



**FACULTY OF
PUBLIC HEALTH**

2017 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 2017.

2017 has again been a tough year for the public's health. We are witnessing growing inequalities in health and growing concern about the levelling off of life expectancy in the UK. We are seeing rising drug-related deaths, poor public mental health, a growth of vulnerability in homelessness, human trafficking and modern slavery, and the growth of violence and intolerance in all its forms. The Grenfell Tower disaster was a talisman for extreme inequality in health - you are 17 times more likely to die in a fire if you are poor. It was also a disaster of housing policy, building regulations and procurement, migrant and refugee policy and of failed emergency and recovery response, still to this day. Globally, we see the growth of political intolerance and nationalism, the easy resort to violent conflict, the mass celebration of overconsumption and overproduction, fuelled by multinational corporations with its consequences for climate change, environmental degradation and human misery.

And it has been a tough year for those of us in public health systems in the UK and around the world who are trying their very hardest to protect and improve the public's health. We know that we can do more to protect health and prevent disease and are frustrated and thwarted in our ability to do this by the loss of budgets, the loss of expertise and capacity, and policy making at national and local level, which often appears intransigent, ignorant or wilfully obstructive. Set against this we have also seen heroic efforts in national and local public health and much to commend and admire in the work of our colleagues and communities.

I have made over 30 key note presentations around the UK, in Europe and at the World Congress of Public Health Associations in Melbourne, Australia. All my presentations can be found on www.slideshare.net (search 'John Middleton'). A highlight for me was to give the 2017 RCP London Milroy lecture.

I have visited all four countries of the UK and sought to build relationships with our colleagues in the Irish Faculty of Public Health Medicine. I have also been active in Europe, as a member of the Executive Council of the Association of Schools of Public Health in the European Region (ASPHER). They are coming to London this June, a testament to the value they place on the role of British public health systems in teaching, training, competence and professionalism. It is also timely as we stumble towards a potentially disastrous departure from the European Union and testimony to their desire to work ever more closely with us, regardless of the difficulties.

The impact of Brexit on our public's health has been one of our two priorities for our policy team; making the strategic case for funding for public health is the other. These priorities have been determined from a major exercise in the early part of 2017. We have recognised that we cannot respond to every policy issue and we must focus our team effort. But we can do much more with the active support of our members. That is what we have seen through our policy committees and through a growing number of active special interest groups. If you are not yet active in these groups I urge you to join up; if there isn't a group that covers your interest, see if you can form one, and if you are active in our Faculty's work - thank you!

This year we have produced the long-awaited workforce strategy which has been widely consulted upon and painstakingly put together. All our work aims to be relevant to the four nations of the UK, but also relevant to other health systems and other nations. Our reassertion of the value and need for specialist public health, combined with the need to grow and create a professional home for public health practitioners, is a universal need, I believe. Our work to regrow health care public health expertise, expand capacity in health protection and emergency planning, and develop capacity in health intelligence are internationally relevant objectives.

In the next year, we will be reviewing our curriculum for 2020-2025. This will be an important stocktake for us. We have seen valuable potential in work on ethics and values and we need to engage in this work more widely and systematically. We are beginning to secure resources for developing the training programmes we need on the personal effectiveness aspects of our curriculum. And we need to ensure we pick up on all the recommendations of the Academy of Medical Sciences report on the Public's Health 2040, to which many of our members contributed. In my final year in office, I shall be leading the development of our 2019-2025 strategy. We will build on major policy and programme developments already in place, including the workforce and membership strategies, our policy priorities and our manifesto statements. We completed a major membership survey in the latter part of 2017 and that is informing every aspect of the work we do. But please contribute your ideas when new opportunities present later this year.

This year the Faculty Board needed to take some tough decisions on our budgetary position. I believe the Board made the right decisions and am proud of the unanimity members showed in arriving at their decision. I expect that our position will be improved this year with further prudent measures and that we will see continued improvements in our offer to members. The new website will be just one of the developments I expect members to value. I expect to leave my successor with a balanced position, but we are not yet out of the woods on the Faculty finances.

A new set of FPH values has been introduced and we have reflected on our member and trustee codes also. We are all in a tough world and we need to be tough. One of the best things about public health is working with people with strong opinions, which often don't match up ... It is vital that we can articulate our differences, without being divided. It is vital that we can blow whistles, but on our professional concerns not our personal prejudices, and without being personally offensive. It's all there in Good Public Health Practice. Look.

Your Faculty has taken significant steps to build alliances and rebuild partnerships in the last year. I have been particularly active with national partners through the UK Public Health Network, the Public Health System Group and the constituent bodies within these. I am keen to grow the relationship between academic public health and service public health and to grow the relationships between those in training and their trainers. After many years of inaction, we have started to grow opportunities for SpRs to undertake valuable project work for the Faculty, through a model which is potentially far more inclusive and effective than the old 'national treasure' model. I remain of the view that the public health community is too fragmented and needs more unity. We can do that through strategy, through shared policies, through shared meetings and conferences, and through shared posts and functions. Ultimately, I think we need to come together as one organisation, a 'college', an 'academy', a 'council' - call it what you will. It will be inclusive of all our multi-disciplinary workforce. It will be a major force to be reckoned with, the

go-to voice of public health expertise and advocacy. We have not yet fully learned that unity is strength. There is more that unites us than divides us. There is no better time to be in public health, and never a time when there was greater need for us!

A handwritten signature in black ink, appearing to read "John Middleton". The signature is fluid and cursive, with the first name "John" and the last name "Middleton" clearly distinguishable.

John Middleton
President

Introduction by the Chief Executive

2017 has been a year of great progress for FPH and there is no mystery as to how this has happened: it is down to the hard work of our members, trustees and staff and our collaborations with key partners and supporters. Thank you all who give your time, energy and commitment to your professional body.

As ever, it has not been without its challenges but I do want to focus on some key developments which I believe are setting the right tone and pace for a truly effective organisation.

Firstly, an update on how we have developed against the priorities I highlighted last year.



A significant change of personnel at No. 4 St Andrews Place has enabled us to begin to tackle some of the strategic and operational challenges we have faced. A new membership team has worked hard to develop a coherent strategy for membership growth and engagement and to begin to improve systems and procedures behind the scenes – work which will continue well into 2018. Our membership survey has given us excellent feedback on what we do well and what we need to do better – and you will hear more about this throughout 2018.

We commissioned a new website and engaged a wide range of stakeholders in its design – and we plan to launch in the first half of 2018, with further improvements coming on stream later in the year.

Our plans to become an incorporated body proved unsuccessful when the Board was unable to agree proposals from our landlord – but we used the process to tackle a number of governance challenges and still have much work to do with the introduction of the new Charity Governance Code.

We successfully refocused our policy and campaigning agenda through engagement with our committees and special interest groups (SIGs), focussing on our Brexit and public health funding campaigns - areas of considerable concern to our members – and have made great strides already in our influence. We also developed and launched a new workforce strategy with significant input from members, trustees and partner bodies, and our SIGs and committees set clear priorities and work plans for the year ahead.

And, of course, our conference in Telford – in collaboration with our partners NICE – proved hugely successful with 600 delegates and over 40 sessions over the two days. Thanks to all who came, presented, chaired, networked, exhibited and enjoyed the experience. We followed this up with a well-attended awards event and DARE lecture at the Royal Society of Medicine – this year given by Professor Mike Daube from Australia – and a registrar induction event in October.

In other developments, we have begun a programme of successful registrar placements within FPH; developed and launched a “jobs board” with opportunities for our members; received

positive feedback on our revalidation services; launched a programme of practitioner workshops and reviewed our strategy for the *Journal of Public Health*. We met with ministers in Scotland and Westminster and engaged in the June snap general election.

The financial position improved considerably by the year end against a significant deficit budget, primarily due to a reduction in staff costs caused by recruitment gaps and the performance of our investments. Again, my thanks to colleagues who supported and provided cover during a challenging period in the first half of 2017. Our plans for 2018 are to move to more balanced budgets and to continue to seek new fundraising opportunities.

The staff team have been active on many fronts but in 2017 we placed particular emphasis on developing a clear set of FPH staff values: we are member-focussed; we strive for excellence; we value each other; we work as one team; we promote learning and development. We have integrated these into our performance review programme and our behaviours – and hope these are on show to all our members: do let us know! We have also invested in staff training and development throughout 2017 and believe this will continue to improve our performance.

On the international stage, it was a huge privilege to be involved in presenting at both the European Public Health Association's conference in Stockholm and at the World Federation of Public Health Associations' congress in Melbourne, where I also represented FPH at their AGM. Our DfID-funded capacity building project in India concluded and our Pakistan and Africa SIGs have been undertaking important groundwork in readiness for collaborative ventures. We also ran a funded scoping visit to Kuwait to review opportunities for developing the public health profession there – and hope to seek further member involvement moving forward.

None of this would have been possible without the leadership and collaborative approach of our President, John Middleton, who has worked tirelessly in building links and developing relationships since his investiture. I have particularly welcomed John's strong support for our UK Public Health Network – which debated "the Right to Health" at a summit in Scotland this year. This network will grow and will become an even stronger force for good public health in the years to come.

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

A handwritten signature in black ink, appearing to read 'David Allen', with a large, stylized initial 'D' and 'A'.

David Allen
Chief Executive

Achievements and performance 2017

Key achievements linked to strategic priority: Advocacy

Progress the FPH manifesto *Start Well, Live Better*

With the arrival of a new Director of Policy and Communications, Gus Baldwin, at the end of 2016, the last year has been primarily about two things: firstly, rebuilding and re-energising the Policy and Communications Team and, secondly, establishing a different way of seeking to influence national public health policy, one built more obviously around engagement with our members, with a clearer strategic purpose, and with a new expectation that what we do should have more influence over national government policy. Specifically, this has involved:

- Filling all outstanding vacancies in the Policy and Communications Team and setting in place a new programme of team development, retention and growth. We have invested time and resource in personal and team development to ensure that we are continually developing our team's skills, offering opportunities for career progression, and making the team a motivated and friendly place to work.
- Leading on the development of a new FPH Registrar Projects Scheme, building valuable capacity within the team and supporting the development of specialty registrars as they progress through their training scheme.
- Carrying out a six-month membership consultation process in the first half of 2017, leading to the prioritisation of the Policy and Communications Team's campaigning agenda around two 'lead' campaigns – one on Brexit and one on public health funding.
- Establishing the 'infrastructure' required to manage these two lead influencing projects well. Alongside reaffirming and strengthening relationships with key stakeholders in the public health community, this has involved setting up new project groups made up of FPH staff and registrars supported by two new advisory boards of senior expert FPH members to provide oversight and strategic guidance.
- Launching the #DoNoHarm campaign to seek an amendment to the EU (Withdrawal) Bill. In January 2018 the new advisory boards signed off three-year plans for both campaigns with implementation starting immediately with the launch of #DoNoHarm.
- Actively seeking out FPH membership involvement in both influencing campaigns. Alongside the new formal project structures, both campaigns are setting up informal groups of interested members to act as campaign champions and 'sounding boards' in the development of new policy ideas.
- Running, at short notice, a focused campaign during the snap General Election in June 2017 aimed at raising awareness of our public health priorities amongst the main political parties' health teams and influential prospective parliamentary candidates.
- Alongside the work of the Policy and Communications Team, the wider FPH policy function, made up of the five FPH policy committees and over 30 special interest groups (SIGs), has also

been extremely busy developing new policy proposals and encouraging action on a variety of different public health issues and priorities. Committee highlights included new FPH policy statements on folic acid and salt and numerous important consultation responses. The number of SIGs went from 28 at the beginning of 2017 to 31 in March 2018 with over 250 members now involved in the programme. New SIG governance arrangements were put in place successfully to ensure more effective oversight of SIG activities by parent committees. In October 2017 the SIG chairs also agreed to a new five-year vision for our special interest group programme.

- Finally, in September 2017 the FPH Committee in Scotland launched a new manifesto called *Healthy Lives Fairer Futures* setting out what FPH members in Scotland think are the priority areas for public health policy reform.

Key achievements linked to strategic priority: Workforce

Advancing excellence in training, education and examinations

- In 2017, FPH successfully embedded the changes to the standard setting of our Part A MFPH examination following approval from the General Medical Council in 2016.
- We provided two sittings of our Part A exam, with 157 candidates and an overall pass rate of 63%.
- We provided four sittings of our Part B OSPHE exam, with 95 candidates and an overall pass rate 80%.
- We developed a model for practitioner workshops, commissioned by a number of regions for delivery in early 2018.
- We consulted our membership and other stakeholders on a new FPH workforce strategy, which was published in March 2018.

Key achievements linked to strategic priority: Standards

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

- During 2017, we continued to develop our new categories of membership including Practitioner Membership, expanding the criteria to new segments of the profession.
- We increased the resource within the membership team to help ensure our members get the best possible service.
- In 2017, we opened 149 files for appointment advisory committees and ran a successful training day for FPH assessors for the fifth year in succession.
- Our revalidation appraisal process now has around 113 doctors connected and 12 trained appraisers.

- We commissioned, in line with our policy, an external review of the revalidation service, which provided very positive feedback and recommendations for further development.
- We introduced a new IT system, myLR2P, to support FPH appraisers and appraiseses.

Key achievements linked to strategic priority: Knowledge

- The Policy and Communications Team spent the last year reshaping our small communications and media function to better deliver against our various organisational priorities. Following consultation with FPH members and staff we have developed a new three-year communications strategy which seeks to better champion the breadth of work our organisation does with and on behalf of our membership. The strategy also seeks to better explain and celebrate the value and variety of roles our members do to save and improve people's lives on a daily basis. We are also adopting a new tone of voice to our traditional and online communications – friendlier, more accessible, and more clearly centred around our members. While the strategy is still very new, we have already seen the number of FPH blog posts on a variety of public health topics increase from 18 in 2016-17 to 43 in 2017-18. Our Twitter followers have also grown significantly from 8,100 in July 2017 to over 10,200 by March 2018.
- The FPH UK 2017 annual conference titled 'Public Health Beyond Borders – Driving Change with Evidence' was held in Telford in June 2017. Nearly 600 delegates enjoyed a conference programme of over 40 sessions covering a wide variety of public health topics, including contributions from our special interest groups and a stream of public health films. Our conference exhibition brought together nearly 70 voluntary, charity and commercial organisations from the public health sector.
- The last year has also seen us refreshing our publications. The Journal of Public Health Management Board agreed new three-year objectives with the publishers Oxford University Press in August 2017. We are confident this will lead to further improvements in awareness, readership and impact during 2018 and beyond. We also hope to see more FPH members writing papers in the Journal.
- We published four editions of our quarterly publication *Public Health Today*. The edition on alcohol in March 2018 was the last for our retiring Editor-in-Chief, Alan Maryon-Davis, who leaves after eight years in charge of the magazine. We thank him wholeheartedly for his contribution and service to FPH and wish him the very best for the future.
- 2017 also saw us seeking to better understand our members and what they want and need from FPH over the next 3-5 years. We undertook a major membership survey at the end of the year with over 600 members offering us vital feedback about the direction they want FPH to go in. We're still analysing the results and will share a considered action plan with members based on the key findings before the summer. The findings will also inform our new five-year organisational strategy which the FPH Board will develop during the second half of 2018. In advance of this we've already taken initial actions including the introduction of a new and much-requested Jobs Board on our website.

Key achievements linked to global health

- In April 2017, FPH completed delivery of a project funded by the UK Department for International Development to strengthen the capacity of the public health cadre in the Indian State of Odisha, providing leadership skill training to 300 senior personnel in the Government of Odisha. This has led to requests for similar support in other states and an invitation to FPH and Public Health England (PHE) to support the development of India's MPH curriculum. We would like to record our sincere thanks to Sushma Acquilla, who led this project on behalf of the Faculty.
- The Pakistan SIG has been increasingly active, working alongside PHE, developing a mentorship programme for health leaders in Pakistan. Links have been made with both the National Institute of Health and the Academic Schools of Public Health, laying the foundation for future capacity building work.
- The Africa SIG has made strong connections with the Public Health Foundation of Africa, meeting public health leaders from across Africa in Nigeria. It has developed a network of health professionals who will form the cornerstone of future efforts to strengthen regional public health capacity.
- The Global Violence Prevention SIG has been working with a number of organisations on different projects of mutual interest, eg the production of a collaborative, short, animated film with Médecins Sans Frontières on the impact of armed conflicts on infectious disease, and the development with Chatham House of a health assessment toolkit for countries riddled with armed conflict.

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

- Although FPH was unable to achieve incorporation as a charitable company limited by guarantee, it continued to improve and develop its governance processes. A scheme of delegation was approved by the Board and all committees now have annual work plans in place.
- Special interest groups continued to grow in number and attract new members.
- An organisational development plan was produced and successfully delivered during the year. This included training for staff on a range of topics including equality and diversity, energy and wellbeing, and mental health in the workplace.
- Following a staff-led review, a new set of FPH values and behaviours was published in July. Our values are: we are member focussed; we strive for excellence; we promote learning and development; we work as one team; we value each other.
- Development of the FPH customer relationship management system continued throughout the year, resulting in an increased automation of processes.

Looking Ahead: Plans for 2018-19

FPH 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 to begin development of a new plan from 2019.

Advocacy

If the last year was about putting in place the right building blocks for a more strategic, member-centric and impactful approach to our influencing and communications activities, 2018-19 will be about delivery and raising new income to help sustain and ideally grow the policy function so that we can engage effectively on a wider portfolio of public health issues.

- With the support of our two advisory boards, we will be delivering our agreed Brexit and public health funding project plans. Both campaigns have three main policy asks with a range of activities throughout the year to support the development and promotion of each policy ask and to encourage awareness and support amongst key stakeholders and decision-makers.
- Of vital importance, given the challenging financial situation FPH finds itself in, both the Brexit and public health funding plans involve significant fundraising and income-generation elements. We will also be seeking to encourage more current members and new members to get involved in our policy influencing activities.
- We will be developing a new special interest group programme strategy to support delivery of our five-year vision.
- We will be further refining and growing our registrar projects scheme to enable more registrars to benefit from the opportunity to play a role in national-level policy making, with FPH benefitting as well from the expertise, energy and enthusiasm of the public health registrar community.
- We are delighted that Steve Watkins has been elected as the new Vice President for Policy with a key role in providing leadership and new direction for the five policy committees and the SIGs programme. His three-year term starts in June 2018.

Workforce

- We will begin delivery of the new workforce strategy with a focus on championing the unique value of public health specialists; ensuring that a flexible public health specialist workforce is trained, developed and strengthened to meet employer and the public's health needs in the future; and working in partnership with the public health community to support the development of an effective public health practitioner workforce and enable the wider workforce to deliver improvements to the public's health.
- We will engage with our members to ensure they feel valued and value the services we provide.

- We will work to increase membership numbers across all categories to grow the reach and influence of FPH to support a wider public health community.
- We will 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.
- We will seek to increase the influence of FPH on the wider public health workforce and other medical specialties through the development and delivery of an e-learning resource.
- We will 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 the FPH workforce strategy specifically targeted at strengthening and communicating the value of public health specialists, as well as the wider workforce.

Standards

- We will 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.
- We will review our CPD policy to ensure it is fit for purpose in maintaining the standards of our members, whilst ensuring its flexibility where appropriate.
- We will deliver the Faculty's statutory function for the General Medical Council (GMC).
- We will ensure our examinations are recognised as reliable and valid by specialty registrars, training programme directors, heads of school and our members through a structured review of policies and a development plan.

Knowledge

- We will deliver our new communications strategy focused on celebrating the vital work of our members and our organisation, building pride and confidence, and building reach and awareness through the further digitisation of our communications tools and platforms.
- We will be developing a new three-year strategy for our Journal of Public Health to help drive up awareness and readership (especially our online readership) and to further improve the impact of articles and the overall interest in the Journal amongst the public health and wider health community.
- We will focus on a series of networking and regional events in 2018 rather than the larger UK annual conference. However, we are looking forward to our annual conference in Scotland in November 2018, hosted by the Committee of FPH in Scotland.

Global health

- We will continue to build public health workforce capacity through the development of institutional partnerships and training, particularly in India, Pakistan and Africa.
- We will participate in a joint FPH/PHE/ASPHER event in June to explore options for strengthening collaboration on building a strong and capable public health workforce internationally.
- We will be working to develop a suite of training materials, which can be adapted and modified for use in a range of settings.
- We will seek to expand capacity to provide remote education and training, linked to the enhanced capability of FPH web presence. This work will explore formalising FPH's links with Peoples-uni and signposting on-line learning materials accessed through the FPH web portal – as part of efforts to make FPH a 'go-to' resource for public health capacity building.
- We will be assessing the feasibility of developing a public health training programme in Kuwait, following a scoping visit undertaken in November 2017.
- We will expand and develop our overseas membership through individual and institutional linkages.

Changes in infrastructure required to meet the above priorities

- The Governance Working Group will continue to explore opportunities to further develop the Faculty's governance structures.
- A new FPH website will be launched in April, with further work to be undertaken during the year to integrate this with a new online members' area.
- There will be increased use of telephone and video conferencing for meetings, to improve accessibility and reduce costs.
- There will be enhanced reporting across all FPH committees and special interest groups to monitor and support progress on delivery of work plans.

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 President are elected by the membership through a single transferable vote system. The remaining 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 2017 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 invited 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 a fifth time as an away day. 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 are.

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 2017 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

For some years, FPH has been working to become a charitable company limited by guarantee. We reported previously that the membership had agreed new Articles and Regulations for the new organisation, in addition to a change of name from the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom to the Faculty of Public Health. Unforeseen circumstances, however, prevented us from completing the move to incorporation in 2016 and again in 2017. The Board accordingly agreed in September 2017 to suspend the incorporation process at this time. The reasons for this were communicated to members in early November.

Resources

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

Key management personnel

Chief Executive - David Allen

Director of Education and Professional Standards - James Gore

Director of Policy and Communications - Angus Baldwin

Head of Business Services - Magdalene Connolly

Remuneration policy

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

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

An FPH remunerations committee was established in 2016.

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 second report as the Faculty's Treasurer. 2017 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 FPH and this is reflected in our accounts. From the financial point of view, we have completed the year in an expected position relative to our budgetary forecast. The Faculty's strategy aims to grow our membership and, in order to develop and market our "offer" to non-obligatory categories of membership, this has necessitated a planned reliance on using our reserves in 2017. However, the Board accepted that the Faculty needed to strengthen its financial position and needed to begin to move to a position where it had a balanced budget with no reliance on use of reserves. This necessitated a larger than inflation increase in membership fees in 2017. I anticipate that the deficit will be significantly reduced in 2018 and that we will achieve a balanced budget in 2019.

The Board has adopted a five-year business plan which has now completed its third year. This involved updating a number of systems within the FPH office (including an improved website which will be launched in 2018), exploring the new membership categories mentioned above and developing additional sources of income. As a result there has been a net outflow of resources and this is reflected in these accounts. The Board has agreed in principle to review its vision including its financial strategy in 2018/19.

The Board continued its review of subscriptions and charges. It has introduced the principle of full cost recovery in its charging. The accounts show how support costs have been allocated across specified activities. This has been reflected in the increase in the charge for revalidation and exam fees in 2018. Clearly the Faculty does not take lightly a decision to increase its fees above the rate of inflation and recognises the pressures on its members when considering affordability. The Board agreed that it needed to explain to members why it needed to increase its fees and early indications are that the communication strategy has been a success. The fee increase has not had an adverse impact on recruitment and retention. Nonetheless our survey of members demonstrates that not enough believe that the Faculty offers value for money. We will need to understand this finding better and find sustainable ways to improve this perception.

The unrestricted deficit for 2017 of £156,357 was a better outcome than that anticipated in the plan. There were two unplanned factors which led to this favourable outcome, but we cannot rely on these factors in future years. The two factors were a marked increase in net investment gains due to favourable stock market movement and underspending on staffing due to time taken in recruitment of personnel. Whilst the last factor assisted our financial position, it adversely affected our organisational capacity.

Total unrestricted income for 2017 was £1,857,988 which was similar to 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.

The Faculty has already set up a group to address legacy issues and new arrangements to explain the benefits of making a legacy will be in operation in 2018.

There is some evidence that in 2018 our courses are going to deliver increased revenue in addition to their main role of education and supporting the retention and acquisition of all categories of membership.

A review of prizes was completed in 2017. It led to a clarification of our strategy including the sustainability of awards.

We have reviewed our conference strategy and as a result will be saving monies in 2018 by changing the format of some activities (it is anticipated that the Scottish conference which traditionally generates a small surplus will not be affected in 2018).

FPH continues developing additional areas of work, in line with our core objectives. I am pleased to report that the Faculty has strengthened its ethical investment policy. I also led action with all College Treasurers which culminated in an agreement of a consensus statement on climate change and health and an agreement in principle to take specific actions on ethical disinvestment in 2018 and beyond.

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 increased over the year.

As in the previous three years, we have benefited from an improving investment position in 2017. The investment position in 2018 is difficult to forecast especially due to the uncertainty caused by "Brexit", but I am expecting a year where investment returns are lower.

It is expected that we will be able to operate a "greener" investment portfolio without an adverse impact on the return on our investments.

The overall deficit amounted to £182,067. 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 investment managers in 2019.

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 2017 was £40,886 and the total return on investments was 12.8%.

Free Reserves

Unrestricted funds at 31 December (including designated funds of £174,146) totalled £1,247,796 representing seven months of normal operational expenditure and 67% 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 2017:

Restricted funds	£239,095
Endowment funds	£35,170

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.

The Faculty had been exploring the idea of incorporation. It decided that its discussions with the Royal Colleges were unlikely to be successful and did not justify the financial and associated risks of continuing the initiative. The one-off costs accrued in 2017 are shown in the accounts. The Faculty did incur costs in previous years. Nonetheless some benefits mainly relating to corporate governance were gained through the initiative.

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 which has improved our cash flow. A Remuneration Committee set up in 2016 has operated satisfactorily.

A pilot "support and challenge" initiative will be introduced in 2018 which seeks to improve our business planning.

VAT

From 2016, FPH has been VAT registered.

Audit

Crowe Clark Whitehill LLP audited FPH activities in 2017. 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 2019.

I am pleased to report that we received an unqualified external audit report for the year.

Thanks

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

A handwritten signature in black ink, appearing to read "E. Friedman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr Ellis Friedman
Honorary Treasurer

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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 Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom

Opinion

We have audited the financial statements of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom for the year ended 31 December 2017 which comprise the Statement of Financial Activities, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. 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.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2018 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.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; 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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement [set out on page 20], the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Crowe Clark Whitehill LLP

Crowe Clark Whitehill LLP

Statutory Auditor

London

21 May 2018

Crowe Clark Whitehill LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under 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 2017**

	Notes	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total 2017 £	Total 2016 £
INCOMING RESOURCES							
Donations and legacies		31,692				31,692	95,000
Charitable activities							
Membership fees and subscriptions		1,153,309				1,153,309	1,120,353
Examination and training fees		235,982		1,640		237,622	272,514
Maintaining professional standards		128,787		1,750		130,537	104,339
Public health policy and advocacy International		119,293	36,788			156,081	204,473
Journal of Public Health income		135,406		32,430		32,430	69,402
Total income from charitable activities		1,772,777	36,788	35,820		1,845,385	1,893,107
Other trading activities		5,605				5,605	1,911
Gift aid		7,028				7,028	
Investment income		40,886	353		709	41,948	37,008
TOTAL INCOMING RESOURCES		1,857,988	37,141	35,820	709	1,931,658	2,027,026
RESOURCES EXPENDED							
Investment management fees		13,148				13,148	10,911
Charitable activities							
Grants and prizes		2,704	2,594	1,700		6,998	5,532
Examinations and training		528,980		36,312		565,292	717,760
Maintaining professional standards		837,269		9,207		846,476	722,940
Public health policy and advocacy International		645,027	8,306	2,500	2,902	658,735	590,394
Journal of Public Health costs		18,654		43,694		62,348	56,655
Journal of Public Health costs		101,368				101,368	108,437
Total expenditure on charitable activities	2	2,134,002	10,900	93,413	2,902	2,241,217	2,201,718
TOTAL RESOURCES EXPENDED		2,147,150	10,900	93,413	2,902	2,254,365	2,212,629
Net gains on investments	6	132,805	2,495		5,340	140,640	145,349
Net (expenditure)/income		(156,357)	28,736	(57,593)	3,147	(182,067)	(40,254)
Transfers between funds							
NET MOVEMENTS OF FUNDS FOR THE YEAR							
		(156,357)	28,736	(57,593)	3,147	(182,067)	(40,254)
Total funds brought forward		1,230,007	145,410	296,688	32,023	1,704,128	1,744,382
TOTAL FUNDS CARRIED FORWARD AT 31 DECEMBER		1,073,650	174,146	239,095	35,170	1,522,061	1,704,128

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 15 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 2017**

	Notes	2017 £	2016 £
FIXED ASSETS			
Tangible assets	4	7,252	7,252
Intangible assets	5	60,883	91,325
Investments	6	<u>1,256,828</u>	<u>1,424,311</u>
		1,324,963	1,522,888
CURRENT ASSETS			
Debtors and prepayments	7	206,709	200,113
Bank balances		<u>413,865</u>	<u>402,547</u>
Total Current Assets		620,574	602,660
CURRENT LIABILITIES			
Creditors - amounts falling due within the year	8	423,476	421,420
NET CURRENT ASSETS		<u>197,098</u>	<u>181,240</u>
NET ASSETS	10	<u>1,522,061</u>	<u>1,704,128</u>
REPRESENTED BY:			
Unrestricted funds		1,073,650	1,230,007
Designated funds	9	174,146	145,410
Restricted funds	9	239,095	296,688
Endowment funds	9	<u>35,170</u>	<u>32,023</u>
TOTAL FUNDS		<u>1,522,061</u>	<u>1,704,128</u>

Approved by the Board and authorised for issue on 17 May 2018 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 2017

	<i>Total funds</i>	<i>Prior year funds</i>
	£	£
Cashflows from operating activities		
Net expenditure for the reporting period per the SOFA	(182,067)	(40,254)
Gains on investments	(140,640)	(145,349)
Depreciation charges	30,442	30,442
Dividends and interest from investments	(41,948)	(37,008)
Decrease/(increase) in debtors	(6,596)	69,419
(Decrease)/increase in creditors	2,056	(142,826)
	(338,753)	(265,576)
Net cash used in operating activities		
	(338,753)	(265,576)
Cash flows from operating activities:		
Net cash used in operating activities	(338,753)	(265,576)
Cash flows from investing activities:		
Dividends and interest from investments	41,948	37,008
Proceeds from sale of investments	460,732	358,163
Purchase of investments	(152,609)	(345,092)
Net cash provided by investing activities	350,071	50,079
Net cash provided by (used in) financing activities	11,318	(215,497)
Change in cash and cash equivalents in the reporting period	11,318	(215,497)
Cash and cash equivalents at the beginning of the reporting period	402,547	618,044
Cash and cash equivalents at the end of the reporting period	413,865	402,547
Analysis of cash and cash equivalents:	Current year	Prior year
Cash in hand	413,865	172,356
Notice deposits (less than 3 months)	-	230,191
Total cash and cash equivalents	413,865	402,547

**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 2017**

1. ACCOUNTING POLICIES

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

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

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

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

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

- (b) Financial Instruments

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

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

- (c) Fixed assets with an individual cost exceeding £5,000 have been capitalised, except for computer equipment that is aggregated to £5,000 from 2010. Other assets costing less than £5,000 are included as resources expended in the Statement of Financial Activities (SoFA).
- (d) Depreciation of fixed assets is calculated on cost, on a straight-line basis over five years for computer software and three years for computer equipment and furniture and fittings.

- (e) Investments are stated at market value at the balance sheet date. The SoFA includes the net annual gains and losses arising on market valuation of the investments as at 31 December 2017.
- (f) Incoming resources are included in the Statement of Financial Activities (SoFA) on the following basis:
- Membership subscriptions - amounts received in the current year and relating to the current year's subscriptions
 - Examination and training fees - amounts received in the current year and relating to examinations and courses held in the current year
 - Revalidation fees, donations and legacies, gift aid and investment income - amounts received in the current year
 - Journal of Public Health and other income - amounts receivable where 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 2017(Continued)**

2 EXPENDITURE ON CHARITABLE ACTIVITIES

	Direct Employment Costs	Direct Costs	Support Costs	Total 2017	2016
Analysis of Expenditure	£	£	£	£	£
Grants and prizes	-	4,293	2 704	6,997	5,532
Examinations & training	175,578	119,326	270,388	565,292	717,760
Maintaining professional standards	277,986	135,870	432,620	846,476	722,940
Public health policy advocacy	226,554	75,270	356,912	658,736	590,394
International	-	51,532	10,816	62,348	56,655
Journal of Public Health Costs	-	93,256	8,112	101,368	108,437
Total	680,118	479,547	1,081,552	2,241,217	2,201,718

Support costs allocation	Total	Grants and prizes	Exams & Training	Professional Standards	Policy & Advocacy	International	Journal of Public Health
	£	£	£	£	£	£	£
Management and finance, including salaries	850,670	2,126	212,667	340,267	280,722	8,508	6,380
Information technology- direct costs	100,644	252	25,161	40,258	33,212	1,006	755
Governance (see below)	130,238	326	32,560	52,095	42,978	1,302	977
	1,081,552	2,704	270,388	432,620	356,912	10,816	8,112

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

Governance Costs	2017	2016
	£	£
Audit and accountancy fees	14,000	14,500
Trustees and members expenses	38,236	50,501
AGM, election and board meeting costs	13,593	22,708
Consultancy costs re Governance review	53,033	35 514
Insurance, legal fees and other costs	11,376	21,957
Total	130,238	145,180

Related party transactions

There were no related party transactions in 2017 or 2016

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2017 (Continued)**

3 STAFF COSTS

<u>Staff Costs</u>	2017	2016
	£	£
Salaries	909,690	894,347
Employers national insurance	96,800	95,466
Employers pension contributions	108,323	75,310
Total	1,114,813	1,065,123

Aggregate employee benefits of key management personnel (Chief Executive and Senior Management Team)- representing 4 employees (2016- 4 employees)	319,772	333,581
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No trustees were remunerated in the year

<u>Staff headcount</u>	Nº	Nº
Average number of employees earning below £60,000	23	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	25	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>
As at 31st December	<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>
As at 31st December	<u>58,816</u>	<u>23,531</u>		<u>82,347</u>
Net Book Value				
<i>At 31 December 2016</i>	<u>-</u>	<u>2,340</u>	<u>4,912</u>	<u>7,252</u>
At 31 December 2017	<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>
As at 31st December	<u>51,389</u>	<u>100,820</u>	<u>152,209</u>
Depreciation			
<i>At 1st January 2017</i>	<u>20,556</u>	<u>40,328</u>	<u>60,884</u>
Charge for the year	<u>10,278</u>	<u>20,164</u>	<u>30,442</u>
As at 31st December	<u>30,834</u>	<u>60,492</u>	<u>91,326</u>
Net Book Value			
<i>At 31 December 2016</i>	<u>41,111</u>	<u>80,656</u>	<u>121,767</u>
At 31 December 2017	<u>20,555</u>	<u>40,328</u>	<u>60,883</u>

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2017(Continued)**

6 INVESTMENTS

	2017 £	2016 £
Book Cost		
Cost at 1 January	1,137,733	1,034,338
Additions	152,609	345,092
Disposals	<u>(315,114)</u>	<u>(241,697)</u>
Cost at 31 December	<u>975,228</u>	<u>1,137,733</u>
Market Value		
Market value 31 December	1,424,311	1,292,033
Realised from disposals	(460,732)	(358,163)
Additions at cost	<u>152,609</u>	<u>345,092</u>
Adjusted Market Value 31 December	<u>1,116,188</u>	<u>1,278,962</u>
Market Value 31 December	1,256,828	1,424,311
Market adjustment	<u>140,640</u>	<u>145,349</u>

7 DEBTORS & PREPAYMENTS

	2017 £	2016 £
Trade debtors	3,555	-
Prepayments	47,299	63,420
VAT debtor	9,613	-
Staff loans and other debtors	<u>146,242</u>	<u>136,693</u>
Total	<u>206,709</u>	<u>200,113</u>

8 CREDITORS - AMOUNTS FALLING WITHIN THE YEAR

	2017 £	2016 £
Trade creditors	75,183	66,478
Accruals	147,429	147,611
Tax and social security	29,334	10,584
Subscriptions paid in advance	28,324	19,041
Examination and other fees paid in advance	80,810	78,397
Pension reserve	57,151	78,388
Grant creditors and deferred income (see below)	<u>5,245</u>	<u>20,921</u>
Total	<u>423,476</u>	<u>421,420</u>

Deferred income included above

Balance bought forward	10,502	12,039
Released during year	<u>(5,257)</u>	<u>(1,537)</u>
Balance carried forward	<u>5,245</u>	<u>10,502</u>

Deferred income relates to project income received but not spent at the period end.

**FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2017(Continued)**

9 2016 STATEMENT OF FINANCIAL AFFAIRS

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total 2016 £
<u>INCOMING RESOURCES</u>					
Donations and legacies	90,000		5,000		95,000
Charitable activities					
Membership fees and subscriptions	1,120,353		-		1,120,353
Examination and training fees	222,064		50,450		272,514
Maintaining professional standards	104,339		0		104,339
Public health policy and advocacy	151,873		52,600		204,473
International	-		69,402		69,402
Journal of Public Health income	122,026				122,026
Total income from charitable activities	<u>1,720,655</u>		<u>172,452</u>		<u>1,893,107</u>
Other trading activities	1,911				1,911
Investment income	35,552	241		1,215	37,008
TOTAL INCOMING RESOURCES	<u>1,848,118</u>	<u>241</u>	<u>177,452</u>	<u>1,215</u>	<u>2,027,026</u>
<u>RESOURCES EXPENDED</u>					
<u>Cost of generating funds</u>					
Investment management fees	10,911				10,911
<u>Charitable activities</u>					
Grants and prizes	2,635	1,412	1,075	410	5,532
Examinations and training	664,751		53,009		717,760
Maintaining professional standards	701,469		21,471		722,940
Public health policy and advocacy	555,359		35,035		590,394
International	19,828		36,827		56,655
Journal of Public Health costs	108,437		-		108,437
Total expenditure on charitable activities	<u>2,052,479</u>	<u>1,412</u>	<u>147,417</u>	<u>410</u>	<u>2,201,718</u>
TOTAL RESOURCES EXPENDED	<u>2,063,390</u>	<u>1,412</u>	<u>147,417</u>	<u>410</u>	<u>2,212,629</u>
Net gains on investments	138,226	2,480		4,643	145,349
Net (expenditure)/income	<u>(77,046)</u>	<u>1,309</u>	<u>30,035</u>	<u>5,448</u>	<u>(40,254)</u>
<u>NET INCOMING/(OUTGOING) RESOURCES before recognised gains and losses</u>					
	<u>(77,046)</u>	<u>1,309</u>	<u>30,035</u>	<u>5,448</u>	<u>(40,254)</u>
Transfers between funds	(10,000)	10,000			
NET MOVEMENTS OF FUNDS FOR THE YEAR	<u>(87,046)</u>	<u>11,309</u>	<u>30,035</u>	<u>5,448</u>	<u>(40,254)</u>
Total funds brought forward	1,317,053	134,101	266,653	26,575	1,744,382
TOTAL FUNDS CARRIED FORWARD	<u>1,230,007</u>	<u>145,410</u>	<u>0</u>	<u>296,688</u>	<u>0</u>

**FACULTY OF PUBLIC HEALTH
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NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2017 (Continued)**

10 FUNDS

		Balance at 2016 £	Incoming Resources £	Resources Expended £	Other Recognised Gains/ (Losses) £	Transfers	Balance at 2017 £
DESIGNATED FUNDS	Note						
Welsh Affairs Committee Fund	a	882	1				883
Scottish Affairs Committee Fund	a	51,304	36,788	(4,513)			83,579
UK Public Health Association	b	5,724					5,724
Littlejohn Gardner Prize Fund	z	5,876		(100)			5,776
Alwyn Smith Prize Fund	z	944					944
Wilfrid Harding Faculty Prize Fund	z	2,552		(150)			2,402
Cochrane Prize Fund	z	16,734					16,734
BACP Travelling Fellowship	z	3,624		(1,500)			2,124
O'Brien Prize Fund	z			(300)		300	
Sir John Brotherton Prize	z			(100)		100	
June & Sidney Crown Award	z	9,114					9,114
Ann Thomas Prize Fund	z	1,372		(100)			1,272
The McEwen Award	z	2,822		(100)			2,722
Prize Funds Trading account		5,529	352	(243)	2,495	(400)	7,733
Business Development Fund	q	28,933					28,933
Clifford Hamer Shaw Memorial Fund	r	10,000		(3,794)			6,206
Total		145,410	37,141	(10,900)	2,495		174,146

RESTRICTED FUNDS

Approved by the Board and authorised for issue on 17 May 2018 and signed on its behalf by:

Prize Funds (current element)	z	2,654					2,654
Sian Griffith Prize Fund	z	1,360	1,640	(500)			2,500
Trainer of the Year Award	z	125					125
Sam Ramaiah Prize Fund	z	9,000		(250)			8,750
Elizabeth Russell Prize Fund	z	32,489		(200)			32,289
Lindsey Davies Synergy Fund	z	4,800	1,750	(250)			6,300
Dr Stewart-Brown Prize Fund	z	5,000		(500)			4,500

Health policy and advocacy

Mental Health - Thinking Ahead (Natural England)	d	2,257					2,257
Mental Health	e	17,565		(2,500)			15,065

Education & training

Grant to support College Training activities	f	1,811		(58)			1,753
Public Health Training in Clinical Specialities	g	101,500		(19,908)			81,592
Public Health Education & Training Support	h						
Metacompetencies	i	5,131					5,131
Speciality Training	j	3,408					3,408
WWPH- practitioner training	k	26,473		(16,346)			10,127

Professional standards

CPD Fund	l	2,580					2,580
Revalidation Communication Activities	m	176					176
Revalidation Programme- multidisciplinary	n	44,255		(9,207)			35,048

Corporate

Royal College Fund	o	3,529					3,529
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International

Odisha	p	32,575	32,430	(43,694)			21,311
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Total		296,688	35,820	(93,413)			239,095
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EXPENDABLE ENDOWMENT FUNDS

Surplus on revaluation

DARE Lecture Fund	c	32,023	709	(2,902)		5,340	35,170
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Total		32,023	709	(2,902)		5,340	35,170
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FACULTY OF PUBLIC HEALTH
OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
NOTES TO FINANCIAL STATEMENTS
FOR YEAR ENDED 31 DECEMBER 2017 (Continued)

10 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 public health training in clinical specialties. 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 Ramaiah Prize Fund	Award for excellence in examinations held by FPH
	Elizabeth Russell Prize Fund	Award created by the Scottish committee and transferred in 2011
	Lindsey Davies Synergy Fund	The award recognises an individual who has demonstrated a strong commitment to, or success in, collaboration on behalf of FPH with another organisation and has been effective in developing a synergistic relationship as part of an outward-facing approach to driving forward public health objectives. This award has been established by Lindsey Davies, President of FPH from 2011 until 2014
	Dr Stewart- Brown Award	Annual mental health award

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11 ANALYSIS OF ASSETS	Unrestricted £	Designated £	Restricted £	Endowment £	Total £
Fixed assets;					
Tangible assets	7,252				7,252
Intangible assets	60,883				60,883
Investments	1,175,145	28,381		53,302	1,256,828
Current assets	235,714	145,765	239,095		620,574
Current liabilities	(405,344)			(18,132)	(423,476)
Total assets	<u>1,073,650</u>	<u>174,146</u>	<u>239,095</u>	<u>35,170</u>	<u>1,522,061</u>

12 FINANCIAL ASSETS AND LIABILITIES

	2017 £	2016 £
Financial assets at amortised cost	<u>159 409</u>	<u>136 693</u>
Financial assets at fair value	<u>1 256 828</u>	<u>1 424 311</u>
Financial liabilities at amortised cost	<u>(423,476)</u>	<u>(421,420)</u>

13 TRUSTEES' REMUNERATION AND EXPENSES

No trustees received remuneration during the year (2016: Nil).
Travelling and subsistence expenses of £41,268 were reimbursed to 32 Board members in 2017. (2016: 15 trustees reimbursed £28,060)

14 AUDITORS REMUNERATION

	2017 £	2016 £
Audit fee	14,000	14,500
	<u>14,000</u>	<u>14,500</u>

15 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

Appendix 1

Board Members

Between 1 January and 31 December 2017

		Trustee attendance at Board meetings
Officers		
President	MIDDLETON, John	5 out of 5
Vice President for Policy	CAPEWELL, Simon	5 out of 5
Vice President for Standards*	PEACHEY, Meradin (to June 2017)	2 out of 2
Registrar	SHERIDAN, Peter (to June 2017) RAE, Maggie (from June 2017)	2 out of 2 3 out of 3
Assistant Registrar**	IQBAL, Zafar (to June 2017)	2 out of 2
Academic Registrar	MASON, Brendan	5 out of 5
Assistant Academic Registrar	MATHEW, Suzanna	4 out of 5
Treasurer	FRIEDMAN, Ellis	5 out of 5
International Registrar	SQUIRES, Neil	3 out of 5
Elected Members		
General Board Member	ATKINSON, Sue	4 out of 5
General Board Member	PACKHAM, Chris	3 out of 5
General Board Member	RUTTER, Harry	4 out of 5
Local Board Member, London	LLOYD, Susan	4 out of 5
Local Board Member, North West	EDWARDS, Dympna	5 out of 5
Local Board Member, South Central	PARKES, Julie (resigned Oct 2017)	4 out of 4
Local Board Member, West Midlands	SAUNDERS, Patrick	5 out of 5
Local Board Member, SE Coast	TAHZIB, Farhang	4 out of 5
Local Board Member, East Midlands	CHALLENGER, Alison	3 out of 5
Local Board Member, East of England	LIPP, Alistair (to June 2017) BROADBENT, Jo (from June 2017)	0 out of 2 3 out of 3

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 (to June 2017) GRAY, Selena	2 out of 2 2 out of 3
Local Board Member, Scotland	CAVANAGH, Julie	4 out of 5
Local Board Member, Wales	JONES, Angela	4 out of 5
Local Board Member, Northern Ireland	MAIRS, Andrew	5 out of 5

Representatives of RCPs

RCP London	DACRE, Jane	0 out of 5
RCP&S Glasgow	CRIGHTON, Emilia	4 out of 5
RCP Edinburgh	WATSON, Lorna (to June 2017) KROESE, Mark (from Aug 2017)	1 out of 2 0 out of 2

Co-opted Members

Chair, Specialty Registrars Committee	BLOOMER, Ellen	5 out of 5
Chair, Academic & Research Cttee	BRAYNE, Carol	2 out of 5
	WILLIAMS, David (to June 2017)	1 out of 2

Observers and Lay Members***

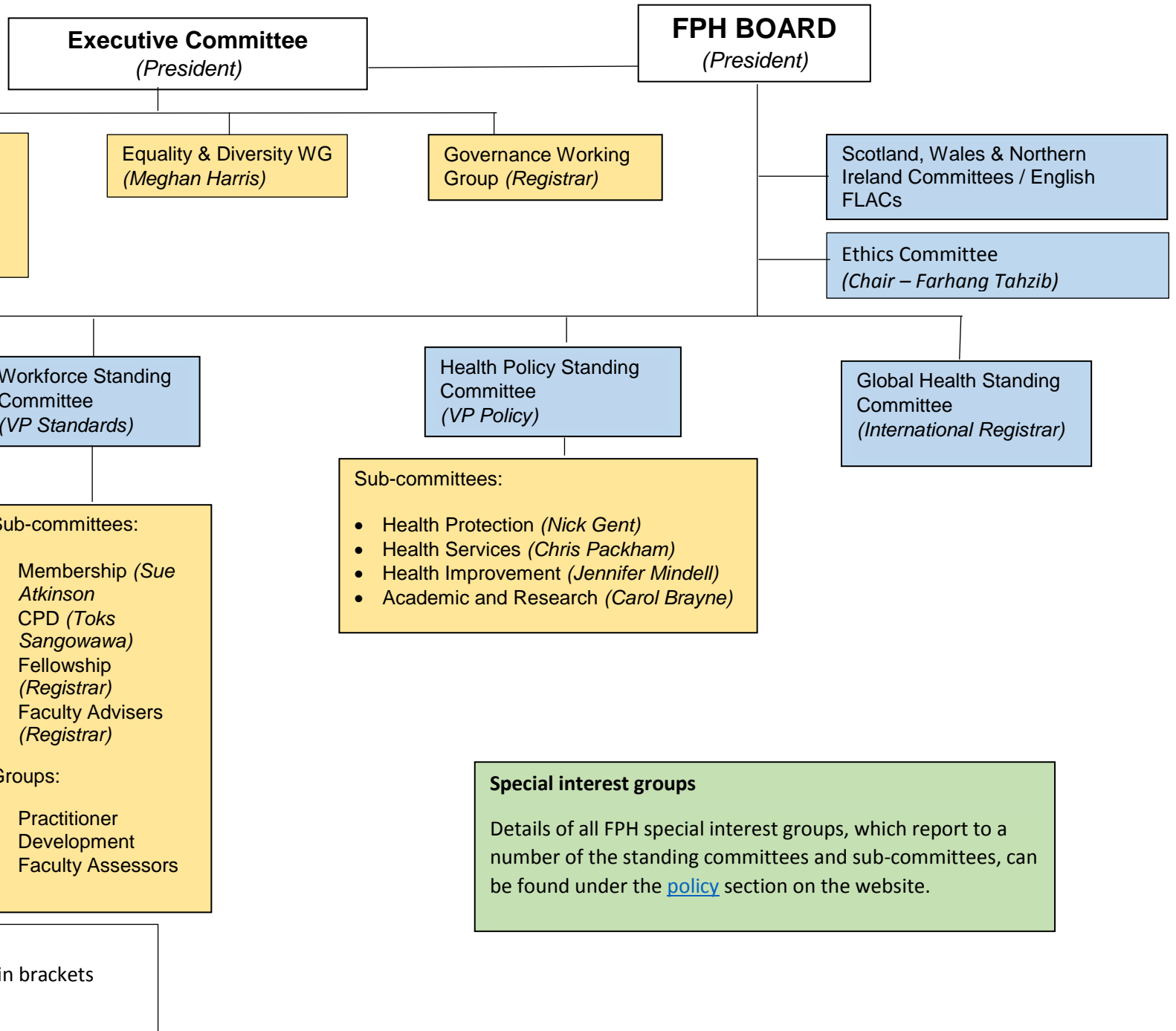
Risk Management Adviser	WILLIAMS, David (from June 2017)
Responsible Officer	WOODHOUSE, John
Vice President, ADPH	De GRUCHY, Jeanelle
Representative, PHE	GRIFFITHS, Sian / FENTON, Kevin
Lay Member	CARRIER, John
Lay Member	HORMOZI, Neda

* The post of Vice President for Standards was stood down following the AGM in June. The duties were largely subsumed within the role of Registrar

** The post of Assistant Registrar has been vacant since the AGM in June.

*** Observers and lay members are not FPH trustees.

Appendix 2: FPH committee structure - December 2017



Key:
 Standing Committees – chair shown in brackets
 Sub-committees and groups