



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health



## Annual Report 2006



**FACULTY OF  
PUBLIC HEALTH**

**Cover images**

Jamie Oliver talking with the Faculty President, Professor Rod Griffiths, after receiving the Alwyn Smith Prize for his contribution to public health.

Patricia Hewitt, Secretary of State for Health (England) giving the Faculty's annual public health lecture in November.

A view of Scarborough bay taken at the Faculty's Annual Scientific Meeting in June.

A view of the outside of the Faculty's offices in spring.

## Introduction from the President

“Public health is still high on the agenda and a skilled workforce will be essential to delivering those ambitious targets set by government”



Professor Rod Griffiths CBE  
Faculty President

**I**t is gratifying to see that public health continues to be high on the UK political agenda. The recognition that many of the issues facing society today are, in one way or another, linked to public health poses us with many challenges. The key question is, of course, how we respond – particularly in this time of change within the NHS. But we have made great strides – chiefly around the implementation of smokefree public places and workplaces – and it is important to continue to build on these successes – whatever obstacles are placed in our path. The Faculty also continues on its own pathway of modernisation and restructuring of its examinations, training and membership functions. In my short introduction I have highlighted those areas of particular note. The remainder of the report brings together all aspects of the Faculty's work and sets out the direction of travel for 2006.

### Education, training and membership

The Faculty's modernisation agenda is progressing well and 2005 saw some fundamental changes to our education, training and membership structures. The end of the year saw the last of the old Part II examinations to be held. These will be replaced by the Objective Structured Public Health Examination (OSPHE) – the first of which took place at the start of 2006. The end of the Part II and commencement of the OSPHE examinations mark a watershed for the Faculty and public health training as it completes the

formal separation of higher specialist training from membership – a process that started when Certificates of Specialist Training became the currency for consultant posts.

Work continues on improving workplace assessments. All colleges are required to submit their curricula to the Postgraduate Medical Education Training Board (PMETB) with an explanation of how candidates are assessed. This will therefore require processes which are robust, transparent and, more importantly, accountable. As a relatively small Faculty this means a big piece of work but it is essential that we ensure that standards are maintained in the new system.

### Reorganisation and public health

The NHS, and public health colleagues in the UK, face yet more reorganisation. In England, the publication of *Commissioning a Patient-led NHS* will see fundamental changes to the way in which primary care trusts operate. In Scotland, Community Health Partnerships were introduced and Northern Ireland is undertaking a review of public health and public administration.

The impact of frequent reorganisation has highlighted an issue of real concern for the Faculty – the loss of consultants from the public health workforce. Our 2005 workforce survey, supported by the Department of Health, confirms this worrying trend. It is disappointing that at a time when investment in the NHS has been

increasing, it has remained the same or decreased in public health. Only a third of those working in PCTs in England thought their departments were adequately staffed. This is despite the commitment to public health seen in *Choosing Health*.

The Faculty will continue to work with members to lobby and campaign until this decline in the public health workforce is reversed.

Despite all this, however, we should be optimistic. Public health is still high on the agenda and a skilled workforce will be essential to delivering those ambitious targets set by government, and ensuring that change is successfully implemented.

### **Smokefree workplaces and public places**

One of the big successes of 2004 was the implementation in Scotland of comprehensive smokefree legislation which will see the end of smoking in all public places and workplaces. This major step in improving and protecting public health was further advanced when Northern Ireland announced in October 2005 that it too would go smokefree. Wales has also indicated that, given the chance, all workplaces and public places would go smokefree. Only England continued to waiver – but at the start of 2006 there was a successful parliamentary vote to ban smoking in all enclosed public spaces including pubs and clubs. A hard won victory, with huge benefits for public health. The Faculty will continue to work with ASH and other partners to support the implementation of smokefree legislation.

### **Communications**

I promised that when I took the post of President, I would aim to involve members more in the Faculty's decision-making process. As part of this, in 2005, we set up the electronic bulletin – a monthly email to all members providing regular updates on what the Faculty is doing, as well as highlighting new information on our website. We are also using the website to publish work-in-progress which has been greatly helped and shaped by comments from members. As I write, we have also just completed a review of the Faculty's electronic discussion groups – the Network Groups – and will be reshaping these in

response to members' comments. Each of these should make it even easier for members to comment on and influence the way the Faculty works for them.

Watch out for further updates on all these issues in the monthly bulletin.

### **Media coverage**

The Faculty continued to build on its media profile. We have been particularly involved in the debate on Avian flu – which continues to dominate the headlines. We also gave specialist commentary on key public health issues such as smokefree public places and the implications of the proposed restructuring to the public health workforce.

### **Acknowledgements**

Finally, it remains to say that none of the great work, highlighted in this annual report, would be achieved without the support and commitment of the Faculty's officers, members and its staff. I would like to congratulate you all on an exceptional year.



**Professor Rod Griffiths CBE**  
Faculty President

## Education and Standards

2005 was a year of enormous change for education and standards at the Faculty. Many of the changes outlined in last year's annual report were carried out in 2005. In summary, what we proposed in 2004 was, first, to separate more clearly membership of the Faculty and completion of specialist training and, second, to strengthen the assessment of competence in the workplace, rather than the examination room.

### Examinations

In terms of examinations, we proposed in 2004 that the existing Part II examination be replaced entirely with a new Part B, to be taken earlier in training, and that the Part 1 be brought up to date and renamed the Part A at the same time.

The syllabus for the Part A examination was revised by July 2005 after an extensive consultation process. Initially existing examiners reviewed the syllabus, making suggestions which were then put out for a second round of consultation. This included academic departments of public health, Faculty Advisers and through them other providers of public health courses and modules, colleagues in the Republic of Ireland and Hong Kong, and members of the Education and Faculty Advisers' Committee and the Trainee Members Committee. Course designers had a three-month period to make any changes in course content before the new academic year. The new syllabus was used to set examinations for February and June 2006.

The new Part B OPSHE (Objective Structured Public Health Examination) has been developed by a very dedicated group of mainly ex-Part II examiners whose work is greatly appreciated by the Faculty. Part B will be the examination which confers Membership in future and it is aimed as an assessment of adequate "show how" competencies, set at a standard which the Faculty requires all Members to attain. In brief this aims to ensure high standards of professional public health practice by Members of the Faculty in interactions with other professionals, the media, organisations and members of the public. Two successful mock examinations were held in October and November 2005 and the exam is

ready for full implementation from February 2006.

The OSPHE Development Committee has been very mindful of the need to develop an examination which meets the new robust standards laid down by PMETB, but which also keeps the examination fee for candidates to a minimum. Necessarily such an examination is costly to deliver and the Faculty has endeavoured to optimise the above two factors.

The examination is not, like the old Part II, intended to be taken towards the end of training. On the contrary, it is intended to be passed by trainees in their second or third year of training, to allow them to complete at least two more years (full time equivalent) in their Higher Specialist Training Programme after gaining the Membership. Trainees will therefore complete the Faculty examination requirements much earlier in training than has previously been the case. This will enable trainees and their trainers in future to have an extended period of training after examinations where they can concentrate on developing particular high level skills which will help them in their future careers.

In May 2005, the Faculty Board decided that a maximum interval between parts of the exam was not necessary, but that a maximum number of attempts at each part was. Currently four attempts are allowed at Part I, and this will remain for Part A. It has been decided that three attempts will be allowed at Part B. As now, further attempts may be given at the discretion of the Academic Registrar.

An important review of all Faculty examination procedures was commissioned by the Faculty in 2005, and Dame Lesley Southgate is expected to report by the end of January 2006. This will inform the further development of the Faculty's examination processes to meet the requirements of PMETB and the demands of running the Faculty's examinations well into the 21<sup>st</sup> century.

### Reciprocal Recognition

A meeting was held with representatives of the Irish Faculty of Public Health Medicine early in 2005. At that meeting it was agreed that mutual recognition of the Part I/Part A examinations

would continue, but that the Part II/Part B would no longer be equivalent. At the same time it was agreed that those successfully completing training, in line with European legislation, would be able to work in either country. There is, and has been traditionally, a small number of people who choose to do the Irish exams while training in the UK. This is clearly not feasible under the new agreement. However, the Education and Faculty Advisers Committee decided in October 2005 that a period of grace should be allowed for those currently aiming to take the Irish Part II. Accordingly the Irish Part II will be accepted for CCT purposes as long as it is obtained before the end of 2006. No further extension will be considered, until and unless the Irish Faculty and the Faculty come to a new agreement on mutual recognition.

### **In-training assessment**

Completion of Specialist Training will, as now, be assessed through the work place and this also has been subject to review. Revision of the competency-based curriculum has been taken forward both by the Standards Committee and the Curriculum and Assessment Committee. Four new core areas of public health competency have been defined, together with five areas of specialist public health practice. The core areas: surveillance and assessment of the populations' health and well-being; assessing evidence of effectiveness of interventions; policy and strategy development and implementation; strategic leadership and collaborative working for health; will define the competencies that all trainees in public health must meet. In addition five specialist practice areas have been identified that will be practiced by some, but not all (health improvement; health protection; health and social services quality, public health intelligence and academic public health).

These specialised areas might also form the basis for future specialised training programmes, and individuals have been identified to lead this development work in each of the five 'defined' areas of practice. Defined Specialists would be expected to demonstrate a greater level of expertise in their area of specialism than those training in a generalist capacity. For those trainees from backgrounds other than medicine,

successful completion of this type of training would permit registration with the UKVRPHS on the Defined arm of the Register.

The Curriculum and Assessment Committee is also leading on the development of work to support training programmes and trainers, particularly with respect to changes to the work-based assessments. Whilst it is recognised that this is properly the business of the Deaneries, the Faculty can help to support the process through trainer development programmes, and through the production of recommended systems and processes. One change that has been agreed is a strengthening of the role of external RITA panel members in quality assuring training. Consequently, the Faculty will be requiring that trainees can produce evidence to back up competencies claimed, from January 2007. The easiest way to do this is by the keeping of a portfolio system, with reflective notes. Such a system has been piloted in Eastern Region and has been met with success. Clearly we cannot require Deaneries to use a particular form of documentation, or indeed any documentation at all, but the documentation piloted in Eastern Region will be made available to Deaneries and is free for use or adaptation. This will facilitate both the Faculty's quality assurance process and provide the trainee with a resource which can in future be used to populate curriculum vitae, as well as experience which will likely prove valuable when re-accreditation becomes a reality. We do not propose that trainees should carry out a retrospective exercise to identify evidence which, for some, may now be five years old: competencies already signed off will be accepted at face value. However, it is our intention that competencies newly presented to RITA panels during 2007 will be subject to the new quality assurance process.

### **Modernising Medical Careers**

Modernising Medical Careers (MMC) is a major reform of postgraduate medical education agreed by all four UK Health Ministers. The overall aim of MMC is to develop high quality, well-trained doctors who can deliver the care and treatment patients need in the modern NHS. This will be realised through structured training programmes that make full use of service experience.

The first two years of medical training, the Foundation Years, provide six four-month "slots" providing specialty experience. These incorporate GMC registration requirements coupled with generic skills training and include assessed components in early management skills. During the second Foundation year, choices for higher specialist training are made and juniors enter run through training. Run through programmes are curriculum and competency driven and assessed against outcomes. Sub specialty training may be taken as an additional component at the end of run through, although the details and implications of this are still under discussion. Time in training will depend on competency achievement rather than time served and there will be opportunity to transfer between specialist training programmes taking shared competencies.

The Assistant Academic Registrar leads for the Faculty on the implementation of MMC. Current work is focussing on developing common understanding of public health training opportunities in Foundation Programme posts. This work is being driven through the Training Programme Directors network. The PMETB requires standardised recruitment into specialty training and Programme Directors are also involved in proposals to synchronise and standardise recruitment procedures. The work of the Curriculum and Assessment Committee will be crucial in developing the curriculum for specialist training including a staged approach to acquisition of competencies. Entry requirements and length of training are under review. There is further work needed to ensure that we are able to keep our other graduate entry into training alongside the changing patterns of training under MMC and PMETB.

### **Entry to the GMC Specialist Register via Article 14**

Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order (2003) will allow any combination of qualifications and/or training and experience gained anywhere in the world to be evaluated as part of an application for entry to the GMC Specialist Register. The PMETB (Postgraduate Medical Education and Training Board), which assumed its statutory powers on 30 September 2005, will be the body responsible for the

implementation of the new legislation. The Faculty has developed 'Specialty Specific Guidance' for Article 14 applicants, which is available on the PMETB website. The Faculty is responsible for the initial assessment of applications and for making recommendations to the PMETB, and a core group of assessors has been identified to undertake this task. It is expected that a further group of assessors will be trained in 2006. The PMETB has the authority to confirm or reject recommendations and to notify the GMC that an assessed doctor should be entered on the Specialist Register.

### **Programme Visiting**

The last year has also seen a number of changes and developments around visiting of training programmes. The previous annual cycle of visiting was introduced at a time when there were significant changes happening within public health. There is still substantial change in the organisation of the specialty brought about by NHS re-organisation, but our ability to deal with change has developed over the years. As a result the need to review programmes every year receded, but a balance had to be struck in order to maintain regular support to programmes. A pattern of two-yearly visiting was introduced in 2005, therefore, using slightly less onerous systems. This worked effectively over the year, and will be integrated with PMETB visiting over the coming year.

PMETB took over responsibility for visiting programmes on 30th September 2005, and the last formal Faculty Visit has therefore taken place. In the new system visitors are still needed, but they will now be representing the Faculty at PMETB Visits. During the interim period, which lasts until spring 2006, there has been little external appearance of change, but Faculty has been working hard with PMETB to ensure that future visiting systems properly examine and support public health education and training. Next year will see the new systems being implemented.

### **Continuing Professional Development (CPD)**

The CPD Directorate was very active during 2005, bringing systems up to date and exploring how to bring more people into CPD.

An audit carried out showed 1366 members active in CPD in 2005. In 2006 the Faculty will survey all members who are not in CPD to find out whether they are in active public health practice and if so their reasons for not registering for the Faculty's CPD programme.

CPD returns are normally due by 31<sup>st</sup> March. However, many members miss this deadline. For 2005 it was agreed that any member late with returns or who had not responded would be included in the annual 10% audit. This highlighted a number of issues which the team has been working through over the past year.

As a result, 58 members who had not participated in the Faculty CPD scheme were included in the audit of 2004 CPD folders; 14 (24%) participated. This was in contrast to the 99% of members sampled who had already made a return.

2005 also saw the introduction of an electronic diary system, which will be audited in 2006.

### **Standards Committee**

The Standards Committee, chaired by the Vice President, Graham Winyard, undertook an extensive programme of work during 2005. This focussed on the development of the five specialised areas of public health – health protection, academic public health, service improvement/healthcare public health, health improvement and public health intelligence - and the improvement of work-based assessment in public health. A Curriculum and Assessment Group, chaired by the Academic Registrar, has been established to take forward work on the latter.

In June the committee issued a consultation document on training for health protection on-call, which stimulated a wide-ranging response. An interim statement was published in December and discussions will be held in 2006 with relevant bodies to finalise the requirements for training.

Klim McPherson has been appointed to lead work on the development of academic public health, including the establishment of a prospective training programme for academics. A workshop, led by Gary Cook, was held in December to develop a framework for service improvement.

The committee has overseen a review of the Faculty's programme for continuing professional development. It has also given initial consideration to the development of mutual recognition. It is proposed that a consultation process should be initiated once the review of competencies has been completed.

The committee has continued to work closely with the UK Voluntary Register, in particular on the development of a draft portfolio assessment framework for defined specialists.

### **Acknowledgements**

The Academic Registrar, Steve George, would like to thank the excellent and dedicated staff of the Faculty and the extensive efforts of the officers, directors of training, examiners, chairs and deputy chairs of examiners, Faculty visitors, Faculty advisers, CPD coordinators, training programme directors, members of the Voluntary Register Board, and many others involved in the development of education and training.

## Professional Affairs

### Workforce Planning

In October 2003, the Faculty, with the support of the DH (England), carried out a census of all Faculty members in the UK (and PCT Directors of Public Health not known to be members). The results provided essential information to support an increased workforce capacity which is needed to meet the growing public health agenda, and fed into national debates about public health capacity. This survey was repeated in late 2005 and results are available on the website.

### Senior public health appointments

New regulations and guidance on Advisory Appointments Committees (AACs) was issued by the Department of Health for England in early 2005, with similar recommendations emerging from Northern Ireland and Scotland later in the year. Wales is expected to follow suit early in 2006. As previously, one of the Faculty's statutory functions is to nominate external assessors to serve on appointments committees for NHS consultant grade posts in England, Wales and Northern Ireland. (In Scotland, there is a different process as a national panel handles the nomination process.) Since the beginning of 2002, those from a public health background other than medicine have been able to apply for the majority of senior public health posts in England. The Faculty has responded to these arrangements by nominating an additional external specialist assessor to serve on appointments committees for all consultants in public health/public health medicine posts.

2005 has also seen the introduction of a national pay scale in the NHS across the UK, Agenda for Change, and the Faculty has worked hard with partners to ensure that consultant in public health posts (ie senior public health posts for those from backgrounds other than medicine) are appropriately recognised and graded. Supporting this process has been the development of new generic specimen job descriptions which incorporate both Agenda for Change and the revised competency framework agreed by the Faculty, as well as the new AACs guidance.

The organisational changes associated with Shifting the Balance of Power in England led to a substantial increase in the number of advisory appointments committees (AACs) in 2002, and an increased level of activity has continued since then (Table 1). The number (103) of appointments made by advisory appointments committees actually held dropped in 2005, although the proportion of posts to which appointments were made was higher (56%) than in 2004. In addition, the number of cancelled AACs rose slightly to 33%. However, we do rely on assessors to feedback what happens at AACs, regardless of the outcome, and have been unsuccessful in obtaining feedback from assessors in 42 cases. The outcome of five AACs remains unknown.

Approximately 23% of candidates recommended for appointment were not Members, Honorary Members or Fellows of the Faculty, which is roughly similar to the levels reported in the previous two years.

The Faculty would particularly like to thank all those who participate in the AAC process, from those who write and check job descriptions in line with Faculty guidance to those who participate in AACs and return reports on the process to the Faculty, and ask for your ongoing support in 2006.

### Clinical excellence

In 2004, new consultants' clinical excellence awards schemes for England and Wales were introduced which replaced the former separate schemes for discretionary points and distinction awards in England & Wales. The role of the medical royal colleges (including that of the Faculty) remained largely unchanged with nominations being sought for the higher awards. Overall, in 2005, the Faculty made 4, 10 and 11 nominations respectively for platinum, gold/silver and bronze award levels in England & Wales, of which 1, 7 (4 gold and 3 silver) and 4 were successful.

The Faculty was also able to nominate individuals for the 2005 distinction awards rounds in the separate schemes run in Scotland, Northern Ireland and the Defence Medical Services. Faculty Advisers play an important role in ensuring appropriate nominations come from their regions through the Faculty.

**Table 1. Senior public health appointments****Consultants in Public Health Medicine and Specialists in Public Health***Report from the Assistant Registrar*

Year	Requests for Assessors	Result unknown	AAC cancelled	No appointment made	Appointments made (by post)	Appointees with MFPH/FFPH/HonFFPH	Other appointees
2000	138	0	18	28	92	85	7 1 MRCP, 1 with non-UK quals; 3 SpRMs; 2 SPHs
2001	<i>Figures for 2001 not available</i>						
2002	481	14	88	56	323	306	26 inc 2 with MRCPPath, 1 with FFPHM (SA), 1 on GMC Spec Reg in haematology 2 SpRMs, 2 DFPHMs
2003	232	3	38	56	135	105	30 inc 7 DFPH, 1 lapsed MFPH 2 lapsed SpRMs, 2 SpRM, 14 SPH, 1 overseas quals, 2 medic non members, 1 MRCPPath, 1 MFPHM Ireland
2004	253	32	64	37	120	92 inc 1 in acting capacity	30 inc 6 DFPH, 1 resigned MFPH, 1 lapsed SpRM, 2 SpRMs, 2 medic non members, 18 SpH non members
2005	183	5	60	15	103	80 inc 2 in acting capacity	24 inc 1 SpRM, 7 medic non-members, 15 SPH non members, 1 MRCOG

*In 2004:*

1. The 2002, 2004 and 2005 figures for those appointed in columns 7 and 8 include job shares so do not equal the number of appointments made in column 6 which are by post.
2. One request for Assessors was received from Northern Ireland. This figure is included in the above summary.
3. Six advertisements for posts in Scotland were noted.

**Recognition of distinction**

A key part of the process of reviewing current arrangements for membership, training and education processes has been the agreement in principle that election to Fellowship should occur automatically at the point when individuals have secured a place on an appropriate specialist register (e.g. GMC/GDC Specialist Register/Voluntary Register for Specialists in Public Health). These changes will require a change to standing orders and a ballot of members, which will take place early in 2006.

In addition the Board is considering a number of other changes to the distinction grades of membership and the criteria and documentation for each of these grades are being reviewed.

Because these changes are still being discussed and implemented, proposals for Fellowship and Membership through distinction have not been sought in 2005. A transition to the new system is anticipated in 2006.

**Northern Ireland Affairs Committee**

The Northern Ireland Affairs Committee (NIAC) is chaired by Janet Little and represents the Faculty's membership working in Northern Ireland. NIAC met regularly during 2005 and held two plenary sessions on the key areas of the Review of Public Health and the Review of Public Administration. Many Faculty members were involved in the four implementation groups of the Public Health Review, the output of which inform the Review of Public Administration. This review represents significant change to a range of public

services and will have impact on the arrangements for the delivery of the public health function. NIAC also co-hosted a two-day event on emergency planning for chemical, biological, radiological and nuclear events. Members are also involved in planning a response to pandemic flu.

The announcement in the autumn, by the Minister of Health in Northern Ireland, of a ban on smoking in public places was warmly welcomed by the public health community.

### **Welsh Affairs Committee**

The Welsh Affairs Committee (WAC) is chaired by Norman Vetter and represents the Faculty's membership working in Wales.

The WAC Cochrane Lecture, held on 2 November 2005, was given by Professor Lawrence Gostin, Professor of Law at Georgetown University; Professor of Public Health at John's Hopkins University and Director of the Centre for Law and Public Health. He spoke on 'Law and the population's health: Is there space for the "common good" in public policy'. Professor Gostin also led a session earlier in the day at the Cardiff Institute of Society, Health and Ethics on 'Developing an ethical framework for public health', and was a keynote speaker at the NHS Wales Confederation meeting.

WAC also hosted a reception for Ruth Hall, the outgoing Chief Medical Officer for Wales.

WAC has improved communications with the membership in Wales via its section on the Faculty's web site.

New powers were given to the National Assembly for Wales on 27 October (under the Health Improvement and Protection Bill) to introduce legislation on smoking in public places in Wales. The National Assembly has already voted on this important issue and took the step of voting for a complete ban on smoking in all public places in Wales.

A Profile of Older people in Wales has been produced by the NPHS. This informed the NSF for older people in Wales which was completed and went out to consultation during the year. In

addition a profile of long-term and chronic conditions in Wales was produced highlighting the issues with regard to the prevalence of long-term and chronic conditions. A report mapping Welsh health issues according to geographical area has been published by the Wales Centre for Health and its partner in this project, the Local Government Data Unit Wales. It highlights the stark health inequalities between historically deprived areas where general health is reported as not good, and the more affluent areas where better health is reported.

### **Scottish Affairs Committee**

The Scottish Affairs Committee (SAC) is chaired by Cairns Smith and represents the Faculty's membership working in Scotland. SAC met on three occasions in 2005. It has established a SAC section on the Faculty of Public Health website where it posts the minutes of SAC meetings and other information relevant to public health in Scotland.

SAC has responded to a series of consultations through the past year and we are grateful to all those who have actively contributed to drafting responses ensuring that the views of public health are clearly expressed on important issues. SAC is also represented on a number of national bodies and is able to contribute to the public health perspective and influence others in Scotland. This representation is through the SAC convenor and other nominated individuals.

The changes to the Faculty examinations, membership and fellowship will affect the pattern of training in Scotland and the criteria for the award of the Littlejohn Gairdner prize. The Faculty's role in standards in training in Scotland is through the elected Faculty Adviser and deputies, and in professional development through the elected CPD co-ordinator.

The Smoking, Health and Social Care (Scotland) Bill received its royal assent on 5 August. This marks a major milestone in public health in Scotland. The next challenge will be in the implementation and upholding of the legislation due to come into effect on 26 March, 2006.

There is an important challenge to the delivery of

a high standard of public health function in Scotland in the context of a changing organisational environment. There have been important changes in Scotland at national level with the creation of a smaller number of larger agencies, and locally with the creation of Community Health Partnerships. Providing continuity in the delivery of the public health function at both a strategic and at an operational level during this period of change is vital. We also need to assess the capacity to deliver following these changes. The gap between public health strategy and implementation is one that needs co-ordination, sharing of intelligence, and capacity. There are similar trends in the other three countries of the United Kingdom. The change to patient-led commissioning in England is raising similar questions about what a public health delivery system should look like and how it should be organised. It is the proper business of the SAC to be concerned with professional standards and the delivery of public health in Scotland.

Sincere thanks go to Malcolm McWhirter as the outgoing convenor for his outstanding leadership over the past 3 years. Clive Denton has agreed to continue in his role as secretary to the committee providing continuity. Thanks also go to all those who have responded to consultations, represented the SAC on many other committees and groups, and those who have worked to maintain professional standards in public health over the past year.

## Policy and Advocacy

### Key Partnerships

The Faculty of Public Health and Faculty of Occupational Medicine decided in January 2004 to pool their expertise to produce a leaflet promoting a healthy workplace. This was launched in January 2006. Aimed at both employers and employees, the leaflet makes the case for why healthy workplaces make good business sense, briefly sets out the legal requirements for employers, and lists resources for practical help in implementing advice in eight areas relating to health in the workplace. A supplementary guide has also been produced for occupational safety and health professionals and employers.

The Coalition for Public Health Action was formally launched at the Faculty's annual conference in June 2005, with the signing of a concordat. The Coalition consists of the Faculty, the Chartered Institute of Environmental Health, the Royal Institute of Public Health, the Royal Society of Public Health and the UK Public Health Association. The aim in forming a coalition is to promote consistent public health messages and to advocate on behalf of the public health community. The Coalition agreed that public health and the built environment would be its first campaign theme. Work has begun on this, and will be rolled out in 2006.

A Memorandum of Understanding between the National Institute for Mental Health (England) (NIMHE) and the Faculty was formally signed at the Faculty's annual conference, the principal objective of which is to work collaboratively to promote public mental health. A joint mental health working group has been established, chaired by Jenny Bywaters of NIMHE.

The Faculty continues to work in partnership with a number of public health organisations, notably the National Heart Forum, ASH and Sustain, on advocacy activity and on the production of publications to support the public health workforce. We also continue to provide administrative support for the Public Health Medicine Environment Group, the Child Public Health Interest Group and the Association of Directors of Public Health.

## **Policy and advocacy**

The most important advocacy work this year was on the proposed changes to NHS structures in England. The Faculty was proactive in its response to *Commissioning a Patient-led NHS (CPLNHS)* and sought the views of Faculty members, which were fed back to the Department of Health. Crucially, the President was invited to join the external panel, set up by Lord Warner, to review proposals from Strategic Health Authorities on how they envisage they, and their PCTs, might be restructured.

The Faculty was also actively involved in lobbying on a range of public health issues including, smoking, school meal standards and the Children Food Bill.

We responded to a wide range of consultations throughout the year, particularly those from NICE in its new public health role. Providing meaningful responses to consultations is only made possible through the valuable efforts of Faculty members, and we are grateful for their continued support and expertise in this work.

We have also revised the guidance for Faculty representatives in order to ensure effective advocacy across a range of public health organisations and appropriate support for Faculty representatives in their role.

In 2005 the Faculty began the development of short position statements to outline its view on particular public health issues, covering what it wants to see achieved and how others can lobby for change. Statements in production include, the Common Agricultural Policy, Fat, Sugar and Salt. These are due for publication in 2006. The Faculty continues to lobby on a range of public health issues including smoking in public places, positive parenting and marketing food to children.

## **Publications**

In May, the Faculty and the National Heart Forum published a new toolkit to tackle hypertension. *Easing the pressure: tackling hypertension* outlines the public health burden of hypertension, who is most at risk and why. It also gives comprehensive guidance for local primary care teams on how to develop strategies to tackle

hypertension and where they should be targeted. The toolkit has been widely praised by the key blood pressure and health organisations. An evaluation of the toolkit will take place in 2006.

The Faculty worked again with the National Heart Forum on revising the Faculty's toolkit *Tackling obesity: A toolbox for local partnership action* (published in 2000). The original toolkit proved a useful and popular resource for those working in the prevention and management of overweight and obesity. The new version will build on its success and provide up-to-date support for local action.

The Faculty further developed its series of briefing statements, with the production of four new statements, which were launched at the annual conference: *Alcohol and Violence, Food Poverty and Health, Hypertension – the 'Silent Killer' and Parenting and Public Health*. The briefings aim to give public health professionals a quick reference to the key facts on public health topics.

## **Events**

The second Faculty training conference was held at Warwick University in April, and proved extremely successful; the number of delegates attending was twice that of the previous year. The day was thought-provoking and challenging, and reinforced the benefits of a separate one-day event for those specifically involved in training.

The sun shone in Scarborough for the Faculty's annual conference in June. Public health minister Caroline Flint opened the conference with her first presentation to the public health workforce. She was joined by representatives from all four UK countries, including Peter Donnelly DCMO for Scotland. John Sorrell, chair of the Commission for Architecture and the Built Environment gave the new Royal Society for Public Health lecture. Fiona Godlee, editor of *BMJ*, gave the annual Dare Lecture on 'Fraud in Public Health Research'. Another plenary session saw Peter Littlejohns, NICE clinical and public health director, describe NICE's new public health role.

New to the conference were the skills-based parallel sessions, aimed to develop practical skills to support delegates' working lives. These proved

very popular and will be offered at the conference in 2006. Exercise and relaxation sessions, with trained professionals, to promote work/life balance were also available to delegates.

The following prizes were given at the awards ceremony:

**Alwyn Smith Prize** to Mr Jamie Oliver  
**Cochrane Prize** to Ms Rebecca Hope  
**Michael O'Brien Prize** to Ms Janice Yates  
**Sir John Brotherston Prize** to Dr Tasanee Smith  
**The McEwen Award** to Dr Andrew Furber  
**Wilfrid Harding Prize** to Professor Stephen Frankel

In November, the FPH Scottish Affairs Conference held in Aberdeen focused on the geographical challenges of improving health and delivering healthcare in remote and rural populations. It brought together Scotland's leading public health professionals to discuss how best to face those challenges. The conference was addressed by Andy Kerr, Minister for Health and Community Care in Scotland.

Also in November, the Secretary of State for Health, Patricia Hewitt, gave the Faculty's Annual Public Health Lecture in London. She focused on rights and responsibilities – of individuals, of health services, and of the government – in achieving and delivering good health. She acknowledged the concerns of public health professionals around Commissioning a Patient-led *NHS*, but assured the audience that public health teams will be integral to the new structures, which should ultimately strengthen the public health function.

In addition to running its own events, the Faculty was represented at a number of key public health conferences throughout the year. The Faculty exhibition stand and staff were present to help maintain and further raise the profile of the Faculty. Conferences attended included the annual meetings of: UKPHA, the Health Protection Agency, NICE, and EUPHA. The Faculty also held a workshop at UKPHA on workforce development.

### **Communications**

The past 12 months saw the Faculty continue to strive to improve its communication channels. A

new monthly electronic bulletin was introduced at the end of 2004, the aim of which is to keep members informed of Faculty activity, as well as seek their opinion and support, and raise awareness of issues. The bulletin has been favourably received by members.

Our quarterly newsletter, *Ph.com*, continues to be a popular read. Each edition this year has centred on a theme: education and training (March), commissioning (June), partnership working (September) and public health information and intelligence (December). Themed editions have proved popular with members and there has been a great deal of enthusiasm to produce articles – making the production of the newsletter more inclusive.

Following extensive user-testing by members, our revised website ([www.fph.org.uk](http://www.fph.org.uk)) was launched in May. The re-design focused on improved usability and navigability. We are constantly working to ensure the website meets the needs of members and provides easily accessible information. A systematic evaluation of the site is planned for 2006.

The Faculty has enjoyed extensive media coverage in the last year and is increasingly being approached for comment on public health issues (notably bird flu, smokefree public places and the public health implications of CPLNHS). We plan to develop this success further and to invest in media tracking services in order to monitor and evaluate our profile more effectively.

In the autumn we began a review of the Faculty's electronic network groups. Whilst sign-up to the groups has been high, this has not been reflected in usage. To understand the reasons for this and to ensure we provide a networking and information exchange service that really works, we have sought the views of both members and users of the groups. The results of the review will be put before the Faculty Board in 2006 for a way forward to be agreed.

### **Policy Executive**

Following agreement by the Board, the Policy Committee was disbanded to form a new Policy Executive. This new, smaller group is responsible for planning the strategic direction and work programme of the policy, advocacy and communications remit of the Faculty to be agreed by the Faculty's Board. It also provides ongoing support and advice on all aspects of policy and communications work. Following a selection process, (which was open to all Faculty members), the following members were appointed: Jeremy Hawker, Catherine Law, Alan Maryon Davis and Wendy Meredith. The group is chaired by the President and supported by the Head of Policy and Communications.

### **Cardiovascular Health Working Group**

The Cardiovascular Health Working group, chaired by Alan Maryon Davis, is responsible for supporting the Faculty's work in all aspects of cardiovascular health. It has devised, developed and overseen a number of the initiatives mentioned above, including the toolkits to tackle hypertension and obesity, and the position statements on salt, sugar, fat and the Common Agricultural Policy. The group has representatives from all countries in the UK and maintains close links with a number of external organisations including the National Heart Forum, the Royal College of Physicians, NICE and the Department of Health.

### **Information and Intelligence Committee**

The Faculty Information and Intelligence Committee have been working to ensure that the developments within the National Programme for Information Technology will support and improve Public Health practice in the future. Members of the committee have made contributions to the development of the Secondary Uses Service and the development of the national Public Health Information and Intelligence Strategy and representation at the National Clinical Advisory Group enables public health issues to be kept on the agenda. Particular issues raised have focused on retaining the ability to undertake small area analysis in ways which do not compromise confidentiality and ensuring that the quality of information captured in new systems is of sufficient quality to support analysis and is

consistent enough with historic data to support trend analyses. During the year the committee has responded to consultations from the Office for National Statistics on Disclosure review and 2011 census questions.

The focus of work in the next year will be to continue to raise the issues of Public Health Information needs with Connecting for Health and ensuring not only that information can be analysed through the secondary uses service, but that good quality data is captured at source.

### **International Committee**

The International Committee began the year with an away day to review the progress made on its five-year plan and to look at future areas of international work.

In March over 60 delegates attended a workshop hosted by the committee on *Strengthening the African Connection in Public Health*. This was a successful event and proved timely with the recent publication of the report of the Prime Minister's Commission for Africa. A plan has been drawn up to take forward the action proposed at the meeting.

An international session was again held at the Faculty's annual scientific meeting. This has continued to prove a popular session.

Through the Faculty's International Adviser, Salman Rawaf, the committee has continued to work with the Department of Health on the reconstruction of health services in Iraq. It has been active in exploring potential areas of collaboration with WHO SE Asia in Sri Lanka, and following a visit by Sushma Acquilla and Angus Nicoll, approved WHO Geneva as a potential training site for UK trainees. Earlier in the year the President signed a Memorandum of Understanding between the Faculty and seven Gulf Co-operation States.

The committee has been supported through the year by the International Trainees Group, chaired by Sarah Anderson. Its work has included a survey of training programme directors' approval of overseas training posts for public health trainees.

Rod Griffiths has been acting chair of the committee since May. An appointment process to identify a new chair is currently underway.

### **European Working Group**

The European Working Group, chaired by Mark McCarthy, draws on the knowledge and activities of Faculty members to advise the Board, through the International Committee, of important European public health issues.

Membership of, and a monthly newsletter from, the European Public Health Alliance provides continued monitoring of EU reports and initiatives, while membership of the European Public Health Association (EUPHA) links the Faculty with other national associations and also their annual European conference.

In 2005 the Faculty successfully started a new study, 'Strengthening Public Health Research in Europe' (SPHERE), to work with EUPHA and 16 other partners, through a 1 million euro grant over three years from the European Commission. The Faculty is the main contractor with the European Commission. Mark McCarthy is the coordinator and the Faculty President chairs the management group. As part of SPHERE an international workshop was held in June at the Faculty's ASM on public health research methodologies.

The Faculty was also represented at the EUPHA Governing Council annual meeting in November in Graz, Austria.

## **Management and Administration**

During 2005 the Faculty continued to modernise its internal and external procedures in line with the Board's recommendations of 2004. Funding from the four Departments of Health has been secured for much of this work; this in turn has enabled the Faculty to recruit a number of additional staff with the skills to meet the considerable demands of this agenda. Further re-allocation of space within the building has been necessary to provide more office accommodation. The basement rooms of the Faculty have been renovated to provide a new meeting room, The Wilfrid Harding Room, which has state of the art I.T. facilities, air conditioning and modern lighting. Also a modern post room has been provided on this floor. These changes have enabled the Faculty to ensure that no staff now work permanently in basement rooms. These changes, together with increased commitment to home working will enable the Faculty to remain at 4 St Andrews Place.

Whilst many of the recommendations from the Disability Audit carried out in 2004 have now been implemented efforts to ensure that the Faculty can offer better access for those requiring it is still being investigated.

As part of preparing the Faculty for the considerable changes to working practice, a supportive programme of organisational development has been started which involves all staff and Officers. This work will continue throughout 2005.

## Finance and Risk Management

### Overview of financial statements

The responsibility for the financial management of the Faculty is delegated to the Treasurer, Dr Keith Williams and Risk Management to the Risk Management Advisor Mr Phil Mackie. Both are supported by the Risk Management Audit and Finance Committee and at the Faculty office by the Finance and Membership Records Department.

The financial statements for the year form annex 2 of this report. During the year the Faculty has received a number of grants, some are detailed in note 10 of the Financial Statements and others are included in the unrestricted Fund. The latter exceed the £57,834 shown as net incoming resources. Without this support the Faculty would have to have used reserves to carry out many of the activities detailed elsewhere in this annual report. The Faculty will also have more resources to finance the activities in furtherance of its charitable objects in 2006.

The Faculty has, nevertheless, maintained a balanced budget. Project expenditure will be financed only when resources are available. All recurrent expenditure is financed from mainstream income.

Thanks go to Pauline Blackmore and her staff for their pleasant and efficient support and to Phil Mackie for his hard work on the risk management agenda.

### Investment policy

The Faculty's current investment portfolio is in line with the investment policy which is

- to employ a firm of professional advisors to manage the portfolio on a discretionary basis subject to specifically requested guidelines
- to hold the individual stocks and shares in the name of a nominee company
- to have separate individual portfolios for Prizes funds

- to manage the general portfolio as one fund which will include, but not be limited to, equities, cash and fixed interest investments
- not to invest, at the time of purchase, more than 5% of the portfolio in any one company
- to require the portfolio to maintain the aggregate value (in sterling) in real terms with the aim of bettering the returns of an appropriate index
- to have an evolving socially responsible investment (SRI) policy based upon explicit principles for investment which will be implemented by the professional advisors. The current principles state that the Faculty will not knowingly invest in any sector or business the activities of which wholly or mostly have a direct, detrimental effect on health.

The principles of the SRI policy are also applied to the acceptance of educational grants. To ensure a positive implication of the SRI policy members of the Faculty have been asked to advise the Risk Management Adviser if they consider that any company at any time fails to meet these principles. If proved to be the case no grants would be accepted from the company nor any investments made in the company.

### Reserves

The Board considers that the Faculty requires reserves to enable it to meet any unpredictable increase in expenditure or fall in income. The Board considers that reserves should be maintained at a level of least equal to the average annual expenditure on unrestricted funds with the view that this should gradually be allowed to increase towards a figure nearer to two years' expenditure. Based on 2005 figures, the current reserves represent the expenditure for a little more than a year

### Risk Management

Best practice in relation to the governance of charitable bodies suggests that the Faculty maintains an active approach to managing the risks. In this regard a risk is anything that could interfere with the way in which the Faculty operates or fulfils its charitable aims. The main

way in which we manage risk is via a formal process of identifying risk, assessing the likelihood of the risk accruing and establishing a realistic control mechanism that would remove the risk or ameliorate its impact. The Risk Register identifies the main risks, the likelihood of them happening and the types of controls which we need to have in place. The register is regularly updated. The Board is satisfied that the systems currently in place will mitigate the Faculty's exposure to major risks.

## Constitution and Membership

### Objects

The objects of the Faculty 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 competence and practice and to act as an authoritative body for the purpose of consultation in matters of education or public interest concerning public health.

### Constitution

The Faculty of Public Health is a faculty of the Royal Colleges of Physicians of the United Kingdom, that is to say, 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 the Faculty is its Standing Orders.

### Functions of the Board

The Board is responsible for managing the business of the Faculty and for ensuring that the functions, objects and powers of the Faculty are carried out in accordance with its Standing Orders. Voting members of the Board are trustees of the Faculty in charity law.

### Organisation

A number of standing committees and sub-committees report to the Board. The functions of the Executive Committee, the Fellowship Committee and the Education and Faculty Advisers Committee are set out in the Faculty's Standing Orders. Standing committees and sub-committees are delegated powers by the Board to deal with a wide range of matters. Special committees with a limited lifespan may be appointed by the Board at any time to enquire into any matter on its behalf. The Executive Committee has the power to act on behalf of the Board at the request of the President in matters of urgency.

## Chief Executive of the Faculty

**Mr Paul Scourfield**

### Faculty Officers

The Faculty Officers for 2005 are:

**Professor Rod Griffiths CBE** (*President*)

**Professor Graham Winyard** (*Vice-President*)

**Professor Selena Gray** (*Registrar*)

**Dr Steve George** (*Academic Registrar*)

**Dr Keith Williams** (*Treasurer*)

**Dr Sushma Acquilla** (*Assistant Academic Registrar*) (to June 2005)

**Dr Jean Chapple** (*Assistant Registrar*)

The following were elected in June 2005:

**Dr Celia Duff** (*Assistant Academic Registrar*)

### Principal advisers

#### Bankers

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

#### Solicitors

Hempsons Solicitors  
40 Villiers Street  
London WC2N 6NJ

#### Auditors

Messrs Baker Tilly  
Chartered Accountants  
46 Clarendon Road  
Watford WD17 1JJ

#### Investment Managers

Smith & Williamson Investment Management  
25 Moorgate  
London EC2R 6AY

### Resources

The Faculty's financial resources are described in the financial statements in Annex 2. In addition to its paid staff, the Faculty relies heavily on the voluntary work of its Honourary Officers, Board and committee members.

**Approved on behalf of the Board by:**



**President**

## Annex 1

Members, Diplomate Members and Specialist Registrars/Specialist Trainee Members admitted between 1 January 2005 and 31 December 2005.

### Members

ABDULLAH, Abu Seleh Md  
AL-MANA, Hamad Bin Abdullah  
AL-SAADY, Naab  
AL-SAYYAD, Jamal Jaffar  
ARHIN, Dyna Carol  
ARUNACHALAM, Nachiappan  
ASGARI-JIRHANDEH, Nima  
BALL, Graham Edmund  
BARNES, Geoffrey John  
BIN ISHAQ, Saeed Abdalla Mohammed  
BRIGGS, Jacqueline Ann  
BUDEWIG, Karen  
CONWAY, David Ian  
COOK, Andrew James  
CRAMP, Geoffrey Joseph  
CROSS, Tanya Julia  
DE MARTIN Y BARRY, Sarah Dolores  
DOUBLE, Glynis  
ELKHEIR, Rida Yahia Mohamed  
FORDE, Ian  
FOROUHI, Nita Gandhi  
FURBER, Andrew Simon  
GAMBLE, Harvey Paul  
GRAY, Ronald Fraser  
GUPTA, Sunjai  
HAHNE, Susan Josien Maria  
HAMLET, Neil William  
HARRISON, Wayne Nicholas  
HENDERSON, Robert John  
HENNESSY, Edmond Peter  
IBEKWE, Priscilla Ngozi  
JENSEN, Juliet Helen  
JONES, Margaret Smith  
JOSEPH, Victor Vuni  
KALSI, Gurmukh Singh  
KHAW, Fu-Meng  
KIRKPATRICK, Aidan  
KORKODILOS, Marilena  
KWOK, Lai Key  
LAM, Man Kin  
LAWSON, Ruth Templeton  
LEVI, Susan  
LINDFIELD, Tessa  
LOCK, Karen  
MACHERIANAKIS, Alexis  
MACKENZIE, Douglas Graham  
MASON, Caroline Anne  
MAXWELL, Janet Mary  
MCAREAVEY, Martin John  
MCCALL, Jacqueline Ruth  
MISRA, Tania Nayar  
MULLANEY, Carmel Teresa  
MYTTON, Julie Ann  
NAGARAJ, Valmiki Kolmi  
O'HORA, Aidan Patrick  
O'SHAUGHNESSY, Andrew Michael  
O'SULLIVAN, Bernadine  
PACINI, Margaret Louise  
PATEL, Arunkumar  
PERRY, Graham Leslie  
PHILLIPS, David Edward  
POWELL, Kelly Damask  
PRICE, Jacqueline Frances  
REANEY, Elizabeth Ann  
REISIG, Veronika Maria Theresia  
RIXOM, Andrew James  
ROBERTS, Susan Penelope Sara  
ROCHE, Anita Mary  
ROSSI, Maria Kathleen  
ROYLE, Livia  
SAKER, Lance Russell  
SALIMEE, Sultan Ghani  
SANDERSON, Simon Peter  
SHAHEEN, Seif Omar  
SMITH, Adrian David  
SMITH, James Moon  
SMITH, Kevin Joseph  
SONNENBERG, Pamela  
SUBRAMONIA-IYER, Subramony  
SYED, Naveed Akhtar  
TAYLOR, Kathryn Alison  
TUCK, Jeremy John Hobart  
VENN, Sarah Joanna  
WALTERS, Helen Mary  
WALTON, Rebecca Sarah  
WATTS, Margaret Ishbel  
WHITESIDE, Christine  
WHITTAKER, Maureen Elizabeth  
WILKINS, Lisa Katherine

### **Diplomate Members**

ASHTON, Charlotte Elizabeth  
ATRI, Jyoti  
AU, Kai Fai Ronald  
BARAITSER, Paula  
BILLETT, Julie  
BINDRA, Renu  
BOLAM, Bruce Leslie  
BRAILSFORD, Susan Rachel  
CARTER, Helen  
CHAN, Kwok Hung  
CHONG, Shing Kan Patrick  
CHUI, Wai May Amy  
COULTER, Alison  
DAUTLICH, Jenny A  
DAY, Fiona  
EJIDE, Samuel Afamefuna  
ELDERS, Mary Katherine  
GOODYEAR, Ormond Michael  
HABIBULA, Shakiba  
HALL, Caryn Laura  
HOWARD, Julia Catriona  
INAMDAR, Leena Rajiv  
LAKSHMAN, Rajalakshmi  
LEE, Andrew Chee Keng  
LEE, Pui Man Jeff  
LEUNG, Ching Kan Jackie  
LEUNG, Yiu Hong  
LOBO, Marie-Claire Magdalene  
LYON, Anna Katherine  
MIREKU, Esther Gyann  
MYLES, Puja Runa  
NACUL, Luis Carlos  
ONYIA, Ifeoma  
OREMAKINDE, Oluwatoyin  
OWEN, Teresa Ann  
PASHAYAN, Nora  
PEREIRA, Anita Maria  
PULESTON, Richard Lewellyn  
ROY, Kirsty McLiver  
SARGEANT, Lincoln Alexander  
VERMA, Arpana  
YATES, Janice Brenda

### **Specialist Registrar/ Specialist Trainee Members**

ALWAN, Nisreen  
BROMLEY, Helen Anne  
BRUNT, Huw Alexander  
CHAND, Sudeep  
CLARKE, Stuart Charles  
CLOKE, Rachel  
DE COURCY, Jo-Anne Michelle  
DEWIS, Robyn Caroline  
DONNELLY, Angela Bridget  
DUCKWORTH, Isobel Lucie  
FEATHERSTONE, John James  
GAIT, Rebecca Mary  
HARRY, Sokei Wenike  
HILTON, Simon Keith  
HIRD, Susan Elaine  
HROBONOVA, Eva  
LATIF, Samia  
MCCLEAN, Joanne Mary  
MCHUGH, Michael Thomas  
MORRIS, Margaret  
NNOAHAM, Kelechi Ebere  
OKEY, Peter Ogonnaya  
PEREIRA, Augustine Joseph  
PETRIE, Sarah Elizabeth  
PRITCHARD, Catherine  
REYNOLDS, Fiona  
ROSSER, Julia Helen  
RUF, Murad  
RUTTEN, George  
SHERINGHAM, Jessica  
SPENCE, David Thomas  
THOMPSON, Colin  
TOFF, Penelope Rebecca  
TOMLINSON, Joy Elizabeth Mary  
VIDAL-ALABALL, Josep  
WHITTAKER, Paula  
WOODALL, Alan Anthony

## Annex 2 Financial Statements for the year ended 31 December 2005

**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

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 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 the activities of the Faculty can be found in the body of the Faculty's Annual report of which this is an annex.

### Independent auditors' Report to the Fellows and Members of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom

We have audited the financial statements on pages 24 to 30.

This report is made solely to the charity's trustees as a body, in accordance with the Charities Act 1993. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of trustees and auditors

The trustees' responsibilities for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards are set out in the Statement of Trustees' Responsibilities.

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 Annual 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 other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or

material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

#### **Basis of audit 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 the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that 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.

#### **Opinion**

In our opinion the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Practice of the state of the charity's affairs as at 31 December 2005 and of its incoming resources and application of resources in the year then ended and have been properly prepared in accordance with the Charities Act 1993.



**Baker Tilly**  
**Registered Auditor**  
**Chartered Accountants**  
**1st Floor, 46 Clarendon Road**  
**Watford, Herts WD17 1JJ**

**28 March 2006**

## Statement of financial activities for the year ended 31 December 2005

	Note	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total 2005 £	Total 2004 £
<b>Incoming resources</b>						
Investment income	2	66,045	2,873	0	68,918	61,669
Donations and gifts		0		0	0	0
<b>Activities in furtherance of the charitable objects</b>						
Special Funds - awards lectures, etc		0	2,461	2,000	4,461	54,627
General	2	1,155,172	8,422	717,236	1,880,830	1,289,207
<b>Total incoming resources</b>		<b>1,221,217</b>	<b>13,756</b>	<b>719,236</b>	<b>1,954,209</b>	<b>1,405,503</b>
<b>Resources expended</b>						
Cost of generating funds		4,867	0	0	4,867	6,371
<b>Activities in furtherance of the charitable objects</b>						
Special Funds - awards lectures etc		0	3,845	2,000	5,845	16,304
General	3	1,075,531	9,000	442,002	1,526,533	1,248,234
Management and administration	3	82,985	0	0	82,985	78,487
<b>Total resources expended</b>		<b>1,163,383</b>	<b>12,845</b>	<b>444,002</b>	<b>1,620,230</b>	<b>1,349,396</b>
Net Incoming resources before transfers		57,834	911	275,234	333,979	56,107
<b>Net incoming resources for the year</b>		<b>57,834</b>	<b>911</b>	<b>275,234</b>	<b>333,979</b>	<b>56,107</b>
<b>Other recognised gains and losses</b>						
Net surplus on investments	6	138,067	10,191	0	148,258	56,188
<b>Net movement in funds for year</b>		<b>195,901</b>	<b>11,102</b>	<b>275,234</b>	<b>482,237</b>	<b>112,295</b>
Balance brought forward at 1 January		1,303,111	131,330	210,184	1,644,625	1,532,330
Balance carried forward as at 31 December		<u>1,499,012</u>	<u>142,432</u>	<u>485,418</u>	<u>2,126,862</u>	<u>1,644,625</u>

All of 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 27-30 form part of these financial statements

## Balance sheet as at 31 December 2005

	Note	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total 2005 £	Total 2004 £
<b>Fixed assets</b>	5	13,573	0	0	13,573	19,895
<b>Investments at market value</b>	6	1,004,112	86,793	0	1,090,905	948,970
		<u>1,017,685</u>	<u>86,793</u>	<u>0</u>	<u>1,104,478</u>	<u>968,865</u>
<b>Current assets</b>						
Debtors and prepayments	8	76,910	0	1,295	78,205	100,471
Bank balances and cash	7	742,694	55,639	485,623	1,283,956	968,865
Total current assets		<u>819,604</u>	<u>55,639</u>	<u>486,918</u>	<u>1,362,161</u>	<u>970,891</u>
<b>Less current liabilities</b>						
Creditors	9	338,277	0	1,500	339,777	295,131
Total current liabilities		<u>338,277</u>	<u>0</u>	<u>1,500</u>	<u>339,777</u>	<u>295,131</u>
<b>Net current assets</b>		<u>481,327</u>	<u>55,639</u>	<u>485,418</u>	<u>1,022,384</u>	<u>675,760</u>
<b>Net assets</b>		<u>1,499,012</u>	<u>142,432</u>	<u>485,418</u>	<u>2,126,862</u>	<u>1,644,625</u>
<b>Represented by</b>						
Unrestricted fund		1,499,012			1,499,012	1,303,111
Designated funds	10		142,432		142,432	131,330
Restricted funds	10			485,418	485,418	210,184
		<u>1,499,012</u>	<u>142,432</u>	<u>485,418</u>	<u>2,126,62</u>	<u>1,644,625</u>

Approved by the Board on the 24th March 2006 and signed on its behalf by



**Professor Selena Gray**  
Registrar



**Professor Roderic Keith Griffiths**  
President

The notes on pages 27-30 form part of these financial statements

## Notes to financial statements for the year ended 31 December 2005

### 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 2000) issued in October 2000.
- b** Equipment and furnishings with an individual cost price exceeding £4,000 have been included in fixed assets. All other equipment and furnishings purchased have been included as outgoing resources 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** Credit has been taken in the accounts for subscriptions agreed but unpaid.
- 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 and monies or gifts given to the Faculty with guidance only for their use. The Faculty has power to decide and amend their use.
- 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, to cover the cost of work already undertaken.
- j** Resources expended. Expenditure is included on an accruals basis. Costs of generating funds comprise those costs directly attributable to managing the investment portfolio and raising investment income. Management and administration costs have been apportioned on the basis of the room usage and staff time.
- k** The annual rentals of operating leases are charged to the profit and loss account on a straight line basis over the lease term.
- l** Assets and liabilities denominated in foreign currency are translated at the rate of exchange ruling at the date of the balance sheet. Transactions in foreign currency are recorded at an appropriate rate ruling at the date of the transactions. All differences are taken to the SOFA.

## Notes to financial statements for the year ended 31 December 2005

### Note 2

#### Incoming resources

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total 2005 £	Total 2004 £
<b>Investment Income</b>					
Bank interest earned on cash balances	44,009	461	0	44,470	38,578
Income from investment portfolio	22,036	2,412	0	24,448	23,091
<b>Total as shown on page 24</b>	<b>66,045</b>	<b>2,873</b>	<b>0</b>	<b>68,918</b>	<b>61,669</b>

#### Activities in furtherance of the charitable objects

Subscription and registration fees	773,187	0	0	773,187	723,826
Education and other standard setting activities	323,388	8,422	525,017	856,827	488,095
Public health advocacy and external relations	58,597	0	192,219	250,816	77,286
<b>Total as shown on page 24</b>	<b>1,155,172</b>	<b>8,422</b>	<b>717,236</b>	<b>1,880,830</b>	<b>1,289,207</b>

### Note 3

#### Outgoing resources

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total 2005 £	Total 2004 £
<b>Activities in furtherance of the charitable objects</b>					
General					
Education and other standard setting activities	535,663	9,000	211,108	755,771	768,266
Public health advocacy and external relations	386,735	0	230,894	617,629	341,093
Constitutional and membership	153,133	0	0	153,133	138,875
<b>Total as shown on page 24</b>	<b>1,075,531</b>	<b>9,000</b>	<b>442,002</b>	<b>1,526,533</b>	<b>1,248,234</b>
Management and administration	82,985	0	0	82,985	78,487

Professional advice includes payments to the auditors of £7,996

## Notes to financial statements for the year ended 31 December 2005

### Note 4

#### Faculty staff and members of the Board

	2005	2004
The number of staff whose annual salary excluding pension costs was over £50,000	1	1
The average number (full time equivalent) of staff in year was	22	20
<b>Staff Costs</b>	<b>£</b>	<b>£</b>
Salaries	614,442	547,710
Social Security costs	61,163	57,280
Pension	68,782	50,118
<b>Total</b>	<b>744,387</b>	<b>655,108</b>

The Faculty made contributions during the year to defined contribution personal pension schemes in respect of twenty-three 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 value of pensions payable in respect of the highest paid employee is £7,857 (2004 £7,350).

Payments made to members of the Board (including Faculty Officers) during the year were: Reimbursements of travelling expenses totalling £26,635 including £6,665 relating to 2004 expenses (2004 £15,256) to total of seven members. No honoraria were paid to Faculty Officers during the year. £4,830 (2004 £4,830) was paid for a charity protection policy which includes the trustees as insured persons.

### Note 5

#### Statement regarding fixed assets

Cost	Computer	Office	Donated	Total
	Equipment	Furniture & Equipment	Items	
	£	£	£	£
At 1 January	37,049	25,871	4,912	67,832
Additions during the year	0	0	0	0
Disposals during the year	0	0	0	0
As at 31 December	37,049	25,871	4,912	67,832
<b>Depreciation</b>				
At 1 January	24,406	23,531	0	47,937
Disposals during the year	0	0	0	0
Charge for the year	6,322	0	0	6,322
As at 31 December	30,728	23,531	0	54,259
<b>Net book Value</b>				
As at 31 December 2005	6,321	2,340	4,912	13,573
As at 31 December 2004	12,643	2,340	4,912	19,895

## Notes to financial statements for the year ended 31 December 2005

### Note 6

#### Investments

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total 2005 £	Total 2004 £
Market Value at 1 January	872,368	76,602	0	948,970	848,704
Capital Introduced	0	0	0	0	50,000
Net surplus on revaluation	138,067	10,191	0	148,258	56,188
Capital withdrawn	(6,323)	0	0	(6,323)	(5,922)
Market Value at 31 December	1,004,112	86,793	0	1,090,905	948,970
UK Equities	541,283	0	0	541,283	484,019
UK Unit/Investment Trusts	314,592	70,333	0	384,925	296,142
Government Stock	75,344	0	0	75,344	40,040
Fixed Interest	31,252	16,039	0	47,291	108,461
Cash	41,641	421	0	42,062	20,308
	1,004,112	86,793	0	1,090,905	948,970

The following investments have an individual market value which constitutes more than 5% of the total market value of the unrestricted fund portfolio: Nucleus American Trust Income (8.82%) Charities Property Fund (6.40%) Nucleus European Trust Income (5.5%)

### Note 7

#### Bank balances and cash

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total 2005 £	Total 2004 £
Short term interest bearing accounts	168,177	48,083	0	216,260	234,414
Money Market account	570,854	7,556	171,591	750,000	600,000
Euro accounts (Note 11)	0	0	314,032	314,032	0
Current account	3,617	0	0	3,617	35,888
Cash	47	0	0	47	118
	742,695	55,639	485,623	1,283,956	870,420

### Note 8

#### Debtors and prepayments

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total 2005 £	Total 2004 £
Income Tax recoverable	0	0	0	0	38
Prepayments	12,443	0	0	12,443	6,242
Grants agreed but not received	0	0	0	0	22,415
Other debtors	64,467	0	1,295	65,762	71,776
	76,910	0	1,295	78,205	100,471

### Note 9

#### Creditors amounts falling due within one year

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total 2005 £	Total 2004 £
Income received in advance	97,696	0	0	97,696	114,139
Personal pension reserve	61,531	0	0	61,531	41,064
Other creditors	179,050	0	1,500	180,550	139,928
	338,277	0	1,500	339,777	295,131

## Notes to financial statements for the year ended 31 December 2005

### Note 10

#### Details of fund movements during the year

<b>Designated Funds</b>	<b>Balance at 31 Dec 04</b>	<b>Incoming resources</b>	<b>Outgoing resources</b>	<b>Other recognised gains</b>	<b>Balance at 31 Dec 05</b>
<b>Monies/gifts given to the Faculty</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Littlejohn Gairdner Prize fund	6,766	144	108	532	7,334
Alwyn Smith Prize Fund	724	23	20	194	921
Wilfrid Harding Faculty Prize fund	2,535	86	150	481	2,952
Cochrane Prize Fund	15,565	446	250	2,586	18,347
BACP Travelling Fellowship	18,004	805	0	1,238	20,047
O'Brien Prize Fund	1,952	115	100	177	2,144
Welsh Affairs Committee Fund	4,798	175	1,958		3,015
Scottish Affairs Committee Fund	6,488	8,671	0		15,159
DARE Lecture	34,394	830	1,159	4,983	39,048
June and Sidney Crown Award	8,172	327	0		8,499
Ann Thomas Prize		2,000	0		2,000
The McEwen Award	3,345	134	100		3,379
<b>Amounts set aside by the Board</b>					
Development and improvement fund	28,587	0	9,000		19,587
<b>Total</b>	<b>131,330</b>	<b>13,756</b>	<b>12,845</b>	<b>10,191</b>	<b>142,432</b>

<b>Restricted Funds</b>	<b>Balance at 31 Dec 04</b>	<b>Incoming resources</b>	<b>Outgoing resources</b>	<b>Transferred to other fund</b>	<b>Balance at 31 Dec 05</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
ASM Lecture	0	2,000	2,000		0
BUPA Fellowship	50,000	0	0		50,000
Audit grants	37,419	0	0		37,419
Grant for Joint working	5,325	5,000	10,325		0
Educational grants		49,517	39,540		9,977
Modernisation Project grant		187,219	171,568		15,651
SPHERE project grant		475,500	197,140		278,360
HOADS Fund	498	0	0		498
Primary care and public health learning sets	5,921	0	0		5,921
Health informatics	8,500	0	0		8,500
Electronic library for public health	10,923	0	0		10,923
Public Health in Trusts	15,000	0	0		15,000
European Public Health research grant	7,487	0	0		7,487
Hypertension toolkit grant	67,111	0	23,429		45,682
<b>Total</b>	<b>210,184</b>	<b>719,236</b>	<b>444,002</b>	<b>0</b>	<b>485,418</b>

### Note 11

Operating lease charges during the year in respect of equipment total £9,252 (2004 £9,252). The same amount will be payable on leases expiring in more than five years.



**FACULTY OF  
PUBLIC HEALTH**



**Faculty of Public Health**

of the Royal Colleges of Physicians of the United Kingdom  
4 St Andrews Place  
London NW1 4LB

**Tel:** 020 7935 0243

**Fax:** 020 7224 6973

**Email:** [enquiries@fph.org](mailto:enquiries@fph.org)

**Website:** [www.fph.org.uk](http://www.fph.org.uk)

**Registered Charity No:** 263894

**Design:** [www.fosterandlisle.co.uk](http://www.fosterandlisle.co.uk)