



## HOW IS THE FACULTY OF PUBLIC HEALTH (FPH) GOVERNED? – FAQs

### Summary

FPH is a registered charity and a joint faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow). Its charity number is 263894.

Although it is a part of the three colleges, it has its own [officers](#), manages its own affairs through a [trustee board](#), is financially independent and has its own charitable Objects.

The Faculty's governing document is its [Standing Orders](#) which sets out the functions, objects and procedures within which it must operate.

### What are the origins of FPH?

In 1968, a report of the Royal Commission on Medical Education recommended that an organisation should be formed which would be able to take a major role in the training of those who practised or intended to practise in the field of what was at that time to be known as community medicine and is now known as public health.

Subsequently a document was prepared by a working party composed of members drawn from the Society of Medical Officers of Health, the Senior Administrative Medical Officers of the Regional Hospital Boards in England, and of the Welsh Hospital Board, the Society for Social Medicine, the Scottish Association of Medical Administrators, and medical members of the staffs of the Department of Health and Social Security and the Scottish Home and Health Department. An approach was made to the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow which took powers to form a Faculty of Community Medicine which would be part of their own structure. The Inaugural Meeting of the Faculty took place on 15 March 1972.

In 1988, the report of the Committee of Inquiry into the Future Development of the Public Health Function ([the Acheson Report](#)) proposed a definition of public health medicine and recommended that the specialty of community medicine should in future be referred to as public health medicine. Following widespread consultation, the Faculty of Community Medicine changed its name in 1989 to the Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom. Changes agreed by the Faculty membership in 2001 allowed those from a public health specialist background to become members of the Faculty in the same way as those from a public health medical background. As a result the Faculty changed its name in 2003 to the Faculty of Public Health (FPH).

### What are the FPH charitable Objects?

The charitable Objects are set out in our Standing Orders and are defined as:

- a) To promote for the public benefit the advancement of knowledge in the field of public health
- b) To develop public health with a view to maintaining the highest possible standards of professional competence and practice

- c) To act as an authoritative body for the purpose of consultation and advocacy in matters of educational or public interest concerning public health

Everything the Faculty does must be in accordance with these charitable Objects.

Charity law is clear that any activity must be seen to be furthering the charity's purpose (its Objects) and supporting its best interests.

Proscribed or prevented activity would be anything that would jeopardise or conflict with the FPH's stated Objects and aims.

### **What are the overarching principles around FPH governance?**

Strategic matters including the determination of policy are the responsibility of the Board of Trustees or as delegated by the Board to its standing and sub-committees, officers and FPH staff. The Chief Executive also provides guidance and support to the Board on strategic and policy matters.

Operational issues including the implementation of the strategy recommended by the Board and agreement of the operational plan are the responsibility of the Executive Committee with support and assistance from the Chief Executive and the Senior Management Team (SMT).

Day to day operational issues are the responsibility of the Chief Executive, SMT and staff. These will include the allocation of financial resources within the budgetary framework laid down by the Board and Executive Committee, determination of staff priorities and the allocation of staffing resources and workload.

Equality and diversity issues are actively considered in relation to all aspects of FPH work. FPH committees, sub-committees, officers and staff must be mindful also of the differences in policy and operations that exist across the four countries of the UK.

### **What is the Board of Trustees?**

The Board is the **primary** body and its role is to ensure the functions, objects and powers of the Faculty are carried out in accordance with charity legislation, UK law, and Standing Orders and to have overall oversight and control of FPH and its property and funds.

The Board is responsible for developing FPH policies with respect to public health and is responsible for the education, training and, where relevant, revalidation of FPH's members.

The Board delegates day-to-day responsibility for FPH's financial affairs to the Executive Committee and having received the Executive Committee's recommendations on these will determine the annual programme and budget of the Faculty.

The Board of Trustees is responsible for:

1. The strategic direction of the Faculty including developing and agreeing its strategy on public health issues
2. Acting as an authoritative body for the purposes of consultation and advocacy in matters of education or public interest concerning public health
3. Maintaining the highest possible levels of professional competence and practice by its members through oversight of the training, education and revalidation arrangements and the review and setting of standards

4. Determining the policies of the Faculty, having informed itself of the views of the membership, and monitoring the implementation of those policies
5. Determining the annual programme and budget of the Faculty and monitoring their implementation and the control of the Faculty's finances
6. Appointing committees and monitoring their actions
7. Approving the Charity's annual financial statement and accounts
8. Reserves and investment policies
9. The Scheme of Delegation
10. Provision of a secretariat and suitable headquarters

The full Board of Trustees meet at least quarterly.

### **Who sits on the Board of Trustees?**

Whilst large, the composition of the Board allows FPH to ensure that all members and areas of business are fairly represented.

Voting members of the Board consist of:

#### Officers –

- the President, who is also the Chair – elected by all FPH voting members
- the Vice President, who is also Vice Chair – elected by all FPH voting members
- the Registrar – elected by the Board, following nominations from the membership
- the Academic Registrar – elected by the Board, following nominations from the membership
- the Treasurer – elected by the Board, following nominations from the membership
- the Assistant Registrar – elected by the Board, following nominations from the membership
- the Assistant Academic Registrar – elected by the Board, following nominations from the membership

#### Elected Members –

- 3 General Board Members – elected by all FPH voting members
- 12 Local Board Members, representing Scotland, Wales, Northern Ireland and each of the English regions – elected by all voting members in the respective constituency

#### Others –

- Up to 3 co-opted Members – currently the Chair of the Specialty Registrars Committee, Chair of the Academic & Research Committee and Chair of the Ethics Committee
- A representative appointed by each of the three Royal Colleges of Physicians

Voting members of the Board are also Trustees of the Faculty of Public Health.

Non-voting members of the Board consist of:

- 3 Lay Members – appointed by the Board following application
- Observers – currently the Chair of the Global Health Committee, the FPH Responsible Officer and a representative of the Association of Directors of Public Health.

### **What is the Executive Committee?**

Reporting to the Board the specific functions of the Executive Committee are as set out in Standing Orders. Under Standing Order 63 it shall have the power to “act on behalf of the Board at the request of the President in matters of urgency and otherwise to act for the Board in all matters delegated to it by the Board.”

The role of the Executive Committee is to manage the business of the Faculty. It oversees implementation of the strategy recommended by the Board and agrees the operational plan and budget which is then recommended to the Board for its final approval. It has delegated authority from the Board (which retains ultimate responsibility) to undertake the following:

1. The effective allocation and management of resources, in line with the Faculty's strategic priorities
2. Safe management and stewardship of the Faculty's assets
3. Monitoring and improving performance and accountability
4. Protecting and enhancing the Faculty's reputation
5. Ensuring it adequately represents the interests of the UK countries, English regions and overseas members in its deliberations.

The Executive Committee is responsible for:

1. Governance
2. Finance, audit and accounts
3. Risk management

The Executive Committee meet at least quarterly.

#### **Who sits on the Executive Committee?**

The Executive Committee consists of all the Officers of the FPH, plus the elected Board Members of Scotland, Wales and Northern Ireland, plus the Chair of the Specialty Registrars Committee.

The 7 FPH Officers, constituting the majority of the Executive Committee, also meet the senior management team separately and regularly to discuss and advise on day-to-day issues and developments.

#### **How are FPH statements agreed?**

All FPH statements are developed in partnership and engagement with members (with input from relevant Special Interest Groups (SIGs) and/or Sub Committees), refined at different stages of clearance, before a final draft is reviewed by either FPH Officers, Executive Committee or the FPH Board (dependent on whether it aligns with existing policy), for final approval.

#### **Who agrees whether FPH supports statements from other organisations?**

FPH receives numerous requests from other parties and organisations for FPH sign off and endorsement of policy, letters and position statements. It is impossible, because of the timescales and number of requests, to ask the full Board of Trustees to approve each of these. Therefore, there is a clear process of sign-off involving the delegated responsibility of the FPH Officers as constituting the majority of the Executive Committee.

The general principles guiding this are:

- If requests have the potential to be controversial with the membership, or represent new policy that potentially affects all or part of the membership, then Board discussion and approval will **always** be sought. Depending on timelines this may be done via email.
- When requests are uncontroversial and/or in line with established FPH policy, FPH Officers views will be sought, and approval agreed.

- Where possible the devolved nation representatives, relevant committees and SIGs will be engaged, and views and advice sought.
- *Normally*, unless they have the potential to be controversial with the membership, FPH will support requests that are being supported by key partners such as the Association of Directors of Public Health (ADPH).
- The President will have the executive right to approve or veto **unless** the request has been escalated to the Board.
- In exceptional circumstances, if Board escalation is considered necessary and the timescale for the sign-off request makes Board discussion or approval unrealistic, the President will make the executive decision to approve or veto. If the President is unavailable, then the Vice-President has the executive authority.
- All endorsements will be reported to the quarterly meetings of the FPH Board.

The process and timescales for ordinary sign-off, of uncontroversial requests is based on the deadlines for response. If a response is required within:

- Same day or by noon the following working day – President to make executive decision (or if absent Vice-President). Officers and relevant committee/SIGs emailed to be informed.
- 24 – 48 hours – Officers emailed for views and/or approval. Relevant committee/SIGs emailed to be informed of decision.
- >48 hours – Officers and relevant committee/SIGs emailed for views and approval.

### **What other committees does FPH have?**

FPH is governed by a democratically elected Trustee Board, which is the ultimate decision-making body within the organisation. However, much of its business is conducted through a series of committees and sub-committees. The standing committees report directly to the Board. The sub-committees report through their parent committees, as detailed in the [committee structure chart](#).

FPH also has a network of [special interest groups \(SIGs\)](#), which support and complement the work of its committees. All SIGs must follow a clear governance structure and report to a FPH committee.

### **Are members of the FPH Board or other committees paid?**

All trustees and members of FPH committees are unremunerated, aside from reasonable expenses, and undertake the work on a voluntary basis and in addition to their day jobs. FPH is extremely grateful for the many hundred of members who dedicate their own time for the benefit of the public health profession.

The only remunerated non-staff roles within the FPH structure are the FPH Responsible Officer and FPH Revalidation Lead Appraiser, who lead the FPH Revalidation Service that is a paid for service not subsidised by membership subscriptions, FPH Assessors for the GMC Portfolio Pathway who receive a small fee for each assessment, paid from the fee FPH receives from the GMC for undertaking the role, and facilitators for our practitioner masterclasses, who receive a fee paid from commissioned courses.

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