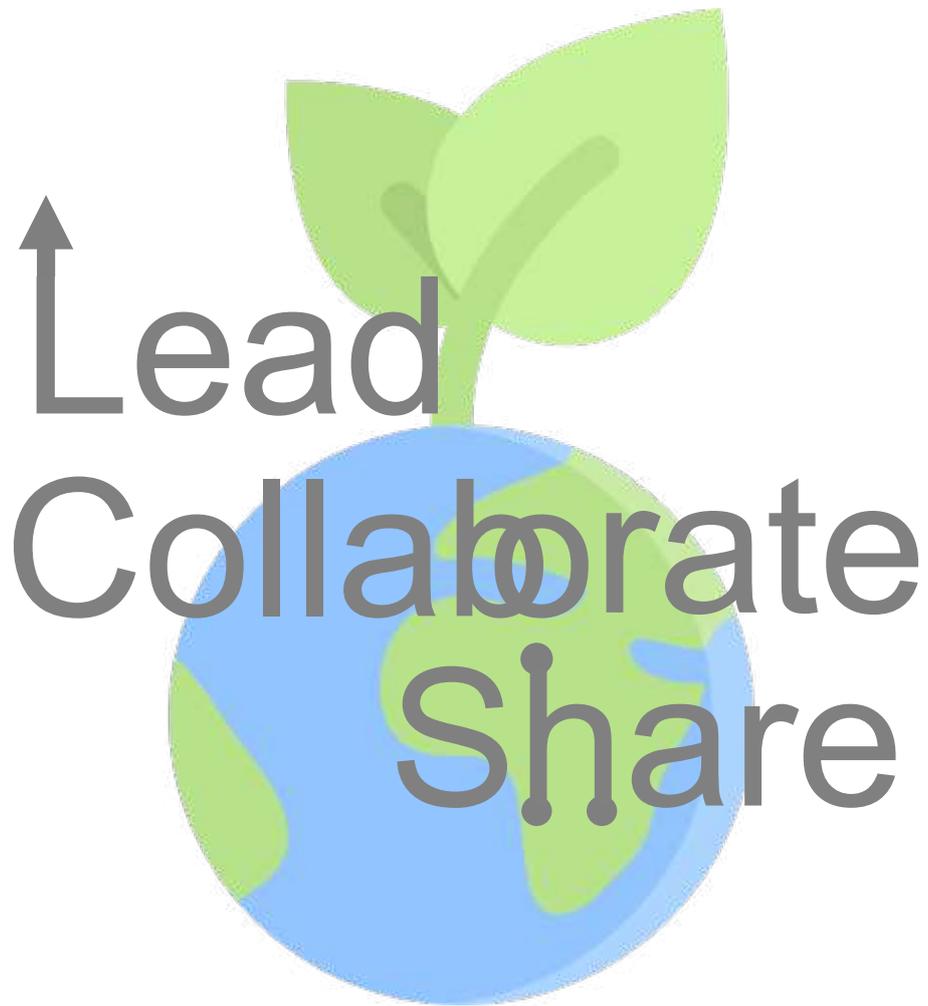




UKPHR
Public Health Register
Protecting the public | improving practice

UKPHR's ANNUAL REPORT 2018-19



Foreward from the Chair

Andrew Jones, FCIEH, FFPH

Well. What a year this has been... and not just because of the backdrop of the UK seeking to leave the European Union! My second year as Chair of UKPHR and its Board has seen us make major progress in relation to key areas of registration and revalidation for both our specialist and practitioner registrants.

Professional registration remains a high personal priority for me and I have again been proud to work with our staff, volunteers, registrants and stakeholders to continue to develop and implement our key priorities focussed on protecting the public.

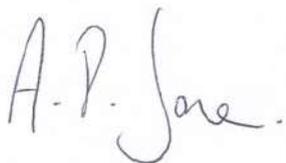
Last year, we set out plans to continue to implement changes and improvements to key aspects of our register. These included: Specialist Registration by Portfolio Assessment (SRbPA) route, revalidation for specialist registrants; a review of Practitioner registration standards and Practitioner revalidation.

The implementation of any one of these alone would have represented success. Through the dedicated work of our small group of staff, supported by our assessors, verifiers and moderators, I am very proud to report that we met our own ambitious agenda and implemented progress in all these areas.

I have had great support from all directors on UKPHR's Board during the year, including from my Vice Chair and those directors who have additionally chaired the Board's Committees. Board members do this work unpaid and UKPHR benefits enormously from their knowledge and expertise.

I am grateful to all who have contributed during the past year to UKPHR's growth and continuing success.

Thank you.



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Chair's Report

Andrew Jones FCIEH FFPH, UKPHR Chair

Following extensive consultation, the Board opened the **Specialist Registration by Portfolio Assessment (SRbPA)** route on 01 September 2018. This single process now replaces the Recognition of Specialist Status (RSS) and Defined Specialist routes which both close on 31st August 2019. A series of information sessions has been delivered across the UK by our Chief Executive, his deputy, Moderators and our Vice Chair, Viv Speller. These have all been well attended and have raised understanding in relation to eligibility for this route. These conversations have also highlighted the separate issue of the need for the UKPHR and other key players in the public health system to have a clear focus on careers pathways in public health practice at all levels. We have continued constructive conversations with some key stakeholders in relation to specific aspects of the scheme, notably the equivalence with the Faculty of Public Health 2015 Curriculum and national training scheme. I remain confident that the rigorous process being undertaken, including involving key stakeholders will ensure understanding and shared confidence in these arrangements.

The Board launched the scheme for the **Revalidation** of UKPHR Specialist registrants on 1st April 2019. Extensive preparation had gone into this, including a pilot scheme, learning from the GMC process for Medical Revalidation and partnership working with all 4 Nations. I am very pleased that good progress has been made with public health agencies in all 4 countries to ensure that specialists in their employment are able to receive annual professional appraisal.

This is a new scheme and we will continue to monitor progress and provide additional guidance for registrants and employers as required. I am grateful to colleagues in all our partner agencies, but particularly to Public Health England, who facilitated a secondment for a member of UKPHR staff and subsequently allowed access for the staff member to its SARD electronic system. Such joint working has really assisted with our joint learning and is an approach that we would be happy to consider with other agencies.

During this year UKPHR established an implementation group to take forward the review of our **practitioner standards**. The dedicated work of this group ensured that we have published guidance and overseen both a consultation and pilot of our revised practitioner standards. This resulted in the publication of our amended standards, along with guidance and supportive information in April. These amended standards are essential in the development of our Practitioner registration scheme and I would like to express my sincere thanks to all those colleagues involved.

The Practitioner Registration scheme itself continues to develop across the UK and I am delighted that there are now schemes across England, Wales and Scotland, with ongoing work with our colleagues in Northern Ireland. My thanks to our committed teams of co-ordinators, assessors, verifiers and moderators. Their passionate efforts are truly remarkable and the reason why we can provide such positive progress year on year. I would like to particularly acknowledge the role played by Cerilan Rogers, our Lead Moderator. Cerilan has

been instrumental in the continued development of both specialist and practitioner registration. She will relinquish her role in May and her corporate knowledge and experience will be greatly missed. I am sure you will join me in wishing Cerilan the very best in the future.

We still however have much to do in this area, if we are to achieve a future position of practitioner registration being the respected norm in our public health system. In my day job as Deputy Director of Public Health Service/ Director of Health Protection, I must address questions as to how we assure the quality of our public health services. I remain personally convinced that registration and revalidation of our public health workforce, Practitioner as well as Specialist, should be a cornerstone of our approach to ensuring quality and delivery of public health services. This must therefore remain a key objective for UKPHR and its stakeholders, as it is at the heart of the governance of our profession and the protection of our public.

Finally, we have also made progress in developing Revalidation arrangements for practitioners. Following feedback, we were right to separate this from the arrangements for specialist revalidation described above. I have enjoyed chairing the sub-group this year and the strengthened partnership working and discussions that we have developed with practitioner representatives and colleagues registered with other schemes including the Nursing and Midwifery Council have stimulated new thinking and learning. A set of proposals are currently being finalised with a view to consultation in due course.

I am again pleased to see the register grow both in terms of number of registrants and in its reputation among public health stakeholders. During the year we have further strengthened our collaborative working with the Faculty of Public Health. We have also contributed to the wider Public Health system and I have been pleased to engage with new partners including the BMA Public Health Consultative Committee and Specialist Registrar / trainee representatives. Similarly, we have continued to develop and enhance our role in the key Public Health Networks. A focus on workforce and career pathways in public health (including the future role of apprenticeships) will be a key objective for all as we move forward.

▽ Andrew Jones at UKPHR's 2018 AGM



This focus was clearly demonstrated during the very successful Annual Practitioners' Conference 2018. This was a great occasion, its importance highlighted by the attendance of and plenary address from Richard Gleave, Deputy Chief Executive of PHE. Bigger and better than our previous events (again), it was an excellent experience to engage with practitioners from across the UK and a privilege to present the awards for practitioner registration. I will clearly need to practice and perfect my 'entrance to music' for this coming year and our 10-year celebration!

The Board and its committees have had a very busy year, considered a vast amount of information and engaged in a range of agreed work priorities. I am most grateful to all Board members for their continued commitment and contribution. A special thanks to those members, who after many years of service, will be leaving the Board in September.



◀ UKPHR Board Strategy Day 2018

In looking forward, I am conscious that this coming year marks the next period of transition for the UKPHR Board and its staff, including replacement of quite a few Board positions. We are appropriately undertaking succession planning, at all levels, and our previous decisions will mean that a new Board will have a majority of lay members.

I wish to conclude my summary again this year with a huge thank you to the Chief Executive and small group of UKPHR staff who support the activities and responsibilities of the register. The team have experienced a range of challenges this year, some of them unforeseen. They have, as always, risen to the tasks and displayed a passion and dedication to their work, which is highly impressive. We are very fortunate to have them – ‘Diolch yn fawr iawn i pawb’.

This is an exciting time for all of us in Public Health and I am confident that UKPHR will continue play its part in the system and mature as a respected professional register. I look forward to continuing to work with you all as we continue our journey together.

Registrar's Report

Professor Zafar Iqbal, UKPHR Registrar

Registration numbers continue to grow. During the year, a decision was taken to produce an annual Education and Training report each year in future. I am hopeful that within this report we will be able to provide statistical data and analysis to support our understanding of workforce trends within the public health workforce. I would expect this information to be of use to the public health system.

I have compiled the following table of specialist registrations during 2018 by route and by gender and I have compared the figures with previous years back to 2013:

Table 1: Specialist registrants by route and by gender per calendar year

UKPHR CCT			UKPHR portfolio			TOTAL
2018						
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	44
9	20	29	4	11	15	
2017						
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	57
12	27	39	5	13	18	
2016						
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	32
8	14	22	2	8	10	
2015						
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	46
9	20	29	3	14	17	
2014						
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	53
9	25	34	4	15	19	
2013						
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	43
5	25	30	5	8	13	

I am delighted to see the practitioner scheme operating in all parts of the UK and we are working with employers and local authorities in particular to highlight the benefits of having practitioner registration.

It was not necessary, during the year, for me to refer any complaints or concerns to a fitness to practise panel. During the year, some concerns about registrants came to me from other sources, for example, issues disclosed by registrants in their annual declarations and queries about compliance with UKPHR's CPD requirements. In these cases, I was able to give directions to resolve the matters that were at issue.

With the introduction of UKPHR's revalidation requirements for specialist registrants, which were piloted from October 2018 and introduced for all specialist registrants in April 2019, I was busy responding to issues relating to various aspects of revalidation. These issues included approval of multi-source feedback tools and arrangements for annual professional appraisal.

I am pleased to report that UKPHR's revalidation scheme for specialist registrants was introduced very smoothly. The new online module helped to keep the process manageable

for registrants and for UKPHR and the piloting resulted in the first revalidations being completed before April 2019.

I have continued to take a close interest in UKPHR's arrangements for Quality Assurance. During the year, the Board agreed to develop a Quality Management System that will be equivalent to ISO 9001:2015. An area of QA that I am interested in is how we measure the quality of our registration services and I will be looking to ensure that we incorporate methods of collecting views from service users and stakeholders.

The Registration Approvals Committee met monthly during the year. We were sorry to learn of the serious illness that caused Ged Fisher to stand down from the Committee. Sadly, Ged subsequently died as a result of his illness.

UKPHR will be reviewing the constitution and membership of the Registration Approvals Committee in the year ahead, partly with a view to embedding a lay element in all its future work.



I continued to receive great support from the Lead Moderator, Cerilan Rogers, and the Moderation team during the year as well as from the Chair, Kathy Elliott, and two Vice Chairs, Vicki Taylor and Martin Smith, of the Registration Panel.

My post of Registrar is unpaid, and it has been a busy year. I am grateful to the office team at UKPHR who have been so very attentive, co-operative and professional in the work they have done to support me in carrying out my duties.

I am always willing to receive communications, via the UKPHR office, and to hear from registrants and stakeholders on any issues relating to workforce and how UKPHR could help strengthen the Public health workforce.

Table 2: New registrants by registration category, financial year 2018-19

Total No of new registrants in 2018-2019	112
Of which	
Specialists	45
Specialty Registrar	1
Practitioners	66

Table 3: Total number of registrants at end of financial years 2018 and 2019

	31st March 2018	31st March 2019
Total No of Registrants	1202	1314
Of which		
Specialists	825	870
Specialty Registrar	8	9
Practitioners	369	435

Moderator's Report

Cerilan Rogers, UKPHR Lead Moderator

This report covers the period April 2018 to end of March 2019. During this period, the moderation team consisted of Cerilan Rogers (lead moderator), Judith Hooper (specialist registration), Carole Wood (specialist and practitioner registration) and Alyson Learmonth, Kate Lees, Jan Yates and Louise Holden (practitioner registration).

Two moderators, Catherine Mackereth and Ann Crawford, were recruited in February 2019 and will begin as moderators for practitioner registration following induction. Alyson Learmonth retired as a moderator in January 2019 and will be greatly missed by all involved in practitioner registration.

UKPHR registration signifies that specialists and practitioners are able to practise autonomously, so that the public and employers can have confidence in the public health workforce. The current UKPHR assessment processes, both specialist and practitioner, seek to ensure that anyone with the requisite knowledge and skills can demonstrate their competence at the appropriate level and achieve registration.

Moderation of assessment is an important element of the UKPHR's quality assurance process. The role of the moderators is to ensure fairness and consistency throughout the assessment processes. They also ensure the processes are robust and proportionate. The moderation role is advisory to the Registration Panel (specialist registration) and Verification Panels (practitioner registration) with regard to assessment decisions. However, they are responsible for ensuring that the UKPHR's requirements for registration are met, so it is expected that their views are taken into account.

Moderators attended, either in person or by telephone, all UKPHR Registration Panel and Verification Panel meetings during this period. Their views were sought and considered at and between meetings. Learning points to improve assessment practice were fed back to practitioner schemes and individual assessors (practitioner and specialist) as appropriate and incorporated into assessor refresh sessions. The moderators regularly discussed issues and shared moderation reports amongst themselves to ensure consistency within the team. Overall, there were no major concerns with the quality of assessments undertaken for specialist and practitioner registration.

The moderation team contributed to the general work of the UKPHR, including various working groups and work on quality assurance with the UKPHR Chief Executive.

The workload of the moderation team continued to be manageable and did not result in delays in registration. The capacity and sustainability of the moderation team remained under constant scrutiny and the moderation team discussed these issues regularly and advised the Registrar and Chief Executive on the need for recruitment when necessary.

The challenge for the moderation team over the coming year will be to provide support for the old and new routes for specialist registration, and for the old and revised standards for practitioner registration, during the period of transition from one to the other. Clear plans are in place for both transitions.

Specialist assessment and registration

Methods of moderation include review of specific portfolio referrals from the Registration Panel, provision of advice and support to individual assessors on request and random concurrent sampling of the assessment of portfolios.

Nine specialist portfolios were moderated during this period, mainly at the request of the Registration Panel. The specialist moderators scrutinised all assessment proformas for the reasons given by assessors for the acceptance of all 'higher level' claims and for clarifications and resubmissions, as part of the Registration Panel process. Discussions at the Panels result in good assessment practice, which is included in the updates to guidance for assessors and applicants.

Direct queries from assessors, not requiring portfolio moderation, about aspects of a portfolio or interpretation of the guidance were also answered, as were queries from UKPHR officers.

The specialist moderators provided 2 training events for specialist assessors, which resulted in 9 individuals successfully completing specialist assessor training. Two sessions for applicants for the Defined Specialist route have also been held.

Despite the hard work of assessors, waiting times for assessment remained longer than desired; the time to assessment remains at 8 to 10 months since January 2018. During the transition to the new specialist registration route, the bulk of assessor capacity will remain focused on the defined specialist route. The Register's contact with assessors has improved and staff monitored the throughput of portfolios closely.

Attendance at an assessor development session (and at least one Registration Panel meeting) every 18 months is a requirement for remaining a specialist assessor with the UKPHR. Two development sessions were provided during this period.

The new specialist registration route was designed with the assistance of an Implementation Group and a number of assessors; Judith Hooper has chaired the Implementation Group. Implementation has involved rewriting 2015 PH competencies to fit a retrospective portfolio, creating a preapplication process and designing the new process to be fair and effective in maintaining the standards equivalent to the end of the formal specialist training programme and the General Medical Council's Certificate of Equivalent Specialist Registration where possible. New *Guidance for Applicants* has been written. New *Guidance for Assessors* is being developed with input from assessors.

The new route was implemented on 1 September 2018. It has a preapplication stage when potential applicants are assessed with regard to their level of working and breadth of competencies; the moderators are assisted in this by a small group of experienced assessors. To date 5 pre-applications have been assessed and 1 has been accepted. Feedback has been provided to all applicants. Regional workshops are being held to present the new route and have been welcomed by participants.

Practitioner assessment and registration schemes

Practitioner moderators are fully involved in the implementation of the recommendations approved by the Board following the Review of Practitioner Registration; Cerilan Rogers has chaired the Implementation Group. The moderators have also been responsible for a small project aimed at providing the supporting information and training materials for the revised practitioner standards. This project is ongoing but has supported the introduction of the revised standards from April 2019.

The *Guidance for Practitioners, Assessors and Verifiers* has been amended; the main processes are unchanged, but the revised standards have allowed some to be streamlined. A new *Supporting Information* document has been produced for the revised standards and will be kept under review as experience of the revised standards provides more information on how their interpretation can be kept consistent and fair. A new e-portfolio has been commissioned and will be available to all schemes.



Local scheme coordinators are pivotal in the quality assurance of practitioner registration; the moderation team provided telephone and email support to them on request throughout the year. Moderators participated, when available, in the regular national teleconferences of scheme coordinators. A moderator attended and contributed to the annual UKPHR Practitioner Conference.

Other support to schemes during the year included:

- Launch Days (4)
- Practitioner introductory days (1)
- Assessor training (8)
- Verifier training (6)
- Assessor/verifier updates (5)
- Verification panels (34)
- Moderation of assessments (20).

The above list does not include activities undertaken as part of moderator induction, nor the participation of the moderators in the project on the revised standards, where they are acting as assessors for three practitioners, who are early users of the revised standards (not attached to local schemes).

The methods of moderation of assessment are similar to those used in specialist moderation. A significant difference is that practitioner portfolios are submitted in separate stages, not as whole portfolios; this provides an opportunity for moderators to provide support at an early stage in the assessment process, which is particularly helpful for newly trained assessors.

There were 13 schemes, of varying size and length of time in operation, across the UK during this period. Moderators assisted in the development of the schemes as required.

Acknowledgements

The moderation team would like to thank all UKPHR assessors and verifiers, the Chair and Vice-Chairs of the Registration Panel, the Chair of the Board, the Registrar, all practitioner registration local scheme coordinators and the UKPHR Chief Executive and staff for their support of our work. The moderators would also like to thank all who have been involved in the Implementation Groups for both specialist and practitioner registration. It is our pleasure and privilege to work with colleagues across the UK in the promotion of multi-disciplinary public health.

Practitioner registration 2018 -19

Pavenpreet Kaur Johal, Registration Services & Office Manager



I am delighted to announce that public health practitioners across the United Kingdom now have access to a UKPHR local practitioner registration scheme. Due to the support extended by Health Education England, the North West England and Yorkshire & Humber schemes have been launched and the East Midlands scheme has been relaunched.

UKPHR and the scheme coordinators of the devolved system continue to meet regularly and UKPHR acknowledges and is very grateful to coordinators and all the volunteer assessors, mentors and verifiers that they recruit locally and who help make a success of practitioner registration.

Last year I was able to confirm that work was underway to implement the recommendations of our task & finish group who were established to review practitioner registration. This was the first UK-wide review into practitioner registration and this year we have seen the first of those recommendations having been implemented. UKPHR's Board formed an implementation group chaired by UKPHR Lead Moderator, Cerilan Rogers, to transform the recommendations into action. One of the most significant recommendations was to revise the Practitioner Standards. UKPHR consulted on an amended set of Practitioner Standards in August 2018, further refined them and carried out a pilot using the amended Standards before publishing UKPHR's 2nd Edition of Practitioner Standards for use beyond April 2019. The consultation report was published on our website. I would like to thank all colleagues who provided UKPHR their critical thinking to make a success of the revision.

It was encouraging that there was a session held at the annual Public Health England Conference 2018 on 'Building Capacity and Developing our Public Health Practitioner Workforce'. UKPHR was invited to present on the current status and overview of the changes to the practitioner portfolio process in the future. The session was well attended, and we hope that the public health practitioner workforce continues to be at the forefront of discussions by key stakeholders.

The ninth UKPHR Public Health Practitioner Conference returned to Birmingham on the 14th November 2018 and saw the launch of UKPHR's inaugural Innovation Awards. Congratulations once again to all the winners who were awarded with a tree planted in their honour by the Woodlands Trust.

- **Improving Public Health** – *Heather Sloan, Renfrewshire HSCP Health Improvement Team* – for achievements in modelling reflective practice and enabling practical application of the Public Health Skills & Knowledge Framework
- **Collaborative Working** – *Richard Watson, NHS Hastings and Rother CCG* – for leading the Health Hastings and Rother programme since 2014 which was co-produced with the CCG's key stakeholders
- **Contribution to Public Health Skills and Knowledge** – *Fiona Macdonald, NHS Health Scotland; Clare Black & Elaine Young, NHS Ayrshire and Arran; Moyra Burns, NHS Lothian; Heather Sloan, NHS Greater Glasgow and Clyde and Carol Stewart, NHS Orkney* – for their project, Once for Scotland: Health Improvement Practitioner Development

Richard Gleave, Deputy Chief Executive at Public Health England provided the key-note speech on registration and a professional, competent public health practitioner workforce. We hope that all those attended found the event informative.

We have continued to conduct selective CPD audit of our practitioner registrants. We remain satisfied that UKPHR registered practitioner registrants are aware of their responsibilities to maintain their professional development and are actively seeking appropriate opportunities to do so. In addition, this year we published an example CPD log for practitioners to use, which is available on our website.

UKPHR's Board have been approached by the Trailblazer Group with a request to register apprentices as practitioners on successful completion of their apprenticeship. The Board welcomed the development of the apprenticeship but has agreed that further work is required for UKPHR to respond to the Group's request; this will involve wider consultation.

Previously I informed readers that UKPHR will be delaying the launch of revalidation for practitioner registrants. UKPHR's Board formed a working party to consider the arrangements for professional appraisal for practitioners; the barrier to which resulted in the Board withholding from a launch date. We are currently consulting on the revised revalidation policy for practitioners. We have launched 5-yearly revalidation for specialists and 5-yearly re-registration continues to be requirement to maintain registration for all our practitioners.

UKPHR and I would like to extend our gratitude to all practitioner registrants, practitioners working towards registration, assessors and verifiers, mentors and all scheme coordinators and their support networks, including management bodies and stakeholders, for their support and co-operation in all aspects of our work to ensure a robust and devolved practitioner registration process.

Total number of registered public health practitioners by scheme at end of 18-19 year:

<i>* both schemes involved in 9 registrations</i>	31 March 2019	<i>31 March 2018</i>
Bradford Pilot	5	<i>n/a</i>
East Midlands	6	<i>6</i>
East of England	29	<i>18</i>
London, Kent, Surrey & Sussex	87	<i>78</i>
London Pilot	n/a	<i>14</i>
Thames Valley	29*	<i>24*</i>
Public Health Wales	39	<i>32</i>
Wessex	76*	<i>69*</i>
North East	19	<i>11</i>
West Midlands	60	<i>59</i>
South West	31	<i>28</i>
Scottish Boards	40	<i>37</i>
Pan-London	9	<i>n/a</i>
TOTALS	431	<i>364</i>

Lead, collaborate, share: The public health workforce we need to be able to contribute most effectively to integration in health and social care in the UK

David Kidney, Chief Executive



There is a tide, I would say at full swell, in the four nations of the UK that is moving us ever closer to integration of health and social care services – and with a much clearer understanding that prevention will be a major force.

We saw evidence of this in Northern Ireland with the publication of [*Public health policy and advice, Making Life Better - A Whole System Strategic Framework for Public Health 2013 - 2023*](#). It is so frustrating for all concerned that there has been no government in Belfast for the past two years because this excellent policy needs to be driven forward, evaluated and adjusted to maintain momentum and achieve maximum impact.

We see it in Scotland, where legislation was passed to drive integration and where the public health reform programme really fixes on integration and prevention as key objectives. The [first version of the proposed Target Operating Model](#) for the new agency, **Public Health Scotland**, speaks of a *culture for health* and a *whole system approach*. We wish all concerned in the forthcoming launch of Public Health Scotland every success.

In Wales, too, legislation is providing the desired impetus. The Wellbeing and Future Generations Act says all public organisations must consider the long-term effects of any decision they make and the knock-on impact it may have, in terms of the prosperity of people in Wales, its environment, culture and communities. The Public Health Act covers, amongst other issues, health impact assessments carried out by public bodies.

In England, the NHS Long Term Plan sets a clear path towards integration and prevention. The Secretary of State for Health and Social Care has spoken of a personal commitment to prevention as one of his three priorities. The other two priorities are technology and workforce. Naturally, we welcome these three priorities and we will contribute willingly to discussion and planning around the public health and wider health and social care workforce.

The public health workforce is a small yet complex multidisciplinary workforce. There is strength in its diversity and breadth in its intake, drawing in talent from people from a variety of backgrounds, clinical and non-clinical, with the potential for people to move from one role or sector to another, over the course of their career.

Such breadth causes complexity. The component professions have different systems of, for example, career and qualification frameworks, training, regulation and regulation. There is a legacy of differences in terms and conditions and multiple regulators.

This small public health workforce interacts with wider workforces across all the four nations and all sectors of the economy.

It is no longer seems right to talk of the wider workforce. There is gradation in levels of engagement. So for example, the “Blue Light” emergency services - Fire and Rescue, Police and Ambulance - have been taking an increasingly “public health” approach to their activities and undertaking interventions that have a positive impact on the public’s health.

There is increasing recognition and support for public health workers at practitioner level, and this is really where diversity bites! Practitioners may be deliverers of front-line services, managers and commissioners. They are working in all sectors. Some are caught by statutory regulation some are not, currently, subject to any regulation at all (other than when they choose voluntarily to register with UKPHR).

For UKPHR, the term “practitioner” relates to professionals who can practice autonomously, unlike, say health trainers and health champions, but the distinction seems to be a fine one. Soon, Public Health Apprentices will join the mix and at UKPHR we have started to consider their eligibility for registration as practitioners. At the other end of the practitioner spectrum, a more senior group of experienced individuals in “Advanced Practitioners” roles look to us for recognition of their seniority and expertise in public health practice.

Local practitioner registration schemes enable public health practitioners to gain professional registration with UKPHR by portfolio assessment. There has been good support for practitioner registration that has allowed us, this last year, to achieve UK-wide coverage. However, there remains a lack of understanding across the whole system of this segment of the workforce and the benefits of employing registered public health practitioners. UKPHR will step up its work of engagement with employers to address this weakness.

There is no shortage of formal qualifications with relevance to Public Health – online course search portals list over 270 degree-level courses and over 400 masters level courses in the UK. In addition, there are several providers who offer qualifications with relevance to public health at career entry level, e.g. Levels 1-3, including GCSE and “A” level, BTEC. There are opportunities to gain qualifications and jobs in public health but there is an ongoing sense of a lack of clarity around how to navigate around this workforce. Last year, a report jointly written by UKPHR and the Faculty of Public Health called for the provision of public health careers advice to assist those who may be thinking of pursuing a career in public health.

There is a shortage of hard data on the public health workforce. In a blog on UKPHR’s website, Chief Executive David Kidney set out what we know and what we currently do not know about our workforce.

There are structural barriers to career movement between major employers, for example, Local Authorities and the NHS in England, which militate against mobility.

It remains the case, as the joint Faculty/UKPHR report argued last year, that careers advice would help improve recruitment of a talented future workforce. It would also be helpful if employers would cooperate in enabling more movement around the system so that employees can gain experience of more public health settings, for example through

secondments. In this regard, the Consensus Statement on Placements provides support and cover for willing employers.

There are economic benefits of a more emphatic public health approach: population health and prevention at its heart. A healthy workforce is more productive, a healthier population places fewer demands on NHS and social care systems.

It would also be useful to focus more research effort on finding out more about the current and future potential public health workforces. Does the age profile of the current workforce presage a significant loss of knowledge and skills anytime soon? Are there leadership styles and collaborative approaches that are already making a difference in some places and might be amenable to being applied more widely? A highly flexible career with a "doing good" ethos may be appealing to younger generations. and approach to new ways of working.

Public Health could be an exemplar of attractive careers of the future, offering variety and it may be that the diversity of its workforce will be a positive, not a negative, factor in attracting talent in.

UKPHR Chief Executive, David Kidney,
presenting at UKPHR's inaugural innovation
awards ▶



Audit and risk annual report 2018

Audit and risk committee

Purpose

The purpose of the Audit and Risk Committee's Annual Report is to account to the Board for its work during the previous year, provide information and statistics for the Board's use and to highlight issues that it feels the Board will need to attend to during the forthcoming year.

The Board tasks the Committee with providing effective internal audit and to analyse business processes, procedures and activities. The aim is to highlight problems and recommend solutions.

The Committee's activities 2018-19

The Committee held four meetings during the year:

24 January 2018

The Committee:

- Revisited the Board's recruitment and retention policy in relation to UKPHR's employed staff and wider family;
- Prepared the organisation for introduction of GDPR (General Data Protection Regulation).

16 May 2018

The Committee:

- Structured the outcomes of the Strategy Day held by the Board on 30 January;
- Considered the relationship between the organisation's PSA-accredited register and its IUHPE-accredited register, especially about risk assessment. PSA is Professional Standards Authority. IUHPE is International Union for Health Promotion and Education;
- Met with the organisation's Chartered Accountant to review financial performance, financial controls and future developments.

30 July 2018

The Committee:

- Considered a first draft of a data management strategy for the organisation;
- Reviewed the organisation's cyber security;
- Considered risk management in relation to making the organisation's Risk Matrix interactive.

17 October 2018

The Committee:

- Considered trends in registration numbers;
- Discussed development of the organisation's Quality Assurance arrangements;
- Oversaw an IT procurement project for changing the organisation's IT provider;
- Considered potential implications of Brexit;

- Welcomed the Board's approval of a data management strategy and considered practical implementation measures;
- Began to develop more comprehensive succession planning for the organisation about Board membership, employed staff and the organisation's wider family.

Themes

Business planning

As the organisation's current three-year Business Plan was in its second full year, the Committee commenced work on development of the next three-year Business Plan. The Committee provided advice to the Board about:

- **Strategy** to ensure that the next iteration of the Business Plan would reflect decisions made by the Board following its Strategy Day held on 30 January 2018
- **Mission, vision and value proposition** as key foundations underpinning business planning
- **Business Plan** content, accurately sets out the organisation's business objectives and that those objectives are appropriate; and
- **Risk Matrix** regular reviews informing the organisation's attitude to key risks, their ratings and how they were to be managed.

The Committee contributed fully to the Board's development of what would, in 2019, become UKPHR's Business Plan 2019-21. The Committee was diligent in reviewing UKPHR's Risk Matrix to ensure that it remained fit for purpose and informed the Board's attitude to risk assessment and risk management.

The newly opened IUHPE-accredited register for health promotion practitioners was monitored and the risk register was regularly reviewed. Take-up of registration was slow.

Policies and procedures

In 2018, the Committee reviewed existing policies and procedures and developed new ones.

Existing policies and procedures reviewed included:

- UKPHR's approach to horizon scanning;
- Contingency planning, including cyber security.

New policies and procedures developed included:

- Data management strategy;
- Succession planning;
- Quality Assurance.

Staffing

The Committee shares responsibility for staffing matters with the Remuneration Committee. During the year, the Committee considered the practicalities of work placements and apprenticeships within the organisation to provide the organisation with more capacity as well as demonstrate our commitment to training and development of the public health workforce.

Forward planning

During the year, the Committee has led for the organisation on horizon scanning with the result that the Board agreed to adopt a formal policy and procedure in relation to horizon scanning going forward. The Committee views horizon scanning as an important activity and a key element of ensuring risk-awareness. It allows the organisation to have early warning of developing new risks and gives scope for pursuing new opportunities.

In the next year, the Committee intends to improve the Board's approach to succession planning and the organisation's resilience more generally.

Specific points to draw to the Board's attention

UKPHR is a small organisation with limited resources, including people resources, available for carrying out a wide range of activities. Virtually the only financial resource is income from registration fees. It is phenomenal that the organisation has been managing three major programmes of work concurrently. The finalising of a revalidation scheme for specialist registrants, the launch of a new portfolio assessment route for public health specialists and the first review of practitioner registration have all been carried out during 2018. It is very impressive that deadlines and budgets for these three programmes of work have been met. In 2018, it has been very satisfying to see how well the organisation has engaged with other organisations in the public health systems of the four nations. UKPHR's place in the system appears to have become more firmly established and good relations are enjoyed with the likes of the Faculty of Public Health, Health Education England, NHS Health Scotland, Public Health England, Public Health Wales and the Royal Society for Public Health.

Spending is tightly managed – it needs to be – but it continues to be possible for us to identify resources for UKPHR's priorities, such as the new proposal in 2018 to develop an e-portfolio for the new portfolio assessment route for specialists. For an organisation of UKPHR's size, developments like this are major undertakings and they carry commensurate levels of risk.

General comments

The Committee is authorised by the Board to investigate any activity within its terms of reference. Committee members thank the Board for its confidence in them and for its support for the Committee's work.

The Committee is authorised to seek any information it requires from any employee and all employees are required to co-operate with any reasonable request for assistance. The Committee is grateful to the Chief Executive and his staff for their full co-operation and for their support for the Committee's work.

The Committee is accountable to the Board. The minutes of each of its meetings are circulated to the Board.

Committee membership and attendance at meetings:

NAME	TERM END	24/01/2018	16/05/2018	30/07/2018	17/10/2018
Bob Hudson CHAIR	Jul 2019	Apologies	Attended	Apologies	Attended
David Evans	Sep 2020	Attended	Attended	Attended	Attended
Zafar Iqbal REGISTRAR	Mar 2020	Apologies	Apologies	Apologies	N/A
Andrew Jones	Sep 2019	Apologies	Apologies	Apologies	Attended
Duncan Vernon	Sep 2019	Attended	Attended	Attended	Attended

The Committee is supported by the Chief Executive and other paid staff as appropriate. The Committee may invite other persons to attend and speak at meetings but only members of the Committee may vote.

Delegates at UKPHR Consultative Forum held in Glasgow on 26th April 2018 ►



REGISTERED COMPANY NUMBER: 04776439
REGISTERED CHARITY NUMBER: 1162895
SCOTTISH CHARITY NUMBER: SC045877

**REPORT OF THE TRUSTEES AND
UNAUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2019
FOR
PUBLIC HEALTH REGISTER
(A COMPANY LIMITED BY GUARANTEE)**

MCA Banbury Ltd
4 The Barford Exchange
Wellesbourne Road
Barford
Warwick
CV35 8AQ

PUBLIC HEALTH REGISTER

REPORT OF THE TRUSTEES for the Year Ended 31 March 2019

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2019. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

OBJECTIVES AND ACTIVITIES

Objectives and aims

The Board's vision for the Charity is:

We will protect the public and promote continuous improvement in public health practice by providing a regulatory home for the UK's public health workforce and assuring registrants' competence.

The Board's mission is:

To be a self-sustaining and effective regulator for the public health workforce.

The Board works to an approved three-year Business Plan. In the current Business Plan there are three priorities:

1. A self-sustaining organisation
2. An effective regulator
3. An organisation reputed for integrity and influence across the UK and beyond.

The Board currently has 9 objectives, grouped under the three headings of the priorities. An example from each group is as follows:

Under 1, "Inform the Board's horizon scanning".

Under 2, "Influencing work on employers, especially to support practitioner registration".

Under 3, "Support for the public health system's development of an agile, flexible, multidisciplinary public health workforce".

The Business Plan is regularly reviewed and developed further so as to continue to project forward over a three-year horizon.

PUBLIC HEALTH REGISTER

REPORT OF THE TRUSTEES for the Year Ended 31 March 2019

OBJECTIVES AND ACTIVITIES

Public benefit

The Charity's public benefit is the advancement of the health and wellbeing of all people in the United Kingdom. The primary purpose of maintaining the register is protection of the public from harm caused by the misconduct and/or incompetent performance of any public health registrant.

During the year, and in pursuit of this public benefit, the Charity has:

- " Increased the total number of registrants;
- " Settled a scheme for revalidation of registrants every 5 years;
- " Conducted a second audit of practitioner registrants' compliance with the register's continuing professional development (CPD) requirement.

The Charity's income from registration fees is reasonably predictable and is adequate for the Charity's needs. Costs are well controlled. Policies and procedures provide comprehensive coverage for the Charity's activities and they are regularly reviewed and updated. The register is published on the Charity's website and can be accessed freely by the public.

The Charity reports regularly on all aspects of its performance by means of a monthly e-bulletin to registrants, a quarterly newsletter to registrants and stakeholders and the holding of two Consultative Forums, which registrants and stakeholders are invited to attend. The Charity commits itself to consult registrants and stakeholders on all major changes and has carried out several formal consultations during the year.

Financial Review

The Charity holds restricted funds.

The Charity achieved a modest surplus this year, which will be applied to augment the Charity's reserves so that they are sufficient to cover future funding requirements as the Charity's policy on reserves requires.

The Charity's income is all derived from registration fees and necessary training services provided to assessors and verifiers directly related to the portfolio assessment routes to registration.

It is pleasing to report that the Charity's finances are sustainable going forward.

The Charity holds no funds as a custodian trustee.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The charity is controlled by its governing document, a deed of trust, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Company number

04776439

Registered Charity number

1162895

Scottish Charity number

SC045877

Registered office

18C The McLaren Building
46 Priory Queensway
Birmingham
West Midlands
B4 7LR

PUBLIC HEALTH REGISTER

REPORT OF THE TRUSTEES for the Year Ended 31 March 2019

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees

Dr J Douglas	Senior Lecturer in Health Promotion
Professor D H Evans	Professor In Health Services Research
Professor R E Freeman	Dental Surgeon, Professor of Dental Public Health Research and Honorary Consultant in Dental Public Health
Dr R Goldstein	Consultant in Public Health
Mr R N Hudson	Retired NHS Manager
Mr A P Jones	Deputy Director of Public Health Services & Director of Integrated Health Protection
Ms H R King	Deputy Director Of Public Health
Professor S C Powell	Professor of Public Health
Mrs K L Saunders	Health and Wellbeing Programme Lead
Professor V M Speller	Public Health Consultant
Mr D R Vernon	Public Health Specialty Registrar
Professor L M Wallace	Psychologist, CCG Non-Executive Director & Senior Consultant Adviser

Company Secretary

Mr D N Kidney

Independent examiner

MCA Banbury Ltd
4 The Barford Exchange
Wellesbourne Road
Barford
Warwick
CV35 8AQ

TRUSTEES RESPONSIBILITY STATEMENT

The trustees (who are also the directors of Public Health Register for the purposes of company law) are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the trustees are required to

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charity SORP;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by order of the board of trustees on

and signed on its behalf by:

Mr A P Jones, Trustee

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
PUBLIC HEALTH REGISTER**

Independent examiner's report to the trustees of Public Health Register ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 March 2019.

Responsibilities and basis of report

As the trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Charities and Trustee Investment (Scotland) Act 2005 ('the 2005 Act'), the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Companies Act 2006 ('the 2006 Act'). You are satisfied that the accounts of the Company are not required by charity or company law to be audited and have chosen instead to have an independent examination.

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the Company's accounts carried out under section 44 (1) (c) of the 2005 Act and section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the requirements of Regulation 11 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Since the Company is required by company law to prepare its accounts on an accruals basis and is registered as a charity in Scotland your examiner must be a member of a body listed in Regulation 11(2) of the Charities Accounts (Scotland) Regulations 2006 (as amended). I can confirm that I am qualified to undertake the examination because I am a registered member of Institute of Chartered Accountants in England and Wales which is one of the listed bodies. I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept as required by section 386 of the 2006 Act and Regulation 4 of the 2006 Accounts Regulations; or
2. the accounts do not accord with those records with the accounting requirements of Regulation 8 of the Charities Accounts (Scotland) Regulations 2006; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities [applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)].

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Martin Cox FCA
Institute of Chartered Accountants in England and Wales
MCA Banbury Ltd
4 The Barford Exchange
Wellesbourne Road
Barford
Warwick
CV35 8AQ

Date:

PUBLIC HEALTH REGISTER

STATEMENT OF FINANCIAL ACTIVITIES
for the Year Ended 31 March 2019

	Notes	Unrestricted fund £	Restricted fund £	2019 Total funds £	2018 Total funds £
INCOME AND ENDOWMENTS FROM					
Donations and legacies		241,360	-	241,360	343,161
Other trading activities	3	64,852	-	64,852	73,647
Investment income	4	<u>1,287</u>	<u>-</u>	<u>1,287</u>	<u>209</u>
Total		307,499	-	307,499	417,017
EXPENDITURE ON					
Raising funds	5	<u>300,362</u>	<u>-</u>	<u>300,362</u>	<u>337,214</u>
NET INCOME		7,137	-	7,137	79,803
RECONCILIATION OF FUNDS					
Total funds brought forward		188,681	20,151	208,832	129,029
		<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL FUNDS CARRIED FORWARD		<u>195,818</u>	<u>20,151</u>	<u>215,969</u>	<u>208,832</u>

The notes form part of these financial statements

PUBLIC HEALTH REGISTER

**BALANCE SHEET
At 31 March 2019**

		Unrestricted fund	Restricted fund	2019 Total funds	2018 Total funds
	Notes	£	£	£	£
FIXED ASSETS					
Tangible assets	10	8,704	-	8,704	2,604
CURRENT ASSETS					
Debtors	11	36,102	-	36,102	39,630
Cash at bank and in hand		<u>162,696</u>	<u>20,151</u>	<u>182,847</u>	<u>205,225</u>
		198,798	20,151	218,949	244,855
CREDITORS					
Amounts falling due within one year	12	<u>(11,684)</u>	-	<u>(11,684)</u>	<u>(38,627)</u>
NET CURRENT ASSETS		<u>187,114</u>	<u>20,151</u>	<u>207,265</u>	<u>206,228</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		195,818	20,151	215,969	208,832
NET ASSETS		<u>195,818</u>	<u>20,151</u>	<u>215,969</u>	<u>208,832</u>
FUNDS	13				
Unrestricted funds				195,818	188,681
Restricted funds				<u>20,151</u>	<u>20,151</u>
TOTAL FUNDS				<u>215,969</u>	<u>208,832</u>

The notes form part of these financial statements

PUBLIC HEALTH REGISTER

BALANCE SHEET - CONTINUED
At 31 March 2019

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2019.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 March 2019 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to charitable small companies.

The financial statements were approved by the Board of Trustees on

and were signed on its behalf by:

Mr A P Jones, Trustee

PUBLIC HEALTH REGISTER

NOTES TO THE FINANCIAL STATEMENTS for the Year Ended 31 March 2019

1. CHARITY STATUS

The charity is limited by guarantee and consequently does not have any share capital. Each of the trustees is liable to contribute an amount no exceeding £10 towards the assets of the charity in the event of liquidation.

2. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

Income and debtors

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Trade debtors are amounts due from customers for merchandise sold or services performed in the ordinary course of business.

Trade debtors are recognised initially at the transaction price. They are subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for the impairment of trade debtors is established when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables.

Expenditure and creditors

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if the company does not have an unconditional right, at the end of the reporting period, to defer settlement of the creditor for at least twelve months after the reporting date. If there is an unconditional right to defer settlement for at least twelve months after the reporting date, they are presented as non-current liabilities.

Trade creditors are recognised initially at the transaction price and subsequently measured at amortised cost using the effective interest method.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Fixtures and fittings	- 25% on cost
Computer equipment	- 25% on cost

Cash and cash equivalents

Cash and cash equivalents comprise of cash on hand and call deposits, and other short term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk in change in value.

Taxation

The charity is exempt from corporation tax on its charitable activities.

PUBLIC HEALTH REGISTER

**NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
for the Year Ended 31 March 2019**

2. ACCOUNTING POLICIES - continued

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Hire purchase and leasing commitments

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

Going concern

These financial statements have been prepared on the going concern basis, as deemed applicable by the trustees.

3. OTHER TRADING ACTIVITIES

	2019	2018
	£	£
Training income	60,847	72,634
Other income	<u>4,005</u>	<u>1,013</u>
	<u>64,852</u>	<u>73,647</u>

4. INVESTMENT INCOME

	2019	2018
	£	£
Deposit account interest	<u>1,287</u>	<u>209</u>

5. RAISING FUNDS

Raising donations and legacies

	2019	2018
	£	£
Raising funds	55,238	69,550
Support costs	<u>245,124</u>	<u>267,664</u>
	<u>300,362</u>	<u>337,214</u>

6. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2019	2018
	£	£
Depreciation - owned assets	1,858	2,369
Other operating leases	<u>21,030</u>	<u>23,930</u>

PUBLIC HEALTH REGISTER

**NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
for the Year Ended 31 March 2019**

7. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2019 nor for the year ended 31 March 2018.

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 March 2019 nor for the year ended 31 March 2018.

4 (2018 - 5) Trustees were reimbursed for travel expenses during the year amounting to £827 (2018 - £891).

8. STAFF COSTS

The average monthly number of employees during the year was as follows:

	2019	2018
Employees	<u>4</u>	<u>4</u>

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	2019	2018
£60,001 - £70,000	<u>1</u>	<u>-</u>

9. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted fund £	Restricted fund £	Total funds £
INCOME AND ENDOWMENTS FROM			
Donations and legacies	283,161	60,000	343,161
Other trading activities	73,647	-	73,647
Investment income	<u>209</u>	<u>-</u>	<u>209</u>
Total	357,017	60,000	417,017
 EXPENDITURE ON			
Raising funds	<u>297,365</u>	<u>39,849</u>	<u>337,214</u>
Total	297,365	39,849	337,214
 NET INCOME			
	59,652	20,151	79,803
 RECONCILIATION OF FUNDS			
Total funds brought forward	<u>129,029</u>	<u>-</u>	<u>129,029</u>
 TOTAL FUNDS CARRIED FORWARD	 <u>188,681</u>	 <u>20,151</u>	 <u>208,832</u>

PUBLIC HEALTH REGISTER

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
for the Year Ended 31 March 2019

10. TANGIBLE FIXED ASSETS

	Fixtures and fittings £	Computer equipment £	Totals £
COST			
At 1 April 2018	6,185	3,290	9,475
Additions	<u>598</u>	<u>7,360</u>	<u>7,958</u>
At 31 March 2019	<u>6,783</u>	<u>10,650</u>	<u>17,433</u>
DEPRECIATION			
At 1 April 2018	5,911	960	6,871
Charge for year	<u>423</u>	<u>1,435</u>	<u>1,858</u>
At 31 March 2019	<u>6,334</u>	<u>2,395</u>	<u>8,729</u>
NET BOOK VALUE			
At 31 March 2019	<u>449</u>	<u>8,255</u>	<u>8,704</u>
At 31 March 2018	<u>274</u>	<u>2,330</u>	<u>2,604</u>

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2019 £	2018 £
Trade debtors	22,807	39,630
Prepayments	<u>13,295</u>	<u>-</u>
	<u>36,102</u>	<u>39,630</u>

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2019 £	2018 £
Trade creditors	4,003	32,202
Social security and other taxes	3,515	3,425
Accrued expenses	<u>4,166</u>	<u>3,000</u>
	<u>11,684</u>	<u>38,627</u>

13. MOVEMENT IN FUNDS

	At 1.4.18 £	Net movement in funds £	At 31.3.19 £
Unrestricted funds			
General fund	188,681	7,137	195,818
Restricted funds			
Restricted	<u>20,151</u>	<u>-</u>	<u>20,151</u>
TOTAL FUNDS	<u>208,832</u>	<u>7,137</u>	<u>215,969</u>

PUBLIC HEALTH REGISTER

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
for the Year Ended 31 March 2019

13. MOVEMENT IN FUNDS - continued

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	307,499	(300,362)	7,137
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>307,499</u>	<u>(300,362)</u>	<u>7,137</u>

Comparatives for movement in funds

	At 1.4.17 £	Net movement in funds £	At 31.3.18 £
Unrestricted Funds			
General fund	129,029	59,652	188,681
Restricted Funds			
Restricted	-	20,151	20,151
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>129,029</u>	<u>79,803</u>	<u>208,832</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	357,017	(297,365)	59,652
Restricted funds			
Restricted	60,000	(39,849)	20,151
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>417,017</u>	<u>(337,214)</u>	<u>79,803</u>

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.4.17 £	Net movement in funds £	At 31.3.19 £
Unrestricted funds			
General fund	129,029	66,789	195,818
Restricted funds			
Restricted	-	20,151	20,151
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>129,029</u>	<u>86,940</u>	<u>215,969</u>

PUBLIC HEALTH REGISTER

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
for the Year Ended 31 March 2019

13. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	664,516	(597,727)	66,789
Restricted funds			
Restricted	<u>60,000</u>	<u>(39,849)</u>	<u>20,151</u>
TOTAL FUNDS	<u><u>724,516</u></u>	<u><u>(637,576)</u></u>	<u><u>86,940</u></u>

14. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2019.

15. RESTRICTED FUNDS

Digitalising Education

The purpose of this fund is to develop the digital tools and resources for registrants.

16. INDEPENDENT EXAMINER'S REMUNERATION

	2019 £	2018 £
Examination of the financial statements	3,000	3,553
Other services	<u>1,116</u>	<u>-</u>

17. REGISTRATIONS

The numbers of current registrations were:

	2019	2018
Specialists	741	716
Speciality Registrar	5	7
Practitioners	<u>404</u>	<u>344</u>
Total registrants	<u><u>1150</u></u>	<u><u>1067</u></u>

PUBLIC HEALTH REGISTER

DETAILED STATEMENT OF FINANCIAL ACTIVITIES
for the Year Ended 31 March 2019

	2019 £	2018 £
INCOME AND ENDOWMENTS		
Donations and legacies		
Registration fees	202,571	252,519
Local practitioner registration fees	38,789	30,642
Donations	<u>-</u>	<u>60,000</u>
	241,360	343,161
Other trading activities		
Training income	60,847	72,634
Other income	<u>4,005</u>	<u>1,013</u>
	64,852	73,647
Investment income		
Deposit account interest	<u>1,287</u>	<u>209</u>
Total incoming resources	307,499	417,017
EXPENDITURE		
Raising donations and legacies		
Raising funds	55,238	69,550
Support costs		
Governance costs		
Wages	131,320	107,872
Social security	10,474	8,320
Pensions	9,414	9,709
Rent	21,030	23,930
Rates and water	1,233	1,198
Insurance	4,479	3,697
Light and heat	7,619	2,706
PSA Accreditation	11,194	9,550
Postage and stationery	6,481	6,847
Sundries	6,208	24,523
Computer software and maintenance	24,116	50,254
Independent examiner fees	5,282	3,553
Legal fees	4,415	13,136
Depreciation of tangible fixed assets	<u>1,859</u>	<u>2,369</u>
	<u>245,124</u>	<u>267,664</u>
Total resources expended	300,362	337,214
	<u>7,137</u>	<u>79,803</u>
Net income	<u><u>7,137</u></u>	<u><u>79,803</u></u>

This page does not form part of the statutory financial statements