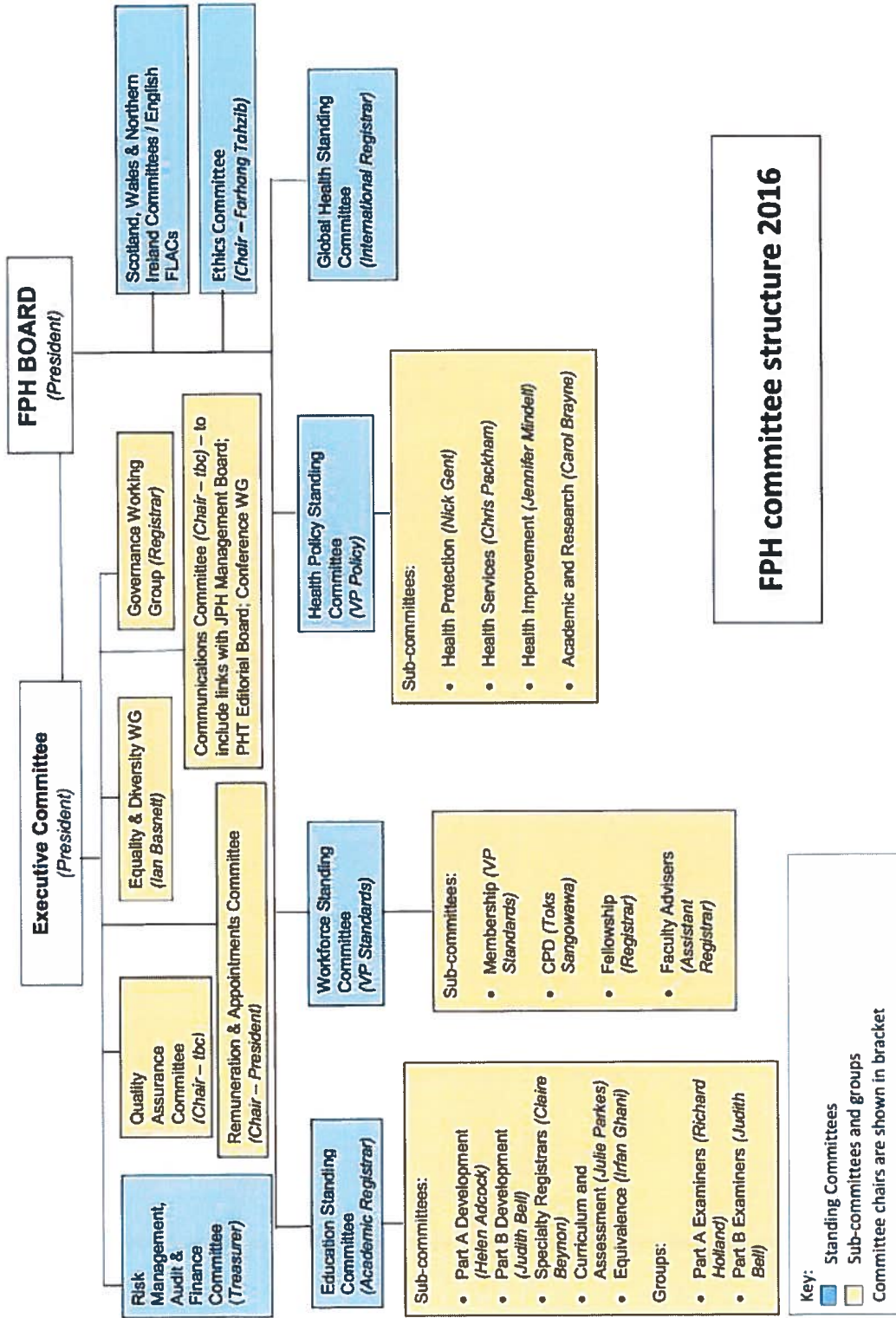
Chair, Specialty Registrars Committee	MCGIVERN, Mark (to March 2016) BEYNON, Claire (from April 2016)	1 out of 1 4 out of 4
Chair, Academic & Research Cttee	BRAYNE, Carol (from July 2016) WILLIAMS, David (from July 2016)	2 out of 2 2 out of 2

Observers and Lay Members*

Risk Management Adviser	MCCLOSKEY, Brian
Responsible Officer	WOODHOUSE, John
Vice President, ADPH	De GRUCHY, Jeanelle
Representative, PHE	GRIFFITHS, Sian
Lay Member	CARRIER, John
Lay Member	STOTT, Adrian (to June 2016)
Lay Member	HORMOZI, Neda (from June 2016)

*Observers and lay members are not FPH trustee

Appendix 2 FPH 2016 Committee Structure



FPH committee structure 2016