

# **Faculty of Public Health Medicine**

**of the Royal Colleges of Physicians of the United Kingdom**



**ANNUAL REPORT OF THE BOARD**

**2001**

**ANNUAL REPORT 2001**

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The Faculty has three main functions:

- Education and Standards
- Professional Affairs
- Policy and Advocacy

In the past year the Faculty has restructured itself into these three main areas of activity with designated officers being responsible for specific areas. The role of the President is to take an overview of all three of these areas and provide leadership to Faculty members through the work in which the Faculty is engaged.

## **FROM THE PRESIDENT**

This report highlights the Faculty's achievements during 2001 – a year which saw the opening up of the membership as well as the announcement of yet another major reorganisation of the NHS in England and Wales. The first six months were under the presidency of Jim McEwen who ably led the debate to widen the Faculty's membership, thus confirming the multidisciplinary nature of specialist public health. This achievement culminated in his welcome to the first Fellows from backgrounds other than medicine at the AGM in Glasgow. The Faculty owes Jim a debt of gratitude for his unstinting work on its behalf during his time as President, and I am delighted that since demitting office he has agreed to lead the group reviewing the status of the Faculty, which will be discussed at the AGM this year.

Jim's last months saw a series of events which set the tone for the year - the Parliamentary Select Committee report on public health, the English CMO's report on the public health function and the announcement of the changes which were later spelt out in *Shifting the Balance of Power*. For members working in the NHS in England, *Shifting the Balance of Power* heralded a period of personal and professional instability. As with all changes there were threats and opportunities and Board members, officers and staff have all actively engaged in shaping the development and implementation of the changes. The Faculty was pleased to co-host, with the Royal College of Physicians, the meeting at which Lord Hunt announced that there would be Directors of Public Health in all Primary Care Trusts. This major speech signalled the creation of public health teams to deliver public health programmes as a public health service, developing public health networks to maintain and provide expertise and working closely with local government and communities. The speech formally committed the Department of Health to the ten key areas of specialist practice and supporting development of the specialty. It also provided the opportunity for the Faculty to produce an information pack on public health, which was sent to all Strategic Health Authority Chief Executives and Chairs, and later to all those in PCTs.

Board meetings have provided the opportunity to discuss and review progress in public health across the four countries of the UK and it has always been cheering to hear of the robust state of public health in Scotland where the Scottish Affairs Committee Annual Conference in November attracted over 300 members. This meeting was held in partnership with the UKPHA and its success emphasised once again the importance of working with other organisations to promote public health as a specialty as well as to promote the public's health. During the year the Faculty has worked with colleagues in other public health organisations as well as with professional colleagues in the Royal Colleges. A joint paper with the RCGP on the public health perspective for primary care was published in the autumn and has helped lay the ground for further developments. I am grateful to Professor Mike Pringle for his support whilst Chair of the College Council and to David Haslam for continuing his support. Following the discussion on the slow progress of the Alcohol Strategy in England at the AGM there was a joint meeting with the RCP (England) and the Minister Hazel Blears with commitment to further action, which is being followed up by our Policy Committee. We have been working closely with the RCP under the leadership of Sir George Alberti, and as he comes to his retirement I would like to thank him for his active support over the years as President. Another college initiative has been the continued discussion with the Royal College of Paediatrics and Child Health on issues of mutual interest, which include the possibility of new roles and training opportunities about which there will be more to say at the AGM. The Faculty has also hosted several events with the UKPHA and the Health Development Agency, including discussions about *Shifting the Balance of Power*, Health Impact Assessment and Developing Public Health Networks. All these have been reported on the Faculty's website.

During the year the internal structure of the Faculty was reorganised to reflect the three key areas of work - education and standards, professional affairs and policy and advocacy. Each strand is led by one of the senior officers and they will all report to you on progress at the AGM. I would like to take this opportunity to thank Stuart Donnan for his contribution to the Faculty. Stuart retired from the role of Academic Registrar at the 2001 AGM and we very much appreciate his years of service to the Faculty.

In picking up the mantle of Academic Registrar, Ian Harvey has, in addition to his other responsibilities, taken over the standards work from myself. The establishment of standards of good and unacceptable professional practice for all specialists in public health remains a challenge the Faculty needs to meet. The Kennedy report makes it clear that the public have a right to expect high standards of professional practice. Whilst we now have systems for appraisal and CPD for all specialists be they from medical or other backgrounds, we still lack a registration system for multidisciplinary specialists. This is a key item on the agenda of the Tripartite Group and will be reported on progress at the AGM. We also need to reflect on the growing diversity of roles and to explore the development of standards for different specialisms within the profession – for example health protection, DsPH in PCTs, public health specialists in acute trusts, public health scientists. These discussions need to include clarification of the particular contribution of doctors to public health practice.

The work of the Policy Committee has continued to thrive and the staff have continued to develop and support the e groups which have been an effective support in these times of uncertainty and rapid change. The publication of the *Obesity Toolkit and Let's Get Moving* were well received and we hope will support members in their work.

Looking to 2002 there are challenges ahead - not only bringing some stability to members whose jobs and roles are changing but moving forward on key agenda such as addressing health inequalities and developing the health protection agenda. The Faculty – through its 3 key areas of activity and through its Board, regional FLACs and country affairs committees will continue to listen to and to support and act on behalf of the members. The Faculty is the sum of its members. Our effectiveness is made possible only through participation and the good will of those who become engaged. 2001 was a challenging year for us all – and I would like to say thank you to all staff, officers and others who have worked so hard and contributed to our growth and achievements during that time.

## **STANDARD SETTING ACTIVITIES**

### **Standards Committee**

The work of the Standards Committee has now become one of the areas of responsibility of the Academic Registrar (AR) and his team. This is on the basis that there needs to be a clear and consistent relationship between standards set during the training period of Specialist Registrars and Public Health Specialists (already the AR's responsibility), on the one hand, and the standards of practice of existing Consultants and Specialists on the other.

In the build up to the introduction of revalidation by the GMC starting in 2004 a number of important steps have been taken:

- Key documents produced by the Standards Committee over the last two years have now been circulated on CD-ROM to all members. This includes the document *Good Public Health Practice* which provides generic standards for public health physicians consistent with those in the GMC's own document *Good Medical Practice*. These standards may also be adopted by specialists.
- Jean Chapple (Assistant Registrar) is taking the lead in liaising with the GMC and monitoring developments in revalidation. Close links are being maintained with the new CPD arrangements that have been introduced by the Faculty (led by Yvonne Doyle) and an appraisal training event was organised and held in March 2002. CPD and the outcomes of annual appraisals will be key elements in the portfolio that is likely to form the basis of revalidation.
- Work has been commissioned from medical educationalists at the University of Wales College of Medicine, Cardiff to develop standards of practice for existing consultants and specialists working in generic and a number of specialist settings. This will utilise as a framework the 10 key competency areas that are now routinely used in RITA processes.

Another important related area of development has been the move to establish a Register of Public Health Specialists, analogous to the Specialist Register for those holding a CCST. This would be likely to commence as a voluntary register but might become statutorily based in due course. The Tripartite Group (consisting of the Faculty, the Multidisciplinary Public Health Forum (MDPHF) and the Royal Institute of Public Health (RIPH)) has been active in progressing this work. We are becoming better placed to respond to a health service where all NHS Director of Public Health posts are open to applicants from a range of public health backgrounds. Funding to establish the register itself is still being sought. Funding has been secured from the DoH to commission work to develop the assessment criteria for those wishing to enter the register and a team from the Public Health Resource Unit in Oxford are undertaking this.

### **Training and Examinations**

As a result of the ballot announced at last year's AGM the Part II MFPHM exam and other routes of entry to membership (such as Membership by Exemption) are now open to those working in public health from disciplines other than medicine. The Faculty is acutely aware however of the uncertainties and inconsistencies around the country surrounding the funding of public health specialist training posts. We are working with colleagues in the DoH to encourage Workforce Development Confederations (WDCs) to attach high priority to such training posts. The Faculty is keen to see as much integration as possible between SpR training and Public Health Specialist training. To this end Regional Faculty and Specialist Advisers have been recommending that Public Health Specialist trainees should follow the same RITA competency schedule and should be assessed through the same RITA process as SpRs. In order that Specialist Trainees are equipped to deal with the health protection aspects of both RITA and the Part II exam it is vital that training schemes incorporate adequate relevant experience.

The educational consultancy work undertaken by the University of East Anglia which reported during autumn 2001, emphasised that although the changes to the Part I exam have generally been well received, there are persisting problems with perceptions of the

Part II examination. Changes to the Part II exam (Chair Brian McCloskey) inevitably require relatively long lead-in times, as the projects submitted are developed over comparatively long time periods. Nonetheless we feel that it is appropriate to plan further modifications. A "short term" working party led by Mike Robinson (Deputy Chair, Part II) is considering ways of improving the definition of pass standards and consistency of judgements between examiners. A "long term" working party chaired by Ian Harvey (AR) has been considering more fundamental modifications, including the possibility of opening up the competencies covered in the written reports to include most of those specified in the RITA framework. We are also involved in an Academy of Medical Royal Colleges Working Party that is considering exam processes across all the Colleges, chaired by Dame Lesley Southgate.

The new format Part I exam (Chair Steve George) ran for the first time in June 2001. Two-thirds the length of the previous exam, pass rates for the revised exam have not changed significantly. A short answer question bank is being established which will be updated regularly.

A new examination appeals procedure has been approved by the Faculty Board during the year, based closely upon that used by the Royal Colleges of Physicians. It emphasises that appeals will only be allowed where there are grounds for thinking that a procedural error may have occurred or where there are other exceptional circumstances. The belief that there has been undermarking or where the examiners' academic judgements are being challenged will not constitute grounds for appeal.

In terms of micro processes, two Faculty Committees merged during the last year (the Education Committee and the Faculty Advisers Committee (previously chaired by Selena Gray)) to form the Education & Faculty Advisers Committee. In the process some colleagues who had given willingly of their time and effort on the Education Committee stood down – we are very grateful for all that they have contributed.

After complex discussions with the STA we have not yet finalised our revised CCST criteria at the time of writing. As Stuart Donnan wrote in his report last year, we still intend to remove the requirement for 24 months training after passing Part I. We also hope that the minimum requirement for general service NHS experience will be accepted as 12 months, with an additional mandatory 3 months' experience in communicable disease. We plan however to retain the possibility of up to 24 months retrospective recognition of supervised public health training. Our plans are being put to the STA at present and we hope for a successful outcome. Our current operative CCST criteria are accessible on the Faculty website. We are also aware of the imminent replacement of the STA with the Medical Education Standards Board and will continue to participate in discussions about how the Faculty will relate to this new body.

Training in Public Health has faced difficulties and challenges in the last year, not least from the effects of *Shifting the Balance of Power*. Without being complacent however, although organisational structures are being radically altered there is still enormous enthusiasm to help educate the next generation of public health staff. The Faculty aims to be as flexible and facilitatory as possible, within the legal framework in which it operates, when it comes to education and training issues.

Other changes – such as the health protection strategy *Getting Ahead of the Curve* and the proposed replacement of the STA with the Medical Education Standards Board – also impact upon our training programmes to varying degrees. *Getting Ahead of the Curve* in particular is helpfully stimulating thinking between the Faculty education group and PHMEG about ways in which specialist health protection training can be developed.

We are also keen to encourage the establishment of training programmes that allow movement between public health and other specialties, especially primary care and community paediatrics. In these specialties in particular there is great merit in gaining experience of public health. Meetings have been held with officers of both the RCGP and the RCPCH to progress this thinking.

## **Faculty Visits**

This year represents the first full year of visits based upon new geographical boundaries and using new documentation. With visits now routinely expected to assess SpR, SHO and Public Health Specialist training posts there has been a requirement for an extensive visitor training programme. Sixty visitors have been trained in the last 12 months by Celia Duff (Director of Training (Visits)).

Service and Academic Visitors are now paired with particular training programmes, whilst SpR and Specialist in Public Health Visitors are currently selected from a pool. This may change once the current reorganisations are completed.

All 14 programmes have been visited in the last year and all visits now include a Specialist in Public Health Visitor. The time lapse between the visit and final approval of the report by the Education Committee has been significantly reduced and is now on average only 2.5 months. The revised paperwork has been a success.

Visitors are keen to encourage flexibility in programmes by, for example, approving more training slots than may be required simply to accommodate the funded trainees. The increase in unoccupied training slots as a result of this deliberate policy (from 34% in 2000 to 40% in 2001) should be interpreted in this light. Not only is the visiting programme a necessary quality control mechanism within training but it also provides a valuable opportunity for generic issues to be fed back to the Education & Faculty Advisors Committee for further consideration.

## **CPD**

The year 2001/2 saw a number of important developments in CPD. The previous cycle came to an end at the close of 2001. During that year participants in the Faculty's CPD programme could use either the new system in its pilot phase, or the previous system. Many members began to use the new system and Iain Robbe and colleagues from the University of Wales College of Medicine conducted an evaluation of this system,

incorporating views about the previous system. Further modifications were incorporated prior to the formal launch in January 2002.

As a prelude to the launch, the Director of CPD, Yvonne Doyle, contacted all members who had never submitted a return to the Faculty personally. It is hoped that many of these members will now connect with the CPD system. The fundamental importance of CPD in the revalidation process cannot be over emphasised.

Other developments have included work on the collection of examples of good CPD practice to help members. This includes for example innovations in recording personal development plans, a CPD electronic diary and advice on how to prepare for consultant appraisal. These examples of good practice will be collated and in due course put on the Faculty website.

The CPD Committee will concentrate in 2002/3 on ways of reflecting on practice and auditing at individual and department level. We are considering how to put this and other innovative material on a CD for members.

### **Personnel**

During the year Sushma Acquilla (previously Director of Training (Regional Liaison) was elected as Deputy Academic Registrar. In addition Fiona Sim resigned her post as Director of Training with responsibility for CCST and related issues. Both of them - along with Celia Duff (Director of Training (Visits)) who remains in post - have overseen their responsibilities with care and enthusiasm. My thanks also go to all the other members of the Education & Faculty Advisers Committee, to the Executive of that Committee and to the staff of the Education Department in the Faculty.

### **Workforce Planning**

This has not been an easy year in which to plan for future workforces needs in the field of public health. At least in England, we have been living through a period of rapid change with the dissolution of health authorities and regional offices, and their

replacement by a larger number of primary care trusts, all of which will have significant public health responsibilities and a director of public health on board as well as the creation of integrated public health groups at regional level and a senior public health presence at each Strategic Health Authority. It does, however, seem likely that the new primary care organisations will need at least as much public health input as the old health authorities, and probably more. Formalising new ways of working with local government and in networks will also have workforce implications.

Whenever there is a reorganisation, there is usually an increase in early retirement, and factors such as this, together with estimates of the number of new posts have to be melded with calculations relating to the 'wastage' rate among trainees, and the time taken to achieve consultant or specialist status.

It seems more likely at present however, that recruitment of enough trainees will be the limiting factor, rather than a shortage of available specialist posts. For those in training, the outlook is generally good.

We must ensure that the uncertainties caused by reorganisation do not deter good applicants – all the good people we can train are likely to have good career opportunities.

### **Conferences, Lectures and Prizes**

2001 was another very active year for meetings, with the highlight being the Annual Scientific Meeting held in Glasgow. Over 530 delegates attended a wide-ranging and stimulating conference.

Now that the results of the ballot on the changes to Standing Orders were known, members were keen to look forward. It was agreed that Professor McEwen would chair a working group that would prepare a full option appraisal for the future, including the potential to become a Royal College. This will be discussed at this years conference.

The Scientific Meeting got off to a flying start with an honest and thought-provoking look into the future from the Chief Medical Officer for England, Professor Liam Donaldson. Parallel sessions followed, of such high quality that delegates were spoilt for choice, covering the full gamut of public health practice. Plenary speakers continued to reach new highs, with Professor Mac Armstrong giving an informative dissertation on the health of the people of Scotland. Professor Roy Porter, Head of the Academic Unit, Welcome Unit for History of Medicine gave a grim and graphic description of the industrialised UK and the tireless effort of public health figures to improve the urban environment. We were saddened by his tragic death later in the year. Finally, Sir Peter Froggatt, Past President of the British Medical Association, gave an erudite account of the life, work and ultimate tragedy of the flawed genius, William Wilde, father of Oscar Wilde.

Several Faculty prizes were presented during the conference. The Alwyn Smith Prize was presented to Professor Chris Bartlett, and the Wilfrid Harding Faculty Prize was presented to Dr Ian Baker, in recognition of his efforts in organising many Faculty conferences as past Chair of the Meetings Sub-committee.

Later in the year, Lord Hunt of King's Heath gave an evening speech on the Future of Public Health. This was an extremely well attended lecture at the Royal College of Physicians, and addressed some of members' concerns in the changing NHS system.

## **Publications**

The Faculty's Cardiovascular Health Working Group (CVHWG) published '*Let's Get Moving*' – a handbook to promote physical activity strategies locally. This was produced jointly with the National Heart Forum and British Heart Foundation, and was launched at the UKPHA annual conference in Bournemouth in March 2001. Faculty members and staff led the way in a walk along the seafront to promote the benefits of physical activity.

Towards the end of the year, the CVHWG started work on a hypertension toolkit, which will be published at the end of 2002.

### **Senior Public Health Appointments**

One of the Faculty's statutory functions is to nominate external assessors to serve on appointments committees for NHS consultant grade posts in England, Wales and Northern Ireland. In Scotland, a national panel handles the nomination process. The Faculty continued work begun in 2000, initially with the DoH, on producing guidance for the appointment of specialists in public health, the senior multidisciplinary post in the NHS in England announced initially in the White Paper *Saving Lives: Our Healthier Nation* (2000) and then in *Shifting the Balance of Power* published in June 2001. In response to the multidisciplinary nature of these posts, the Faculty's list of approved external assessors was expanded to include Faculty members from an NHS public health background other than medicine. In November, the Minister for Health, Lord Hunt, announced further details and confirmed that there would be a Director of Public Health in each of the three hundred plus new Primary Care Trusts in England and that there would be a senior public health doctor in each of the 30 new Strategic Health Authorities in England.

### **Recognition of distinction**

In 2001, the Fellowship Committee considered 205 proposals for the Faculty's membership distinction grades: Honorary Fellow, Honorary Member and Member through distinction.

## **PUBLIC HEALTH ADVOCACY AND EXTERNAL RELATIONS**

### **Public Health Policy Sub-committee**

In the first quarter of the year, the committee prepared a revised version of the Faculty's *Manifesto for Public Health* in time for the General Election in England. This was sent to the majority of candidates taking part in the election and was well received.

Midway through 2001 there was a change of leadership of the committee as Peter Donnelly took over from Sian Griffiths as Vice President at the AGM. In addition, Fiona Adshead was appointed as the Policy Adviser to the Vice President, a very welcome addition to the team.

The committee's key achievement of 2001 was to establish firmly a range of electronic groups covering all of the major areas of interest in public health. These have been well used, and many Faculty members have reported that they find the networking opportunities useful. Network group leads have been established, and all members of the Policy Committee have a distinct and accountable role to fulfil.

A review was carried out of the Faculty's procedure for responding to consultation documents. Revised guidelines have been set out and agreed by the Board, and these were published in a recent edition of *ph.com*. We would like to thank all Faculty members who participated in the consultation process in 2001. A list of those responses generated in 2001 can be found later in this report.

The committee maintained a close working relationship with the four key organisations which share Faculty interests: the Association of Directors of Public Health chaired by Tony Jewell; the Public Health Medicine Environmental Group chaired by Ruth Gelletlie; the Multidisciplinary Public Health Forum chaired by Lillian Somervaille, and the Public Health and Primary Care Group, chaired by Meradin Peachey.

In the latter part of the year, the committee focused on specific public health issues. Presentations were given to the committee on injury prevention and issues relating to child health and parenting. Further work on these topics is now being taken forward by the Faculty in conjunction with other public health organisations and the Academy of Medical Royal Colleges.

Finally, thanks must go to the Policy & Communications department for their hard work and assistance during the year.

## **Communications & IT**

In early 2001 *ph.com* and the Faculty's website continued to be the main communications channels in use. The Faculty's in-house newsletter team have aimed to work with the Editor of *ph.com*, Alison Hill, to provide a range of stories which reflect both Faculty affairs and the wider public health agenda. The website continued to be updated, and work began on restyling and relaunching the site in time for the 2002 Annual Scientific Meeting in June.

In October 2001, the Faculty's first electronic bulletin was launched. The electronic bulletin is designed to give members regular updates on Faculty business and topics of interest such as upcoming conferences and publications. Links to the website mean that people can access more information at the touch of a button. The electronic bulletins have met with a very positive response and it is hoped that these will continue on a regular basis.

The past year has seen the continued integration of smaller Faculty databases into the main Central Database. The benefit of this work has reduced duplication of data entry thus saving time and enabling the staff to have access to a wider range of useful data.

A programme of renewal of some of the Faculty's older hardware has operated throughout the year, and new faster machines have been purchased. This together with a programme of updating software has led to increased efficiency. In addition to having in-house expertise we have also always contracted the maintenance for the hardware to an external company. In 2001 we sought a new contractor to take over this work, and have been pleased with the services of Co-operative.

Due to the increased number of computer viruses that have been circulating in 2001 we have had to increase and improve our virus protection software. This has limited the effect of incoming viruses and also ensured that we have not been responsible for spreading these from the Faculty.

## **International**

In 2001 the International Committee established a joint fellowship scheme with VSO offering 12-month overseas placements for specialist registrars. The first placements will occur in 2002. If successful, it is suggested that similar opportunities for joint working might be explored with other aid agencies. The committee also pursued the further development of the register of international public health practitioners, which was established in collaboration with the International Health Exchange during the latter part of 2000.

The committee continued to progress its work on the development and marketing of public health qualifications in the developing world, in particular in sub-Saharan Africa and the Eastern Mediterranean Region of the WHO. Funding is being sought to take forward aspects of this work.

An international session was held at the Faculty's Annual Scientific Meeting, on *Poverty and Inequalities in Health*. The session is increasingly well attended and regarded as an integral part of the conference programme. A one-day conference was also held on *Public Health for International Aid and Development*. Again, this was highly successful, with a capacity attendance of 130 delegates.

The Europe Working Group, under the chairmanship of Professor Mark McCarthy, continued to develop links both within the UK and Europe. In particular, the Faculty has joined the European Public Health Association, which will provide an opportunity to link directly with a number of national public health associations within Europe. On behalf of the Faculty, Professor McCarthy also played an active role in the development of the European Health Forum.

Finally, Professor Paul Johnstone replaced Professor Stephen Horsley as chair of the International Committee, and Dr Salman Rawaf was appointed to succeed Professor Tim Cullinan as International Faculty Adviser. The committee wishes to record its thanks to

Professor Horsley and Professor Cullinan for all the work they undertook in developing the Faculty's international role.

### **Multidisciplinary Working**

Perhaps the most significant development in the past year has been the membership's support for the Boards proposal to allow the Part II examination to be taken by those from a background other than medicine. The results of the ballot were as follows:

### **Membership Categories (Standing Orders 4, 5, 6, 8 and 11)**

YES	457
NO	316
SPOILT	2

### **Regional boundaries (Standing Orders 33 and 34.1)**

YES	658 (86.2% of valid vote)
NO	105
SPOILT	12

We are still awaiting our first non-medical entrant to this examination, but have seen significant interest from those public health professionals who have already passed Part I.

These changes have also enabled the Faculty to offer its distinction grades of membership to a wider constituency with nominations for all categories of distinction grade being received in 2002.

Work through the Tripartite Group has continued with the launch of Standards for Specialists in Public Health. These have been well received and are now being widely used throughout the four countries. Other work that has been taken forward has included the development of a register for specialists, and the development of standards for public health practitioners. This work is still in progress.

## CONSTITUTION AND MEMBERSHIP

### Constitution

The names of the officers in 2001 are set out in Annex 3. The following took up office in 2001:

- Sian Griffiths was elected as President;
- Peter Donnelly was elected as Vice President;
- Keith Baker was elected as Treasurer;
- Ian Harvey was elected as Academic Registrar;
- Sushma Acquilla was elected as Assistant Academic Registrar;
- Jean Chapple was elected as Assistant Registrar.

### Membership

The table below shows the changes in the numbers in the various categories of membership of the Faculty over the last six years.

	<b>2001</b>	<b>2000</b>	<b>1999</b>	<b>1998</b>	<b>1997</b>	<b>1996</b>
UK Fellows	550	510	477	428	400	368
UK Members	620	642	662	680	697	693
Specialist Registrar Members	116	142	178	197	199	256
Diplomate Members	123	78	17			
Honorary Members	253	223	162	146	131	104
Overseas Fellows	105	100	93	89	81	80
Overseas Members	109	121	121	113	112	118
Retired Fellows	476	463	419	429	420	432
Retired Members	399	395	272	302	331	349
<b>Total membership</b>	<b>2751</b>	<b>2674</b>	<b>2401</b>	<b>2384</b>	<b>2371</b>	<b>2400</b>

## **MANAGEMENT AND ADMINISTRATION**

Turnover of staff in 2001 has been lower than in previous years. What little turnover there has been has been with secretarial support staff, rather than Heads of Departments. A full staffing structure is given in Annex 4.

The Board wished to simplify the Faculty's committee structure, and work was carried out in 2001 to ensure that we complied with Standing Orders, but also ensured that the committee structure was improved and made more efficient. The new committee structure is shown in Annex 1. This new structure is already paying dividends and has reduced the number of large meetings that are held at the Faculty.

2001 has been a trying year for the staff at 4 St Andrews Place, due mainly to building work at the rear of the premises. Apart from the noise, dust and general disruption this has caused, the staff have also been unable to use their staff room, and have had very limited catering facilities throughout the year. A programme of refurbishment is now planned to restore and improve these facilities.

During the year the Board has assessed the major risks to which the Faculty is exposed, in particular those related to the operations and finances of the Faculty, and is satisfied that systems are in place to mitigate the Faculty's exposure to the major risks.

## **FINANCE**

The current year (2001) has resulted in the net resources on the unrestricted fund being in surplus (£56,765) which is 5.5% of unrestricted income. After taking into consideration the changes in the market value of the investment portfolio the net movement in the unrestricted fund was a deficit of £87,289.

This is after including a sum of £26,000, which the Board considers prudent to treat as income in the current financial statement. This was the balance of funds received in

1993 by gift aid, which was to part finance a project planned to last about two years. Since then the Faculty has treated the balance of the funds as income received in advance. It was expected that a request for payment for staff time would be received from an external organisation. No such request has been received although the project has been completed for several years.

The unrestricted fund surplus is better than expected as the Faculty had set a slightly less than break-even budget for 2001 in order to maintain and develop the services and activities it provides. Non-recurrent funds and reserves had been earmarked to make good the anticipated shortfall. Through careful budget management in all departments, better than expected income and bank interest and increased dividends, the end of year result, as stated above, was a small surplus.

During the year the Faculty reviewed its investments policy and the Board has agreed the following statement.

The Faculty investment policy is

- to employ a firm of professional advisors to manage the portfolio on a discretionary basis subject to specifically requested guidelines
- to hold the individual stock and shares in the name of a nominee company
- to have separate individual portfolios for prize funds
- to manage the general portfolio as one fund which will include, but not limited to, equities, cash and fixed interest investments
- not to invest, at the time of purchase, more than 5% of the portfolio in any one company
- to require the portfolio to maintain the aggregate value (in sterling) in real terms with the aim of bettering the returns of an appropriate index
- to have an evolving socially responsible investment (SRI) policy based upon explicit principles for investment which will be implemented by the professional advisors
- The current SRI principles are not to invest in any sector or business which has an overall direct, detrimental effect on the health of the public

- To adopt a sector or business as the unit of investment. Where a sector or company has wide ranging interests, the degree of social responsibility of the sector or company will be assessed on the basis of their core business
- To exclude from the SRI policy those investments made into managed investment funds provided the investment objectives of the fund would be an acceptable investment if it were a sector or business.

It is considered that the Faculty's current investment portfolio is in line with this statement including the references to SRI. In general the Faculty's investment portfolio tends to track the relevant Charities investment index. However the period covered by this report has seen a considerable drop in the value of equities. This does not create a problem at the present time, as the Faculty portfolio is not considered as a short-term investment. If this downward trend should continue the Faculty will need to consider ways of making good the deficit in order to maintain its long-term reserves.

The Board considers that the Faculty requires reserves to enable it to meet any unpredictable increase in expenditure or drop in income. The Board considers that reserves should be maintained at a minimum level equal to the average annual expenditure on the unrestricted funds with the view that this should be gradually increased to two years average expenditure.

Based on 2001 figures, the current reserves represent the expenditure for one and a quarter years.

The budget-setting process is one of the major financial tasks every year. The budget is allocated to cost centres relating to our charitable activities, for example the Standards Committee and PR activities. Most cost centres do not generate income but depend on a share of the subscription and registration fees and other income to cover their activities. Some departments do provide a significant proportion of income towards the cost of their activities, for example Education and Training through examination fees and grants. All departments agree to stay within their allocated budgets, this means

they can only reduce charges or increase services if they can generate additional income from other sources or reduce costs.

The Faculty considers that following the Government's changes in the management of the NHS and the implications of further development of multi-disciplinary public health there could be a detrimental financial impact in 2002 and 2003. At this time of enormous turbulence, the Faculty has to be financially alert to achieve or better the agreed balanced budget for 2002. It also needs to provide the resources to maintain its charitable objects as the standard setting body for specialist public health professionals and to enable it to provide a powerful lead for public health policy in many national arenas.

## **THE FACULTY**

### **Objects**

The objects for which the Faculty was founded are to promote for the public benefit the advancement of knowledge in the field of public health medicine, to develop public health medicine with a view to maintaining the highest possible standards of professional competence and practice and to act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning public health medicine.

The functions of the Faculty are principally setting and maintaining professional standards, contributing to the wider medical profession and public health advocacy. These are summarised in Annex 6.

### **Constitution**

The Faculty is a faculty of the Royal College of Physicians of the United Kingdom, that is to say, the Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians of London. It is a registered



Auditors: Messrs Baker Tilly  
Chartered Accountants  
46 Clarendon Road  
Watford  
Herts WD17 1HE

Investment Managers: Smith & Williamson Securities  
1 Riding House Street, London, W1A 3AS

**Resources**

The Faculty's financial resources are described in the financial statements in Annex 5. In addition to its paid staff (see Annex 4), the Faculty relies heavily on the voluntary work of its honorary officers and Board and committee members.

APPROVED ON BEHALF OF THE BOARD BY:



.....  
President

.....  
Vice President



.....  
Registrar

.....  
Treasurer

Faculty Board and Committee Structure

## FACULTY BOARD & COMMITTEE STRUCTURE

## ANNEX 2

### REPRESENTATIVES ON OTHER BODIES (as at 31 Dec 2001)

<b>STATUTORY AND OTHER PERMANENT BODIES</b>	<b>REPRESENTATIVE</b>	<b>APPOINTED</b>
Academy of Medical Royal Colleges	President (Vice President)	
Advisory Group on Medical Education, Training and Staffing	Registrar	
All-Party Group on Primary Care & Public Health	President	
Association of Directors of Public Health	Dr S Ramaiah	1996
Committee for Public Health Medicine and Community Health (CPHMCH)	Prof S Horsley (President - observer)	1997
Common Agenda Group for Public Health	President (Vice President)	
Joint Consultants Committee	President	
Meeting of Specialist Trainee Representatives	Chairman of SpR Cttee	
Public Health Medicine Consultative Committee (PHMCC)	President Registrar Faculty Rep on CPHMCH	
Royal College of Physicians Council: (a) London	President (Vice President)	
(b) Edinburgh	Dr D Moir	2000
(c) Glasgow	Dr H Burns	2001
Specialist Training Authority	President (Ac Reg)	
Standing Medical Advisory Committee (SMAC)	President	

UEMS Section of Public Health/ Community Medicine	Dr I Robbe	1996
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### **LIAISON COMMITTEES WITH OTHER COLLEGES/FACULTIES**

Academy of Medical Royal Colleges & Faculties:

(i) Information Committee	Dr P Gentle	
(ii) Academic Board on Sports and Exercise Medicine	Dr A Maryon-Davies	1997

Academy of MRCs - SERNIP	Prof E Russell	1997
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BACCH Executive Committee	Dr L Davidson	2000
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Intercollegiate Forum on Poverty and Health	Dr J Connelly	1997
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Joint Committee for Higher Training in Dentistry: SAC in Dental Public Health	Dr M Dlugolecka	1997
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Joint Medical Genetics Committee of RCPPath, RCP and British Society for Human Genetics	Dr V Warren	1998
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Joint RCP/RCPPath Committee on Infection and Tropical Medicine	Dr I Holtby Dr M Regan	2000 1997
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Medical Information Group (of BMA & Academy)	Dr P Gentle	1996
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Royal College of Physicians of London - Committees:

(i) Ethical Issues in Medicine	Dr A Limentani	1998
(ii) Genito-Urinary Medicine	Dr H Ward	1995
(iii) Rheumatology	Dr T Allison	2000
(vi) Sports and Exercise Medicine	Dr A Maryon-Davies	1997

RCP/Clinical Effectiveness & Evaluation Unit Audit of Acute Myocardial Infarction (MINAP)	Dr A Maryon-Davies	2001
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RCP Ethnic Monitoring Group	Dr S Acquilla	2000
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RCP Intercollegiate Forum on Poverty and Health	Prof S Griffiths	2000
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RCP Lung Cancer Intercollegiate Group	Prof W Holland	2000
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**OTHER LONG TERM COMMITTEES/BODIES**

British Federation against Sexually Transmitted Diseases	Dr H Ward	1996
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British Diabetic Association: Research Committee	Dr M Stern	1998
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British Thoracic Society: Joint Committee on Tuberculosis	Dr J Watson	1997 (second term)
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Child Accident Prevention Trust	Prof S Jarvis	1998
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Child Health Advocacy Network (CHANT)	Dr S Stewart-Brown	1999
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Child Health Informatics Consortium	Dr M Barker	2000
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Clinical Pathology Accreditation (UK) Ltd	Dr M Evans	1997
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European Public Health Alliance	Dr M Joffe	1998
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National Confidential Enquiry into Perioperative Deaths	Dr S Bridgman	2001
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National Counselling Scheme for Sick Doctors	Dr I McDonald	1994
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National Heart Forum	Dr N Hicks	1996
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National Perinatal Epidemiology Unit Advisory Committee	Dr N Hicks (Dr J Chapple)	1998 1998
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National Primary Care Collaborating Centre - Board	Dr T Jewell	2001
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National Screening Committee	Dr W McConnell	2001
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NSPCC Health Liaison Committee	Dr L Stirzaker	2001
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Public Health and Primary Care Group	Dr P Begley	1998
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Public Health Medicine Environmental Group	Dr P Monk	1995
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Tobacco Control Alliance	Dr J Mindell	1996
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West Midlands Institute of Public & Environmental Health Advisory Committee	LBM for W Midlands (Dr S Ramaiah)	1996
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**SHORT TERM WORKING PARTIES**

BMA Foundation for AIDS Strategic Review	Dr R Mayon-White	2000
Child Health Screening Sub-group of the National Screening Committee	Dr A Streetly	1998
Confidential Enquiry into Stillbirths & Deaths in Infancy Diabetes Programme - Multidisciplinary Resource Gp	Dr M Guy	2001
Evidence Based Prescribing for Elderly People	Dr B Tennison	1998
Intercollegiate Working Party on Adolescent Health	Dr Z Kurtz	1999
National Clinical Guidelines for the Management of Heart Failure	Dr C Spencer-Jones	2001
National Clinical Guidelines for the Management of MS in Primary & Secondary Care in the NHS	Dr R Milne	2001
National Women Held Maternity Record Project	Dr J Chapple	2000 (second term)
NICE Enquiry into Orlistat & Sibutramine for Obesity	Dr A Maryon Davies	2000
Prison Service Version of WHO Guide to Mental Health In Primary Care - Editorial Board	Dr H Rutter	2001
RCOG Induction of Labour Guideline Development Group	Dr L Davidson	1999
RCOG Use and Interpretation of Electronic Monitoring Guideline Development Group	Dr J Chapple	1999
RCP Tobacco Advisory Group	Dr R Edwards	2001

RCP Working Party on Alcohol	Dr J Bell	2001
RCP Working Party on Nutrition	Dr A Maryon Davies	2000
RCPCH Working Group on the Health of the Nation's Children	Dr L Davidson	1998
RCPCH Working Party on Parenting	Dr S Stewart-Brown	2000
UK Colorectal Cancer Screening Group	Dr M Kenicer	2001

## **REPRESENTATIVES ON OTHER BODIES APPOINTED BY THE AFFAIRS COMMITTEES**

### ***Scotland***

Academy of Royal Colleges and Faculties in Scotland Deputy:	Convenor of SAC Dr C Clark
Scottish Committee for Public Health Medicine and Community Health	Convenor of SAC Deputy: Dr C Clark
Scottish Joint Consultants Committee (The membership of this committee has been reduced and the SAC does not have a regular seat on the committee. The Convenor of SAC (or deputy) acts as deputy for the College of Physicians representative on the SJCC.)	Convenor of SAC Deputy: Dr C Clark
Royal College of Physicians of Edinburgh: Symposium Committee	Dr H Campbell
Royal College of Physicians: Bi-collegiate Steering Group for Clinical Standards	Dr R Muir
Scottish Intercollegiate Guidelines Network	Dr L McDonald
Inter-Collegiate Group on Alcohol-Related problems	Dr H Kohli
Links with the Public Health Institute Scotland	Convenor & Faculty Adviser

## ***Wales***

Welsh Committee for Public Health Medicine and Community Health      Dr J Steward

Academy of Royal Colleges and Faculties in Wales      Dr S Payne

Liaison Committee of Royal Colleges and Faculties in Wales      Dr W Smith

## ***Northern Ireland***

Northern Ireland Council for Postgraduate Medical and Dental Education      Prof F Kee

Northern Ireland Medical Forum      Prof J Watson

NI Physical Activity Strategy Implementation Group      Dr J Yarnell

## ANNEX 3

### ATTENDANCE AT BOARD AND STANDING COMMITTEE MEETINGS

1 January to 31 December 2001

<b>BOARD</b>	<b>Possible</b>	<b>Actual</b>
<b>Officers</b>		
Prof J McEwen ( <i>President to June 2001</i> )	2	2
Prof S Griffiths ( <i>Vice President to June 2001; President from June 2001</i> )*	5	5
Dr P Donnelly ( <i>Treasurer to June 2001; Vice President from June 2001</i> )*	5	5
Dr K Williams ( <i>Registrar</i> )*	5	5
Prof S Horsley ( <i>Assistant Registrar to June 2001</i> )	2	1
Dr J Chapple ( <i>Assistant Registrar from Sept 2001</i> )*	2	2
Prof S Donnan ( <i>Academic Registrar to June 2001</i> )	2	2
Prof I Harvey ( <i>Academic Registrar from June 2001; General Board Member to June 2001</i> )*	5	5
Dr K Baker ( <i>Treasurer from June 2001; Local Board Member, NE Thames to June 2001</i> )*	5	3
<b>Local Board Members</b>		
Dr J Acres ( <i>Wessex to June 2001</i> )	2	1
Dr F Adshead ( <i>NE Thames from June 2001</i> )*	2	2
Dr P Begley ( <i>South Western</i> )*	5	5
Dr G Bickler ( <i>SE Thames</i> )*	5	3
Dr A Bryson ( <i>Scotland</i> )*	5	3
Dr R Cooper ( <i>West Midlands from September 2001</i> )*	2	2
Dr R Corcoran ( <i>Trent from June 2001</i> )*	3	2
Dr E Friedman ( <i>North Western from June 2001</i> )*	3	1
Dr P Grey ( <i>Mersey</i> )*	5	4
Dr M Guy ( <i>NW Thames</i> )*	5	3
Dr A Hamilton ( <i>West Midlands to June 2001</i> )	2	2
Dr S Hopkins ( <i>Wales to June 2001</i> )	2	1
Dr B Keeble ( <i>East Anglia</i> )*	5	4
Dr E Kernohan ( <i>Yorkshire</i> )*	5	3
Dr R Milne ( <i>Wessex from June 2001</i> )*	3	2
Dr P Monk ( <i>Trent to June 2001</i> )	2	1
Dr J Newton ( <i>Oxford</i> )*	5	3
Dr S Rawaf ( <i>SW Thames</i> )*	5	5
Dr G Sanders ( <i>Northern from June 2001</i> )*	3	1
Dr R W J Smith ( <i>Wales from September 2001</i> )*	2	1
Dr M Spencely ( <i>North Western to June 2001</i> )	2	1
Prof J Watson ( <i>Northern Ireland</i> )*	5	3

**General Board Members**

Dr J Connelly ( <i>from June 2001</i> )*	3	3
Prof S Frankel*	5	4
Dr A Hill ( <i>to June 2001</i> )	2	2
Dr J Kemm ( <i>from June 2001</i> )*	3	3
Dr S Stewart-Brown*	5	5
Dr J Stuart*	5	5
Prof D D R Williams*	5	3

**Ex-officio Members**

Prof G Alberti ( <i>RCP London</i> )*	5	0
Prof C Gillis ( <i>RCP&amp;S Glasgow</i> )*	5	3
Dr D Moir ( <i>RCP Edinburgh</i> )*	5	3

**Co-opted**

Dr L Sheridan ( <i>Chair, SpR Members Committee</i> )	5	5
Dr R Cooper/Dr S Gray ( <i>Chair, Faculty Advisers</i> )	5	4
Prof K McPherson/Ms J Wright ( <i>Chair, Hon Members</i> )	5	4

**Observers**

Mrs J Baker/Ms R Clayton ( <i>Vice Chair, Hon Members</i> )	5	2
Dr L Davies/Dr M Gill ( <i>rep, Department of Health</i> )	5	1
Dr Y Doyle ( <i>Director of CPD</i> )	5	1
Prof J Gabbay/Prof P Burney ( <i>Chair, HOADs</i> )	5	1
Dr R Gelletlie ( <i>President, PHMEG</i> )	5	4
Dr R Jankowski/Dr A Jewell ( <i>President, ADsPH</i> )	5	2
Brig A Macmillan ( <i>rep DMS</i> )	5	3
Dr A Nicoll ( <i>PHLS</i> )	2	2
Ms M Peachey ( <i>President, PHPCG</i> )	2	1
Dr E Scott ( <i>Meetings Co-ordinator</i> )	5	4
Dr L Somerville ( <i>Chair, MDPHF</i> )	2	1

(\* Trustees of the Faculty as at December 2001)

**EXECUTIVE COMMITTEE**

Prof J McEwen ( <i>President to June 2001</i> )	3	3
Prof S Griffiths ( <i>Vice President to June 2001; President from June 2001</i> )	5	5
Dr P Donnelly ( <i>Treasurer to June 2001; Vice President from June 2001</i> )	5	3
Dr K Williams ( <i>Registrar</i> )	5	4
Prof S Horsley ( <i>Assistant Registrar to June 2001</i> )	3	2

<b>Executive Committee (cont'd)</b>	<b>Possible</b>	<b>Actual</b>
Dr J Chapple ( <i>Assistant Registrar from Sept 2001</i> )	2	2
Prof S Donnan ( <i>Academic Registrar to June 2001</i> )	3	2
Prof I Harvey ( <i>Academic Registrar from June 2001</i> )	2	2
Dr K Baker ( <i>Treasurer from June 2001</i> )	2	2
Dr G Bickler ( <i>Board member, from June 2001</i> )	2	2
Dr R Cooper ( <i>Chair, Faculty Advisers to June 2001</i> )	3	3
Dr Y Doyle ( <i>Director of CPD</i> )	5	1
Prof S Frankel ( <i>Board member, from June 2001</i> )	2	1
Dr S Gray ( <i>Chair, Faculty Advisers from June 2001</i> )	2	1
Dr S Hopkins ( <i>Board member, to June 2001</i> )	3	2
Dr E Kernohan ( <i>Board member</i> )	5	2
Sir Alexander Macara ( <i>Chair, PHMCC</i> )	5	0
Prof K McPherson ( <i>Chair, Hon Members to June 2001</i> )	3	3
Dr P Monk ( <i>Board member, to June 2001</i> )	3	2
Dr S Payne ( <i>Chair, Welsh Affairs Committee</i> )	5	1
Dr E Scott ( <i>Meetings Co-ordinator</i> )	5	4
Prof J Watson ( <i>Chair, Northern Ireland Affairs Cttee</i> )	5	2
Dr J Wrench ( <i>Chair, Scottish Affairs Committee</i> )	5	4
Ms J Wright ( <i>Chair, Hon Members from June 2001</i> )	2	2

## **FELLOWSHIP COMMITTEE**

Prof J McEwen ( <i>President</i> )	1	1
Prof S Griffiths ( <i>Vice President</i> )	1	1
Dr K Williams ( <i>Registrar</i> )	1	1
Prof S Horsley ( <i>Assistant Registrar</i> )	1	1
Prof S Donnan ( <i>Academic Registrar</i> )	1	0
Dr P Donnelly ( <i>Treasurer</i> )	1	0
Dr P Begley	1	1
Dr J Chapple	1	1
Dr R Mayon-White	1	1
Dr J Meara	1	1
Dr S Ramaiah	1	0
Dr H Zealley	1	0

## **EDUCATION COMMITTEE**

Prof S Donnan ( <i>Academic Registrar to June 2001</i> )	2	2
Prof I Harvey ( <i>Chair Part II, HOADs to June 2001; Academic Registrar from June 2001</i> )	4	4
Dr S Acquilla ( <i>Director of Training – Regional Liaison</i> )	4	3
Dr F Adshead ( <i>Rep PHPCG</i> )	3	0
Prof T Cullinan ( <i>International Faculty Adviser</i> )	2	2

<b>Education Committee (cont'd)</b>	<b>Possible</b>	<b>Actual</b>
Dr Y Doyle ( <i>Director of CPD</i> )	4	3
Dr C Duff ( <i>Faculty Advisers Committee</i> )	4	4
Dr S George ( <i>Chair, Part I examiners</i> )	4	4
Dr M Gill ( <i>RC Pathology</i> )	4	1
Dr J Hawker/Dr S Millership ( <i>Rep PHMEG</i> )	4	4
Prof P Hill ( <i>Observer</i> )	4	1
Dr R Holland ( <i>SpRM Committee</i> )	4	3
Dr B McCloskey ( <i>Chair Part II Examiners</i> )	2	1
Col S Miller ( <i>DMS</i> )	4	2
Miss A O'Dwyer ( <i>Honorary Members</i> )	4	1
Dr M Regan ( <i>RCP/RC Path Joint Committee</i> )	4	1
Dr I Robbé ( <i>Academic Public Health</i> )	4	2
Dr J Rodgers ( <i>Director of Training – Specialist Register</i> )	2	1
Dr E Shelley/Dr A Clarke ( <i>FPHM Ireland</i> )	4	4
Dr F Sim ( <i>Faculty Advisers Committee</i> )	4	3
Dr L Somerville ( <i>Honorary Members</i> )	4	3
Dr N Thomas ( <i>Dental Public Health</i> )	4	3
Dr C Watts ( <i>Rep ADsPH</i> )	3	1
Prof T Wong ( <i>Corresponding member HK</i> )	4	2

ANNEX 4: FACULTY STAFF STRUCTURE

FINANCIAL STATEMENTS



















## **ANNEX 6**

### **FUNCTIONS OF THE FACULTY OF PUBLIC HEALTH MEDICINE**

The Faculty of Public Health Medicine is a medical professional organisation which gives independent advice on the public's health.

#### **Setting and Maintaining Professional Standards**

- The Faculty sets standards for training in public health medicine which are assessed through its examination for membership (MFPHM).
- The Faculty is responsible for advising the Specialist Training Authority on the award of Certificates of Completion of Specialist Training (CCST) in public health medicine.
- The Faculty inspects and approves training posts in public health medicine.
- The Faculty co-ordinates and monitors the continuing professional development programme in public health medicine.
- The Faculty is the source of professional advice to Advisory Appointments Committees for NHS consultants in public health medicine.
- The Faculty supports education in public health medicine through the publication of its journal and ad hoc reports and through conferences and scientific meetings.
- The Faculty recognises excellence in public health medicine by the award of Fellowship and through prizes.

- The Faculty advises the Advisory Committee on Distinction Awards on public health medicine nominations.
- The Faculty advises the NHS on workforce planning for the specialty of public health medicine.

### **Contributing to the Wider Medical Profession**

- The Faculty is represented on and contributes to discussions and policy internationally (ie. With Europe, the British Commonwealth and the USA). This international contribution is undertaken through meetings, conferences and membership of distinguished individuals from other parts of the world.
- We are a faculty of three parent colleges – Royal College of Physicians of London, Royal College of Physicians of Edinburgh and Royal College of Physicians and Surgeons of Glasgow, with representatives on each of their Councils.
- The Faculty is a member of the Academy of Medical Royal Colleges where it contributes a public health perspective to the broad medical and health debate.
- The Faculty is a member of the Joint Consultants Committee of the British Medical Association (having previously been an observer through the Public Health Medicine Consultative Committee).
- The Faculty, together with the BMA, deals with the Department of Health and the NHS Executive through the Public Health Medicine Consultative Committee.
- The Faculty is represented on and provides public health medicine expertise to a large number of professional bodies, organisations, advisory groups and committees.

## **Public Health advocacy**

- The Faculty seeks to 'promote for the public benefit the advancement of knowledge in the field of public health medicine'.
- The Faculty is 'an authoritative body for the purpose of consultation in matters of education or public interest concerning public health medicine'.
- The Faculty does not have the resources or the expertise to be an advocate in all matters of public health concern and seeks to collaborate with other organisations in establishing effective public health advocacy.
- Faculty members support the Faculty's corporate advocacy role through their individual contributions within districts, universities, professional bodies and other fora

## **ANNEX 7**

### **CONSULTATIONS**

The Faculty has responded to the following Consultations:

<b>CONSULTING BODY</b>	<b>CONSULTATION</b>
DfES	Accessible Schools
DoH	MESB
DoH	Section 60 Health & Social Care Act
Audit Commission	General Practice Study
HM Treasury	Wanless Report
Audit Commission	Drug Treatment Services
DoH	National Strategy for Sexual Health and HIV
DEFRA	Air Quality Strategy
Environment Agency	Clinical Waste
NCEPOD	Perioperative Deaths
DoH	Tackling Health Inequalities
DFES	Draft Regulations Under the Disability Discrimination Act
SMAC	Research Licensing & Prescribing Drugs for Children
NICE	Future Arrangements of the National Confidential Enquiries
GMC	Revalidation: The Development of Peer Surveys
Scottish Executive	MMR
DoH	Involving Patients & the Public in Healthcare

## **CONSULTING BODY**

SMAC

DoH

DoH

GLA

DoH

DoH

DHSS & PS Northern Ireland

NICE

NICE

DoH

GMC

Food Standards Agency

DoH/Ministers

DETR/DoH

NHS Executive

Scottish Executive

Scottish Executive

## **CONSULTATION**

Ensuring Clinical Workforce to Deliver National Priorities

Modernising Regulation in the Health Professions

EU Advertising of Tobacco & Related Sponsorship

Passive Smoking & Smoke-Free Policies

Shifting the Balance of Power

Hepatitis C Infected Health Care Workers

Best Practice - Best Care

The Management of post-MI Patients in Primary Care

HTA-Sibutramine

NHS Performance Indicators

Withdrawing & Withholding Life-Prolonging Treatment

New EU Requirements on Specified Risk Materials

Tobacco Advertising Ban

Fuel Poverty Strategy

Rewarding Commitment & Excellence in the NHS

Nursing for Health

Changing Children's Services Fund - Objectives & Mechanisms for Allocation of Funding

## **CONSULTING BODY**

MAFF

The Home Office

GMC

MoD

Human Genetics Commission

DoH

DHSS Northern Ireland

NHS Information Authority

The Home Office

## **CONSULTATION**

BSE Inquiry

Shotgun Ownership and  
Licensing

Revalidation: The Privileges &  
Obligations of Registration

Screening for Depleted Uranium

Whose Hands on Your Genes?

Clause 59: NHS Modernisation Bill

Confidence in the Future

Cancer Dataset Project

Death Certification