UKPHR

Public Health Register

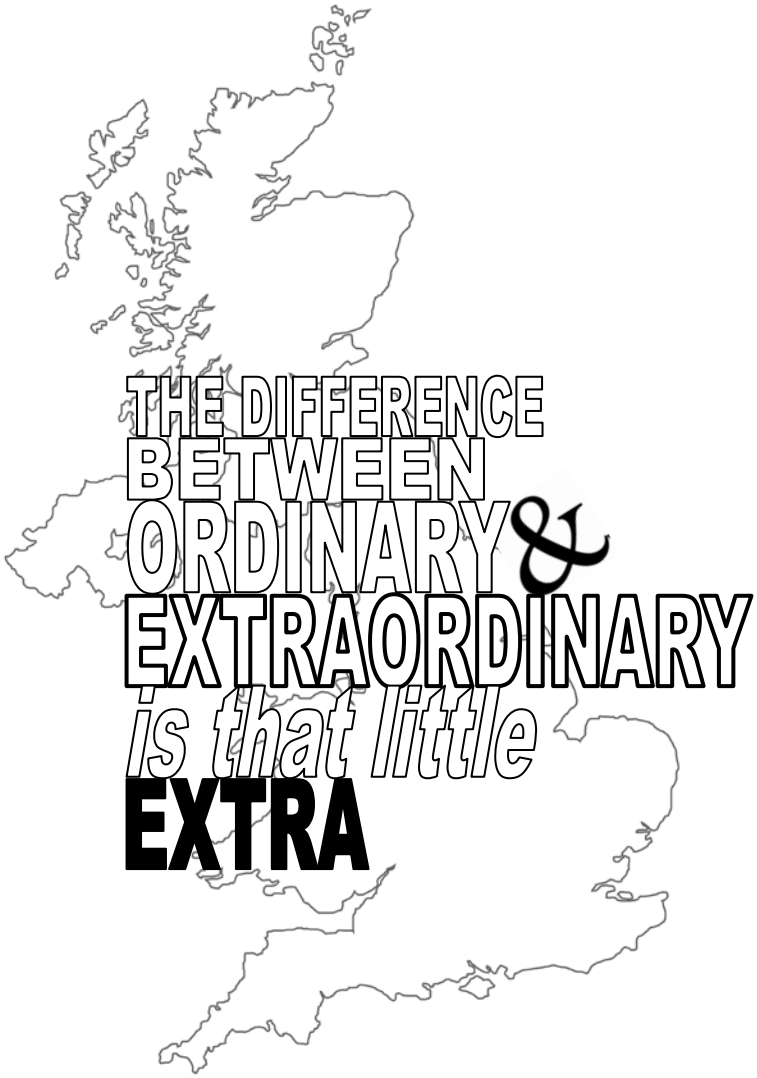
Protecting the public – improving practice

professional standards authority

accredited register

Pushing boundaries:

public health practice improving health and wellbeing and reducing inequalities



Foreword

Professor Patrick Saunders, Chair of UKPHR

This year UKPHR has been pushing forward on many fronts, making progress in areas which were previously held up waiting for the Department of Health to confirm that our register has a secure future.

Not exactly making up for lost time because all that we are now doing is necessary and taking time to get it right is important to us.

Our decision to implement a revalidation scheme for registrants is a major step forward. It confirms the seriousness of our intent, committed as we are to public protection and a modern approach to regulation. For public health specialists, the regulatory equivalence could not be clearer, no longer will there be any difference between those from the many disciplines on our register and those subject to the General Medical Council's statutory regulation of doctors. Similarly, for public health practitioners, equivalence in revalidation will be assured as compared with the Nursing and Midwifery Council. I am clear that the purpose of revalidation is to give registrants, employers, commissioners, public health partners and members of the public further assurance that regulation delivers a public health workforce that is professionally competent and committed to maintain and enhance that competence.

We are close to completing our comprehensive review of routes to registration available to public health specialists. I am grateful to the members of UKPHR's task and finish group, chaired by Professor Selena Gray, and all who responded to our detailed consultations over the past two years. UKPHR's Board should be in a position to make decisions about routes and standards this Autumn.

We commenced the first review of practitioner registration last year, having in mind our experiences of the first five years of operating our standards, procedures and processes and developments during the intervening five years, none more significant than the publication of a revised Public Health Skills and Knowledge Framework (PHSKF). Aided by a task and finish group, new research we commissioned from Allison Thorpe and a new initiative by Health Education England, we hope in the coming year to refresh our standards, revise our procedures and processes and reach 100 per cent coverage of the UK for practitioner registration.

This year, I shall be standing down both as Chair and as a Director and similarly my Vice Chair Claire Cotter will be standing down from the Board. I thank Claire for her tremendous skill and enthusiasm, which has been so valuable to UKPHR and I wish my colleagues on the Board every success going forward. I feel that I am leaving UKPHR at a time when its sustainability is secure and its future is bright.

July 2017

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Chair's Report

Professor Patrick Saunders

This year has seen several significant international and domestic developments presenting both challenges and opportunities for public health policy and practice and for UKPHR's contribution to both.

The formal process of withdrawal from the EU was triggered on 30th March but there is still huge uncertainty about the implications for public health and for the systems, organisations, and individuals charged with protecting and improving health and wellbeing. While the Great Repeal Act has been described as a 'cut and paste' exercise in terms of transferring EU derived laws into UK law, the sheer scale and complexity of that exercise means it simply cannot be so. It is critical that we protect those public health gains that EU membership has brought and look for opportunities for improving them where possible such as adopting the more demanding WHO air quality standards as the science increasingly shows how dangerous air pollution is.

The UK will continue to play a lead role in the EU's INHERIT programme identifying successful and evidence based public health interventions from across member states and our representatives will ensure that successful UK initiatives are recognised and that those from our partners shared.

In England, the extension of the public health ring fence was welcome and will provide more time for local authorities to develop innovative solutions to address local priorities. The withdrawal of the Local Government Finance Bill in the wake of the snap General Election was also welcomed by many concerned that the implications of 100% business rate retention had not been adequately considered in the haste to push the Bill through Parliament. However, the King's Fund's analysis of the impact of the proposed further large scale cuts to the public health budget was a stark warning of the profound threat this intention is to some of the most basic health and well-being protections. Public health professionals must be in the vanguard of an active ethical, cost effectiveness and evidence-based response to this proposal.

In England also, Sustainability and Transformation Plans (STPs) are critical in delivering the widely welcomed public health and radical prevention aspirations of the Five Year Forward View. The reintegration of the NHS public health function with local authorities, key partners in the STP process, in 2013 presented a real opportunity for a powerful and collaborative public health input. However, concerns have been expressed by, and within the public health community, about some aspects of their development, scale, commitment to prevention, funding, and ownership. We agree with the King's Fund analysis that STPs have real potential to close the care gaps identified in the Forward View. However, this potential is predicated on there being a focus on prevention as a priority, and the evidence for this is currently lacking and must be addressed.

UKPHR has emerged strongly this year from a period of uncertainty about the future of specialist registration. I am hugely encouraged by the support we are receiving from our partners in the public health system for the introduction of our revalidation scheme. The UKPHR Board approved a revalidation policy and guidance in February this year following extensive consultation and the system will be formally introduced in September 2017. This is a very powerful statement of our commitment to protecting public health standards and ensuring equity across the professional disciples from which specialists are drawn.

We will be working closely with the Department of Health and others on the former's proposal to consult on statutory regulation of health and social care professionals.

In another move to consolidate equivalence, we consulted on a proposed new portfolio assessment route for public health specialists. This route will be equivalent to the Specialty Training Programme and based on the same 2015 Curriculum. In due course, it will replace the two existing portfolio assessment routes for generalist and defined specialists.

One of my key priorities for my year as Chair has been to build on our relationships with key partners, and the Faculty of Public Health (FPH), Public Health England (PHE), the Chartered Institute of Environmental Health (CIEH) and Health Education England (HEE) in particular. I have met with Tracey Cooper, Public Health Wales' Chief Executive, John Middleton, the FPH President, and Duncan Selbie, PHE's Chief Executive, to discuss closer collaboration on issues of mutual interest and there is a real commitment from all parties to continue to do so.

One early product is the joint UKPHR/FPH/PHE work on implementation of those recommendations in PHE's 2016 Fit for the Future report addressed to us and the Faculty. With financial support received from PHE, we were able to commission a review of the level and nature of the demand for, and mechanisms of, delivering the proposed innovative changes and options.

I look forward to further outputs from these collaborations including the extension of practitioner registration nationwide which is supported by all our partners. On that note, it is very encouraging that HEE has given its support to achieving equitable access to practitioner registration everywhere in England. I also met Anne Godfrey, Chief Executive of CIEH, and was enormously impressed by her commitment to making progress in Environmental and Public Health. Anne and her team represent and advocate for a crucial workforce and I look forward to exploring how we might develop stronger links.

I am delighted to welcome our new registrar, Professor Zafar Iqbal, who will already be well known to many of you as an outstanding Consultant in Public Health in Stoke-on-Trent and as an elected Assistant Registrar for FPH. I would also like to express my gratitude to Professor Anne McMillan, his predecessor, for her expert and tireless service. Our new Board members have contributed enthusiastically to great effect bringing a new energy and level of innovation to the organisation. Finally, UKPHR's staff, David Kidney, Pav Sull and Zaira Ejaz have worked at the highest level of competence with extraordinary productivity and have done so consistently with good grace even during some very challenging periods. They are a credit to UKPHR and the wider public health community

Registrar's Report for 2016-17

Professor Zafar Iqbal

This is my first year in post as UKPHR's Registrar. It is an immense privilege to have been appointed to one of the positions so critical to the success of the organisation. I succeed Professor Anne McMillan who resigned during the year. I did not know Anne when she was Registrar but it is clear that she leaves behind a tremendous legacy of progress and success.

One of my roles is to chair the Registration Appeals Committee, which meets monthly to admit applicants to the register. I am grateful to my fellow members of the Committee for their unstinting hard work and their attention to detail.

The Registration Panel continues to undertake its portfolio of activities with its customary care and diligence. In 2016-17, meetings of the Registration Panel were chaired by Sue Lloyd, who is the Registration Panel's Chair, and by Vicki Taylor and Kathy Elliott, her two Vice-Chairs.

Cerilan Rogers, who has been poorly, has shared the role of Lead Moderator with Judith Hooper. Ros Dunkley has expressed a desire to retire as a Moderator in the near future and during the year new Moderators were recruited. I welcome Carole Wood and Kate Lees to the Moderation Team, who are now working alongside Cerilan, Judith, Ros, and Alyson Learmonth.

I have joined UKPHR at a time when registrant numbers are growing month-by-month and the register's profile is rising. A stronger register brings the organisation greater financial stability – most of the organisation's income comprises registration fees – and brings to my door more registration activity. For example, more applications for registration, more re-registrations, complaints, potentially, about registrants and requests for restoration to the registration after lapse.

A rise in submission to UKPHR of portfolios for assessment in support of applications for registration as defined specialists has once again brought pressure to bear on UKPHR's cadre of assessors. These senior public health professionals, who provide such expertise in assessment to UKPHR without charging fees for their time, really impress me. UKPHR is facing longer waiting times for assessors to become available to take further portfolios for assessment, which is creating difficulties for UKPHR, for applicants and on occasion, applicants' employers or potential employers. Offers from senior people to join our team of assessors are always welcome.

I am very encouraged also by the rising numbers of public health practitioners achieving registration. As registration for this core public health workforce takes firmer hold, it becomes more realistic to expect employers and commissioners of public health services to specify registration as a requirement of appointment or delivery of commissioned services. In this way, competence of practitioners is assured and quality of service will improve further.

The growth in practitioner registration owes much to the skilled contributions of local scheme coordinators and their administrative support, their local Boards, which often comprise representatives of a range of local stakeholders, and the volunteer assessors and verifiers recruited in local areas. I thank all those who are supporting practitioner registration in England, Northern Ireland, Scotland and Wales.

The 2016-2017 registration statistics for UKPHR are as follows:

	31st March 2016	31st March 2017
Total No of Registrants	**870**	**963**
Of which		
Specialists	**662**	**685**
Specialty Registrar	**2**	**2**
Practitioners	**206**	**276**

By Scheme **both schemes involved in 9 registrations*	
Kent, Surrey & Sussex	***64***
Thames Valley	***20****
Public Health Wales	***26***
Wessex	***52****
West Midlands	***42***
South West	***22***
Scottish Boards	***22***
N.C & E London Pilot	***14***
North East	***10***
East Midlands	***1***
East of England	***12***

Fig 1*. The table above illustrates the total number of registrants on 31st March 2016 and 31st March 2017 and a breakdown of total number of Specialists, Specialty Registrars and Practitioners on those dates. Practitioner numbers by scheme on the register as at 31st March 2016 are also shown. These figures include registrants with 'current' and 'lapsed' statuses.*

Fig 2*. The table below displays the total number of new registrants between the dates 1st April 2016 – 31st March 2017 alongside a breakdown of total number of newly registered Specialists, Specialty Registrars and Practitioners.*

Total No of new registrants in 2016-2017	**126**
Of which	
Specialists	**46**
Specialty Registrar	**1**
Practitioners	**79**

Revalidation has taken a giant step forward within UKPHR during 2017. My predecessor, aided by a knowledgeable, representative and diligent task & finish group – and assisted by excellent quality responses to a previous consultation – finalised the terms of UKPHR's revalidation scheme, which the Board then approved at the end of February. During my time as Registrar, revalidation will come to replace completely the existing system of 5-yearly re-registration. It is reassuring to me both that there is a forerunner of revalidation (in re-registration) internally and that externally the General Medical Council has successfully introduced revalidation for all its registered medical practitioners and published a review of its implementation and early years' operation.

A separate task & finish group carried out a review of UKPHR's routes to registration for public health specialists. Chaired by Selena Gray, the group devised a framework for a single retrospective portfolio assessment route to replace existing portfolio assessment routes and to supplement the Specialty Training Programme (Standard) route. Since then, a consultation has been held on firm proposals for the new route, which I see as more closely equivalent to the General Medical Council's Certificate of Equivalence for Registration of Specialists (CESR) for the GMC's medical practitioners.

I was pleased when UKPHR and the Faculty of Public Health worked closely together to revise *Good Public Health Practice* when they published a second edition during 2016. It pleases me more that this spirit of co-operation is continuing and the latest manifestation is the work of a joint UKPHR/FPH working party responding to a key recommendation in Public Health England's 2016 Fit for the future report. I am also an active member of the Faculty and I will do all that I can to ensure that co-operation genuinely continues to be operated by both organisations working together.

I have been mightily impressed by the thoroughness of UKPHR's systems for upholding the standards set for the register. I see this first-hand every month in my chairing of the Registration Approvals Committee. I am not alone in the Committee in being impressed, as these quotes from lay members of the Committee demonstrate:

"The rigour displayed in the process of registering public health professionals contributes substantially to the reputation of the profession. The methodology and judgement employed by UKPHR underpins the foundations of the organisation and of the profession as a whole"

Ged Fisher

"As a lay member it is encouraging to see such a transparent assessment process. I commend the commitment and passionate concern demonstrated by our assessors when they refer to the Registration Panel"

Elisabeth Shendge

The register's accreditation was once again renewed by the Professional Standards Authority this year, which is a testament to UKPHR's commitment to, and practice of, "right touch" regulation and protection of the public. In 2016-17, UKPHR recruited new members to the Fitness to Practise and Appeals panels and committed to induction of new members of the panels and updating training for all panel members. In 2016-2017 no matters were referred to the register's Fitness to Practise Panel for consideration. A key priority for next year will be to engage employers and increase awareness of the value that the registers bring to their work and ensuring public safety.

I would wish to express my sincere thanks to all those who have given their time so generously to support me as I begin my time as Registrar. I would also wish to extend my thanks to the staff of the UKPHR for their calm and professional responses to my many requests for information and support since I started.

Moderators' Report for 2016-17

Dr Cerilan Rogers, Lead Moderator

This report on the moderation of assessment, an important element of the UKPHR's quality assurance process, covers the period April 2016 to End-March 2017. During this period, the moderation team comprised Cerilan Rogers (lead moderator, specialist and practitioner registration), Ros Dunkley and Alyson Learmonth (practitioner registration) and Judith Hooper (specialist registration). Two additional moderators were recruited in 2017: Carole Wood (specialist and practitioner registration) and Kate Lees (practitioner registration).

UKPHR registration indicates that specialists and practitioners are able to practice 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.

The role of the moderators is to ensure fairness and consistency throughout the assessment process. They also ensure that the assessment processes are robust and proportionate. Only the Registration Panel and Verification Panels (for practitioner registration) can overturn assessment decisions; the moderation role is advisory to these. However, the moderators have the right to be heard and their views must be considered.

Moderators attended, in person or by telephone, all UKPHR Registration Panel meetings during this period. Their views were sought and carefully considered at and between meetings. The moderators regularly discuss issues and share 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 UKPHR's general work, including various working groups: Routes to Registration, *Fit For The Future* and Practitioner Standards, Processes and Guidance. They commented on issues concerning registration when appropriate.

The workload of the moderation team continues to be manageable and has not resulted in delays in the provision of support to the schemes, despite the absence of the lead moderator since November 2016 due to ill-health. However, the sustainability of the moderation team is a key consideration going forward in 2017.

Moderation of assessment for specialist 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, the majority at the request of the Registration Panel. The specialist moderators scrutinised 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. The assessment process was found overall to be rigorous, fair and consistent.

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

Support for assessment for specialist registration

The specialist moderators provided training for specialist assessors, which resulted in three individuals successfully completing specialist assessor training, a valuable addition to our current pool of assessors.

Despite the hard work of assessors, waiting times for assessment remained longer than desired. 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. One development session was provided during this period. Good assessment practice was discussed at all panels.

Practitioner assessment and registration 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, and joined local scheme assessor teleconferences when requested to do so by coordinators.

Other support to schemes during the year included:

- Practitioner introductory days (9)
- Assessor training (11)
- Verifier training (5)
- Assessor/verifier updates (7)
- Verification panels (29)
- Moderation of assessments (16)

There were 12 schemes, of varying size and length of time in operation, across the UK during this period. Two schemes were launched: East Midlands and Bradford.

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. It is our pleasure and privilege to work with colleagues across the UK in the promotion of multi-disciplinary public health.

The lead moderator would like to thank everyone at UKPHR for their encouragement and support during the last few months and, in particular, Ros, Alyson and Judith for covering her workload, as well as their own.

Practitioner registration in 2016-17

Pavenpreet Kaur Sull, Registration Services Manager

I am pleased to report that practitioner registration continues to grow and progress across the UK. This year, we welcomed a new practitioner registration pilot scheme in Bradford and plans were made for the launch of a new Pan-London scheme. The Scottish public health review has started to receive attention from MSPs – we have seen support for defined specialists put in place and we have hopes that similar effort will soon be given for extending practitioner registration across all Scotland. Currently, the Scottish Boards scheme comprises 8 out of the 14 NHS Boards.

UKPHR and all the schemes' coordinators continue to meet regularly. Schemes operate with very wide delegation of powers, subject to meeting UKPHR's nationally-set requirements for standards and training, and subject also to the views of their local stakeholders and decisions of their local management boards. It has been a strength of local schemes that they draw in a variety of stakeholders and enjoy funding and other resources from a wide range of partner organisations. However, we are conscious, too, that variety in breadth and quality of services can lead to suggestions of inequity in levels of provision of practitioner registration locally. Of course, the greatest inequity of all is in those parts of the UK where currently public health practitioners have no access to practitioner registration at all.

In England, this inequity was highlighted in the "deep dive" study report commissioned by Health Education England. We have been pleased with HEE's response to its report, with plans being made for a "minimum offer" of support for practitioner registration everywhere in England. We continue to work as closely as possible with HEE on its development of plans for this support, which we hope will soon be put in place.

Areas covered by registration schemes are shaded in green

Responding more widely to developments in public health since we launched practitioner registration in 2010, we set up a practitioner registration review task & finish group last year. We intend to learn the lessons of our first five years of operating practitioner registration and also to take account of developments such as the revised Public Health Skills & Knowledge Framework, HEE's "deep dive" study of practitioner registration, a report commissioned by the task & finish group written by Allison Thorpe and the growing interest among Universities and other training providers for matching their curricula to UKPHR's standards for registration. The task & finish group has now established three workstreams to address:

1. A review of standards of practitioner registration;
2. A review of practitioner registration procedures and processes; and
3. The role and profile of UKPHR.

Annual Practitioner Conference 2016, Birmingham

Registered practitioners with UKPHR Vice-Chair, Claire Cotter

r-l: Tom White, Angela Ellins, Claire Cotter, Gemma Cox, Valerie Cross

The seventh annual practitioner conference, held at Birmingham on 24th November 2016, focused on the value of the practitioner registration process for practitioners, assessors and verifiers and public health employers. Key messages for many public health stakeholders came out of the day's proceedings including:

- For Departments of Health, the need for more investment in a quality public health workforce with mapping to the proposed Skills Passport and links to careers advice;
- For the Local Government Association, the benefits of embedding practitioner registration in Job Descriptions, links to a Skills Passport and Health in All Policies;
- For individual local authorities, provide extra "lock-down" time for staff participating in registration, adopt the Skills Passport and encourage registration and CPD;
- For UKPHR, work on consistency across schemes, understand attrition, improve cost effectiveness, share training and development opportunities, be flexible, be an advocate, promote pathways and links with careers, improve output of materials promoting registration and benefits and support post-registration development of skills and knowledge too;
- For HEE and other public health education funders, continue to fund PH education and training, emphasise the benefits (story-telling) of investment in PH practice and help set up more peer learning opportunities;
- For Universities, map courses consistently to public health practice standards, teach portfolio-building techniques and be involved in CPD planning;
- For PHE, PHW and other public health agencies, offer internships and secondments and be a role model for public health practitioner registration, for example including reference to it in JDs;
- For the UK Faculty of Public Health, ensure the door is open to co-operation across the public health system.

We have carried out selective audits of practitioners' CPD records twice now since we introduced the CPD requirement for practitioner registrants in 2014. We are satisfied that practitioner registrants understand their obligations and are conscientiously maintaining their competence after achieving registration by participating in appropriate CPD activity and reflective writing.

We are also conscious that the Faculty of Public Health has introduced a new category of membership for public health practitioners. We welcome the inter-relationship between membership of an appropriate professional body and registration with the public health regulator. We consulted this year on modest changes to our CPD requirement for practitioners in order to ensure compatibility between our and the Faculty's expectations.

UKPHR is working towards implementing a revalidation scheme for all registrants. In due course, revalidation will replace the existing 5-yearly re-registration process. Currently, we are seeking volunteers to pilot the proposed revalidation requirements when they undertake their scheduled re-registration in order for us to gain useful experience of the former and better enable us to make a judgement on the fitness for purpose of our revalidation scheme.

I would like to thank all practitioner registrants, practitioners working towards registration, assessors and verifiers and all coordinators and their support networks for their support and co-operation in all aspects of our work to ensure a robust and devolved practitioner registration process.

	31 March 2017
East Midlands	**1**
East of England	**12**
Kent, Surrey & Sussex	**69**
London Pilot	**14**
Thames Valley	**21***
Public Health Wales	**26**
Wessex	**57***
North East	**10**
West Midlands	**49**
South West	**23**
Scottish Boards	**22**
TOTALS	**295**

Total number of registered public health practitioners by scheme at end of 16-17 year

** both schemes involved in 9 registrations*

Consultative Forum, 03 November 2016, London

Opening presentation by UKPHR Chair, Professor Patrick Saunders

Pushing boundaries

David Kidney, Chief Executive

Far too many people don't excel in life because they are too afraid of taking the necessary steps to achieve their dreams. Some manifest fear as a safeguard from failure; others don't even try, believing that they are restricted by limits; while too many get caught up in the status quo.

- Sir Richard Branson

For UKPHR, the Department of Health decision not to proceed with legislation for statutory regulation of public health specialists represented the unblocking of a dam. Released from uncertainty, we were able to get on with developments such as the introduction of revalidation and a review of portfolio assessment routes to registration for specialists.

We regard revalidation as a necessary and hugely significant step forward, not just in UKPHR's growth but also in terms of the credibility and reputation of the UK's core public health workforce.

We are confident that the competence to practice in public health of those who achieve registration with UKPHR can be assured at the time of their registration. We have long required registrants to undertake Continuing Professional Development (CPD) once they are on the register in order to maintain and enhance that initial assured competence.

Until now, our 5-yearly re-registration requirement has provided a check on registrants' continuing fitness to practice and commitment to improving the quality of the public health services they provide. Revalidation represents a natural evolution of this regular checking process to meet modern expectations. This is particularly important when some of our sister regulators, for example the General Medical Council and the Nursing and Midwifery Council have themselves introduced revalidation for their registrants.

We want an equivalent revalidation process for UKPHR's registrants. One that assures the public, employers, and commissioners of public health services that our registrants are committed to maintaining and enhancing their competence, always looking to see how continuous improvement can help improve quality and safety for the public.

Just as we think that registrants should be signed up to continuous improvement, we think we should also commit to continuous improvement in our services to registrants and our public protection role. Improving our services does not mean introducing more and more burdens or restrictions. We are guided by our assessment of risk of harm to the public and our commitment to proportionate decision-making. In our view, regulation of professional services should not be a matter of "heavy" or "light" touch, but rather "Right touch".

During the development of our revalidation scheme, we consulted widely and we studied the lessons learned by the General Medical Council and, more recently, the Nursing and Midwifery Council from their introduction of, and operation of, revalidation. We like to think that we have applied this learning and designed a scheme that is effective in assuring the public of the ongoing competence of registrants without imposing unreasonable costs or burdens on those registrants.

In the same way that we have proceeded with care and taken the time to get the design of revalidation right, we shall also be cautious in our implementation of revalidation. In Autumn 2017 we will work with registrants who are due for re-registration to pilot with them our revalidation requirements. We are committed to learning the lessons that will no doubt arise through piloting with a view to introducing after that our revalidation scheme in full. With the help of a task & finish group drawn from relevant stakeholders we began a review in 2016, and this review led to a detailed consultation in 2017 on proposals for change.
It is important for regulators to keep abreast of changing expectations in respect of professional standards and quality of service. In UKPHR's case, we approved the 2015 Public Health Specialty Programme Curriculum and participated in the review that resulted in publication of a radically different Public Health Skills & Knowledge Framework (PHSKF).

Employment practice in relation to public health services has also changed considerably in recent years, not least in England following implementation of the Health & Social Care Act 2012 and transfer of the public health lead from the NHS to local authorities. We therefore believe that the time is ripe for development of a new equivalence route for registration, alongside the Specialty Training Programme, which nevertheless continues to incorporate retrospective portfolio assessment.

This is the change to routes to register on which we commenced our 2017 consultation. We will be studying the responses we receive closely and making decisions on how to proceed based on our analysis of those responses. If and when we make changes to existing routes to registration, we will take time to make sure our proposals are practicable and we will give careful attention to transitional arrangements where any existing route is affected.

We have operated practitioner registration for over 5 years now. Here again portfolio assessment is currently a significant feature of the registration process. We made a decision in 2016 to review practitioner registration in order to take account of our own learning from 5 years' operation as well as to have regard to changes in the public health system since practitioner registration started, including the introduction of a revised PHSKF. A task & finish group, made up of representatives of relevant stakeholders, was asked to lead for UKPHR in this review. We have ambitions for this review to lead to a streamlining of practitioner registration processes, closer involvement of partners like Higher Education institutions and public health employers and full achievement of our objective of UK-wide access for all public health practitioners.

In 2016 Public Health England presented to the Department of Health, and published, its report on the future public health workforce*. Fit for the future: public health people, a review of the public health workforce*, contains recommendations for all partners in our public health system. We and the Faculty of Public Health formed a joint working party to consider a number of these recommendations as they affected our two organisations. In particular, we agreed to respond to the recommendation number 5.1 which stated:

> *Explore the viability of a more responsive approach to public health training and accreditation, (e.g. a 'fast track' 2-year training scheme) to enable those with experience (e.g. existing local authority directors with some public health skills and experience) to become fully trained in public health, via a conversion course or 'top ups'. This would sit alongside the existing training scheme and be integrated into current routes to specialist registration.*

It is too soon to predict where this work will lead us, but we plan to present Public Health England with a reasoned response to the recommendation in due course.

At UKPHR, we may have felt in recent years that we were bound by restrictions beyond our control. Now however, those limits on our room for manoeuvre have been lifted. We are starting to push those self-same boundaries outwards. As the regulatory home of the public health workforce we aim, through application of modern standards of "right touch" regulation, to stimulate continuous improvement. We seek continuous improvement in both the public health practice of UKPHR's registrants and also our own performance. It is in this way, we are convinced, that we best perform our regulatory role of protecting the public from harm.

RIGHT – UKPHR Annual Meeting, 29 September 2016, London

Presenters -John Newton, Esther van Sluijs & Bryan Stoten

BELOW – UKPHR Board Strategy Day, 22 November 2016, Birmingham

Company registration number: 04776439
Charity registration number: 1162895
Scottish charity registration number: SC045877

Public Health Register

(A company limited by guarantee)

Annual Report and Financial Statements

for the Year Ended 31 March 2017

mca banbury ltd
Greenway House
Sugarswell Business Park
Banbury
Oxfordshire
OX15 6HW

Public Health Register

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Public Health Register

Reference and Administrative Details

Trustees	Patrick Saunders, Chair Claire Cotter, Vice Chair Louise Wallace Linda Jones (Resigned 29 September 2016) Mr Andrew Jones (appointed 29 September 2016) Jenny Douglas (appointed 29 September 2016) Viv Speller Duncan Vernon (appointed 26 April 2016) Mr Bryan Stoten (Resigned 29 September 2016) Bob Hudson (appointed 19 July 2016) Amanda Fletcher (Resigned 26 April 2016) Richard Parish (Resigned 26 April 2016) Karen Saunders (appointed 26 April 2016) Ruth Goldstein (appointed 26 April 2016) Selena Gray (Resigned 19 July 2016) Ruth Freeman (appointed 29 September 2016) Fiona Harris (Resigned 19 July 2016) Jeremy Hawker (Resigned 19 July 2016) Susan Powell (appointed 19 July 2016)
Secretary	David Kidney
Principal Office	18C The McLaren Building 46 Priory Queensway Birmingham West Midlands B4 7LR
Company Registration Number	04776439
Charity Registration Number	1162895
Independent Examiner	mca banbury ltd Greenway House Sugarswell Business Park Banbury Oxfordshire OX15 6HW

Public Health Register

Trustees' Report

The trustees, who are directors for the purposes of company law, present the annual report together with the financial statements of the charitable company for the year ended 31 March 2017.

Registered Charity Numbers:

In England & Wales: 1162895

In Scotland: SC045877

A Company limited by Guarantee

Company Registration Number: 04776439

Trustees during the Year 01 April 2016 – 31 March 2017:

Patrick Saunders (Chair)

Claire Cotter (Vice Chair)

Jenny Douglas – appointed 29 September 2016

Amanda Fletcher – resigned 26 April 2016

Ruth Freeman – appointed 29 September 2016

Ruth Goldstein – appointed 26 April 2016

Selena Gray – resigned 19 July 2016

Jeremy Hawker – resigned 19 July 2016

Fiona Harris – resigned 19 July 2016

Bob Hudson – appointed 19 July 2016

Andrew Jones – appointed 29 September 2016

Linda Jones – resigned 29 September 2016

Richard Parish – resigned 26 April 2016

Susan Powell – appointed 19 July 2016

Karen Saunders – appointed 26 April 2016

Viv Speller

Bryan Stoten – resigned 29 September 2016

Duncan Vernon – appointed 26 April 2016

Louise Wallace

Public Health Register

Trustees' Report

STRUCTURE, MANAGEMENT & RECRUITMENT OF TRUSTEES

The Charity is a Company limited by Guarantee. It is registered at Companies House and its filing of accounts and returns is up to date.

The Charity is administered in accordance with the terms of its Memorandum and Articles of Association.

The Company and Charity are managed by the Board of Directors. All the Directors are also the Trustees. See above for their names.

The decisions of the Trustees are actioned by three paid staff.

The Board appoints a Registrar who has operational independence in all matters relating to registration. The Registrar is assisted by two Committees appointed by the Board: The Registration Panel and the Registration Approvals Committee.

The Board is assisted by three Committees it has appointed: Audit & Risk; Education & Training; and Remuneration.

Recruitment of Trustees is by open advertisement and application, interview and appointment by the Board against a Job Description and Person Specification. This recruitment process has been operated successfully during the year.

OBJECTIVES

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

Trustees' Report

PUBLIC BENEFIT, ACHIEVEMENTS, PERFORMANCE & REPORTING

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, and consults stakeholders, 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.

FINANCIAL REVIEW

The Charity holds no restricted funds.

The Charity achieved a small surplus this year.

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.

The annual report was approved by the trustees of the charity on ..... and signed on its behalf by:

.....
Patrick Saunders
Trustee

Public Health Register

Statement of Trustees' Responsibilities

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

Company law requires the trustees to prepare financial statements for each financial year. Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- 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 adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and 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 the trustees of the charity on ..... and signed on its behalf by:

.....
Patrick Saunders
Trustee

Public Health Register

Independent Examiner's Report to the trustees of Public Health Register

I report on the accounts of the charity for the year ended 31 March 2017 which are set out on pages 8 to 20 .

Respective responsibilities of trustees and examiner
The trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the accounts. The trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of ICAEW.
Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

In addition it is also my responsibilty to:

• To examine the accounts under section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 ('the 2005 Act)

• To follow the requirements of Regulation 11 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

Basis of independent examiner's report
My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement
In connection with my examination, no matter has come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with section 386 of the Companies Act 2006; and
- to prepare accounts which accord with the accounting records, comply with the accounting requirements of section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Public Health Register

Independent Examiner's Report to the trustees of Public Health Register

.....
Martin Cox
ICAEW

Greenway House
Sugarswell Business Park
Banbury
Oxfordshire
OX15 6HW

Date:.....

Public Health Register

Statement of Financial Activities for the Year Ended 31 March 2017
(Including Income and Expenditure Account and Statement of Total Recognised Gains and Losses)

	Note	Unrestricted funds £	Total 2017 £
Income and Endowments from:			
Donations and legacies	3	209,314	209,314
Investment income	4	498	498
Other income		75,566	75,566
Total Income		285,378	285,378
Expenditure on:			
Raising funds		(60,056)	(60,056)
Charitable activities	5	(218,725)	(218,725)
Total Expenditure		(278,781)	(278,781)
Net income		6,597	6,597
Net movement in funds		6,597	6,597
Reconciliation of funds			
Total funds brought forward		122,432	122,432
Total funds carried forward	15	129,029	129,029

Public Health Register

Statement of Financial Activities for the Year Ended 31 March 2017
(Including Income and Expenditure Account and Statement of Total Recognised Gains and Losses)

	Note	Unrestricted funds £	Total 2016 £
Income and Endowments from:			
Donations and legacies	3	226,839	226,839
Investment income	4	601	601
Other income		43,560	43,560
Total Income		271,000	271,000
Expenditure on:			
Raising funds		(49,169)	(49,169)
Charitable activities	5	(178,183)	(178,183)
Total Expenditure		(227,352)	(227,352)
Net income		43,648	43,648
Net movement in funds		43,648	43,648
Reconciliation of funds			
Total funds brought forward		78,784	78,784
Total funds carried forward	15	122,432	122,432

All of the charity's activities derive from continuing operations during the above two periods.

The funds breakdown for 2016 is shown in note 15.

Public Health Register

(Registration number: 04776439)
Balance Sheet as at 31 March 2017

	Note	2017 £	2016 £
Fixed assets			
Tangible assets	11	4,973	3,367
Current assets			
Debtors	12	2,314	19,901
Cash at bank and in hand		124,741	110,171
		127,055	130,072
Creditors: Amounts falling due within one year	13	(2,999)	(11,007)
Net current assets		124,056	119,065
Net assets		129,029	122,432
Funds of the charity:			
Unrestricted income funds			
Unrestricted funds		129,029	122,432
Total funds	15	129,029	122,432

The financial statements on pages 8 to 20 were approved by the trustees, and authorised for issue on ..... and signed on their behalf by:

.....
Patrick Saunders
Trustee

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2017

1 Charity status

The charity is a charity limited by guarantee and consequently does not have share capital. Each of the trustees is liable to contribute an amount not exceeding £10 towards the assets of the charity in the event of liquidation.

2 Accounting policies

Summary of significant accounting policies and key accounting estimates

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Statement of compliance

The financial statements have been prepared in accordance with 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) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Basis of preparation

Public Health Register meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

Going concern

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern nor any significant areas of uncertainty that affect the carrying value of assets held by the charity.

Exemption from preparing a cash flow statement

The charity opted to early adopt Bulletin 1 published on 2 February 2016 and have therefore not included a cash flow statement in these financial statements.

Transition to FRS 102

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 a restatement of comparative items was required. No restatements are required as a result of the transition to FRS 102.

Income and endowments

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

Investment income

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due.

Expenditure

All expenditure is recognised once there is a legal or constructive obligation to that expenditure, it is probable settlement is required and the amount can be measured reliably. All costs are allocated to the applicable expenditure heading that aggregate similar costs to that category. Where costs cannot be directly attributed to particular headings they have been allocated on a basis consistent with the use of resources, with central staff costs allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use. Other support costs are allocated based on the spread of staff costs.

Raising funds

These are costs incurred in attracting voluntary income, the management of investments and those incurred in trading activities that raise funds.

Governance costs

These include the costs attributable to the charity's compliance with constitutional and statutory requirements, including audit, strategic management and trustees's meetings and reimbursed expenses.

Taxation

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

Tangible fixed assets

Individual fixed assets costing £500 or more are initially recorded at cost, less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Depreciation and amortisation

Depreciation is provided on tangible fixed assets so as to write off the cost or valuation, less any estimated residual value, over their expected useful economic life as follows:

Asset class	Depreciation method and rate
Fixtures and Fittings	25% Straight Line
Computer Equipment	25% Straight Line

Trade debtors
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 charity will not be able to collect all amounts due according to the original terms of the receivables.

Cash and cash equivalents
Cash and cash equivalents comprise 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 of change in value.

Borrowings
Interest-bearing borrowings are initially recorded at fair value, net of transaction costs. Interest-bearing borrowings are subsequently carried at amortised cost, with the difference between the proceeds, net of transaction costs, and the amount due on redemption being recognised as a charge to the Statement of Financial Activities over the period of the relevant borrowing.

Interest expense is recognised on the basis of the effective interest method and is included in interest payable and similar charges.

Borrowings are classified as current liabilities unless the charity has an unconditional right to defer settlement of the liability for at least twelve months after the reporting date.

Fund structure
Unrestricted income funds are general funds that are available for use at the trustees's discretion in furtherance of the objectives of the charity.

Pensions and other post retirement obligations
The charity operates a defined contribution pension scheme which is a pension plan under which fixed contributions are paid into a pension fund and the charity has no legal or constructive obligation to pay further contributions even if the fund does not hold sufficient assets to pay all employees the benefits relating to employee service in the current and prior periods.

Contributions to defined contribution plans are recognised in the Statement of Financial Activities when they are due. If contribution payments exceed the contribution due for service, the excess is recognised as a prepayment.

Financial instruments

Classification

Financial assets and financial liabilities are recognised when the charity becomes a party to the contractual provisions of the instrument.
Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the charity after deducting all of its liabilities.

Recognition and measurement

All financial assets and liabilities are initially measured at transaction price (including transaction costs), except for those financial assets classified as at fair value through profit or loss, which are initially measured at fair value (which is normally the transaction price excluding transaction costs), unless the arrangement constitutes a financing transaction. If an arrangement constitutes a financing transaction, the financial asset or financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Financial assets and liabilities are only offset in the statement of financial position when, and only when there exists a legally enforceable right to set off the recognised amounts and the charity intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

Financial assets are derecognised when and only when a) the contractual rights to the cash flows from the financial asset expire or are settled, b) the charity transfers to another party substantially all of the risks and rewards of ownership of the financial asset, or c) the charity, despite having retained some, but not all, significant risks and rewards of ownership, has transferred control of the asset to another party.

Financial liabilities are derecognised only when the obligation specified in the contract is discharged, cancelled or expires.

Debt instruments

Debt instruments which meet the following conditions are subsequently measured at amortised cost using the effective interest method:

(a) The contractual return to the holder is (i) a fixed amount; (ii) a positive fixed rate or a positive variable rate; or (iii) a combination of a positive or a negative fixed rate and a positive variable rate.

(b) The contract may provide for repayments of the principal or the return to the holder (but not both) to be linked to a single relevant observable index of general price inflation of the currency in which the debt instrument is denominated, provided such links are not leveraged.

(c) The contract may provide for a determinable variation of the return to the holder during the life of the instrument, provided that (i) the new rate satisfies condition (a) and the variation is not contingent on future events other than (1) a change of a contractual variable rate; (2) to protect the holder against credit deterioration of the issuer; (3) changes in levies applied by a central bank or arising from changes in relevant taxation or law; or (ii) the new rate is a market rate of interest and satisfies condition (a).

(d) There is no contractual provision that could, by its terms, result in the holder losing the principal amount or any interest attributable to the current period or prior periods.

(e) Contractual provisions that permit the issuer to prepay a debt instrument or permit the holder to put it back to the issuer before maturity are not contingent on future events, other than to protect the holder against the credit deterioration of the issuer or a change in control of the issuer, or to protect the holder or issuer against changes in levies applied by a central bank or arising from changes in relevant taxation or law.

(f) Contractual provisions may permit the extension of the term of the debt instrument, provided that the return to the holder and any other contractual provisions applicable during the extended term satisfy the conditions of paragraphs (a) to (c).

Debt instruments that are classified as payable or receivable within one year on initial recognition and which meet the above conditions are measured at the undiscounted amount of the cash or other consideration expected to be paid or received, net of impairment.

With the exception of some hedging instruments, other debt instruments not meeting these conditions are measured at fair value through profit or loss.

Commitments to make and receive loans which meet the conditions mentioned above are measured at cost (which may be nil) less impairment.

Investments

Investments in non-convertible preference shares and non-puttable ordinary or preference shares (where shares are publicly traded or their fair value is reliably measurable) are measured at fair value through profit or loss. Where fair value cannot be measured reliably, investments are measured at cost less impairment.

Investments in subsidiaries and associates are measured at cost less impairment. For investments in subsidiaries acquired for consideration including the issue of shares qualifying for merger relief, cost is measured by reference to the nominal value of the shares issued plus fair value of other consideration. Any premium is ignored.

Derivative financial instruments

The charity uses derivative financial instruments to reduce exposure to foreign exchange risk and interest rate movements. The charity does not hold or issue derivative financial instruments for speculative purposes.

Derivatives are initially recognised at fair value at the date a derivative contract is entered into and are subsequently remeasured to their fair value at each reporting date. The resulting gain or loss is recognised in statement of financial activities immediately unless the derivative is designated and effective as a hedging instrument, in which event the timing of the recognition in statement of financial activities depends on the nature of the hedge relationship.

Fair value measurement

The best evidence of fair value is a quoted price for an identical asset in an active market. When quoted prices are unavailable, the price of a recent transaction for an identical asset provides evidence of fair value as long as there has not been a significant change in economic circumstances or a significant lapse of time since the transaction took place. If the market is not active and recent transactions of an identical asset on their own are not a good estimate of fair value, the fair value is estimated by using a valuation technique.

3 Income from donations and legacies

	Unrestricted funds		
	General	Total 2017	Total 2016
	£	£	£
Registration Fees	209,314	209,314	226,839
	209,314	209,314	226,839

4 Investment income

	Unrestricted funds		
	General	Total 2017	Total 2016
	£	£	£
Interest receivable and similar income;			
Interest receivable on bank deposits	498	498	601

5 Expenditure on charitable activities

		Unrestricted funds		
		General	Total 2017	Total 2016
	Note	£	£	£
Governance costs	6	218,725	218,725	178,183

6 Analysis of governance and support costs

Governance costs

	Unrestricted funds General £	Total 2017 £	Total 2016 £
Staff costs			
Wages and salaries	102,000	102,000	89,667
Social security costs	7,718	7,718	7,053
Pension costs	7,437	7,437	5,002
Other staff costs	439	439	638
Independent examiner fees			
Examination of the financial statements	3,360	3,360	3,000
Legal fees	11,000	11,000	48
Depreciation, amortisation and other similar costs	1,683	1,683	1,546
Other governance costs	85,088	85,088	71,229
	218,725	218,725	178,183

7 Net incoming/outgoing resources

Net incoming resources for the year include:

	2017 £	2016 £
Depreciation of fixed assets	1,683	1,546

8 Staff costs

The aggregate payroll costs were as follows:

	2017 £	2016 £
Staff costs during the year were:		
Wages and salaries	102,000	89,667
Social security costs	7,718	7,053
Pension costs	7,437	5,002
Other staff costs	439	638
	117,594	102,360

No employee received emoluments of more than £60,000 during the year.

9 Independent examiner's remuneration

	2017 £	2016 £
Examination of the financial statements	3,360	3,000

10 Taxation

The charity is a registered charity and is therefore exempt from taxation.

11 Tangible fixed assets

	Furniture and equipment £	Total £
Cost		
At 1 April 2016	6,185	6,185
Additions	3,290	3,290
At 31 March 2017	9,475	9,475
Depreciation		
At 1 April 2016	2,818	2,818
Charge for the year	1,684	1,684
At 31 March 2017	4,502	4,502
Net book value		
At 31 March 2017	4,973	4,973
At 31 March 2016	3,367	3,367

12 Debtors

	2017 £	2016 £
Trade debtors	2,314	19,901

13 Creditors: amounts falling due within one year

	2017 £	2016 £
Other taxation and social security	-	2,703
Accruals	2,999	8,304
	2,999	11,007

14 Pension and other schemes

Defined contribution pension scheme

The charity operates a defined contribution pension scheme. The pension cost charge for the year represents contributions payable by the charity to the scheme and amounted to £7,437 (2016 - £5,002).

15 Funds

	Balance at 1 April 2016 £	Incoming resources £	Resources expended £	Balance at 31 March 2017 £
Unrestricted funds				
General	(122,432)	(285,378)	278,781	(129,029)

	Balance at 1 April 2015 £	Incoming resources £	Resources expended £	Balance at 31 March 2016 £
Unrestricted funds				
General	(78,784)	(271,000)	227,352	(122,432)

16 Analysis of net assets between funds

	Unrestricted funds General £	Total funds £
Tangible fixed assets	4,973	4,973
Current assets	127,055	127,055
Current liabilities	(2,999)	(2,999)
Total net assets	129,029	129,029

17 Analysis of net funds

	At 1 April 2016 £	Cash flow £	At 31 March 2017 £
Cash at bank and in hand	110,171	14,570	124,741
Net debt	110,171	14,570	124,741

UKPHR

Public Health Register

Protecting the public – improving practice