

Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Introduction



2007 overview



plans for 2008



2007 financial report



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2007 annual report



▶ next page

INTRODUCTION

FROM THE PRESIDENT



Welcome to our annual report for 2007– a memorable year for public health in the UK.

In July 2007 England finally joined Scotland, Wales and Northern Ireland in going smoke-free – completing a transformation of huge public

health significance in which the Faculty of Public Health (FPH) played an important advocacy role.

The year 2007 also saw the spotlight turned on such other crucial public health issues as obesity, alcohol, climate change and health inequalities – and again, as we outline in this report, FPH has been prominent in helping to address these priorities.

But 2007 was challenging for many of our members in another respect. It was a year in which the repercussions of NHS reorganisation continued to cause disruption and uncertainty among the

specialist public health workforce. Our professional affairs department has been kept busy helping local employers to rebuild their public health teams.

Thanks to the hard work and dedication of our members and staff, I am delighted to be able to report significant achievements in the past year.

We have improved standards in education, increased financial rigour, improved our continuing professional development (CPD) processes and lobbied successfully to new audiences on a range of public health issues.

2007 saw many examples of successful partnership working between our members and a number of national and international organisations. These strong partnerships have resulted in the publication of a wide range of important resources for public health professionals, the hosting of the first ever conference on patient safety research in Europe and significant steps forward in developing a career pathway for public health practitioners.

And we are committed to a range of improvements in the services we provide our members, as you will see set out in our new five-year strategic plan and business plan for 2008.

This is the first annual report under my presidency and I am determined that we will make great strides over the next few years. I want to see us take on a much stronger advocacy role, consolidate our work in standard-setting and examinations, extend our engagement with the public health workforce in the UK, broaden our links overseas, improve our services to members, set an example in carbon reduction and tighten our financial rigour.

In 2008 our focus will be to:

- Advocate strongly to help tackle alcohol misuse, obesity, smoking, mental ill-health, barriers to the health of asylum-seekers, and climate change
- Build up specialist public health capacity in the UK and the developing world
- Develop a regulatory framework for public health practitioner development, in partnership with stakeholders, and explore the

development of a category of membership for public health practitioners

- Develop the profile of FPH in the UK and overseas and increase the number of members who actively and effectively engage with and work on behalf of FPH
- Achieve a balanced recurring budget by the end of 2008

I would like to take this opportunity to thank those members who have given so much of their time, through our various committees and working groups, to helping FPH carry out its programme of activity. I would also like to thank the many organisations with whom we worked in partnership. We look forward to collaborating even more closely with you in the coming year to deliver our important priorities for 2008.

With best wishes



Alan Maryon-Davis

2007 OVERVIEW

SUMMARY OF 2007 OBJECTIVES

STANDARDS

- Review and update CPD administrative processes
- Development of a revalidation programme for public health consultants
- Development of defined specialists
- Develop a regulatory framework for public health practitioner development in partnership with stakeholders

EDUCATION & TRAINING

- Implement the new curriculum across training programmes
- Develop and agree with PMETB an assessment framework for the new curriculum
- Ensure that our examinations are fit for purpose

through implementation of effective review

- Develop effective partnership working with key stakeholders

PROFESSIONAL AFFAIRS

- Provide guidance for employers and others on consultant appointments (AACs)
- Monitor specialist public health workforce levels to provide input to the Department of Health and others
- Provide timely guidance and advice for members on a range of FPH-related and other public health issues
- Undertake 2007 public health workforce survey
- Establish the Professional Affairs Committee

POLICY & ADVOCACY

- Take a leading role in advocating on cardiovascular health issues, particularly around the reduction of obesity and to engage with different audiences, in particular the food industry and European Commission (EC) level policy
- Engage more effectively with members working in the health services domain of public health and identify ways of supporting them in their working practice
- Take a new approach to our annual conference, to ensure it meets the professional needs of members, by encouraging proposals for the content and structure of the event
- Continue to develop policy in identified priority areas – alcohol, mental health, health of asylum seekers, obesity, sustainable development (including climate change)

FINANCE

- Ensure financial balance by the end of 2007
- Achieve a better investment return than the comparable ethical index
- Introduce a revised subscription structure



LEADING GOOD PROFESSIONAL PRACTICE

To ensure that our members practise safely and competently, we provide a framework for [continuing professional development](#). This year we overhauled our administrative processes for CPD in preparation for our leading role in developing a programme of revalidation. This will ensure even greater assurance of safety to the public, by assessing consultants' performance over a five-year cycle. Working in partnership with other standard-setting bodies, we have set up our own working group to ensure that we are able to offer our members a simple, easy-to-use system of revalidation.

We strive to offer maximum flexibility for all those wishing to train for a career in public health. We plan to achieve this through the recognition of those working in public health who have achieved a very high level of specialist skill within a specific area. Work will continue to develop these defined areas of specialism during 2008.

We recognise and value the important contribution of those working in public health at practitioner level and wish to support their career development.

To this end, and, as a result of an FPH board decision we are now actively involved in setting standards for those working in public health as practitioners. We worked in partnership to agree the public health skills career framework and have endorsed the practitioner competencies developed by [Skills for Health](#).



MAINTAINING STANDARDS IN EDUCATION

In 2007 we worked closely and successfully with a number of key partners to implement a [new curriculum](#) for specialist public health training. These included the Postgraduate Medical Education and Training Board (PMETB), General Medical Council (GMC), United Kingdom Public Health Register (UKPHR) and training programme directors. We supported this process through facilitating a number of regional teaching workshops.

We also led the development of an [assessment framework](#) which was formally approved by PMETB in February. The framework will provide a means to quality assure those coming through the training programme.

To support the new curriculum we have developed an improved and updated [training portfolio](#). This allows both trainees and trainers to more easily record and assess achievements and competency development.

We are responsible for setting standards in specialist public health. Part of this process is to

ensure that we have robust examinations. In 2007 we completed the implementation of the [Southgate Review](#) which made recommendations for improvement of our examination systems. One recommendation was to ensure that we had sufficient and appropriately trained staff within FPH to deliver the examinations and during 2007 we restructured the education and training department to address this issue.

We reviewed the recently introduced Objective Structured Public Health Examination (OSPHE) by commissioning an external evaluation from Birmingham University. This showed that the OSPHE was able to measure competencies in a way that is clear, robust and well received by candidates.

We set up a Part A exam development working group to ensure that this exam remains fit for purpose in a changing regulatory structure.

We continued to develop our overseas work in the field of education, training and examinations.

We developed close education links with the Faculty of Public Health Medicine Ireland and

confirmed and strengthened our links with Hong Kong through both the Hong Kong Academy of Medicine and the Chinese University of Hong Kong.

Our President had the honour of being invited to deliver the keynote speech at the Hong Kong Annual Public Health Conference in September and awarding the Member of the Faculty of Public Health (MFPH) diplomas.



LOBBYING FOR IMPROVED PUBLIC HEALTH

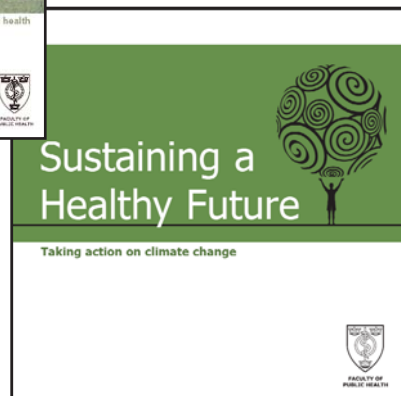
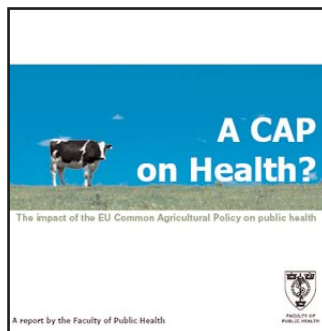
Our new President regards our advocacy role as crucial and this year we took a leading role in advocating on [cardiovascular health issues](#), focusing on the reduction of obesity.

Working in partnership, we produced a range of resources and through these both supported public health practice and lobbied European Commission level policymakers and the food industry.

We also initiated work on developing a toolkit on tackling alcohol misuse at local level in partnership with the Royal College of Physicians, Alcohol Concern and NICE and became a founder-member of the newly formed UK Alcohol & Health Alliance.

We also worked to consolidate and strengthen our media profile, with our President forging connections with a number of key health journalists.

With the publication of Commissioning a Patient-led NHS, we recognised the need to support members working in the health services domain of public health. We brought leaders in this field together for a [one-day workshop](#) to support them in their priority-setting and commissioning roles, and set up a [new committee](#) to promote high standards in the practice of health care public health. The committee has planned an ambitious work programme, which has already begun with the publication of a [statement on post-trial drug funding](#).



This year we took a new approach to our [annual conference](#) to further meet the changing needs of the public health workforce. This was achieved by more effective and targeted promotion and through encouraging proposals for the content and structure of the event. We received a record number of submissions, which led to a dynamic conference programme and an increased number of delegates.

We continue to develop policy and resources in our identified priority areas – alcohol, [mental health](#), health of asylum seekers, [obesity](#) and [sustainable development](#).



SUPPORTING THE PUBLIC HEALTH WORKFORCE

It was an extremely busy year in terms of the numbers of Advisory Appointments Committees held, following the recent reorganisations.

We received 351 requests for assessors compared to 179 in 2006. We provided advice on a wide range of issues, including joint appointments and non-traditional public health posts in a range of settings.

We have attended meetings with the Department of Health England's Workforce Review Team and commented on public health specialist planning projections and the public health workforce census run by NHS Information Centre.

In addition to this a series of planning meetings held over 2007 ensured the smooth roll out of the [FPH public health workforce census](#) in October 2007. Preliminary analysis has been completed and a full report will follow in 2008.

A total of 32 proposals for membership distinction grades were submitted to the Fellowship Committee in 2007, of which 26 were successful. There were 23 nominations for consultants'

clinical excellence awards made in England and Wales in 2007, of which nine were successful.

We were also able to nominate consultants for the 2007 distinction awards rounds in the separate schemes run in Scotland, Northern Ireland and the Defence Medical Services. Considerable support and advice was given to members around distinction and excellence awards.

A new [Professional Affairs Committee](#) was formed and the first meeting held October 2007.

ENSURING FINANCIAL RIGOUR

We are a small charity with limited resources. We strive to ensure that our income, through membership subscriptions and educational grants, delivers the maximum benefit to the public through our members.

We are conscious of the differing levels of income public health practitioners earn at different stages in their careers. We have therefore introduced a more equitable membership fee structure. Under this structure, the total fees paid by any member over the lifetime of their membership will be equal to those payable under the old system.

This year has seen a step increase in income due to the changes in membership classes implemented in 2006 and the election to Fellowship of those who achieved registration with the UKPHR by the portfolio method.

It is important that we continually identify new sources of funding, whilst ensuring that we operate in the most efficient way possible. We have successfully explored ways to increase our income through educational grants and in undertaking commissioned work that furthers our

objectives. This year also saw measures taken to improve financial rigour throughout the organisation by introducing a cost-improvement programme, and reviewing internal processes and vacancies.

Despite these measures, the expenditure on the unrestricted fund still exceeded income by £66,347. There is a surplus of £785,202 shown in the restricted funds which is due to funding being received during 2007 for activities and expenditure that will occur during 2008. Further work is therefore being undertaken to ensure that FPH is in recurrent financial balance with the unrestricted fund by the end of 2008.

FPH has the dual task of maximising income from its capital and ensuring that investments are not made in organisations whose activities are mostly or wholly detrimental to public health.

We therefore operate an ethical investment policy which avoids such companies, whilst seeking to match or better our returns from other funds that operate this type of investment policy. Longer-term forecasts indicate that this will be achieved.

IMPROVING AS AN ORGANISATION

FPH committee structure

It is important for any organisation such as FPH to continually monitor and improve the way in which it works and make best use of resources. In line with Charity Commission guidance and with the support of the FPH Board, the purpose, membership and function of each of our committees were reviewed. A [streamlined structure](#) was agreed in November, with a programme of implementation planned.

Organisational development programme

As an organisation we are committed to delivering a high quality service through ensuring that our staff are well trained and receive support for professional development. We have worked with the Work Foundation during 2007 on an organisational development programme, with the specific aims of improving service, respect and cooperation. This has been well received by staff, in particular our newly reconfigured Senior Management Team, who work closely with our Trustees to deliver a complex and challenging work programme.

Improving our services to members

We undertook a range of initiatives to further improve our service to members in 2007. Amongst these was the development of the [FPH electronic network groups](#) which now include 14 topic-based groups and 885 members.

Our re-branding of [ph.com](#) was positively received by members and our theme-based editions continue to be well received. Interaction with members has also increased with the inclusion of a regular report from the president in our monthly e-bulletin.

A [new resources section](#) on the website has enabled members to navigate the services we offer more effectively.

Our new streamlined administrative process to elect and admit people to the various membership categories will be implemented in 2008. This follows a programme of work undertaken in 2007 to better understand the membership journey from trainee membership through to fellowship.

Exploring a change to College status

Although FPH is a faculty of the Royal Colleges of Physicians of the UK, we have effectively been independent for over 35 years and multidisciplinary for the past five years.

At the Board away day in September 2007 our incoming President proposed that the time was right for us to consider seriously seeking fully-fledged College status in our own right, particularly to reinforce the speciality's maturity and profile in the eyes of policymakers, professionals and the media.

The FPH Board considered that this proposal should be further explored and asked the President and Chief Executive to set up a working group to take the matter forward in 2008.



INFLUENCING THE INTERNATIONAL AGENDA

For the first time, we have made it clear in our strategic framework that we see an important role for the FPH in helping to build specialist public health capacity overseas through our training programmes, assessments and examinations. Our [International Committee](#) reports directly to the Board on developments in delivering this global agenda.

An international public health network was established in 2007 and overseas regional advisers were appointed, which it is hoped will improve communications with members overseas.

The International Committee also began exploratory work on a number of key, longer-term initiatives, including the setting up of a public health clearing house/register to assist with requests for help from overseas, and the development of the FPH curriculum and examinations for an international audience. The committee again hosted a highly successful international session at the FPH annual conference.

SPHERE (Strengthening Public Health Research in Europe)

We have continued our work to administer the European Commission grant for the SPHERE project. The project work has been undertaken by a consortium of 19 European public health experts from 13 EU Member States and is supported by the European Commission's Sixth Framework Research Programme.

A report on the first year of the project was published by Oxford University Press as a special supplement to the *European Journal of Public Health* at the beginning of 2007

www.ucl.ac.uk/public-health/sphere/spherehome.htm

Patient Safety Research: shaping the European agenda

In collaboration with the World Health Organization (WHO) World Alliance for Patient Safety and University College London (UCL), FPH hosted the first ever pan-European conference dedicated to patient safety research. The conference was supported by the European Commission Sixth Framework Programme for Research and the Portuguese Ministry of Health.

Approximately 400 academics, policymakers and representatives from funding institutions met in Porto, Portugal from 24-26 September with the aim of agreeing priorities for patient safety research in developed and developing countries.

Further information on the conference and post-conference activities is available on the conference website: www.patientsafetyresearch.org



IN YOUR AREA - reports from FPH representatives

NORTHERN IRELAND

Overview of key public health developments in 2007 in Northern Ireland

The outcome of the Review of Public Administration in Northern Ireland is still awaited. There continues to be uncertainty over most of the future structures within the Health and Social Services sector, with proposals for reform currently out for consultation. The proposals suggest replacing the existing four Health and Social Services Boards with a single Regional Health and Social Care Board. A new Public Health Agency is proposed to provide health protection and health improvement functions and provide advice to the Regional Board on Commissioning issues.

New structures in Northern Ireland – these have created opportunities for public health professionals. Public health staff have been appointed to positions such as medical director posts in the new Trusts and the Regulation and Quality Improvement Authority. The much larger

new Trusts are also seeing the need to create new posts with specific responsibility for public health, which is a welcome development.

Overview of the work of the committee in 2007

- The Northern Ireland Affairs Committee (NIAC) met on four occasions during 2007.
- In order to support public health practitioners through this period of uncertainty a series of events known as the 'Public Health Development Programme' have taken place. To date, three events have taken place and a fourth is planned for June 2008.

The focus of these events has been to help prepare public health practitioners on a personal level for the change process. This involved events with the following themes: 'Creating the Future – Rhetoric or Results?'; 'Managing the Transition'; and 'New Horizons'.

Professionals were given tips on how to keep motivated and maintain good working

relationships during the transition period and to see the positive opportunities that a change process presents.

- As well as the series of events above, a network group was established on the FPH website. The discussion group has a large membership and is used to publicise forthcoming events and provides a forum to discuss personal and professional development issues.

Plans for 2008

There was no recruitment into the public health training scheme during 2007 but there are plans to recruit during 2008.

A new Masters in Public Health course will be available at Queens University in Belfast from autumn 2008 which will greatly enhance the local training arrangements.

The Boards are continuing to host F2 doctors for short attachments. These attachments are generally perceived as useful by the doctors in training and valuable to the host Board.

The Committee is looking forward to participating in the proposed new FPH committee structures during 2008 as we feel it is vital that there is Northern Ireland representation on key committees.

WALES

Overview of the work of the committee in 2007

While members continue to be active in supporting training in Wales, during the last year it has become apparent that the Welsh Affairs Committee needs to be more active in responding to policy issues which are devolved to the Welsh Assembly Government.

While the FPH can respond from the centre on issues which are handled at UK level, as policy and the NHS in devolved countries change so the FPH needs to evolve.

The Welsh Affairs Committee has therefore requested both formal status and a name change to support them in representing the views of the FPH on Welsh policy.

This has been agreed and the Committee will in future be the Faculty of Public Health in Wales Committee (FPH Wales). A review of ongoing fitness for purpose has therefore been a major focus of activity of the committee over the last year. The next 12 months will start to show whether this has had the desired impact.

SCOTLAND

Overview of the work of the Committee in Scotland in 2007

The committee met on four occasions in 2007 and held a highly successful annual public health conference in Falkirk attended by over 250 delegates. The minutes of the meetings are available on the FPH website.

The committee has responded to a series of consultation documents on health produced by the new Scottish government elected in May 2007, including important consultations on the Public Health (Scotland) Bill, the Local Healthcare Bill and the NHS strategy paper, Better Health, Better Healthcare.

These documents herald increasingly divergent national health systems in the UK.

The committee is represented on around 16 national bodies and is able to contribute the public health perspective and influence others in Scotland through the convenor and other nominated individuals.

FPH is represented on the Academy of Royal Colleges and Faculties in Scotland by the convenor who was elected as vice-chair of the Academy in 2006.

One important issue that the committee has been addressing over the past year is that of the necessary workforce in Scotland to deliver the public health function. The committee has produced advice on the topic but this needs to be kept under review.

A wider consultation has now begun in Scotland on re-shaping the medical workforce in Scotland and the committee is contributing to this consultation.

Recruitment to training posts has been successfully conducted through NHS Education

Scotland and two public health specialist trainees have also been appointed.

The Medical Research Council and the Chief Scientist Office have established a new unit in Scotland as part of a Scottish Collaboration for Public Health Research and Policy. Professor John Franks has been appointed as director and he will take up post in July 2008.

The Scottish Funding Council are considering the development of a Post Graduate Scottish School of Public Health.

Plans for 2008

The committee has approved a new constitution in line with the FPH review of its committee structure and this will come into effect from June 2008.

A new local board member for Scotland will be elected in 2008 who will also convene the committee in Scotland.

The Annual Scottish Public Health Conference will be held in Aviemore on 13–14th November 2008.

ENGLISH REGIONS

South West

All organisations in the region now have settled structures for public health services – something which has taken nearly two years following reorganisation to achieve. This level of disruption should not be forgotten by the NHS.

Nevertheless, the dramatic turnaround in finances in PCTs has had an equally dramatic effect on public health investments and capacity with most PCTs able to commit at least 0.25% of their budgets in 2007/08.

As a result, there were over 20 consultant and senior staff vacancies in the region early in 2008 which are now being filled. It is clear that demand will outstrip the availability of fully trained applicants in the short term.

The training scheme has also just started a full recruitment programme.

Public health departments have been well regarded for their contribution towards improving the quality and relevance of services to the population.

They have also become more engaged with their local authority colleagues and more influential in shaping the local environment. It is clear that this trend has further to go.

New health improvement initiatives are being funded to support the 'Choosing Health' agenda in non-NHS agencies and inevitably, this has raised the profile of the practitioners. In the meantime, PCTs have separated into commissioning and providing sections with the public health function being seen largely as within commissioning.

There has been pressure to place some public health services in providing organisations, for example quit smoking teams and health trainers although the consequences of such moves are not yet clear.

The Health Protection Agency has responded well to several major emergencies in the region, notably the flooding which badly affected parts of Gloucestershire and is actively involved in general emergency and pandemic flu planning. All units report being stretched but in the main are able to provide a good service.

PLANS FOR 2008

A programme of activity for 2008 linked to our four strategic objectives was approved by the FPH Board in November 2007. A summary is included below:

Strategic objective 1: To develop and assure a fit-for-purpose UK public health workforce

Priorities for 2008

- Publish the report of the 2007 public health workforce survey
- Provide guidance for employers and others on consultant appointments (AACs)
- Monitor specialist public health workforce levels to provide input to the Department of Health and others
- Design a revalidation programme for public health consultants
- In partnership with stakeholders, develop a regulatory framework for public health practitioner development

- Scope the viability of developing a multiple choice examination that tests knowledge at an appropriate level and could be used for training and/or revalidation
- Consolidate streamlining of CPD processes
- Ensure the FPH assessment package meets PMETB requirements and is circulated and implemented in training programmes
- Develop a system of review for the new curriculum
- Develop the Part A examination

Strategic objective 2: To promote understanding and knowledge on matters concerning public health to support continuing professional development at UK, EU and global levels.

Priorities for 2008

- Provide timely guidance and advice for members on a range of FPH-related and other public health issues

- Develop the profile of FPH and its educational activities in other countries
- Ensure delivery of agreed outputs for identified policy priorities (alcohol, mental health, sustainable development, health of asylum seekers, obesity, CAP reform)

Strategic objective 3: To advocate for and contribute to policies, programmes and services that promote public health and reduce health inequalities at UK, EU and global levels.

Priorities for 2008

- Systematise stakeholder relationship programme to raise FPH profile and enhance and develop partnership working
- Increase the number of members who actively and effectively engage with and work on behalf of FPH, through more effective promotion of the benefits of membership involvement
- Undertake a review of media relations and public affairs objectives and capacity for delivering them

Strategic objective 4: To deliver the above through an effective, efficient and well-governed organisation

Priorities for 2008

- Ensure FPH elections and other administrative processes are fit for purpose
- Ensure that FPH educational activities take into account the requirements of the Disability Discrimination Act
- Achieve a balanced recurring budget by the end of 2008
- Cost improvement policies to be operational in 2008
- Complete the database and continue to develop integration of web and database functions
- Ensure a smooth transition on the retirement of the Head of Finance and Membership Records (August 2008)

2007 FINANCIAL REPORT

Investment policy

FPH's investment policy is to ensure that the portfolio maintains its aggregate value (in sterling) in real terms with the aim of bettering the returns of an appropriate charity related index. The portfolio is managed on a discretionary basis, subject to specifically requested guidelines by a firm of professional advisers.

During 2007 the portfolio provided a total return of 6.9%.

FPH trustees are conscious that they should have a socially responsible investment policy, the principles of which should also apply to the receipt of grants and voluntary income. Current policy states that we will not knowingly invest in any sector or business whose activities wholly or mostly have a direct, detrimental effect on health. Monitoring this policy has been delegated to FPH's [Risk Management Audit and Finance Committee](#) (RMAFC).

The RMAFC regularly reconsiders our investment policy in the light of the views of members and

new evidence on factors affecting health and society, and advises the trustees accordingly. The sectors or businesses excluded from our portfolio in 2007 are the tobacco industry; the production and distribution of land mines and cluster bombs; and the production and distribution of instruments of torture.

The Trustees appreciate that some sectors or businesses have products that can be harmful to health but which in moderation can have beneficial effects. FPH seeks to educate in such cases rather than disinvest.

Reserves

The Board believes that FPH requires reserves to enable it to meet any unpredictable increase in expenditure or fall in income. It considers that reserves should be maintained at a level at least equal to the average annual expenditure on unrestricted funds, and that this should gradually be increased to a figure nearer to two years' expenditure. Based on 2007 figures, the current reserves represent the unrestricted fund expenditure for a little over a year.

Risk management

Best practice in relation to the governance of charitable bodies suggests that FPH should maintain an active approach to managing risks. In this context, a risk is anything that could interfere with the way FPH operates or fulfils its charitable aims.

The main way in which risks are managed is via a formal process of identifying particular risks, assessing the likelihood of the risk occurring and establishing a realistic control mechanism that would remove the risk or ameliorate its impact. The FPH risk register identifies the main risks, the likelihood of them happening and the types of controls which need to be in place.

The Board is satisfied that the systems currently in place will mitigate our exposure to major risks.

Structure, Governance and Management

FPH is a faculty of the Royal Colleges of Physicians of the UK which consists 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.

It is a registered charity (Number 263894). The governing instrument of FPH is its Standing Orders.

The trustees are the voting members of the Board. Three trustees are appointed by the parent colleges. The president and vice president are elected by the membership by a single transferable vote system. The remaining five officers are appointed by the trustees. All officers are appointed 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 appointed in accordance with the terms of Standing Orders 37 to 42 and the detailed procedures for the timetable and the single transferable vote system as agreed by the Board. The trustees who served during 2007 are listed in Annex 1.

Following their election, the trustees undertake a period of training. They are given an induction pack and the opportunity to discuss administrative details further at the FPH office. 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 to discuss a specific matter of policy during a planned away day. The functions and powers of the Board are detailed in Standing Orders 50 and 52.

The Executive Committee appointed by the Board carries out the functions set out in Standing Order 63 which includes the power to act on behalf of the Board at the request of the president in 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 was updated in 2007.

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

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 the guidelines agreed by the Board. Paul Scourfield is the current Chief Executive of the Faculty of Public Health.

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 and
- to act as an authoritative body for the purpose of consultation in matters of education or public interest concerning public health.

Principal advisers

Bankers

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

Solicitors

Hempsons Solicitors
40 Villiers Street
London WC2N 6NJ

Auditors

Horwath Clark Whitehall LLP
Chartered Accountants
St Bride's House
10 Salisbury Square
London
EC4Y 8EH

Investment Managers

Smith & Williamson Investment Management
25 Moorgate
London EC2R 6AY

Resources

Our financial resources are described in the financial statements in Annex 2. In addition to its paid staff, FPH relies heavily on the voluntary work of its honorary officers, Board and committee members.

ANNEX 1

BOARD TRUSTEES BETWEEN 1 JANUARY 2007 AND 31 DECEMBER 2007

Officers

President

GRIFFITHS, Roderic Keith (until June 2007)
MARYON-DAVIS, Alan Roger (from June 2007)

Vice President

WINYARD, Graham Peter Arthur (until June 2007)
GEORGE, Stephen Llanyon (from June 2007)

Registrar

GRAY, Selena Felicity

Assistant Registrar

CHAPPLE, Jean Catherine (until June 2007)
RAMAIAH, Ramaiah Sampangi (from June 2007)

Academic Registrar

GEORGE, Stephen Llanyon (until June 2007)
WILLIAMS, David Anthony (from June 2007)

Assistant Academic Registrar

DUFF, Celia Helen (until June 2007)
WEBSTER, Premila Nalini (from June 2007)

Treasurer

SCOTT, Elizabeth Aline

Other Board Members

ASHTON, John Richard (until November 2007)

BRYSON, Adam

COLLINS, Maria Margaret

CONNELLY, James Bernard (until June 2007)

COOK, Gary Arnold (from June 2007)

COOPER, Robert Forbes

DAVIDSON, Peter Hugh (from June 2007)

EVANS, Barry Graham (until November 2007)

FRASER, Andrew Kerr

GILMORE, Ian Thomas

GREY, Paula (until June 2007)

GUY, Margaret Anne

HANLON, Philip William

HARVEY, Ian Morris (from June 2007)

JONES, Judith Ann

KERNOHAN, Elizabeth Marguerite (until June 2007)

LITTLE, Janet Mary

MILNE, Eugene Michael Gerard

MORGAN, Kieran Francis Holdway

PARTRIDGE, Rachel Louise

PAYNE, John Nicholas (until November 2007)

PEACHEY, Meradin (until June 2007)

RAE, Margaret (until November 2007)

RAMAIAH, Ramaiah Sampangi (until June 2007)

RAWAF, Salman Abbas (from November 2007)

SHUKLA, Rashmita (until June 2007)

SIM, Fiona Marion (from June 2007)

SIMS, Anita Margaret (from June 2007)

VETTER, Norman John

WATSON, Paul Stephen

ANNEX 2

[Link to Annex 2 Financial statements for year ending 31 December 2007](#)

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



Annex 2 Financial statements for the year ended 31 December 2007

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

CHARITY NUMBER 263894

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees are responsible for the preparation of the Annual Report and Financial Statements in accordance with the appropriate law and regulations
Law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the year and of its financial position at the end of the year. In preparing those financial statements the trustees are required to:

- a) select suitable accounting policies and then apply them consistently;
- b) make judgements and estimates that are reasonable and prudent;
- c) state whether applicable UK accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements; and
- d) prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue.

The trustees are responsible for keeping proper accounting records which 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 1993. 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.

Further information relating to FPH activities can be found in the body of the Annual report of which this is an annex.

Independent Auditors' Report to the Trustees of 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 2007 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. These financial statements have been prepared in accordance with the accounting policies set out therein.

This report is made solely to the charity's trustees, as a body, in accordance with section 43 of the Charities Act 1993 and regulations made under section 44 of that Act. 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 auditors' 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 its trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Respective responsibilities of trustees and auditors

The trustees' responsibilities for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statement of Trustees' Responsibilities on page 1.

We have been appointed as auditors under section 43 of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993.

We also report to you if, in our opinion, the information given in the Trustees' Report is not consistent with the financial statements, if the charity has not kept proper accounting records, or if we have not received all the information and explanations we require for our audit.

We read the Trustees' Report and consider the implications for our report if we become aware of any apparent misstatements within it.

Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Unqualified opinion

In our opinion the financial statements:

- give a true and fair view, in accordance with the United Kingdom Generally Accepted Accounting Practice of the state of the charity's affairs as at 31 December 2007 and of incoming resources and application of resources for the year then ended; and
- have been properly prepared in accordance with the Charities Act 1993.

Horwath Clark Whitehill LLP

Horwath Clark Whitehill LLP
Chartered Accountants and Registered Auditors
Date

23 April 2008

St Bride's House
10 Salisbury Square
London EC4Y 8EH

Statement of financial activities for the year ended 31 December 2007

| | Note | Unrestricted Fund | Designated Funds | Restricted Funds | Endowment Funds | Total 2007 | Total 2006 |
|---|------|-------------------|------------------|------------------|-----------------|------------------|------------------|
| | | £ | £ | £ | £ | £ | £ |
| INCOMING RESOURCES | | | | | | | |
| Income from generated funds | | | | | | | |
| Voluntary Income | | 0 | | 0 | | 0 | 641 |
| Investment income | 2 | 71,823 | 522 | 0 | 2,929 | 75,274 | 70,954 |
| Incoming resources from charitable activities | | | | | | | |
| Grant income | | | | 1,599,374 | | 1,599,374 | 609,263 |
| Examinations and training | | 230,908 | | | | 230,908 | 244,949 |
| Membership fees and subscriptions | | 859,010 | | | | 859,010 | 778,163 |
| Maintaining professional standards | | 49,788 | 19,244 | | | 69,032 | 17,451 |
| Public health policy and advocacy | | 174,322 | | 0 | | 174,322 | 159,236 |
| TOTAL incoming resources | | 1,385,851 | 19,766 | 1,599,374 | 2,929 | 3,007,920 | 1,880,657 |
| RESOURCES EXPENDED | | | | | | | |
| Cost of generating funds | | | | | | | |
| Investment management costs | | 7,831 | | | | 7,831 | 7,280 |
| Charitable Activities | | | | | | | |
| Examinations and training | | 408,840 | | 77,029 | 676 | 486,545 | 633,043 |
| Maintaining professional standards | | 449,981 | | 692,721 | 158 | 1,142,860 | 616,961 |
| Public health policy and advocacy | | 486,385 | 5,810 | 44,422 | 2,431 | 539,048 | 572,509 |
| Governance costs | 3a | 99,161 | | | | 99,161 | 91,540 |
| TOTAL resources expended | | 1,452,198 | 5,810 | 814,172 | 3,265 | 2,275,445 | 1,921,333 |
| NET INCOMING / (OUTGOING) RESOURCES before other recognised gains and losses | | | | | | | |
| | | (66,347) | 13,956 | 785,202 | (336) | 732,475 | (40,676) |
| OTHER RECOGNISED GAINS AND LOSSES | | | | | | | |
| Net gains on investments | 6 | 47,359 | 0 | 0 | (1,279) | 46,080 | 74,200 |
| NET MOVEMENT IN FUNDS | | (18,988) | 13,956 | 785,202 | (1,615) | 778,555 | 33,524 |
| Total funds brought forward at 1 January | | 1,484,420 | 12,833 | 552,063 | 111,070 | 2,160,386 | 2,126,862 |
| TOTAL FUNDS CARRIED FORWARD as at 31 December | | 1,465,432 | 26,789 | 1,337,265 | 109,455 | 2,938,941 | 2,160,386 |

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

The notes on pages 5 to 10 form part of these financial statements.

Balance Sheet as at 31 December 2007

| | note | Unrestricted Fund | Designated Funds | Restricted Funds | Endowment Funds | Total 2007 | Total 2006 Restated |
|------------------------------------|------|-------------------|------------------|------------------|-----------------|------------------|---------------------|
| | | £ | £ | £ | £ | £ | £ |
| FIXED ASSETS | 5 | 7,252 | 0 | 0 | 0 | 7,252 | 7,252 |
| INVESTMENTS at market value | 6 | 1,155,490 | 0 | 0 | 91,216 | 1,246,706 | 1,208,491 |
| | | 1,162,742 | 0 | 0 | 91,216 | 1,253,958 | 1,215,743 |
| CURRENT ASSETS | | | | | | | |
| Debtors and prepayments | 8 | 207,535 | 0 | 17,379 | 141 | 225,055 | 418,109 |
| Bank balances and cash | 7 | 428,794 | 26,789 | 1,321,335 | 18,098 | 1,795,016 | 799,916 |
| Total current assets | | 636,329 | 26,789 | 1,338,714 | 18,239 | 2,020,071 | 1,218,025 |
| Less CURRENT LIABILITIES | | | | | | | |
| Creditors | 9 | 333,639 | 0 | 1,449 | 0 | 335,088 | 273,382 |
| Net current assets | | 302,690 | 26,789 | 1,337,265 | 18,239 | 1,684,983 | 944,643 |
| NET ASSETS | | 1,465,432 | 26,789 | 1,337,265 | 109,455 | 2,938,941 | 2,160,386 |
| represented by | | | | | | | |
| Restricted fund | 10 | | | 1,337,265 | | 1,337,265 | 552,063 |
| Designated fund | 10 | | 26,789 | | | 26,789 | 12,833 |
| Endowment Funds | 10 | | | | 109,455 | 109,455 | 111,070 |
| Unrestricted fund | | 1,465,432 | | | | 1,465,432 | 1,484,420 |
| | | 1,465,432 | 26,789 | 1,337,265 | 109,455 | 2,938,941 | 2,160,386 |

Approved by the Board and authorised for issue on the 11th April 2008 and signed on its behalf by

Liz Scott

Dr Elizabeth Aline Scott
Treasurer

Alan Maryon-Davis

Professor Alan Maryon-Davis
President

The notes on pages 5 to 10 form part of these financial statements.

Notes to financial statements for the year ended 31 December 2007

Note 1

Accounting Policies

- (a) The financial statements are prepared under the historical cost basis convention as modified by the inclusion of investments at market value. In preparing the financial statements the Faculty follows best practice as laid down in the Statement of Recommended Practice 'Accounting and Reporting by Charities' (SORP 2005) issued in March 2005.
- (b) Equipment and furnishings with an individual cost price exceeding £5,000 (2006 £5,000) have been included in fixed assets. All other equipment and furnishings purchased have been included as resources expended in the SOFA.
- Depreciation of fixed assets is calculated on cost, on the straight line basis over 2 years.
- (c) Fixed asset investments are stated at market value at the balance sheet date. The SOFA includes the net gains and losses arising on revaluation and disposals throughout the year.
- (d) All incoming resources are included in the SOFA when the Faculty is legally entitled to the income, the amount can be quantified with reasonable accuracy and transfer of funds is relatively certain.
- (e) Interest is gross and dividends do not include any tax credits.
- (f) Subscription income is recorded on a receivable basis.
- (g) Unrestricted funds are funds which do not have any specific conditions attached to them regarding their use.
- (h) Designated funds are amounts set aside by the Board from unrestricted funds for specified projects. The Faculty has power to decide and amend their use.
- The Welsh and Scottish funds are used to finance activities within the country stated.
- (i) Restricted funds are monies and gifts given to the Faculty with stipulated terms and conditions that cannot be changed by the Faculty. Credit is taken for grants agreed but not yet received, where entitlement is vested in the Faculty.
- Sphere Project is a grant from European commission which aims to describe European public health research activities
 - Patient Safety conference is a grant from European commission which aims to focus on the future of patient safety research in Europe.
 - HOADs fund is held on behalf of the Heads of Academic Public Health Departments for projects.
 - All other funds are grants received to carry out work as suggested by the title of the fund.
- (j) Endowment funds have been given to the Faculty for the purposes stated and are expendable at the Trustees' discretion.
- The following endowment funds provide an award for excellence in examinations held by the Faculty: Littlejohn Gairdner Prize fund, O'Brien Prize Fund, Ann Thomas Prize, and The McEwen Award
 - The Alwyn Smith prize is awarded annually to the Member or Fellow of the Faculty judged to have made the most outstanding contribution to the health of the public, by either research or practice in community medicine (public health medicine)
 - The Wilfrid Harding Faculty prize is normally awarded biennially to a member judged to have made the most outstanding effort and achievement on behalf of the Faculty
 - Cochrane Prize Fund is awarded to an undergraduate student to support an educational activity in the field of public health medicine
 - The DARE Lecture fund was set up to fund an annual eponymous lecture
 - The BACP travelling fellowship is normally awarded biennially to assist members of the Faculty in training to undertake educational travel, normally outside the United Kingdom
 - June and Sidney Crown Award is given to assist young Members of the Faculty to gain experience or further training outside the United Kingdom
- (k) Resources expended
- Expenditure is included on an accruals basis including VAT where applicable as the Faculty is not registered for VAT.

Costs of generating funds comprise those costs directly attributable to managing the investment portfolio and raising investment income.

Support costs have been apportioned on the basis of staff time.

Governance costs include the expenditure and value of staff time required for the Board meetings, election of trustees and the statutory requirements of the AGM and the costs of the annual audit meetings

- (l) The annual rentals of operating leases are charged to the profit and loss account on a straight line basis over the lease term
- (m) Assets and liabilities denominated in foreign currency are translated at the rate of exchange ruling at the date of the balance sheet or an appropriate rate ruling at the date of the receipt of the grant. Transactions in foreign currency are recorded at an appropriate rate ruling at the date of the transactions. All differences are taken to the SOFA.
- (n) Pension schemes

For one employee the Faculty contributes to the Royal College of Physicians (1973) Staff Pension at rates set by the Scheme Actuary. The scheme is a multi-employer pension scheme and it is not possible to identify the assets and liabilities of the scheme which are attributable to the Faculty. In accordance with FRS17 therefore, the scheme is accounted for as a defined contribution scheme

The Faculty contributes to the personal pension schemes of all other eligible staff. Contributions are charged to the financial statements in the year in which the liability arises.

- (o) Restatement of comparative figures

A review of the charity's reserves was carried out during the year, with particular focus on those funds that had previously been categorised as designated funds. Having obtained, where possible, the original documentation relating to the donations that established the funds, as well as obtaining, from the donor, clarification of their intention when the donations was made, the Trustees reclassified most of these funds as endowments in line with the wishes of the donors. The comparative figures for 2006 have similarly been amended, such that £111,070 previously categories as designated funds is now included as expendable endowments.

Note 2

Incoming resources

| | Unrestricted Fund | Designated Funds | Restricted Funds | Endowment Funds | Total 2007 | Total 2006 |
|---------------------------------------|-------------------|------------------|------------------|-----------------|---------------|---------------|
| | £ | £ | £ | £ | £ | £ |
| Investment Income | | | | | | |
| Bank interest earned on cash balances | 42,537 | 522 | | 1,244 | 44,303 | 39,004 |
| Income from investment portfolio | 29,286 | | 0 | 1,685 | 30,971 | 31,950 |
| Total as shown on SOFA | 71,823 | 522 | 0 | 2,929 | 75,274 | 70,954 |

Note 3

Support Costs breakdown by activity

| | Examinations & training | Maintaining professional standards | Public health policy advocacy | Basis of Allocation |
|------------|-------------------------|------------------------------------|-------------------------------|---------------------|
| | £ | £ | £ | |
| Property | 10,785 | 10,650 | 9,839 | Staff time |
| Management | 85,587 | 84,515 | 78,084 | Staff time |
| finance | 40,666 | 40,157 | 37,101 | Staff time |
| IT | 34,479 | 34,047 | 31,456 | Staff time |
| HR | 29,536 | 29,166 | 26,946 | Staff time |
| | 201,053 | 198,535 | 183,426 | |

Note 3a

Governance costs

| | Total 2007 | Total 2006 |
|-------------------------------|-----------------------|-----------------------|
| Audit fee | 11,000 | 0 |
| Audit fee (previous auditors) | 4,815 | 10,985 |
| Election costs | 9,080 | 6,910 |
| AGM and Annual report | 16,011 | 8,776 |
| Board | 9,207 | 6,916 |
| Support costs and staff time | 49,048 | 57,953 |
| | 99,161 | 91,540 |

Note 4

Faculty staff and members of the Board

| | 2007 | 2006 |
|---|-------------|-------------|
| The number of staff whose annual salary excluding pension costs was over £60,000 | 1 | 1 |

| | 2007 | 2006 |
|---|-------------|-------------|
| The average number (full time equivalent) of staff in year was | 26 | 25 |

| Staff Costs | 2007 £ | 2006 £ |
|-----------------------|-------------------|-------------------|
| Salaries | 846,125 | 751,826 |
| Social Security costs | 88,364 | 78,768 |
| Pension | 95,005 | 76,088 |
| Total | 1,029,494 | 906,682 |

The Faculty made contributions during the year to defined contribution personal pension schemes in respect of 24 members of staff. Contributions are charged to the financial statements in the year in which the liability arises. The Faculty also made contributions in respect of one member of staff to the Royal College of Physicians (1973) Staff Pension scheme, which provides benefits based on final pensionable pay. The pension contributions payable in respect of the highest paid employee is £8,822 (2006 £8,336)

Payments made to members of the Board (including Faculty Officers) during the year were:

Reimbursements of travelling expenses totalling £25,666 (2006 £24,357) to total of twelve members (2006 nine).

No honoraria were paid to Faculty Officers during the year.

Note 5

Statement regarding fixed assets

| | Computer Equipment | Office Furniture & Equipment | Donated Items | Total |
|---------------------------|-----------------------|------------------------------------|------------------|--------|
| Cost | £ | £ | £ | £ |
| At 1 January | 37,049 | 25,871 | 4,912 | 67,832 |
| Additions during the year | | | 0 | 0 |
| As at 31 December | 37,049 | 25,871 | 4,912 | 67,832 |
| Depreciation | | | | |
| At 1 January | 37,049 | 23,531 | 0 | 60,580 |
| Charge for the year | | | 0 | 0 |
| As at 31 December | 37,049 | 23,531 | 0 | 60,580 |
| Net book Value | | | | |
| As at 31 December 2007 | 0 | 2,340 | 4,912 | 7,252 |
| As at 31 December 2006 | 0 | 2,340 | 4,912 | 7,252 |

Note 6

Investments

| | Unrestricted Fund | Designated Funds | Restricted Funds | Endowment Funds | Total 2007 | Total 2006 |
|-----------------------------|----------------------|---------------------|---------------------|--------------------|------------|------------|
| | £ | £ | £ | £ | £ | £ |
| Market Value at 1 January | 1,115,996 | | | 92,495 | 1,208,491 | 1,090,905 |
| Capital Introduced | 0 | | | 0 | 0 | 50,000 |
| Net surplus on revaluation | 47,359 | | | (1,279) | 46,080 | 74,200 |
| Capital withdrawn | (7,865) | | | 0 | (7,865) | (6,014) |
| Market Value at 31 December | 1,155,490 | | | 91,216 | 1,246,706 | 1,209,091 |

| | Unrestricted Fund | Designated Funds | Restricted Funds | Endowment Funds | Total 2007 | Total 2006 |
|---------------------------|----------------------|---------------------|---------------------|--------------------|------------------|------------------|
| | £ | £ | £ | £ | £ | £ |
| UK Equities | 597,532 | | | | 597,532 | 632,978 |
| UK Unit/Investment Trusts | 372,148 | | | 77,453 | 449,601 | 368,663 |
| Government Stock | 39,820 | | | | 39,820 | 74,585 |
| Fixed Interest | 93,922 | | | 13,338 | 107,260 | 45,114 |
| Cash | 52,068 | | | 425 | 52,493 | 87,151 |
| | 1,155,490 | 0 | 0 | 91,216 | 1,246,706 | 1,208,491 |

The following investments have an individual market value which constitutes more than 5% of the total market value of the unrestricted fund portfolio: Charities Property Fund (6.01%), Smith and Williamson American Trust Income Units (7.93%)

Note 7

Bank balances and cash

| | Unrestricted Fund | Designated Funds | Restricted Funds | Endowment Funds | Total 2007 | Total 2006 |
|--------------------------------------|-------------------|------------------|------------------|-----------------|------------------|----------------|
| | £ | £ | £ | £ | £ | £ |
| Short term interest bearing accounts | 70,647 | 26,789 | 102,181 | | 199,617 | 300,898 |
| Money Market account | 81,902 | | 1,100,000 | 18,098 | 1,200,000 | 300,000 |
| Euro accounts | 259,414 | | 119,154 | | 378,568 | 178,357 |
| Current account | 16,638 | | | | 16,638 | 20,618 |
| Cash | 193 | | | | 193 | 43 |
| | 428,794 | 26,789 | 1,321,335 | 18,098 | 1,795,016 | 799,916 |

Note 8

Debtors and prepayments

| | Unrestricted Fund | Designated Funds | Restricted Funds | Endowment Funds | Total 2007 | Total 2006 |
|--------------------------------|-------------------|------------------|------------------|-----------------|----------------|----------------|
| | £ | £ | £ | £ | £ | £ |
| Income Tax recoverable | 0 | | 0 | 141 | 141 | 141 |
| Prepayments | 16,583 | | 0 | | 16,583 | 10,657 |
| Grants agreed but not received | 5,000 | | 17,379 | | 22,379 | 358,137 |
| Other debtors | 185,952 | | 0 | | 185,952 | 49,174 |
| | 207,535 | 0 | 17,379 | 141 | 225,055 | 418,109 |

Note 9

Creditors amounts falling due within one year

| | Unrestricted Fund | Designated Funds | Restricted Funds | Endowment Funds | Total 2007 | Total 2006 |
|----------------------------|-------------------|------------------|------------------|-----------------|----------------|----------------|
| | £ | £ | £ | £ | £ | £ |
| Income received in advance | 83,863 | | 0 | | 83,863 | 89,401 |
| Personal pension reserve | 62,969 | | 0 | | 62,969 | 67,620 |
| Other creditors | 186,807 | | 1,449 | | 188,256 | 116,361 |
| | 333,639 | 0 | 1,449 | 0 | 335,088 | 273,382 |

Note 10

Details of fund movements during the year

| Designated Funds | Note | Balance at | Incoming | Resources | Other | Balance at |
|---------------------------------|------|---------------|---------------|--------------|------------|---------------|
| | | 31- Dec-06 | resources | expended | Recognised | 31- Dec-07 |
| | | £ | £ | £ | £ | £ |
| Welsh Affairs Committee Fund | 1 | 3,456 | 205 | 0 | | 3,661 |
| Scottish Affairs Committee Fund | 1 | 9,377 | 19,561 | 5,810 | | 23,128 |
| Total | | 12,833 | 19,766 | 5,810 | 0 | 26,789 |

| Restricted Funds | Note | Balance at | Incoming | Resources | Other | Balance at |
|--------------------------------------|------|----------------|------------------|----------------|------------|------------------|
| | | 31- Dec-06 | resources | expended | Recognised | 31- Dec-07 |
| | | £ | £ | £ | £ | £ |
| Educational grants | 1 | 10,150 | 17,379 | 27,529 | | 0 |
| Modernisation project grant | 1 | 49,500 | | 49,500 | | 0 |
| SPHERE Project grant | 1 | 95,361 | 36,686 | 106,290 | | 25,757 |
| Patient Safety Conference | 1 | 344,644 | 10,106 | 261,353 | | 93,397 |
| HOADS Fund | 1 | 498 | | | | 498 |
| Health informatics | 1 | 8,500 | | 8,500 | | 0 |
| Electronic library for public health | 1 | 10,923 | | 10,923 | | 0 |
| Public Health in Trusts | 1 | 15,000 | | 15,000 | | 0 |
| European Public Health research | 1 | 7,487 | | 7,487 | | 0 |
| Hypertension toolkit grant | 1 | 10,000 | | 10,000 | | 0 |
| Implementation Strategy | 1 | | 535,203 | 317,590 | | 217,613 |
| Teaching Public Health Networks | 1 | | 1,000,000 | | | 1,000,000 |
| Total | | 552,063 | 1,599,374 | 814,172 | | 1,337,265 |

| Endowment Funds | Note | Balance at | Incoming | Resources | Other | Balance at |
|------------------------------------|------|----------------|--------------|--------------|----------------|----------------|
| | | 31- Dec-06 | resources | expended | Recognised | 31- Dec-07 |
| | | £ | £ | £ | £ | £ |
| Littlejohn Gairdner Prize fund | 1 | 7,907 | 122 | 110 | (35) | 7,884 |
| Alwyn Smith Prize Fund | 1 | 1,075 | 37 | 8 | (42) | 1,062 |
| Wilfrid Harding Faculty Prize fund | 1 | 3,354 | 90 | 150 | (103) | 3,191 |
| Cochrane Prize Fund | 1 | 19,983 | 218 | 250 | (66) | 19,885 |
| BACP Travelling Fellowship | 1 | 19,872 | 805 | 0 | (1,383) | 19,294 |
| O'Brien Prize Fund | 1 | 2,651 | 115 | 108 | (198) | 2,460 |
| DARE Lecture | 1 | 42,459 | 298 | 2,431 | 548 | 40,874 |
| June and Sidney Crown Award | 1 | 8,499 | 765 | 0 | | 9,264 |
| Ann Thomas Prize | 1 | 2,000 | 180 | 100 | | 2,080 |
| The McEwen Award | 1 | 3,270 | 299 | 108 | | 3,461 |
| Total | | 111,070 | 2,929 | 3,265 | (1,279) | 109,455 |

Note 11

Operating lease charges during the year in respect of equipment total £8,690 (2006 £8,690). The same amount will be payable on leases expiring in more than five years.