

FACULTY OF PUBLIC HEALTH MEDICINE

of the Royal Colleges of Physicians of the United Kingdom



ANNUAL REPORT OF THE BOARD

2002

ANNUAL REPORT 2002

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The Faculty has three main functions:

- Education and Standards
- Professional Affairs
- Policy and Advocacy

FROM THE PRESIDENT

The Chinese proverb 'we live in interesting times' is probably apposite to all Presidents - and it certainly seems so to me. During the year we worked hard to develop a clearer profile of what can be expected from public health professionals in the changing worlds in which we work and also to define clearly the Faculty's role in its three areas of responsibility – education and standards, supporting the profession and advocacy for the public's health.

Changing Structures

Looking back over 2002 it was certainly a challenging and exciting time, marked by the structural changes which have impacted on the majority of our UK members. Organisational change early in the year had its difficulties, but it has also provided opportunities for public health. The Faculty was in contact with all strategic health authority (SHA) chairs and SHA and primary care trust (PCT) chief executives to offer them guidance on public health and the role of the Faculty. The Faculty responded effectively to the need to provide approval of the application process for the new director of public health (DPH) role in 300 PCTs and 28 SHAs. As a result, by the end of the year there were 216 PCT DPHs appointed, 38 of which come from backgrounds other than medicine. I would like to thank all those who put time and effort into supporting this process. With Professor Jim Connelly we are undertaking a survey of a sample of members' views in order to track and understand how the new roles are developing across England.

During the year we have also been working with Peter Lees of the NHS Leadership Centre to identify leadership needs of the new roles in public health. An initial meeting in May has been followed with a further meeting for DPHs in SHAs to plan their development programme.

Health Protection

As a result of *Getting Ahead of the Curve*, the Health Protection Agency (HPA) will be created on 1 April 2003. During the year concerns were expressed by members about the impact of the new HPA on Consultants in communicable disease control (CCDCs), public health colleagues in PCTS and SHAs and on resources. The Faculty has worked with the Public Health Medicine Environment Group (PHMEG), the Association of Directors of Public Health (ADsPH) and the shadow HPA Board to tackle workforce issues. Most importantly it has been restated that health protection is an integral part of public health, and the Faculty is keen to play its role in setting standards for training and specialist practice in health protection. We are delighted that Dr Pat Troop will be the first Chief Executive of the HPA and look forward to working with her.

Annual Scientific Meeting (ASM) 2002

The ASM in Southport was extremely successful. We were fortunate to welcome the four Chief Medical Officers (CMOs) and Hazel Blears, the new Minister for Public Health in England. A common theme raised was the need to address health inequalities and to engage effectively with local communities. All four CMOs emphasised the importance of developing networks as part of creating a multidisciplinary public health workforce and the need for public health to engage with the NHS within primary care organisations, as well as to be active on the wider agenda. Although only in post for two weeks, Hazel Blears spoke authoritatively on three key themes: supporting people working in public health, the mainstreaming of inequalities in the health service and developing the role of the NHS as a corporate citizen in local communities.

Faculty Board Away Day

The new 'Meet the Officers' session at the ASM enabled us to identify the key concerns of our members. As a result, the Board Away Day in September considered three themes that emerged as most in need of further development: the implications of the creation of the Health Protection Agency (see above), the future of academic public health and developing multidisciplinary specialist public health.

Lack of capacity and issues of recruitment in academic public health, and poor relationships in certain areas between academic and service departments were discussed by the Board. Work on this has been taken forward by Ian Harvey, Academic Registrar.

Multidisciplinary Public Health

Developing multidisciplinary practice has become a mainstream activity for the Faculty. We have established the Specialist Development Committee (SDC), which has replaced the Honorary Members Committee, and the Tripartite group (FPHM, Royal Institute of Public Health (RIPH) and Multidisciplinary Public Health Forum (MDPHF)) has taken forward the development of the Voluntary Register for Specialists in Public Health. Our thanks go to Jenny Wright and Lillian Somerville, who have given a huge contribution in their roles as Chairs of the SDC and the MDPHF.

The Faculty has worked to put an end to the dichotomy of 'medical' versus 'multi-disciplinary' public health and now uses the term multidisciplinary to refer to all professional groups with an interest in specialist public health practice. It is vital to develop training for all public health specialists, coming as they do from a wide range of professional backgrounds. It is also important that we consider how best to support doctors wishing to pursue a career in public health, either as specialists or as part of their specialty. We have done this partly through our responses to a number of important consultations, including the proposals for the Postgraduate Medical Education and Training Board and *Unfinished business* the report on the future of the SHO grade. We have argued that many medical specialties could include time as an SHO in public health. We have also started discussions concerning sub-specialisation within specialist public health.

Joint Working with other Colleges and Associations

The Faculty has continued to develop links with other colleges, particularly in relation to developing public health practice amongst health professionals and colleagues in other sectors. We agreed a concordat with the Royal College of Paediatrics and Child Health

(RCPCH) to work together to develop opportunities for joint training and practice. A joint report with the President of the Royal College of General Practitioners (RCGP) was published in our journal. The report highlighted the opportunities for health improvement made possible with the shift of public health into primary care. We have discussed the professional implications of *Getting Ahead of the Curve* with the Royal College of Pathologists and have agreed to work together on shared issues. Public health is also kept on the agenda of the Academy of Medical Royal Colleges.

Other discussions with organisations such as the NHS Alliance, the Local Government Association, the NHS Confederation and the National Association of Primary Care have continued to be fruitful.

Advocacy

Throughout the year we have worked closely on advocacy with the UKPHA, particularly in taking forward the recommendations of the Wanless report. The issues raised by the report need to be linked to the opportunities provided by the Comprehensive Spending Review, in which one of the cross-cutting themes was tackling health inequalities. The Review highlights the need for the development of resources and services in deprived communities, including improvement in preventative services, childhood nutrition and housing conditions. The Faculty will do its part by working to support its members to meet these challenges and we are in discussion with the Government's new Health Inequalities Unit.

International Links

I was fortunate to visit New Zealand and Australia in spring 2002. Discussions with international public health colleagues there suggest that there is much we could learn by sharing experiences, particularly on developing public health in primary care. There are also common professional issues and we are now actively pursuing reciprocal recognition of CPD between the Australasian Faculty and ourselves, and will continue discussions about training.

Later in the year I visited the Faculty of Public Health Medicine in Hong Kong. Stimulated by the example of our parent colleges, I will be returning in spring 2003 to meet with the presidents of the Faculties of Hong Kong, Australia and New Zealand to discuss more formal collaboration between us.

International affairs are increasingly important, given the global nature of public health. The Faculty's International Committee chaired by Paul Johnstone, and Europe Working Group chaired by Mark McCarthy, has played a significant role in developing worldwide links with public health organisations.

Second Annual Public Health Lecture - Alan Milburn

Finally, I would like to reflect on the Faculty's Second Annual Public Health Lecture in November, delivered by the Secretary of State for Health, Alan Milburn, in which he acknowledged the contribution public health professionals have already made to improving the health of the nation. The Faculty welcomed his speech, which publicly placed public health and the issue of health inequalities at the heart of the NHS agenda. However, it is clear that we must continue to work together to ensure that the rhetoric becomes a reality – no small challenge.

It just remains for me to thank all of you who have contributed to developing and sustaining the Faculty's work over the last year. I am particularly grateful to Paul Scourfield for his leadership of the office staff and to all of them for their unstinting hard work. I would like to pay tribute to the Officers who have worked extremely hard with good will and good humour, and to the Board members who have helped keep us in touch with our members' concerns. I am also grateful to the new lay members of the Board who have provided a fresh perspective on the work of the Faculty. As I have often said, the Faculty is the sum of its membership. Thanks go to everyone who has contributed to our work during the last year.

STANDARD SETTING ACTIVITIES

Standards Committee

One of the major areas of activity of the Standards Committee during the last year has been that of revalidation. The Committee, and in particular Jean Chapple (Assistant Registrar), have worked hard to ensure that the membership is kept well informed of the latest thinking. Jean has produced an excellent document of guidance now available on the Faculty website. A clear message from the GMC is that CPD and annual appraisal are critical processes for successful revalidation. It is expected that for Specialist Registrars the documentation produced for the RITA should prove satisfactory. As well as maintaining close contact with the GMC and its most recent thinking, and of course providing the CPD framework, the Faculty has also provided two training days on appraisal (with a further one planned for 20 May 2003). These have proved extremely popular and we hope will have made a significant contribution to equipping the membership with the necessary skills as both appraisee and appraiser.

A related area of work is that of the Tripartite Group to establish a Voluntary Register of Specialists in Public Health. This work has gained strong momentum and the register is now set to be launched in May 2003. The detailed thinking to ensure that the processes for entry on to that Register are as similar as possible to those for entry on to the medical Specialist Register is proceeding well. With Department of Health funding a Development Needs Assessment Centre (DNAC) has been established to work with regional leads to ensure that suitably prepared candidates put themselves forward for portfolio assessment on to the Voluntary Register. As Academic Registrar I am acutely aware of the heavy workload that falls upon the Faculty Advisers, Specialist Advisers and Training Programme Directors and I am very grateful for the substantial amount of unpaid time which they devote to these activities. The Faculty Board made an important decision recently that all those accepted on to the Voluntary Register should be offered Membership by exemption from examination of the Faculty. This decision is most welcome.

Finally the Standards Committee has made excellent progress in establishing strong links with the National Clinical Assessment Authority (NCAA).

Training and Examinations

The Faculty has worked hard during the last year to open up its training and examination processes to all those in public health from whatever background. The examination processes are now fully open and we have just appointed the first of what will be, it is hoped, a larger group of Part II examiners from public health backgrounds other than medicine. This is an important development which firmly cements the Faculty's commitment to multidisciplinary working. There are still uncertainties around the provision of coherent training programmes for specialists in public health around the country, but I firmly believe that we are making strong progress in this. Mike Robinson and Brian McCloskey continue rigorously to examine the ways in which the Part II examination can be improved. There have been several innovations including regular bench marking and debriefing meetings for Part II examiners. These promise to be highly effective. The longer term working party has made less progress largely because we are still waiting to identify a suitable educationalist who can advise on the more radical changes that we have in mind. One individual was engaged to undertake this work but has been unable to fulfil the brief. We are actively endeavouring to identify an alternative educationalist.

Health protection training has occupied the thoughts of many people with the imminent establishment of the Health Protection Agency. A Faculty working group chaired by Ian Harvey has produced three documents which address health protection training needs for defined subgroups – specialist registrars who wish to specialise, public health specialists who wish to specialise in health protection and public health specialists who wish to pursue general public health training. The purpose of these papers has been to encourage the development of training programmes which, whilst allowing trainees to fulfil their RITA competencies and pass their MFPHM examinations, also permit them to become true specialists in health protection at the end of training. The working party is committed to the view that it is possible to spend a substantial portion of training time

in specialist locations whilst meeting all the criteria necessary for the award of a CCST (or its equivalent for those wishing to be included in the Voluntary Register). Philip Monk in particular has been most energetic in leading the drafting of these key documents.

As an update to last year's report, the STA has now accepted the Faculty's revised CCST criteria. One of the key features of these changes is that the minimum requirement for general NHS public health experience has been set at 12 months whole time equivalent. We are currently in the process of further negotiations with the STA surrounding the Faculty's rules concerning the time spent on taught courses in preparation for the MFPHM Part I examination.

The Faculty has commented at length on the consultation document *Unfinished Business: modernising the SHO grade* and has argued strongly that public health should have a substantial presence – and possibly a training programme of its own – during the revised SHO period. We await development in this area with interest.

Finally the Faculty remains committed to international co-operation in public health. Within the education and standards role, we are planning to put in place firm arrangements for mutual recognition of CPD across a wider range of public health organisations. We will also be investigating the possibility of formal recognition of examinations taken in other countries.

We have been joined during the year by Ed Jessop. As Director of Training he will be leading on further fine tuning of the RITA processes and in particular meeting challenges such as defining the standard which needs to be attained within each of the competency areas so that public health professionals can be considered to be operating at a level consistent with that of a consultant in public health medicine. These are not easy issues but it is vital that we deal with them.

CPD

2002 was the first year in which the new CPD framework and documentation became mandatory. I know from talking to others, and from my own experience, that this system has actually proved very easy to use. It gets us all used to the need to maintain a personal portfolio logging meetings attended, and to keep records of relevant documents and reports and other evidence of continuing professional development. This is valuable not only in its own right but as a vital source of information for both annual appraisal and revalidation. Yvonne Doyle (Director of CPD) will shortly be writing to the membership drawing to their attention the fact that we will be drawing a random sample of CPD registrants in the future in order to validate their supporting documentation. This is a necessary process recommended by the Academy of Medical Royal Colleges.

Faculty Visits

Last year's report of the Faculty's visits' programme noted further administrative developments: e-friendly forms, realignment of visits with geographical boundaries and strong pairing of visitors to programmes. 2002 should have seen a consolidation of the programme but instead all programmes faced major changes under StBoP with further realignment of boundaries, dissolution of HAs and establishment of DsPH in PCTs with a shift of the training focus following. Despite the significant upheaval, the visit programme was sustained with a total of 12 visits taking place (only one, London/KSS, being deferred until 2003). During 2002 there has been another major administrative task to realign visitors with programmes, particularly where visitors have changed jobs and area of work and to ensure a continuity of visitors with a three year rolling handover to allow built-in succession planning.

Specialist visitors were included for all regions in the 2002 round of visits. A very well received workshop for specialist visitors was held on 25 April 2002 led by Celia Duff (Director of Training) and Jenny Wright. There were eight attendees and a report of the workshop was produced. It was agreed that the scheme for pairing service and

academic visitors with programmes should be extended to include pairings for specialist visitors. This will be implemented with full effect from January 2003.

The average length of time for visitors reports to be processed and approved was 2.9 months.

Personnel

As Academic Registrar I am acutely aware of the enormous amount of work that members of the Standards Committee, the Education and Faculty Advisers Committee (EdFAC), the Directors of Training, Director of CPD and Chairs and Deputy Chairs of examinations put in to the Faculty. I would particularly like to thank Selena Gray, who has been elected as Registrar, for the work that she contributed as Director of Training with responsibility for CCST and related issues. The office staff in the Education and Training Department also work extremely hard to keep these core activities of the Faculty running smoothly. With the implementation of *Shifting the Balance of Power* this has been a challenging year for the work of Education and Training, but I believe that we have come through with our training programme intact and with our commitment to multidisciplinary working further strengthened.

Recruitment and Workforce Planning

In England 2002 was again not an easy year in which to plan for the public health workforce. Primary care trusts have been established together with strategic health authorities, and some have still not been successful in recruiting key public health staff including directors of public health. Demand has, so far, somewhat outstripped the supply of trained public health doctors and specialists.

2002 also saw major planned changes to the public health structures in Wales, whereas Scotland and Northern Ireland are, at present, in relatively stable positions.

A substantial minority of directors of public health, especially in regions such as the North West, now come from public health backgrounds other than medicine, and many

of the new consultant grade posts being advertised are also open to applications from suitably qualified specialists in public health.

In workforce planning, there is a need to plan not only for the careers of doctors, but also for the careers of specialists in training from other public health fields. This will inevitably be a more complex process and, in the short term, probably a less exact one. It seems, however, that the challenge will be in bringing enough people through the training process, rather than in finding suitable jobs for those who have been appropriately trained.

In the coming year, the new Registrar will be working closely with those in health departments and elsewhere, building on the Faculty's workforce database, to refine the workforce planning process as far as is possible.

Associate Category

At the 2002 AGM in Southport the Registrar announced the launch of the category of Associate of the Faculty of Public Health Medicine. This is not a membership category, but allows those working in the many diverse areas of public health to keep in touch with public health developments by receiving Faculty mailings and also having access to the many electronic specialist groups that have been developed. This new category has proved so successful that in 2003 it is expected that a further category of Corporate Associate will be launched.

Conferences, Lectures and Prizes

2002 was a very active year for events, with the highlight of the Faculty calendar being the ASM in June. Despite concerns that the structural reorganisation within the NHS in England might have prevented people from attending, 537 delegates came to Southport. The conference was well supported by senior colleagues: all four CMOs shared the opening platform, and Hazel Blears, just two weeks in post, gave her first speech as Minister for Public Health. The scientific content was of an excellent standard.

The DARE Lecture was given by Sir Donald Irvine, *Patients, doctors and the public interest* and the King's Fund Lecture was given by Jeremy Laurant, Health Editor at the Independent, entitled *Pre Madness: How fear drives the mental health system*. The following prizes were given at the awards ceremony: Alwyn Smith Prize to Professor John Ashton, Cochrane Prize to Ms Beverly Cheserem, Michael O'Brien Prize to Dr Peter Heywood, Sir John Brotherton Prize to Ms Joanne Ratter and the BACP Travelling Fellowship jointly to Dr Francesca Perlman and Dr Robert Reid.

In October the Faculty and the Association of Directors of Public Health organised a one day conference for Directors of Public Health entitled *Developing the Director of Public Health Role in the New World*. The objectives of the day were to convene a meeting for UK DPHs at each level of the public health system, in order to share experiences of the new roles following organisational changes, to clarify the key leadership role of DPHs and to agree key policy issues for the ADsPH to pursue.

At its second annual public health lecture held on 20 November, the Faculty heard the Secretary of State for Health, Alan Milburn, set out steps to focus health care on prevention as well as cure. His speech was welcomed as a positive move towards a new emphasis by the Government on health promotion and disease prevention. The lecture was extremely well attended and was followed by an interactive panelled discussion of the issues raised. Considerable press coverage followed the event.

Other events included joint meetings with the Health Development Agency in February to discuss the Government's *Tackling Health Inequalities* consultation; in December with the Royal Institute of Public Health on public health professionals and the media; and also in December with the Local Government Association and the NHS Confederation on joint working.

Publications

Building on the success of the *Let's Get Moving* toolkit, the Faculty's Cardiovascular Health Working Group (CVHWG) worked on a new hypertension toolkit. This will be aimed at directors of public health in PCTs and is scheduled to be launched in November 2003.

A *Fuel Poverty and Health* toolkit aimed at primary care organisations, and at public health and primary care professionals was commissioned by the National Heart Forum, the Eaga Partnership Charitable Trust, Help the Aged, the Faculty of Public Health Medicine and the Met Office. The aim of the *Fuel Poverty and Health* toolkit is to improve the quality of life, to reduce morbidity and avoidable winter deaths, and to reduce winter strain on the NHS in the UK by encouraging strategic planners and health professionals to devise and implement well targeted local strategies to reduce fuel poverty. The toolkit is due for launch in March 2003.

The 2002 King's Fund lectures (given by Roy Porter and Jeremy Laurant) have been published jointly by the Faculty and the King's Fund. They are now available from the publications section of the website, www.fphm.org.uk, and a limited number of hard copies are also available.

The Faculty, in conjunction with the Public Health Resource Unit in Oxford, has produced annual report guidance to be issued to all PCTs. This is available on the home page of the Faculty website.

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 implementation of the changes announced in *Shifting the Balance of Power* (published in June 2001) meant that during 2002 virtually the whole of the public health workforce in England was required to change jobs and find new posts in the newly established

primary care trusts (PCTs) and strategic health authorities (SHAs). These changes led to an increase in the number of advisory appointments committees organised (over 500 in 2002 compared with around 130 in 'normal' years – see table 1) and a commensurate increase in the number of requests for external assessors to be provided by the Faculty. The Faculty is very grateful to all those who participated, often at short notice. The DPH posts in PCTs as well as many other senior posts were for the first time open to applicants from a public health background other than medicine and the DoH issued guidance that an additional external Faculty assessor from the appropriate background should take part in the selection process for these posts. The Faculty had already expanded its list of approved assessors to meet the expected demand by appointing as assessors Honorary Members working in the NHS who fulfilled the Board's strict criteria. In January 2002, the Faculty issued guidance, including specimen job descriptions and person specifications, for posts at different levels in the new structures to provide help for employers and all involved in the appointments process.

In September 2002, Wales began its reorganisation with the appointment first of a Director, National Public Health Service Wales, followed by three new Regional Directors of Public Health. The Faculty approved job descriptions and provided external assessors for each of these four appointments. 22 Local Health Boards are to replace the five health authorities and appointments to the 22 DPH posts were being planned. Structural changes in Scotland and Northern Ireland were also being planned but were not yet at an advanced stage.

Recognition of distinction

In 2002, the Fellowship Committee considered 233 proposals for the Faculty's distinction grades of membership: Honorary Fellow, Fellow, Honorary Member and Member through distinction. Proposals for Honorary Membership have been closed by the Board after 2002.

PUBLIC HEALTH ADVOCACY AND EXTERNAL RELATIONS

Public Health Policy Sub-committee

In 2002 the committee spent time on how to improve the Faculty's profile with the media and it discussed ways of producing a more distinct image for the Faculty.

The Policy and Communications Department streamlined its administrative procedures for responding to consultations. As a result the number, timeliness and quality of responses from the Faculty have significantly improved. However we aim to develop this further through a more focused approach to consultation responses to reflect main policy priorities for the Faculty.

The committee maintained a close working relationship with four key Faculty supported organisations: the Association of Directors of Public Health chaired by Tony Jewell; the Public Health Medicine Environment 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.

The Policy Committee meeting held on 17 December 2002 welcomed Professor Jonathan Shepherd, Professor of Oral and Maxillofacial surgery, University of Wales College of Medicine, who gave an excellent presentation on why public health involvement in issues of alcohol and violence is useful. It was agreed that the Faculty should work with Professor Shepherd to consider what public health professionals can do to tackle alcohol related violence, with a view to publishing a toolkit.

Communications & IT

Work has continued to improve the scope and consistency of the main Faculty database. Following last year's upgrading of hardware, most workstations have been converted to Windows 2000/XP, and staff productivity has been improved by introducing the latest version of Microsoft Office XP on the desktop. We have continued to guard against

computer viruses and are also assessing software to counter the increasing problem of unsolicited email (Spam).

The Faculty's new website was launched in December and can be accessed at the usual address. The Faculty worked hard to improve the design of the site to incorporate improved functionality and style. It has received very positive reviews from members and feedback can be viewed online. The Faculty is now trialling a new web-based platform for its electronic discussion groups to build further upon the important contribution these groups make to keeping members in touch and involved in Faculty policy issues. *Ph.com* continued to be improved and the 2002 editions included interviews with key figures in the public health workforce. A one-page flyer was produced for distribution which summarised the main areas of the Faculty's work.

International

During the latter part of 2002, the International Committee, under the chairmanship of Paul Johnstone, developed a five year programme of future work. By focussing on the three overarching roles of the Faculty – policy and advocacy; education, training and standards; professional services – a number of key areas of work were identified which will be taken forward during the coming year. The committee also reviewed its constitution and terms of reference to reflect the key objectives set down in the plan.

In January 2002 the committee hosted a highly successful one-day conference on *Public Health for International Aid and Development*. It also co-ordinated a session at the Faculty's Annual Scientific Meeting in the summer on the theme of *Conflict, Health and Humanitarian Action*. Both events were extremely well received.

Salman Rawaf, as International Faculty Adviser, was active during the year in developing links with the international advisers of the other medical royal colleges. He was involved also in taking forward proposals for joint working between the Faculty and WHO Eastern Mediterranean Regional Office.

In May a small delegation from the Europe Working Group, led by Mark McCarthy, visited Brussels and met with key individuals in a number of the European institutions. The working group was also active also in strengthening the Faculty's links in Europe, in particular through attendance at meetings of the European Public Health Association, the European Public Health Alliance and the European Health Forum.

Multidisciplinary Working

During 2002 the Faculty, through its work with the Tripartite Steering Group has made significant progress towards the establishment of a Voluntary Register for Specialists in Public Health. All four of the UK's Departments of Health have supported the initiative by providing initial funding to establish the register and contributing towards its operating costs.

A robust system of portfolio assessment has been developed to allow those specialists in public health already operating at a senior level to be considered for registration. Support mechanisms for those wishing to submit a portfolio have also been put in place and it is expected that the Register will be launched in May 2003.

CONSTITUTION AND MEMBERSHIP

Constitution

The names of the officers for 2002 are set out in Annex 3. The following were re-elected in 2002:

- Sushma Acquilla as Assistant Academic Registrar
- Jean Chapple as Assistant Registrar

Membership

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

	2002	2001	2000	1999	1998	1997
UK Fellows	613	550	510	477	428	400
UK Members	603	620	642	662	680	697
Specialist Registrar/ Specialist Trainee Members	110	116	142	178	197	199
Diplomate Members	173	123	78	17		
Honorary Members	309	253	223	162	146	131
Overseas Fellows	131	105	100	93	89	81
Overseas Members	109	109	121	121	113	112
Retired Fellows	469	476	463	419	429	420
Retired Members	378	399	395	272	302	331
Total membership	2895	2751	2674	2401	2384	2371

A list of new Members, Specialist Registrar/Specialist Trainee Members and Diplomate Members admitted during 2002 is in Annex 4.

MANAGEMENT AND ADMINISTRATION

This year has been an exceptionally busy year for the Faculty office. The changes brought about by *Shifting the Balance of Power* have generated a considerable increase in the workload for many of the staff at 4 St Andrews Place. That, together with the plans to develop the Health Protection Agency, have meant that again the focus of much of the Faculty's work has been on developing new structures to deliver the public health agenda.

In 2002 major staff changes have taken place in the Policy and Communications department, with three of the four positions changing in the summer. Chloe Underwood joined the Faculty as Head of Policy and Communications and quickly had to recruit two new members for her team. Lindsey Stewart and Claire Willcox have quickly settled into their respective roles and a strong and productive department has enabled the Faculty to be far more proactive in its policy and PR work. Karen Tidy also took up a role of part time Communications Administrator to combine with her role as PA to the Faculty Secretary.

Building disruption caused by the RCP (London) was finally completed in 2002, and the staff facilities in the basement refurbished. A new kitchen and staff room increased staff morale considerably.

FINANCE AND RISK MANAGEMENT

The current year (2002) has resulted in the net resources on the unrestricted fund being in surplus by £19,014, which is 1.9 per cent of unrestricted income. After taking into account the changes in market value of the investment portfolio, the net movement in unrestricted funds was a deficit of £130,752. 2002 has been a year in which share values have continued to fall substantially, and inevitably this is reflected in the finances of the Faculty.

The unrestricted fund surplus in 2002 was better than expected as the Faculty had set a deficit budget for 2002. The annual scientific meeting again made a positive contribution to overheads and careful budget management in all departments ensured a positive end of year position. NHS changes resulted in increased staff time and direct expenditure to support the Advisory Appointments Committee (AAC) process. Further expenditure was incurred in ensuring that the new organisations were aware of the standards required to ensure good public health practice.

At the AGM, members adopted an amendment to the Faculty policy on socially responsible investment which, at the close of 2002, was in the process of implementation.

The Faculty investment policy is:

- to employ a firm of professional advisers 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 is not limited to, equities, cash and fixed interest investments;
- not to invest, at the time of purchase, more than 5 per cent 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 advisers.

The current SRI principles as amended are:

- The Faculty will not knowingly invest in any sector or business the activities of which wholly or mostly have a direct, detrimental effect on health.
- The decision as to whether or not a company is engaged in activity with a direct, detrimental effect on health will be made by the Board on the recommendation of the Executive Committee.
- In principle the investment policies should apply to all investments. They will apply immediately to all new investments, within 12 months to existing direct investments, and to managed funds as soon as possible.
- The industries in which the Faculty may not invest should include:
 - the tobacco industry;
 - production and distribution of land mines;
 - production and distribution of instruments of torture;
 - other industries or companies with detrimental impacts on health, at the discretion of the Board on the recommendation of the Executive Committee.

It is considered that the Faculty's current investment portfolio is in line with this statement.

The Board considers that the Faculty requires reserves to enable it to meet any unpredictable increase in expenditure or fall in income. The Board considers that reserves should be maintained at a level of at least equal to the average annual

expenditure on unrestricted funds with the view that this should gradually be increased towards a figure nearer to two years' expenditure. Based on 2002 figures, the current reserves represent the expenditure for a little more than a year. It should however be noted that this is after two years of losses in the value of the investment portfolio.

Budget setting which allocates expenditure and income to cost centres related to charitable activities is one of the major annual financial tasks. Most cost centres rely on a share of subscription income and registration fees to cover their activities but education and examination fees produce a significant income towards the expenditure of the Education and Training department. All departments are required to work within the budgets allocated each year, which will not generally increase by more than the current rate of inflation. However with external changes disrupting the planned expenditure and income streams this is becoming more difficult to maintain.

During 2002 the Board continued to assess the major risks to which the Faculty is exposed, in particular to those related to the operations and finance of the Faculty, and is satisfied that there are systems currently in place to mitigate the Faculty's exposure to major risks. The Board however feel that risk management should be more embedded in management and operational procedures of the Faculty. With this purpose the Board has agreed to combine the administration of financial management more closely with that of risk management. A new committee will take over the responsibilities of the existing Finance Committee and also the responsibility of risk management and audit. A Risk Management Adviser will be appointed from the membership to work with the Treasurer and oversee the risk management and audit functions. This will ensure that risk management becomes part of the budget and financial procedures that already exist within the administration of the Faculty.

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.

Constitution

The Faculty is a faculty of the Royal Colleges of Physicians of the United Kingdom, that is to say, the Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians of London. It is a registered charity (number 263894). The governing instrument of the Faculty is its Standing Orders.

Functions of the Board

The Board is responsible for managing the business of the Faculty and for ensuring that the functions, objects and powers of the Faculty are carried out in accordance with its Standing Orders. Members of the Board are trustees of the Faculty in charity law. The trustees are shown in Annex 3.

Organisation

A number of standing committees and sub-committees report to the Board as set out in Annex 1. The functions of the Executive Committee, the Fellowship Committee and the Education Committee are set out in the Faculty's Standing Orders. A list of attendance at meetings of these committees in 2002 and also at the Board is given in Annex 3. Standing committees and sub-committees are delegated powers by the Board to deal with a wide range of matters. Special committees with a limited life span may be appointed by the Board at any time to enquire into any matter on its behalf. The

Executive Committee has the power to act on behalf of the Board at the request of the President in matters of urgency.

Principal advisers

Bankers: National Westminster Bank plc
125 Great Portland Street,
London W1N 6AX

Solicitors: Hempsons Solicitors
40 Villiers Street
London WC2N 6NJ

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

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

Resources

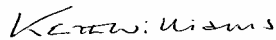
The Faculty's financial resources are described in the financial statements in Annex 6. In addition to its paid staff (see Annex 5), the Faculty relies heavily on the voluntary work of its honorary officers, Board and committee members.

APPROVED ON BEHALF OF THE BOARD BY:



.....

President



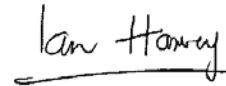
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Registrar



.....

Vice President



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Academic Registrar

Annex 1: Committee Structure (attached)

ANNEX 2

REPRESENTATIVES ON OTHER BODIES (as at Dec 2002)

STATUTORY AND OTHER PERMANENT BODIES	REPRESENTATIVE	APPOINTED
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	
Committee for Public Health Medicine and Community Health (CPHMCH)	President	
Common Agenda Group for Public Health	Faculty Chief Executive	
Joint Consultants Committee	President	
Public Health Medicine Consultative Committee (PHMCC)	President Registrar	
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 Colleges Information Group	Dr P Gentle	
BACCH Executive Committee	Dr C Law	2002
Intercollegiate Academic Board on Sports & Exercise Medicine	Dr A Maryon-Davies	1997
Intercollegiate Forum on Poverty & Health	Dr J Connelly	1997
Intercollegiate HIV Working Party	Dr J Chapple	2002
Joint Medical Genetics Committee of RCPATH, RCP and British Society for Human Genetics	Dr V Warren	1998
Joint RCP/RCPATH Committee on Infection and Tropical Medicine	Dr I Holtby Vacancy	2000
Medical Information Group (of BMA & Academy)	Dr P Gentle	1996
Royal College of Physicians of London - Committees:		
(i) Ethical Issues in Medicine	Dr D Shickle	2002
(ii) Rheumatology	Dr T Allison	2000
(iii) 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
RCP Ethnic Monitoring Group	Dr S Acquilla	2000
RCP Lung Cancer Intercollegiate Group	Prof W Holland Dr E Davies (deputy)	2000 2002

OTHER LONG TERM COMMITTEES/BODIES

British Federation against Sexually Transmitted Diseases	Dr H Ward	1996
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British Thoracic Society: Joint Committee on Tuberculosis	Dr J Watson	1997
Child Health Advocacy Network	Dr S Stewart-Brown	1999
Child Health Informatics Consortium	Dr M Barker	2000
Child Health Screening Sub-group of the National Screening Committee	Dr A Streetly	1998
Clinical Pathology Accreditation (UK) Ltd	Dr M Evans	1997
European Public Health Alliance	Dr M Joffe	1998
FSA Nutrition Forum	Dr G Scally	2002
National Confidential Enquiry into Perioperative Deaths	Dr S Bridgman	2001
National Perinatal Epidemiology Unit Advisory Committee	Dr N Hicks (Dr J Chapple)	1998 1998
National Primary Care Collaborating Centre – Board	Dr T Jewell	2001
National Screening Committee	Dr W McConnell	2001
NSPCC Health Liaison Committee	Dr L Stirzaker	2001
Public Health Stakeholders Forum	Ms R Clayton	2002
Serious Hazards of Transfusion Steering Group	Dr M Ramsay	2002
Tobacco Control Network	Dr J Mindell	1996
UK Diabetes Committee	Dr N Waugh	2002

SHORT TERM WORKING PARTIES

BMA Foundation for AIDS Strategic Review	Dr R Mayon-White Dr F Ncube (deputy)	2000 2002
Guideline Development Group for Familial Breast Cancer (National Collaborating Centre for Primary Care, ScHARR)	Dr J Halpin	2002
National Clinical Guidelines for the Management of Heart Failure	Dr C Spencer-Jones	2001
National Clinical Guidelines for COPD - Consensus Reference Group	Prof W Holland	2002
National Clinical Guidelines for the Management of MS in Primary & Secondary Care in the NHS	Dr R Milne	2001
National Clinical Guideline for Type 1 Diabetes: Consensus Reference Group	Dr J Astbury	2002
National Women held Maternity Record Project	Dr J Chapple	2000
NICE Enquiry into Orlistat & Sibutramine for Obesity	Dr A Maryon Davies	2000
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
UK Colorectal Cancer Screening Group	Dr M Kenicer	2001
UK Skin Cancer Working Party	Dr O Adedeji	2002

REPRESENTATIVES ON OTHER BODIES APPOINTED BY THE AFFAIRS COMMITTEES

Scotland

Academy of Royal Colleges and Faculties in Scotland	Convenor of SAC Deputy: 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 Inter-collegiate 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
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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 2002

BOARD	Possible	Actual
Officers		
Prof S Griffiths (<i>President</i>)*	5	5
Prof P Donnelly (<i>Vice President</i>)*	5	5
Dr K Williams (<i>Registrar</i>)*	5	5
Prof I Harvey (<i>Academic Registrar</i>)*	5	5
Dr K Baker (<i>Treasurer</i>)*	5	5
Dr S Acquilla (<i>Assistant Academic Registrar</i>)*	5	3
Dr J Chapple (<i>Assistant Registrar</i>)*	5	4
Local Board Members		
Dr F Adshead (<i>NE Thames to June 2002</i>)	2	1
Dr P Begley (<i>South Western to June 2002</i>)	2	2
Dr G Bickler (<i>SE Thames to June 2002</i>)	2	2
Dr A Bryson (<i>Scotland</i>)*	5	2
Dr R Cooper (<i>West Midlands</i>)*	5	5
Dr M Corcoran (<i>Trent to June 2002; East Midlands from June 2002</i>)*	5	4
Dr E Friedman (<i>North Western to June 2002</i>)	2	0
Dr P Grey (<i>North West</i>)*	5	5
Dr M Guy (<i>NW Thames to June 2002; London from June 2002</i>)*	5	5
Dr B Keeble (<i>East Anglia to June 2002; Eastern from June 2002</i>)*	5	4
Dr E Kernohan (<i>Yorkshire to June 2002; Yorkshire and the Humber from June 2002</i>)*	5	3
Dr R Milne (<i>Wessex to June 2002; South East from June 2002</i>)*	5	4
Dr K Morgan (<i>South West from June 2002</i>)*	3	2
Dr J Newton (<i>Oxford to June 2002</i>)	2	1
Dr S Rawaf (<i>SW Thames to June 2002</i>)	2	2
Dr G Sanders (<i>Northern to June 2002; North East from June 2002</i>)*	5	2
Dr R W J Smith (<i>Wales to June 2002</i>)	2	2

(* Trustees of the Faculty as at December 2002)

ATTENDANCE AT BOARD AND STANDING COMMITTEE MEETINGS (cont'd)

Board (cont'd)	Possible	Actual
Dr N Vetter (<i>Wales from June 2002</i>)*	3	0
Prof J Watson (<i>Northern Ireland</i>)*	5	4

(NB - The Local Board Member constituencies were realigned with the nine government office regions for England from the AGM in 2002.)

General Board Members

Dr J Connelly*	5	5
Prof S Frankel*	5	2
Dr J Kemm*	5	3
Dr P Monk (<i>from June 2002</i>)*	3	2
Dr L Somerville (<i>from June 2002</i>)*	3	2
Dr S Stewart-Brown*	5	4
Dr J Stuart (<i>to June 2002</i>)	2	1
Prof D D R Williams (<i>to June 2002</i>)	2	0

Ex-officio Members

Prof G Alberti/Prof C Black (<i>RCP London</i>)*	5	0
Dr H Burns (<i>RCP&S Glasgow</i>)*	5	2
Dr D Moir (<i>RCP Edinburgh</i>)*	5	4

Co-opted

Dr S Gray (<i>Lead, Faculty Advisers</i>)	5	4
Dr L Sheridan/Dr R Holland (<i>Chair, SpR Members Cttee</i>)	5	5
Ms J Wright (<i>Chair, Hon Members</i>)	5	5

Observers

Dr F Adshead (<i>Policy Adviser</i>)	3	3
Prof P Burney (<i>Chair, HOADs</i>)	5	3
Ms R Clayton (<i>Vice Chair, Hon Members</i>)	5	3
Dr Y Doyle (<i>Director of CPD</i>)	5	2
Dr R Gelletlie (<i>President, PHMEG</i>)	5	3
Dr M Gill (<i>rep, RDsPH</i>)	5	3
Dr A Jewell (<i>President, ADsPH</i>)	5	4
Brig A Macmillan (<i>rep DMS</i>)	5	4
Dr A Nicoll/Dr M Catchpole (<i>PHLS</i>)	5	2
Ms M Peachey (<i>President, PHPCG</i>)	5	5
Dr E Scott (<i>Meetings Co-ordinator</i>)	5	2
Dr F Sim (<i>rep, DoH</i>)	4	4
Dr L Somerville (<i>Chair, MDPHF</i>)	5	4

(* Trustees of the Faculty as at December 2002)

ATTENDANCE AT BOARD AND STANDING COMMITTEE MEETINGS (cont'd)

EXECUTIVE COMMITTEE	Possible	Actual
Prof S Griffiths (<i>President</i>)	5	5
Prof P Donnelly (<i>Vice President</i>)	5	4
Dr K Williams (<i>Registrar</i>)	5	4
Prof I Harvey (<i>Academic Registrar</i>)	5	4
Dr K Baker (<i>Treasurer</i>)	5	5
Dr S Acquilla (<i>Assistant Academic Registrar</i>)	5	5
Dr J Chapple (<i>Assistant Registrar</i>)	5	5
Dr G Bickler (<i>Board member, to June 2002</i>)	3	2
Dr R Cooper (<i>Board member, from June 2002</i>)	2	2
Prof S Frankel (<i>Board member</i>)	5	5
Dr E Kernohan (<i>Board member</i>)	5	3
<i>Co-opted/observer members</i>		
Sir Alexander Macara (<i>Chair, PHMCC</i>)	5	1
Dr Y Doyle (<i>Director of CPD</i>)	5	0
Dr S Gray (<i>Lead, Faculty Advisers</i>)	5	3
Dr J Wrench/Dr M McWhirter (<i>Chair, Scottish Affairs Committee</i>)	4	2
Dr S Payne (<i>Chair, Welsh Affairs Committee</i>)	5	2
Dr E Scott (<i>Meetings Co-ordinator</i>)	5	3
Dr F Sim (<i>rep, DoH</i>)	3	3
Prof J Watson (<i>Chair, Northern Ireland Affairs Cttee</i>)	5	2
Ms J Wright (<i>Chair, Honorary Members</i>)	5	4
FELLOWSHIP COMMITTEE		
Prof S Griffiths (<i>President</i>)	1	1
Prof P Donnelly (<i>Vice President</i>)	1	0
Dr K Williams (<i>Registrar</i>)	1	1
Prof I Harvey (<i>Academic Registrar</i>)	1	1
Dr K Baker (<i>Treasurer</i>)	1	1
Dr S Acquilla (<i>Assistant Academic Registrar</i>)	1	1
Dr J Chapple (<i>Assistant Registrar</i>)	1	1
Dr P Begley	1	1
Prof S Frankel	1	1
Dr M McEvoy	1	1
Dr S Ramaiah	1	0
Dr B Tennison	1	1
Dr H Zealley	1	1

ATTENDANCE AT BOARD AND STANDING COMMITTEE MEETINGS (cont'd)

EDUCATION/FACULTY ADVISERS COMMITTEE	Possible	Actual
Prof I Harvey (<i>Academic Registrar; HOADs rep</i>)	4	4
Dr S Acquilla (<i>Assistant Academic Registrar</i>)	4	3
Dr E Jessop (<i>Director of Training, Regional Liaison</i>)	2	2
Dr C Duff (<i>Director of Training, Faculty Visits</i>)	4	2
Dr S Gray (<i>Director of Training, Specialist Register from 2002; South West FA</i>)	4	4
Dr F Sim (<i>Director of Training, Specialist Register to 2002</i>)	2	1
Dr Y Doyle (<i>Director of CPD</i>)	4	2
Dr S George (<i>Chair, Part I examiners</i>)	4	3
Dr B McCloskey (<i>Chair, Part II Examiners</i>)	4	3
Dr M Robinson (<i>Deputy Chair, Part II Examiners</i>)	4	3
Dr S Rawaf (<i>International FA</i>)	4	4
Dr C Macleod (<i>Eastern FA</i>)	4	2
Dr C Brogan (<i>London FA</i>)	4	3
Dr D McInerny (<i>Northern FA</i>)	4	3
Dr J Wilkinson (<i>Yorkshire FA to 2002</i>)	2	2
Dr J Fear (<i>Yorkshire FA from 2002</i>)	2	0
Dr R Shukla (<i>Trent FA</i>)	4	2
Dr R Geller (<i>West Midlands FA to 2002</i>)	2	1
Dr S Ramaiah (<i>West Midlands FA from 2002</i>)	2	1
Dr A Hoskins (<i>North West FA to 2002</i>)	2	2
Dr J Vickers (<i>North West FA from 2002</i>)	2	1
Dr J McWilliam (<i>South East/Other FA</i>)	4	1
Dr P Bridger (<i>South East/KSS FA</i>)	4	4
Dr C Rogers (<i>Welsh FA</i>)	4	1
Dr S MacPhee (<i>Scottish FA</i>)	4	3
Dr G Waldron (<i>Northern Ireland FA</i>)	4	1
Dr R Holland (<i>Chair, Trainee Members Committee</i>)	2	2
Dr A Paul (<i>Trainee Members Committee</i>)	2	2
Mrs J Wright (<i>Chair, Honorary Members Committee</i>)	4	2
Ms R Clayton (<i>Honorary Member</i>)	4	3
Dr F Adshead (<i>Co-opted</i>)	2	1
Dr L Somerville (<i>Co-opted</i>)	4	3
Prof G Batstone (<i>Observer</i>)	2	0
Dr E Shelley/Dr A Clarke (<i>FPHM Ireland</i>)	4	4
Prof G Winyward (<i>Lead PG Dean</i>)	2	1
Brig A Macmillan (<i>DMS</i>)	4	0
Dr M Reacher (<i>CDSC</i>)	4	1
Dr V Day (<i>DoH</i>)	2	0
Dr S Parker (<i>DoH</i>)	2	1
Ms S Forster (<i>APHSTC Rep</i>)	3	2

ATTENDANCE AT BOARD AND STANDING COMMITTEE MEETINGS (cont'd)

Education/Faculty Advisers Committee (cont'd)	Possible	Actual
Ms S Dowling (<i>APHSTC Rep</i>)	1	0
Dr J Hawker (<i>PHMEG Rep</i>)	3	2
Prof E Lau (<i>Corresponding member Hong Kong</i>)	4	0

ANNEX 4

Members, Specialist Registrars/Specialist Trainee Members and Diplomate Members admitted between 1 January 2002 and 31 December 2002

Members

ARMITAGE, Lesley Elizabeth
ASHTON-KEY, Martin
BAILEY, Katie Louise
BATTERSBY, John Edward
BOBAK, Martin
BOOTH, Linda V
BORG, Mariella
BRACEBRIDGE, Samantha Patricia
BRYANT, Geraldine Maria Claire
BUCHAN, Iain Edward
CHALONER, Judith Helen
CHIANG, Catherine Cross Prentice
CLARKE, Heather Margaret Mabel
COOPER, Jane Harvey
CRAVEN, Rebecca Clare
DANIEL, Timothy David
DAVIDSON, Peter Hugh
GHANDHI, Delna
GNANI, Shamini
GRAY, Diane Dorothy
GRAY, Margaret Mary
HIGHAM, Johnathan Hugh
HOOPER, Bryony Kate
HORNE, Jane Amanda
HUWS, Dyfed Wyn
IRISH, Nicholas
JAKUBOVIC, Michael Otto
JONES, Gillian Maureen
KINRA, Sanjay
KROESE, Mark James David
LAITNER, Steven Mark
LANDES, David Philip
LANGMAID, Paul
LEUNG, Wai-Ching
LEWENDON, Gillian Jane
LICENCE, Kirsty Ann Maria
LOUGHREY, Anne Christine
LOW, Nicola Minling
MACPHERSON, Lorna Margaret Davidson
MARKS, Peter John

Members (cont'd)

MARTIN, Richard Michael
MASHRU, Mahendra
MCCARTNEY, Maureen
MCMENAMIN, James Joseph
MERRETT, Martyn Christopher William
MOHIDDIN, Abdulrahman Ahmed
MONAGHAN, Nigel Paul
NEELY, Fiona Gillian
O'DEA, Geraldine Anne
OKEREKE, Ebere Nkem
OLWOKURE, Babatunde
OWEN, Tracy Amanda
OWEN-SMITH, Victoria Helen
PENRICE, Gillian Mary
PETROVIC, Marko
PRASAD, Leonie Rita
PURCELL, Bernadette Louise
READ, Catherine Anne
RICHARDSON, Gillian
RODRIGUES, Veena Coutinho
ROSS, David Andrew
SHERIDAN, Linda Mary Lucia
SIMMONS, Michael David
SOGORIC, Selma
SPROD, Andrew James
TAYLOR, Aliko Joanna
TREASURE, Elizabeth Tulip
VAN DEN BOSCH, Cornelia Anne
VAN DER MEULEN, Jan Hendrik Piet
WATSON, Lorna Isabel
WHITTLE, John Gary
WILLIAMS, Nina Sunthankar
WILSON, Tim
WOODHOUSE, Sarah J

Specialist Registrar/Specialist Trainee Members

ACHESON, Peter Samuel James
AHMED, Aliko Baba
AKINOSI, Omobolanle Arinola
ANDERSON, Eleanor M
ASGARI-JIRHANDEH, Nima
AWAD, Ishraga Mohamed Ali
BAGADE, Abhijit Chandrakant

Specialist Registrar/Specialist Trainee Members (cont'd)

BANERJEE, Ashis
BENDECK, Jaime
BILLETT, Julie
BLACK, Corrinda
BOND, Alastair James
BREEN, Emer
CRONJE, Rebecca Kim
DOROSHENKO, Alexander
DREAVES, Hilary Ann
EADON, Brian Frederick Jerome
EL-HASSAN, Abdel Moneim Sid Ahmed
ELEKIMA, Obadiah Tamuno-Opu Lulu
FORDE, Ian
FOX, Rosemary
FURBER, Andrew Simon
HAHNE, Susan Josien Maria
HARROWER, Ulrike
HARVEY, Susan
HOWLETT-SHIPLEY, Ruth Mary
INAMDAR, Leena Rajiv
KORKODILOS, Marilena P
LINDFIELD, Tessa
LINES, Stuart Mark
MACKENZIE, Douglas Graham
MATHER, Ian John
MOORE, Antonia Louise
NIGHTINGALE, Karen Elizabeth
O'HORA, Aidan Patrick
O'SULLIVAN, Bernadine
OREMAKINDE, Oluwatoyin
OTHIENO, Richard Ofwono
PALLAN, Miranda Jane
PETRI, Alide
REID, Keith
RODRIGUES, Boaventura
ROWE, Bethan Rhiannon
SCOULAR, Anne
SHAND, Lynne
SIBAL, Bharat
SMITH, Martin Anthony
SMITH, Sarah Jane Louise
SUBRAMONIA IYER, Subramony
THOMAS, Peter William
WARSAME, Jama
WOLFE, Ingrid Johanna

Diplomate Members

ARUNACHALAM, Nachiappan
BANDESHA, Gunjit
BRIERLEY, Shirley Anne
CARLISLE, Robin Dawes
CATHCART, Simon James
COOK, Andrew James
CROWLEY, Philip Anthony
DAVIES, Sara Joy
ELKHEIR, Rida Yahia Mohamed
FAMORIYO, Ibipeju Omolola
GRIFFITHS, Sian Louise
HAMLET, Neil William
HART, Mary Louise
HEYWOOD, Peter John
HUTT, Ruth
JENKINS, Rebecca J
JONES, Bridget Elizabeth
KHAW, Fu-Meng
LAM, Chau Kuen Yonnie
LAWSON, Ruth Templeton
MACGREGOR, Vanessa Olufunke
MACHERIANAKIS, Alexis
MALONE, Debra Marie
MATIN, Nashaba
MAW, Kit Chee Christina
MCAREAVEY, Martin John
MCMANUS, James Gough
MISRA, Tania Nayar
MORGAN, Oliver William Colville
MORLEY-SMITH, Nicholas Frederick
MURRAY, Elizabeth Ledingham Anderson
NAGARAJ, Anandhi
O'SHAUGHNESSY, Andrew Michael
OKORO, Cyprian Ibeawughichim
PITCHES, David William
SHERVAL, James Thomas William
SIROTKIN, Melanie Ruth
SMITH, Kevin Joseph
SOMMERFIELD, Tasmin
STEWART, Glenn
SUM, Ming Yan
SUM, Shuk-Mei Marina
SYED, Shamsuzzoha Babar
SYNNOTT, Mary Bernadette
TERRELL, Andrew Graham

Diplomate Members (cont'd)

TO, May Kei Liza

TSANG, Sam Fung

TSANG, Sau Hang Caroline

VIVANCOS, Roberto

WALTERS, Helen Mary

WALTON, Suzanne Joy

WHITTAKER, Maureen Elizabeth

WILLIAMS, Christopher Julian

WILSON, Ingrid Lesley

WILSON, Jennifer Anne

YANOVA, Jana

ANNEX 7

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 (eg. 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 8

CONSULTATIONS

The Faculty has responded to the following consultations:

Consulting body	Consultation
Audit Commission	Drug Treatment Service
HM Treasury	Wanless Report
Audit Commission	General Practice Study
Department of Health	Section 60 Health & Social Care Act
Department of Health	Postgraduate Medical Education and Training
Department for Education and Skills	Planning to increase access to schools for disabled pupils
Department of Health	Guidance on children in need and blood-borne viruses: HIV and Hepatitis
Department of Health	Local authority health review and scrutiny
Commission for Health Improvement	NSF for Coronary Heart Disease: A review of progress with implementation
Department of Health	Regulatory impact assessment and tobacco regulations
Department of Health	The future of contribution of microbiology services in the public health regions
National Institute of Clinical Excellence	Myocardial Infarction National Audit Project Report (MINAP)
National Institute of Clinical Excellence	Audit protocol on management of post-MI patients
European Union Directive	Recognition of professional qualifications
Department of Health, Social Services and Public Safety – Northern Ireland	Information and communication technology strategy
Medicines Control Agency	Patient information leaflets – medicines for human use

CONSULTATIONS (cont'd)

Academy of Medical Royal Colleges	Genetics and insurance: draft Association of British Insurers information leaflet
Department of Health	Proposal to establish a Health Protection Agency in England
Department of Health, Social Services and Public Safety – Northern Ireland	Developing better services: modernising hospitals and reforming structures
Department of Health	Draft Mental Health Bill
National Institute of Clinical Excellence	Long-acting reversible contraception
House of Lords Science and Technology Sub-committee I	Call for evidence on fighting infection
Department of Health	Funding learning and development for healthcare workforce
Department of Health	HIV infected healthcare workers: a consultation paper on management and notification
HM Treasury and Department for Environment, Food and Rural Affairs	Economic instructions to improve household energy efficiency
Department of Health	Tobacco advertising and promotion bill
Department of Health	Human bodies, human choices – law in England and Wales
Department of Health	Reform of the Senior House Officer grade
Welsh Assembly Government	Well-being in Wales
Department for Transport	Consultation on mobile phones and driving
Shipman Inquiry	Death certification recommendations
Scottish Executive Health Department	Towards better oral health in children
Nursing and Midwifery Council	Register, good health and character

CONSULTATIONS (cont'd)

Department of Health	Proposals for reform of the Welfare Food Scheme
National Institute of Clinical Excellence	Confidential enquiry – maternal and child health
National Institute of Clinical Excellence	Community infection control guidelines
Cabinet Office Strategy Unit	National alcohol harm reduction strategy – first consultation
Department of Health	Medical, health care and associated professions: the general medical practice and specialist medication education, training and qualifications order 2003
Department of Health	National Service Framework for Older People
Scottish Executive	Health protection in Scotland
Department for Work and Pensions	Pathways to work: helping people into employment
General Medical Council	GMC guidance on Continuing Professional Development
Office of Fair Trading	Control of entry regulations and retail pharmacy services in the UK
Maternity Services Sub-committee	Inquiry into the provision of maternity services
South Yorkshire Workforce Development Confederation	Developing a strategy for hospital healthcare/healthcare chaplaincy/spiritual healthcare
Audit Commission	National commentary on the performance of the NHS in England
Royal College of Physicians – Joint Specialty Committee for GU Medicine	Modernisation in GUM/HIV services
Department of Health, Social Services and Public Safety – Northern Ireland	Developing a regional strategy for health and personal services

CONSULTATIONS (cont'd)

National Health Service University	Learning for everyone – a development plan for NHSU
Department of Work and Pensions	Pensions Green Paper
Breakthrough Breast Cancer	NHS service pledge for breast cancer
Department of Health	Health clearance for serious communicable diseases: new healthcare workers