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# Forty Years of Public Health Medicine in Ireland 1976–2016

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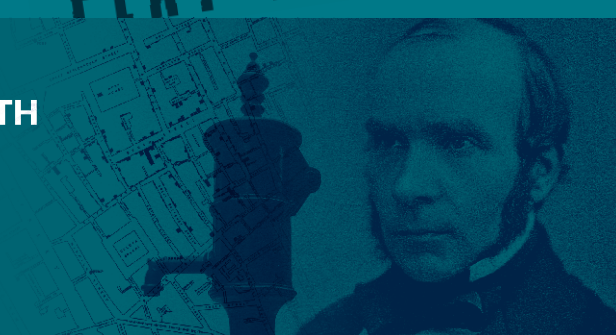
Edited by  
Dr Patrick  
O'Sullivan

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**FACULTY OF  
PUBLIC HEALTH  
MEDICINE**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND



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## Preface

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The Faculty of Public Health Medicine has had tremendous success in improving healthcare in Ireland and abroad and is a central and essential part of the Royal College of Physicians of Ireland. I congratulate the Faculty on its achievements over the last forty years, and look forward to its role in optimising healthcare in the future.

The Faculty's Members and Fellows have a strong tradition of advocacy for better public health policy both in Ireland and internationally. The campaign to introduce the smoking ban in workplaces in Ireland was led by the Faculty. It was introduced in spite of powerful opposition from the tobacco industry. As a result, Ireland is seen as a leader in public health policy in this area, and many countries have followed suit. This is part of the proud legacy of the Faculty of Public Health Medicine.

RCPI has been influenced by the leadership shown by the Faculty of Public Health Medicine in advocacy. We as a College have been playing a proactive role in advocating for better health and wellbeing, and during this past year we have expanded our policy focus to include physical activity and ageing. We are also strengthening our voice in shaping the public health debate and government policy around alcohol, obesity and tobacco.

We have constructively influenced the contents of the Public Health (Alcohol) Bill, which has been making its way through the Oireachtas. Our Policy Group on Obesity launched its second report, and this largely informed the recently published National Obesity Policy in Ireland. This is a huge achievement for the Policy Group, the Faculty of Public Health Medicine and RCPI. Our collective voice is being heard in a very powerful way.

We have also established a new forum – Towards 2026: A Vision for Patients, Hospitals and Doctors. Towards 2026 is a policy

forum working on a collective vision for what acute hospital care and the role of the doctor should look like in 2026. We believe this initiative is particularly timely given the growing acknowledgment of the need for a long-term consensus on healthcare.

I am very proud to say that the Fellows of the Faculty are key participants and leaders in all of these policy groups and their contributions have been essential.

The Faculty has also provided leadership in the area of ethics. The Research Ethics Committee started in the Faculty of Public Health Medicine and is now a College-wide Committee.

Of course, the Faculty has an international reach. The EQUALS initiative, which was established by Dr David Weakliam, Dr Diarmuid O'Donovan and myself, has made an impact on the patients and doctors in less developed countries, whereby decommissioned medical equipment is donated from Irish hospitals to hospitals in countries such as Zambia. Bioengineering training is also provided to staff to promote the quality of services. Furthermore, RCPI is building partnerships with a view to developing postgraduate medical training in Zambia.

In recently months, the Faculty has responded to the plight of migrants travelling to Europe with the publication of a policy paper entitled 'Migrant Health – The Health of Asylum Seekers, Refugees and Relocated Individuals.'

On a personal note, I would like to thank those in the Faculty who have supported and helped me in my role as President, and thank them for awarding me with Honorary Fellowship of the Faculty, of which I am very proud. I congratulate Professor Elizabeth Keane on her work in producing this book and wish her and the Faculty of Public Health Medicine continued success.

### **Prof Frank Murray**

*President, Royal College of Physicians of Ireland,  
MD, FRCPI, FFPHMI (Hon)*



*Faculty of Public Health Medicine Admission  
Ceremony May 2016*

*Pictured (L–R) are Dr Margaret Fitzgerald,  
Prof Donal O'Shea, Sr Dr Hilary Lyons,  
Prof Elizabeth Keane (Dean), Prof Frank  
Murray (President, RCPI)*

## Credits and acknowledgements

Edited by **Patrick O'Sullivan**

Research by **Harriet Wheelock**, RCPI Keeper of Collections

Thanks go to all those who helped in compiling this work, particularly the Faculty sub-committee of Elizabeth Keane, Emer Shelley, Patrick O'Sullivan, Peter Wright, Margaret O'Sullivan, Anna Clarke and Bernadette Herity, to Grace Kelly, Faculty Co-ordinator, and Austin Butler for the book design.

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## Introduction

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Anniversaries are opportunities for honouring pioneers, for remembering past events, for reflecting on and celebrating achievements, for taking stock and for focussing on the future.

Public Health is recognised as the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals. Threats to the health of the population are identified and strategies are developed to reduce or prevent their impact on health but it is also concerned with keeping the population as healthy as possible at all stages of life. The population involved can be a family or a small group of people, or it can be as large as all the inhabitants of several continents, as in the case of a pandemic.

As we commemorate the 40th anniversary of the establishment of the Faculty of Community (*now Public Health*) Medicine in 1976, we thought it opportune to update the work of Dr Roger Blaney, who in 1999 prepared a seminal document on the genesis of the Faculty. At that time, he wrote ‘The foundation of the Faculties of Community/Public Health in Ireland and the UK in the 1970s was an important milestone in the progress towards the achievement of optimal health for the population of these islands’.

This current work builds on that original document to bring it up to date. It chronicles the highlights from the terms of the relevant Deans, it follows the evolution of our training programme and it charts the development of our professional examinations. We also reflect on the Faculty’s contributions to protecting and improving the health of our populations, to developing our health services and to responding to emerging threats/diseases. Our Honorary Fellows are acknowledged. Members and Fellows who have been awarded Medals and Prizes are listed and honoured. We remember

the themes of our Scientific meetings, which highlight the developments in our medical specialty in those years.

As you browse through the pages and scan the photographs in this book, enjoy the memories, reflect on the journey and the achievements to date, and consider how the Faculty can best continue to protect and improve the health and the lives of the people we serve.

**Prof Elizabeth Keane**

*Dean, Faculty of Public Health Medicine,  
Royal College of Physicians of Ireland*

## The Faculty of Public Health Medicine 1976–2016 in Numbers



**228**  
Fellows  
admitted



**28**  
Doctors  
currently  
in HST in  
Public Health



**332**  
Members  
admitted



**33**  
Honorary  
Fellows



**127**  
Public Health  
Specialists on  
PCS schemes

**175**  
Theses  
in library



**20**  
Research project  
proposals  
reviewed annually



**70+**  
Scientific  
Meetings



**20+**  
Policy  
position  
papers

**17**  
Training sites



**3 (in 3 years)**  
EQUALS Initiative  
shipments



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## The origins of the Faculties of Public Health (Community) Medicine

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*Dr Roger Blaney*

### 1999

The foundation of the Faculties of Community/Public Health Medicine in Ireland and the UK in the 1970s was an important milestone in the progress towards the achievement of optimal health for the population of these islands. This paper on the development of Public Health Medicine up to 1999, was written by Roger Blaney for a Public Health Medicine conference held in Dublin Castle that year.

### Background

The dramatic improvement in public health over the previous hundred years had seen a virtual doubling of life expectancy at birth, from almost as low as forty years in some groups to approaching eighty years by the 1990s. Infant mortality had fallen from one hundred and fifty deaths per thousand to almost a mere five in this time. This complete turn-around in health experience, never before seen in human history, was the result of a broad tripartite interaction between improved economic well-being, the introduction of positive and comprehensive social security measures (including pensions and free access to medical care), and the direct results of public health interventions. In the latter, public health doctors had played a major part, working closely with other personnel, environmental health officers, health service administrators, public health nurses, legislators, non-medical scientific staff (notably statisticians), social service workers, and many other voluntary and statutory personnel involved in improving the health of the population.

In more remote history, medical doctors have not been associated with the health of the general public. The very terms by which



they were known, such as ‘physician’ and ‘leech’, implied that their responsibility was in treatment and cure. Some exceptional individuals, such as in the School of Hippocrates, concerned themselves with prevention among their patients, and others wrote theoretical works about the environmental causes of disease. Prevention of ill-health meant addressing healthy persons (primary prevention) in order that they remain healthy. Such might be the responsibility of legislators, public servants and even the clergy.

### Public health

Public health interventions require a civil framework of adequately centralised political cohesion and this did not exist to any degree until the formation of strong centralised states in Europe. Among these were France, Germany and Italy, so it was no coincidence that the concept of state medicine began to take root in those countries by the end of the 18th century. The classic six-volume work, *System einer vollständigen medicinischen Polizey* (1779–1819) by Johann Peter Frank (1745–1821), can still be read as a blueprint for public health planners. Frank, an excellent clinician and a remarkable organiser, had identified the most important principles of State Hygiene. He argued that the health of the public is the responsibility of the State and his chapters included accounts of conjugal hygiene, the protection of women engaged in manual labour, the education of children and hygiene in schools. Unified Germany introduced a system of social security under Bismarck (1815–1898).

### Medical Council

A Chair of Hygiene and Political Medicine was instituted in the Royal College of Surgeons in Ireland and Dr Henry Maunsell was appointed to this post on 13 December, 1841. His brief was to ‘deliver lectures on the provisions required for the preservation of the health of the public and the precautions to be adopted for preventing the extension of disease’. During the Great Famine (1845–1849), the eminent physician William Stokes (1804–1878) was in continual struggle with the Government to improve public health, and the conditions and standards, both professional and material, of the doctors who served it. He was largely responsible for the setting up of the General Medical Council in 1858 and it



*Dr Henry Maunsell (1806–1879), was appointed Chair of Hygiene and Political Medicine in 1841*

RCSI Heritage Collection

was due to his suggestion that, in 1870, Trinity College Dublin introduced the first course leading to the qualification of the Diploma in State Medicine, later termed Public Health. This was the first of its kind but was soon adopted by Cambridge and Edinburgh. Subsequently, no Medical Officer of Health could hold that post without this qualification. It was the only diploma that was registerable with the Medical Council.

### Epidemiologists

In 1854, John Snow had demonstrated the power of epidemiological investigation by using statistical methods to show that an outbreak of cholera in Soho, London, was due to the contamination of drinking water. Medical Officers of Health (MOsH) became the standard medical presence for each local government district. They acted as medical detectives in identifying the sources of outbreaks of typhoid, tuberculosis, smallpox and other contagious diseases. They directed the operation of mass interventions with programmes





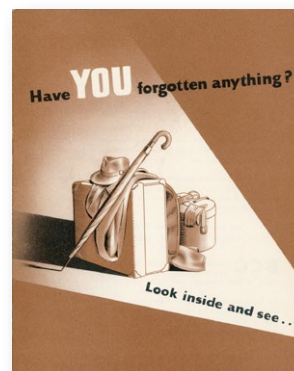
"Dear Dirty Dublin, Wanted: A Public Health Department" by Thomas Fitzpatrick published in *The Lepracaun*, Dec. 1908

RCPI Archive TF/4



National Association for the Prevention of Tuberculosis  
Public Health Notice, c.1900

NAPT/5



BCG vaccination promotion  
leaflet from c.1952

ACC/2015/7

of vaccination and immunisation. They monitored infant mortality and were immune from being dismissed, when, as was often required, they attacked their health boards for neglecting to provide adequate services.

By the end of the Second World War, patterns of ill-health had already changed significantly. Infectious diseases were in decline as a major cause of death and morbidity. Practitioners of public health were entering a period of uncertainty and some began to feel that they had worked themselves out of a job.

### Academics

Meanwhile, academic departments were beginning to form under the name of social and preventive medicine. Many of the heads of these departments, such as John Ryle in Oxford, came from a clinical background and had been very impressed with how often they had discovered the importance of social and occupational factors as a cause or aggravating factor in a patient's disease. Their message was that infectious diseases were now under control and that it was time to concentrate on chronic diseases, such as cardiovascular problems, stroke, peptic ulcer and the cancers. Emphasis was to be on epidemiology and on primary, secondary and tertiary prevention of chronic disease.

### Health service administrators

Another group of doctors worked in the planning and administration of health services. They were located in the regional hospital board offices, in central government departments and in the organisations which managed the general practitioner services. Their view was that improvements in health would come from the rational planning and evaluation of services. Resource allocation and quality of care were major considerations for them. For these doctors, the study of health care demand, provision, utilisation and need was their daily preoccupation.

### Alma Ata

In the sixties, public health medicine was in a state of disarray. Because of differing objectives and perceptions among the various

types of public health doctors, it was clear that change was desirable. Internationally, however, public health was becoming important in governments' agendas. The World Health Organisation was consulting widely about the form of a health programme necessary for the future. This finally led in 1978 to the Declaration of Alma Ata. The countries of the world were challenged to attain 'Health for All by the Year 2000' and to reduce the gross inequality between the health statuses of peoples in developed and developing countries.

### UK Faculties of Community Medicine

In 1968, a Royal Commission report in the UK had recommended bringing together the academic and service groupings in community medicine. The goal was to maintain good standards of practice and to initiate a common form of high quality professional training. It was agreed that a Faculty of Community Medicine would be formed as part of the UK's three Colleges of Physicians in Glasgow, Edinburgh and London. The foundation date of the Faculty was 15 March 1972. Between then and December 1973, a total of 2073 foundation members were awarded Membership or Fellowship of the Faculty of Community Medicine (MFCM or FFCM). Among this number, there were many from Ireland, North and South.

Health Service administration was different in England, Wales, Scotland and Northern Ireland, and so separate committees were set up in each jurisdiction. In Northern Ireland, community medicine affairs were managed by a specialty committee of the Northern Ireland Council for Postgraduate Medical Education. The committee was chaired by Dr James Taggart and concerned itself with all matters relating to community medicine, liaising closely with the UK Faculties. In later years, a Northern Ireland Faculty Affairs Committee was formed. It was chaired by Dr John Watson and subsequently called the Northern Ireland Affairs Committee (NIAC).

### Irish Faculty of Community Medicine

In the Republic, similar changes in the health threats being faced were taking place. A crusade against tuberculosis had been extremely successful. Chronic non-infectious diseases were becoming the main problem and the role of the Medical Officer





*Nurses receiving their BCG  
Vaccination*

RCPI Archive SU/8/1/4

of Health was beginning to look less relevant. Such was the effectiveness of screening, isolation, vaccination and antibiotics, that no-one thought that infectious diseases would ever again become a major problem. This reflected on the role of public health doctors.

Health services were becoming so expensive to provide that Erskine Childers, who was made Minister of Health in July 1969, engaged Messrs McKinsey and Co., a firm of management consultants, to advise. Among their recommendations was the proposal that in each of the eight Health Boards the Director of Community Care should be a public health doctor. This placed public health doctors in the front line against not only ill-health and disability but also in combating social disadvantage. A committee was set up to examine the role and functions of the Director. It was chaired by Dr James Walsh, who had been awarded a foundation membership of the

UK Faculty in 1972 and who had spent some time (1954–1964) as a public health medical officer in the north of England. He invited Professor Geoffrey Bourke to one of the many meetings, to help with advice about training. Thus were the seeds set for the concept of establishing a Faculty to oversee standards and training for those to fill prominent public health posts.

Health services were run differently in the Republic than in the UK but the problems of organising the different kinds of doctors engaged in academic or service work of a community medicine nature were very similar. These doctors were to be found working as

medical officers of health, doctors in government office departments, epidemiological researchers and teachers of social and preventive medicine in university departments. Dr Geoffrey J. Bourke was made Professor and Head of the latter kind of department in University College Dublin in April 1973. He had been made a foundation member of the UK Faculty in 1972 and was one of the key persons in the negotiations that led to the formation of the Irish Faculty. Another was Dr James Walsh, who was Deputy Chief Medical Officer to the Department of Health. They consulted widely and, with others, floated the idea of the formation of a Faculty of Community Medicine. They approached Dr Harry O'Flanagan, Registrar of the Royal College of Surgeons in Ireland, who discussed the idea in detail with them.

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*The management consultants (brought in by the then Minister of Health, Erskine Childers, 1969–1973)... said that the key person in the community care team, the Director of Community Care, should be a public health doctor.*

—Dr Jimmy Walsh  
(Dean 1981–87), in interview  
with Roger Blaney, 1999

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The next step was an approach to Dr Bryan Alton, President of the Royal College of Physicians of Ireland (1974–1976). They had a small and informal meeting with him and found a most enthusiastic response. Indeed, Dr Alton was much taken with the idea of the formation of a specialty Faculty within the College, nothing of this kind having ever been in place before. He could foresee that having a number of different specialties under its aegis would increase the prestige and influence of the College and, more importantly, would contribute significantly to the upholding of standards of medical training and practice. He consulted with the College officers and, in 1975, asked for a meeting to be held.

That meeting was attended by heads of academic departments, MOsH and medical administrators, which included Professors Geoffrey Bourke (University College Dublin), James McCormick (Trinity College Dublin), and John Corridan (University College Cork), as well as Drs James Walsh (Department of Health), Geoffrey Dean (Medico-Social Research Board), Brendan O'Donnell (County Medical Officer) and Kevin Murphy (Medical Officer of Health). Others mentioned in subsequent minutes as having attended were Drs A. Eustace, P. Dunleavy, C. Joyce, P. Stokes, B. Finucane, M. Flynn, P. O'Meara and D. J. Reeves. The purpose of the meeting was to enable the College to sound out opinion from those prominent in the field of public health about

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*Surprisingly one of the people very supportive of the Faculty was Charlie Haughey... and he was very influential as well because he saw the importance of Preventative Medicine.*

— **Dr Geoffrey Bourke**  
(Dean 1976–81), in interview  
with Roger Blaney, 1999

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the desirability and feasibility of setting up a Faculty. Dr Bryan Alton was in the chair and representatives of the Council of the College, including Dr David Mitchell, were present.

Two of those on the community medicine side argued that it would be better to establish a branch of the UK Faculty, rather like in Northern Ireland, on the grounds that the population of the Republic was not large enough to run an independent Faculty. This view was rejected by the majority and the two very willingly acceded to the majority decision. This decision was brought back to the College who supported the concept of a Faculty.

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Dr Bryan Alton, who was an excellent clinical physician and most influential medical doyen, earned great respect from preventive medicine and epidemiology for his successful advocacy on behalf of community medicine. He was also a brilliant organiser and was most instrumental in helping the newly-formed Faculty to move forward. He made sure that the by-laws of the College were examined for the legality of such an innovation. It was then proposed that Faculty's function would be to set academic standards for training and to monitor training activities so that standards would be maintained. Admission to Fellowship and Membership would be controlled in cooperation with the College. Faculty would organise post-graduate training, promote research and promote the specialty. Initially, steps would be taken to




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*Portrait of Dr Bryan Alton  
by Derek Hill*

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achieve recognition by official bodies, such as the Department of Health, the Medical Council and, eventually, by the public.

Following the consultative meeting with prominent individuals in the field of academic, administrative and service community medicine, it was agreed at a meeting of the College in October 1975 that a Faculty of Community Medicine should be formed. This marked the foundation of the first Faculty in the College. Although the Faculty had now been formally launched, much work had to be done before it was up and running. In December, the College approved of the appointment of named individuals to the

Date	Name	Address
17 May 76	John Pemberton	4-4 Osborne Road, Belfast
17 May 76	Brendan O'Donnell	40-42 St. James's, Co. Kerry
17 May 76	John P. Corridan	Wexford, Wexford Road, Wexford
17 May 76	Roger Blaney	Woodhouse Avenue, Belfast
17 May 76	Peter Froggatt	8 Chancery Lane, London
17 May 76	Terence Baird	50 Albert Road, London
17 May 76	Robert Weir	24 Rockville Drive, Dublin
17 May 76	Michael P. Grogan	Wilton Road, Rathfriland, Dublin
17 May 76	Peter Lough	71 Osborne Road, Belfast

*Founding Fellows' signatures  
in the Faculty Roll Book*

Board of the Faculty and a certain number of Foundation Fellows were approved. At a ceremony on 24 March, 1976, the Foundation Fellows were sworn in by the President, Dr Alton.

### Faculty Board

The first meeting of the Board of the Faculty of Community Medicine took place at the Royal College of Physicians of Ireland on 18 May, 1976. It was attended by the President of the College, Dr Bryan Alton, and by the College Registrar, Dr Ciarán Barry. Also present were Drs Val Barry (Medical Officer of Health), Geoffrey Bourke, John P. Corridan, Geoffrey Dean, Jacqueline Horgan (Lecturer in Social and Preventive Medicine, UCD), Brendan O'Donnell, John P. Pemberton (Professor of Social and Preventive Medicine, Queen's University, Belfast), Patrick Quinn (MOH), James H. Walsh and John Walker (MOH). Apologies for non-attendance were received from Drs James McCormick and Patrick P. Power.

The meeting was relatively short. Dr Bryan Alton explained that all the necessary legal measures had been taken but that the final step would be for Faculty to compose its own Standing Orders. Following his address there was a discussion about whether the entry qualification would be a Fellowship only, as with the Royal College of Surgeons, or a Membership for first entry followed by Fellowship

in selected cases. Decision on this was deferred to the next meeting. At this first meeting Professor Geoffrey Bourke was nominated as first Dean of Faculty, Dr James Walsh as Vice-Dean, Dr Val Barry as Honorary Secretary, and Dr John Walker as Honorary Treasurer. A sub-committee was set up to consider a suitable Faculty gown.

### Fellows

The work of the newly formed Faculty in its early years was, naturally, much concerned with the growth of its own membership. All of the individuals initially involved in the formation of Faculty were enrolled as Fellows. Additional Foundation Fellowships, especially from Northern Ireland, were invited and the first formal admission ceremony by Faculty took place on 10 May, 1977. Four of the eleven persons conferred with FFCMI were from Northern Ireland, Peter Froggatt, Terence Baird, Robert Weir and Roger Blaney. According to the Irish Medical Times (27 May, 1977), the others conferred were P. Dunlevy, A. Eustace, B. Finucane, M. Flynn, A. J. Reeves, R. Stokes and J. C. Joyce.

At this ceremony, Dr Bryan Alton was in the Chair as President of the College and Professor Geoffrey Bourke, as Dean, administered the swearing-in ceremony, shaking hands, admitting the Fellows and asking them to sign the book. Before long it was decided that both Memberships and Fellowships would be conferred, one of the main reasons being to avoid disparity with the UK Faculty. One of the early Honorary Fellowships was conferred on Dr Abdul Rahmar Al-Awadi, Minister for Public Health for Kuwait, on 9 November, 1978. Such Honorary Fellowships were reserved for individuals of special distinction in Community Medicine.

For the first few years, the Board meetings, held somewhat more often than every second month, were attended by the President of the College along with the Registrar. The College felt that it was important to guide the Faculty about College rules and traditions, and to advise about overall College policy. In January 1978, the new President of the College, Dr Alan Grant, Senior Physician in the Belfast City Hospital, attended. (It was stressed frequently at Board meetings that both the College and the Faculty were All Ireland institutions.) By about the third year only the Censor of the





*RCPI Faculty of Community Medicine  
Fellowship Conferring Ceremony, Nov. 1978*

*Pictured (L–R) are Dr Abdul Rahmar Al-Awadi, Minister for Public Health for Kuwait, Dr James Walsh, Prof Geoffrey Bourke (Dean), and Dr Alan P Grant (President, RCPI)*

College, Dr Raymond Rees, attended but after a while the practice of having an officer of the College present came to an end.

### Links with UK Faculty

It was felt important from the beginning to establish friendly links with the UK Faculty and to avoid disparity or dislocation between the two Faculties. This led to an important meeting between them on 28 June, 1977. The questions of common standards of training and of mutual recognition were discussed. It was agreed to practise exchange of External Examiners.

### Membership ad eundem

Membership ad eundem was granted in certain cases where an individual had an exactly equivalent qualification. This enabled many Northern Ireland practitioners of Community Medicine to be enrolled in the Irish Faculty.

### First AGM

The first Annual General Meeting of the Faculty, held on 24 November, 1978, was attended by approximately seventy five Fellows and Members. It was agreed that the first priority must be to concentrate on developing the training for Community Medicine. An Education and Examination Committee was established. At first, it was mainly concerned with running courses for Directors of Community Care in the subject of management. Before long it was making strenuous efforts to get in-service training posts established in the Health Boards. By the end of 1979, it had been agreed between the Department of Health and Health Boards that there should be six to eight training posts in Community Medicine. However, there was some delay in activating these posts because, at first, the Department refused to accept the designation of 'Registrar', which, they maintained, could only apply to hospital posts. Meanwhile the Diploma in Public Health (DPH) course at UCD, which had been revamped to make it suitable for the education of candidates for Community Medicine, was the



*Faculty of Community Medicine Fellowship  
Conferring, 1986*

*Pictured (L–R) are Dr Brendan Moore, Dr Bryan Alton, Dr James Walsh (Dean), Dr Nouri Zaid Al-Kazemi*



main source of preparation for qualification. It was announced in November 1979 that the first Membership of the Faculty of Community Medicine in Ireland (MFCMI) Part I examination would be held in September 1980.

### Coming of age

When the training posts in Health Boards were filled, the Faculty came of age. The calibre of the successful candidates was outstanding. Even the Department of Health had to admit that Community Medicine was a most important specialty and had a promising future. These highly effective trainees, both as postgraduate students and in their subsequent careers, made a



*Faculty of Community Medicine Fellowship  
Conferring, 1989*

*Pictured (Back row L–R) are Dr Zachary Johnson, Dr James Walsh, Dr Rosaleen Corcoran, Dr Jacqueline Horgan, Dr Mary Hurley, Dr Brian O’Herlihy, (Front row L–R) Dr Risteard Mulcahy, Dr Rory O’Hanlon, Dr Ivo Drury (President, RCPI), Dr Bernadette Herity (Dean)*

deep impression on the UK Faculty. Their External Examiners, who at first hand were able to observe the ability of the Irish candidates and who enabled the Irish Faculty to maintain and advance standards by their helpful advice, were very much appreciated by all who were concerned with Public Health in this island.

### Faculty of Public Health Medicine

As agreed at the Annual General Meeting in December 1990, and with the assent of the Royal College of Physicians of Ireland and the Medical Council, the name of the Faculty was changed on 1 May 1991, to the Faculty of Public Health Medicine.



*The Dean's Medal*

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## 2.0

# Development of the Faculty of Public Health Medicine since 1991

## *Dr Patrick O'Sullivan*

Since the name change to the Faculty of Public Health Medicine in 1991, there have been many significant developments within the specialty, particularly in the areas of training and the requirements for the maintenance of professional competence, but also in the external health environment in which we work. The Faculty has strengthened its work in the areas of advocacy and global health but also, in those years, population level health indicators have generally improved, nationally and internationally. At the same time, new threats to the health of our population and to the global population have continued to emerge. Pandemic flu, SARS, Ebola and Zika virus are some of the global infectious threats that have emerged and been controlled in recent years. Increasing antibiotic resistance has also meant that more common infections are now harder to treat. Increasing computerisation has changed the way we do so many things but, in the technologically driven society in which we live, we cannot afford to be any less alert to emerging health threats.

Increasing affluence has increased the prevalence of the lifestyle related diseases. Increasing obesity is a marker of increased consumerism and decreased activity. Tobacco use and alcohol abuse are also still prevalent, despite improved tobacco control and attempts to control the availability of alcohol. The emphasis may have shifted from controlling communicable disease control to combatting non-communicable diseases related to lifestyle factors but emerging communicable diseases remain a constant threat.

Population level health indicators reflect some of these changes. Life expectancy in Ireland at birth was 71.7 years in 1976, 75.0

years in 1999 and 81.4 years in 2014. This compares favourably with the global averages of 61.4, 65.6 and 71.5 respectively for those years. Under five mortality per 1000 live births was 9 in Ireland in 1990 and 4 in 2013. However, returning migrants and inward immigration have brought an increasing and increasingly diverse population with different health problems. The total population was 3.2 million in 1976 and is estimated at almost 4.8 million in 2016. Three percent of the population are now originally from countries outside of Europe. Against this, with the increasing total number of births, the maternal mortality rate has increased from 4/100,000 live births in 1993 to 9/100,000 in 2013.

In those years also, the work of the Faculty has become ever more specialised and demanding, as the specialty has developed and particularly since the start of the new millennium. In consequence, to support the Faculty's Board, the Board has felt it necessary to

establish a number of additional committees. The reports of the progress of those committees in the intervening years are in the following sections.

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*Ireland was the first European country to implement legislation ensuring smoke-free enclosed workplaces*

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Highlights of the years since 1991 have to include the introduction of legislation in Ireland in March 2004 to ensure smoke-free enclosed workplaces, including bars and restaurants. This followed

significant advocacy on this issue by the Faculty. Ireland was the first European country to implement such legislation, a move rapidly followed by many other jurisdictions around the world. This legislation was ground breaking and of immense public health importance. Subsequent studies have confirmed the health benefits for workers who would previously have been exposed to second-hand smoke in the workplace. The then former Minister of Health and Children, Mr Micheál Martin TD, was presented with the Faculty's inaugural medal for Outstanding Achievement in Public Health for his contribution to tobacco control at the Winter Scientific Meeting of 2004.

Following the tsunami in 2004, an International Health committee was established by the Faculty. Subsequently that committee was renamed the Global Health Committee. The role of the committee initially was to identify how the Faculty could engage in advocacy




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*RCPI FPHM Winter Scientific Meeting, 2004*

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*At a presentation of a medal to Minister Michéal Martin, (L–R) are Dr Joe Barry, Dr Fenton Howell (Dean), Minister Michéal Martin, Prof John Crowe (Vice-President, RCPI)*

on global health issues, to strengthen capacity among Faculty members to respond to new and evolving demands in international health both from within and outside Ireland, to develop links with other countries, institutions and organisations in public health training, advocacy, international response to public health emergencies, development and international public health policy, and to strengthen education, training and awareness among all members, including Specialist Registrars. Since 2006, the committee has regularly organised international health sessions at the Faculty's Scientific Meetings, with notable international speakers. The Committee has also played an active part in policy and advocacy, developing position papers on Aid for Health (2009), Access to Medicines (2010) and Migrant Health (2016), the latter of which has been adopted by the RCPI as its official policy.



On the recommendation of a position paper produced by the Faculty of Public Health Medicine entitled *Ethics in Public Health Medicine Research*, the Faculty formed a Research Ethics Committee (REC) in 2001. The REC was formally set up as a Standing Committee of the RCPI in June 2012. Since then, it has continued to review Specialist Registrars' projects and large national public health studies but also now reviews education research from the RCPI such as the National Study of Wellbeing of Hospital Doctors.

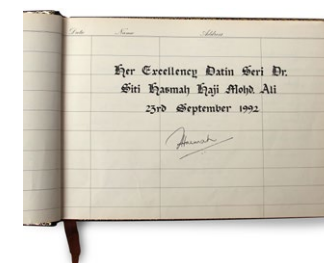
Advocacy is an important part of the role of all Public Health Physicians. In 2000, an Advocacy Committee was formally established by the Faculty to strengthen its advocacy function in key areas of population health. The terms of reference of the Advocacy Committee were to enable the Faculty to fulfil its advocacy role, to develop a method of rapid response to a range of Public Health issues that appear in the media, both proactively and reactively, and to operate as an internal support network for Faculty advocates. The topics included initially for advocacy were: illicit drugs; alcohol; suicide; tobacco; radiation, environment and water; folate and neural tube defects; accidents; water fluoridation; and cardiovascular disease. Since then, other key areas for advocacy have been added, several position papers have been developed on various topics and the Faculty has also made significant contributions to RCPI Policy Groups which include alcohol, tobacco, obesity, sexual health and physical activity.

More recently, a significant review of FPHMI Standing Orders has led to improved governance in a number of the Faculty's functions and also to the introduction of a new Diplomate category of membership. In this period also, more formal links were established between FPHMI and the Northern Ireland Affairs Committee of the UK's Faculty of Public Health. The All-Ireland Registrars' Competition is one of the tangible outcomes of this cooperation.



1992 FPHMI Fellow ad Eundem,  
Siti Hasmah Haji Muhammad Ali

Pictured (L–R) are Prof Brian Keogh;  
Siti Hasmah Haji Muhammad Ali; Tun  
Dato' Seri Dr Mahathir bin Mohamad (Prime  
Minister, Malaysia 1981–2003); Dr Michael  
Scott; Dr Stephen Doyle (President, RCPI)



Faculty group 1994



*Prof John Feely (1947–2009) receives his Honorary Fellowship, 1996*

*Pictured (L–R) are Prof John Feely (Registrar, RCPI), Mr Jonathan Bailey (Secretary, RCPI), Dr Stanley Roberts (President, RCPI), Dr Rosaleen Corcoran (Dean)*



*Delegates at the Prof Roger Blaney Historical Talk, December 1999*



*Deans past and present at the celebration of the Faculty's 30th Anniversary in 2006*

*Pictured (Back row L–R) are Dr Fenton Howell, Dr Rosaleen Corcoran, Dr Joe Barry, (Front row L–R) Dr James Walsh, Dr Anna Clarke, Prof Geoffrey Bourke*

***Dr Peter Wright***

Training is the core function of the Faculty. Since 1999, there have been significant changes in the way that future Public Health physicians are trained by the Faculty.

In 1999, an end of year assessment was introduced by the Irish Committee on Higher Medical Training (ICHMT). The following year, it was agreed that Specialist Registrars would spend three years of their four-year training in Departments of Public Health, followed by two more specialised six month attachments in their final year. Those attachments would be in relevant institutions, such as the Health Protection and Surveillance Centre, the National Immunisation Office and the Department of Health. Since then, the number of such institutions that have been approved as training locations have increased significantly.

Significant efforts have been made to improve the quality of the training provided by the Faculty, and communication and feedback between Trainers and Trainees, and vice versa. To that end, a Training Forum was established in 2006 to enhance communication between trainers and Specialist Registrars. ‘Training the trainer’ courses have also been in place since 2006. Approval was also granted for a training placement overseas in the World Health Organisation in that year. Curriculum and training logbook development has been a fairly continuous process over the years and reviews take place on a regular basis. An electronic logbook was introduced in 2011.

The criteria for entry to into training in Public Health Medicine were reviewed in 2011, with removal of the requirement that candidates should have Part 1 of the Membership of the Faculty of Public Health Medicine of Ireland (MFPHMI) before they started their training. In that same year, the Faculty entered a new training agreement with the HSE, with a resultant increase in the number of training posts.

In 2012, the Faculty of Public Health Medicine in Ireland became an accredited training body with the Medical Council under the Medical Practitioners Act 2007. In that same year, the Faculty also provided significant input to the Imrie Review of Higher Medical Training in Ireland.

Cooperation with Public Health colleagues in Northern Ireland resulted in the first All Ireland Registrars Competition for trainees in Public Health Medicine being held in 2014. In 2015 and 2016, there were significant increases in the numbers of Specialist Registrars recruited to start training in the specialty.



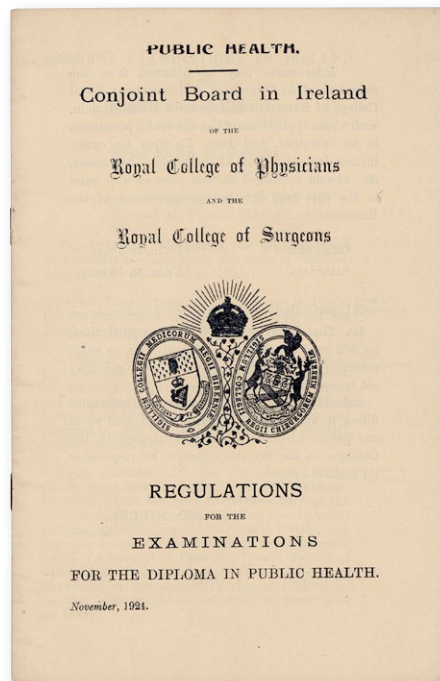


## Examinations

**Prof Emer Shelley**

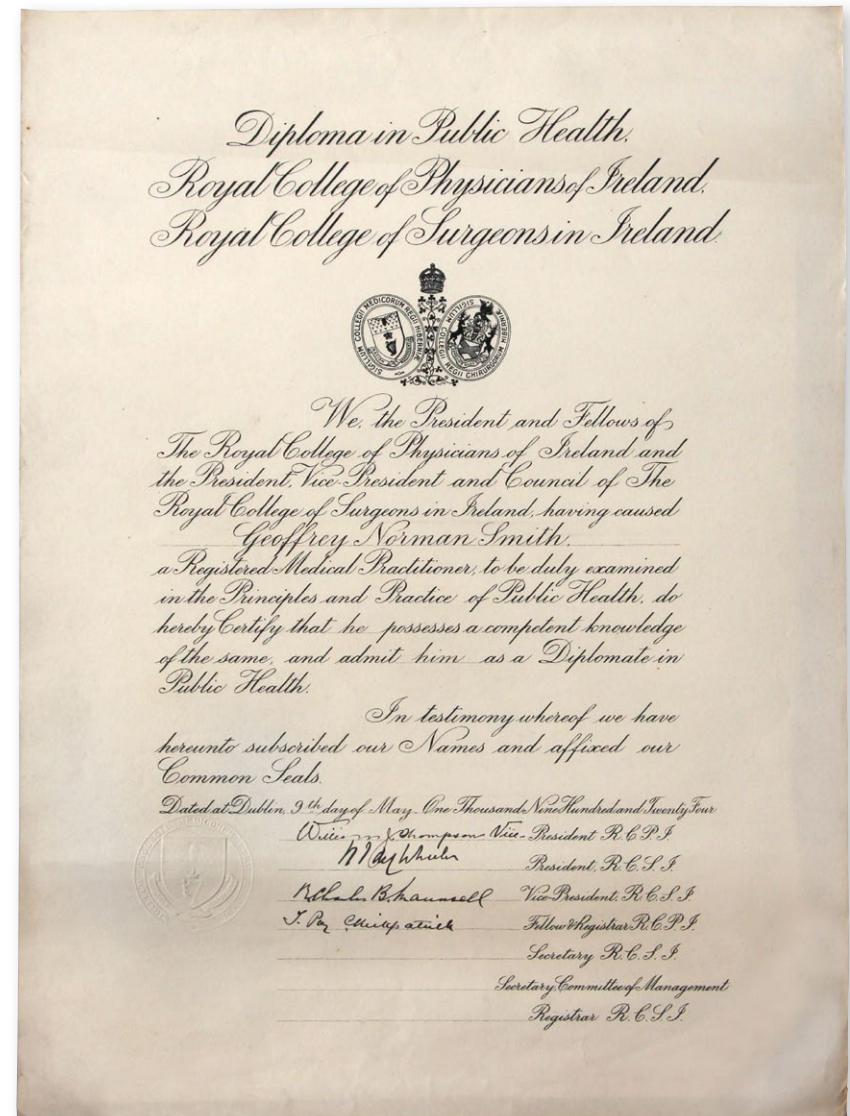
### Faculty examinations

‘The qualification for Public Health had been the Diploma in Public Health (DPH), a year’s academic course, and was a registerable qualification, the only diploma that was registerable. There was no training then. You did your Diploma in Public Health and did the best you could thereafter. Nobody trained us. When the



*Regulations for Conjoint Board Diploma in Public Health, 1924*

RCPI/10/2/4



*Geoffrey Norman Smith's Diploma in Public Health, 1924*

TPCK/6/4/81

examinations were set up, of course, training obviously followed. We had Part I and Part II examinations set up possibly 3–5 years after the Faculty was set up.’ Dr Geoffrey Bourke, Dean of the Faculty, 1976–1981.

### Membership examinations

Membership examinations, MFPHMI Parts I and II, are run by the Royal College of Physicians of Ireland (RCPI) on behalf of the Faculty of Public Health Medicine. The Faculty is supported in all aspects of the examinations by the Examinations Office of the College. The Faculty Convenor of Examinations reports to the Examinations Committee of the College.

### Convenors and examiners

In 2002, separate convenors were appointed for the Part I MFPHMI and for the Part II General Oral. The overall Convenor continued as Convenor for the Part II written thesis examination.

Dr Emer Shelley was Convenor of the MFPHMI examinations from 1992 until 2014.

Dr Elizabeth Keane was Part I Convenor from 2003 until 2012.

Dr Marie Laffoy was Convenor for the General Oral from 2003 until 2006 when the current Convenor, Prof Cecily Kelleher commenced as Convenor.

### External Examiners for the MFPHMI Examinations

Prof James McEwen, mid–late 1990s

Prof Charles Florey, to 2001

Prof W. Cairns S. Smith, 2002 to 2004

Prof Ronan Lyons, 2005 to 2007

Prof KK Cheng, November 2008 to 2010

Prof Robert Clarke, November 2010 to 2016

### Development of examinations

Several workshops were provided over the years, including in 2005, when training days were organised for assessors, supervisors, examiners and trainers. These were arranged by an Examinations Development Sub-committee of the Education and Examinations Committee and supported by the Department of Health and Children.

### Part I MFPHMI

- The Part I syllabus was updated at regular intervals, including in 2006. The ‘knowledge’ papers (1 and 2) were scheduled to take place on successive mornings rather than on the morning and afternoon of Day I, with the ‘application’ papers (3 and 4) to be taken on successive afternoons.
- It was decided that there would be just one sitting (‘Spring’ sitting) of the Part I from 2008 onwards.
- The Part I pass rate has consistently been ~ 70%.

In 2011, a system of feedback was developed to provide all candidates with their results for each paper and the extent to which they had passed or failed each question. All candidates now receive their marks for each question.

In recent years, there has been increased attention to the theoretical basis of question setting and assessment, with training workshops for Examiners e.g. September 2012 and October 2016.

A major revision of the syllabus for Part I was carried out in 2013 which included a detailed crosscheck against material covered in MPH courses and against the Part A syllabus of the UK Faculty of Public Health.

In 2014, it was agreed that candidates who pass the Part I may apply to become Diplomate Members of the Faculty.

### Part II MFPHMI

A Summer School was held in June 2004 in conjunction with the Department of Public Health and Epidemiology in UCD for

candidates who had not passed Part II within seven years of passing the Part I but were eligible for an ‘alternative route’ to Part II by demonstrating competence through the submission of written reports. The Summer School was attended by 15 potential candidates and supported by the Department of Health.

In 2005, in an effort to increase awareness of the option of submitting two reports as an alternative to a larger thesis, it was agreed that the two reports should cover two out of five areas:

1. Health Policy or Health Economics, 2. Health Information Systems, 3. Health Needs Assessment or Evaluation or Audit of Health Services, 4. Communicable Disease or Environmental Health, 5. Health Promotion or Screening.

Guidelines for candidates on submitting Part II protocols were agreed in 2006 and made available on the College website in 2007. On approval of the candidate’s protocol, the Education and Examinations Committee continued to appoint a supervisor, a Member or Fellow to provide direction and support on a voluntary basis.

Guidelines for Assessors of Part II protocols and a template for providing the report were finalised in 2008. It was decided that, instead of a supervisor, a faculty advisor would be appointed to support the candidate but it was made clear that it was the candidate’s responsibility to complete the work to the appropriate standard. The role and responsibilities of faculty advisors were made available to candidates. Information was also provided on scoping the literature and on writing the literature review.

An evaluation of the protocol assessment process in May 2008 concluded that there was a high level of satisfaction with the overall process; the standard assessment form was considered to improve the quality of the assessment and the consequent benefits to candidates.

An Examinations Development Sub-group was set up in 2012 to review the format of the Part II examination. Members: Prof Joe Barry, Dr Margaret Fitzgerald, Dr Patricia Fitzpatrick, Dr Catherine Hayes, Prof Elizabeth Keane (Chairperson), Prof Cecily Kelleher, Dr Diarmuid O’Donovan, Prof Ivan Perry, Dr Mary Ward, Dr Peter Wright and Dr Emer Shelley.

The format of the Part II written exam was changed from a thesis or two reports to three Public Health Reports (PHRs) in order to increase the relevance of the submissions to the work of Departments of Public Health. Following consultation with stakeholders, the new format was an option from Autumn 2013 and was obligatory from Spring 2015. The Part II General Oral was retained to ensure that the knowledge examined in Part I has been retained and that the candidate has the capacity to apply that knowledge to public health scenarios.

The Regulations have been updated and uploaded to the College website with annual revisions since 2013. Workshops are held to inform examiners, trainers and candidates of the required formats for PHRs. Additional information is provided in the Assessment Form and in the Standards to be applied to identify grades of pass, pass with amendment or fail. On-line applications were introduced in 2014. The review of procedures and documentation, including feedback to candidates, was completed in 2015.

### Reciprocal recognition of examinations

The Dean, National Specialty Director of Training or the Convenor of Examinations attend the Education and Examinations Committee of the UK Faculty of Public Health. Following revisions to the format of the UK examination, there is reciprocal recognition of the Part I / Part A Examinations.

Following a decision by the General Medical Council in the UK that candidates in training are required to pass UK examinations, it is anticipated that fewer UK-based candidates will sit the Part I in Ireland.

### Membership in Social & Preventive Medicine

This examination was run jointly by the College and the Faculty, at the same time as the MRCPI. Knowledge and competence in general medicine and epidemiology, statistics, health promotion and disease prevention strategies were assessed. The regulations were updated in 2006 and the final sitting was held in 2011, due to the very small number of candidates.

## Examples of MFPHMI Examination Questions Over the Years

### Questions from April 1999 which looked to the future:

What do you understand by Clinical Governance or Quality Assurance for Clinicians?

Environmental Tobacco Smoke (ETS)/ Passive Smoking is a well recognised public health hazard. Outline the dangers to the public health from ETS and advise as to how the public health should be protected.

Hepatitis B vaccination should be integrated into the routine infant immunisation programme in all countries. Discuss.

Describe how the health services can contribute to health promotion for older people.

Given the highly politicised and value-laden nature of resource allocations in health services, economic methods cannot provide comprehensive answers. Discuss.

Describe the operational problems commonly associated with hospital Out-Patient Departments. What proposals could you make for overcoming these problems with the aim of increasing the effectiveness and efficiency of such Departments?

You have been asked to draw up a briefing paper for the CEO of your health board about the Millennium Year 2000 issues and the likely impact on Health Services in your area. Give details of the areas to be considered. Your answer should not be confined to information technology issues only.

### Some issues continue to be relevant: Questions from the year 2000

'The relationship between alcohol consumption and the public health is a complex one.' Discuss

Briefly describe the components of a comprehensive health promotion policy to reduce alcohol misuse among young people.

Outline the particular health problems of homeless people.

Vaccine safety is a key requirement of a vaccination programme. Discuss using current examples.

### Statistics questions over the years

#### **April 1999: Aspirin after myocardial infarction?**

In a clinical trial of aspirin after a myocardial infarction (Lancet 1988; ii: 349–60), 8,587 patients were randomised to active treatment and 8,600 to a placebo therapy. Within five weeks there were 804 deaths in the treatment group and 1,016 deaths in the placebo group. Test this mortality difference for statistical significance, interpreting your result and explaining your approach carefully. For these data, calculate each of the following measures explaining, in non-statistical language, how the measure is formed and how it is to be interpreted.

- a. The relative risk
- b. The odds ratio
- c. The absolute risk reduction
- d. The number needed to treat (NNT)

#### **November 2001: Cranberry juice for UTI?**

In a recent randomised study (BMJ, 2001; 322: 1571–3) 150 women with urinary tract infection were randomised into three equal-sized groups – daily cranberry juice, a lactobacillus drink five days a week or no intervention. After six months eight women in the cranberry group, 19 in the lactobacillus group and 18 in the control group had at least one recurrence of the infection.



Test these data for statistical significance using a chi-square test, describing your approach carefully and interpreting your result. Calculate the number needed to treat (NNT) for cranberry juice and explain what this measure means.  $NNT = 100\% (\% \text{ Risk in control group} - \% \text{ Risk in treated group})$

#### **April 2014: Smoking cessation**

A recent study compared the smoking cessation rates at 6 months among patients discharged from two hospitals. Anti-smoking advice with NRT (nicotine replacement therapy) was offered to all smokers in each hospital. In one of the hospitals NRT was given via nicotine patches while in the other hospital, e-cigarettes containing nicotine were used instead. In the hospital using patches, there were 81 quitters out of 540 smokers. Out of 625 smokers in the hospital which used e-cigarettes, 121 quit smoking.

The following table shows the coefficients for a logistic model, with quitting cigarette smoking as the dependent variables and NRT type, sex and length of time smoking as the independent variables. The coding used is shown and the effect of each of the independent variables is statistically significant.

Variable	Logistic regression coefficient
(constant)	-1.73
NRT type (1=e-cig; 0=patch)	0.183
Sex (1=male; 0 = female)	0.095
Length of time smoking (years)	-0.026

- Calculate the crude odds ratio of quitting smoking in those using the e-cigarettes compared to those using the nicotine patch. Explain the meaning of the odds ratio in terms suitable for a non-professional audience.
- Using the data in the table, write down the logistic model explicitly, clearly identifying its different components.
- Interpret each of the three coefficients for the independent variables given in the table and suggest a more meaningful way of presenting the results suitable for a presentation or publication. Comment on these coefficients in the context of the crude odds ratio of quitting obtained in part (a) above.

#### **Still relevant? From November 2001**

There are four maternity hospitals in your region. One hospital in the Northern Area caters for over 1000 births as does one in the Southern Area. The two smaller hospitals have less than 400 births per year. In line with best practice and evidence of safer outcomes, your Health Board plans a rationalisation of the Maternity Services in the region.

Prepare a report for the Chief Executive Officer to support the planned rationalisation.

#### **Management of change is always relevant!**

##### **April 2002**

What are the key components required for the smooth implementation of a change management process? Outline some of the barriers one might anticipate.

##### **November 2004**

How would you as a senior leader approach the management of major organisational change in uncertain times?

How would you evaluate your effectiveness?

#### **Questions which were topical at the time**

##### **November 2003**

Briefly describe the epidemiology of Severe Acute respiratory Syndrome (SARS).

List the control measures that were shown to have been effective in controlling its spread.

Describe the approach that you would take to the post-outbreak surveillance of SARS.

##### **April 2009**

The current global economic downturn is likely to impact on health and health services. As a specialist in public health

medicine in a country or region with a population of 4 million people, prepare a memo for the CEO responsible for providing health services, as follows:

- Summarise key issues for health and health services at the start of the downturn, naming the country or region under review;
- Outline potential benefits and risks to health and health services from the changing economic circumstances;
- Summarise your conclusions and make recommendations to the CEO on priority actions to minimise the adverse effects of the recession.

#### **April 2010**

In a universal health insurance system, as for example in the Netherlands, everyone has mandatory health insurance, either subsidised or fully financed by the State. Describe the advantages and disadvantages of this method of funding health services.

#### **Some ongoing challenges for Public Health**

##### **November 2004**

Media and professionals have highlighted the issue of obesity. Discuss the role of public health practitioners in tackling this problem at a regional level.

##### **April 2013**

Outline the key components of an evidence-based tobacco control strategy. Explain how each component would be evaluated.

#### **Anticipating the roll out of a screening service, November 2006**

It is proposed to develop a screening programme for diabetic retinopathy in a health authority area covering approximately one million people.

- Outline the components of a plan for the programme;
- Describe how the programme might be evaluated.

#### **Critical appraisal**

Initially the paper for critical appraisal was distributed at the end of the first day of the examination. In pre-internet days, there was concern that this might give an unfair advantage to candidates who could check out related literature in a medical library. So the article is now distributed at the start of the two hour examination, in the afternoon of day one.

#### **April 2011**

Read the publication provided and answer each of the questions below:

Cogan L, Martin AJ, Kelly LA et al. An audit of hip fractures in the Mater Hospital Dublin 2001 compared with 2006. *Ir J Med Sci* 2010; 179: 51–55.

1. Prepare a synopsis of this paper for the National Director of Services for Older People.
2. There is a proposal to create geriatric assessment teams to work with other specialities in the acute hospital setting. (a) Prepare a report for the National Director on the evidence from this paper to support placing such teams to work with orthopaedic services. (b) Conclude your report by making recommendations on the evaluation of such initiatives in the future.
3. The Irish Hip Fracture database proposed at the end of the discussion has the potential to support clinical audit. (a) What steps can be taken in planning such a register to maximise its potential value for clinical audit? (b) What advice would you give to the surgeons in the hospital on the use of the register for this purpose?



## Developments in Global Health

### *Dr David Weakliam*

Following the devastating tsunami in Asia in 2004, the Faculty Board established an International Health Sub-Committee so that the Faculty could engage globally, to benefit the practice of public health medicine in Ireland as well as contributing to improving health in economically developing countries. The Faculty approved a strategy to engage in international health in the areas of a) policy and advocacy; b) education and training; and c) supporting specialist contribution.

Drawing on the rich experience and expertise within the Faculty, the Committee has facilitated a more global perspective on training and professional development. Since 2006, the Committee has regularly organised international health sessions at the Summer and Winter Scientific Meetings, with notable international speakers such as Prof Francis Omaswa from Uganda in 2008 and Dr Francesco Branco from WHO in 2009.

The Committee has contributed regularly to study days and training sessions for Specialist Registrars and Specialists, and helped bring global health into the training curriculum. The Committee was instrumental in the development of a training placement for Specialist Registrars at WHO headquarters in Geneva in 2008. So far, three Specialist Registrars have gone to Geneva on placements in 2008, 2010 and 2016. The Committee has also played an active part in policy and advocacy, developing position papers on Aid for Health (2009), Access to Medicines (2010) and Migrant Health (2016).

From the outset, the Committee was keen to work with low income countries, though it proved difficult in the early years to find a

suitable partner. Since 2013, the Committee has been actively engaged in Zambia with the HSE-RCPI EQUALS Initiative. This initiative is donating medical equipment and supporting the Ministry of Health in Zambia to develop a programme of specialist medical training. More recently, since 2015, Committee members have been supporting the Ministry of Health in Mozambique to establish a training programme in Public Health Medicine.



### *HSE-RCPI EQUALS Initiative*

*Dr David Weakliam and Prof Frank Murray  
with a donation of medical equipment from  
Irish hospitals to Zambia; October, 2014*

## ***Dr Anne Sheahan***

Within the College, the Faculty of Public Health Medicine was foremost in addressing the issue of maintaining professional competence. The Faculty set up an ad hoc Professional Competence Committee back in late 1990s and this was chaired by Dr Fenton Howell for a number of years. Dr Anna Clarke then took over and she was followed as Chair by Dr Freda O'Neill. Dr Anne Sheahan has chaired the Committee since 2007.

In 2005, the Faculty asked the Committee to develop a model for competence assurance (CAS) in preparation for a new Medical Practitioners Act (2007) that was expected to put significant emphasis on this area. Dr Gerardine Sayers was commissioned to undertake this body of work and addressed issues such as resources, legal issues and implications for the training body, individual doctors and employers. This draft model was completed in 2006 and presented to the Medical Council. At the same time, the Medical Council was undertaking work on developing standards for performance in practice for medical practitioners.

In 2007, the Faculty set up a Competence Assurance Sub-committee to pilot the CAS model. This coincided with the decision of the Medical Council to agree that all doctors should achieve 250 CME credits over a five-year period and include CME, peer review and audit. The work of the CAS committee continued and a pilot of its CAS model was undertaken in 2009 by Dr Anne Sheahan. The report further informed the work of undertaking CME, recording of credits, etc.

In May 2010, the then Minister for Health & Children, Ms Mary Harney TD, signed an order bringing Part II of the Medical

Practitioners Act, 2007 'Maintenance of Professional Competence' into effect from Saturday, 1 May. This meant that all registered medical practitioners in Ireland were legally obliged to demonstrate that they were maintaining their professional competence from one year later, 1 May 2011. In practice, that meant that every doctor was then required to register with a Professional Competence Scheme and to begin a process of engagement in Professional Competence activities such as continuing professional development (CPD) and clinical audit.

The Faculty of Public Health Medicine, through the CAS Committee, then began working to develop Professional Competence Schemes for all doctors aligned to the Training Body. The FPHM had to manage two professional competence registers – Specialist and General Divisions.

In 2011, the old CAS Committee was disbanded and a new Professional Competence Committee (PCC) was set up in view of the establishment of professional competence for all registered practitioners.

To support its members, the PCC developed two guidance documents:

- Clinical Audit/Quality Improvement Project Guidance for Professional Competence Schemes, December 2012;
- Continuing Professional Development for Public Health Doctors, Guidance on Validation and Documentation of Credits, February 2014.

One of the key responsibilities for training bodies in the operation of the Professional Competence Schemes is verification of credits claimed. An Annual Verification Process (AVP) Sub Committee of the RCPI Education Committee was established. This Sub-Committee was responsible for the development of policies and procedures in relation to the management and operation of the RCPI's Annual Verification. The Chair of the FPHM PCC was represented on this and is involved in the annual process of reviewing the eportfolios of those doctors selected for audit on an annual basis (3–5%) to ensure the credits claimed are valid. The appropriateness of the CME undertaken is not a matter for this committee.

Some of the initiatives undertaken by the Professional Competence Committee in the early years included:

- Training in Critical Appraisals Skill for public health doctors working in Departments of Public Health and in academic units of Universities
- Developing a method of recording CME credits (which was done on a voluntary basis at the time)
- Certificates outlining CME credits were developed for participants in CME events
- Training on Bioterrorism in 2002, which was facilitated by PHLS UK, the Department of Health and the Health Protection and Surveillance Centre (then called the NDSC)
- Training in health impact assessment was planned in 2003 but industrial action caused its cancellation
- Training in audit

More recently, the PCC has been tasked with addressing how retired doctors/doctors not in practice can achieve the annual credits including undertaking audit. A workshop was held in February 2016 to scope this and the current guidance is being updated to reflect the feedback.

Over the years, Faculty members have made huge contributions to the ongoing development of the Professional Competence Scheme and their input has been greatly appreciated.

## 2.5

# Public Health Research Ethics

**Dr Una Fallon**

## Formation

The Research Ethics Committee (REC) was formed in 2001 on the recommendation of a position paper produced by the Faculty of Public Health Medicine entitled *Ethics in Public Health Medicine Research*. Its initial purpose was to review MFPHMI Part 2 exam theses proposals, research proposals from Members and Fellows of the Faculty and other research conducted in Public Health training locations through-out the country. In those early years it was predominantly a Public Health committee reviewing Public Health research and it was chaired by Dr Kevin Kelleher.

## Joined by Occupational Health

It became clear that the Occupational Health Faculty also required ethics reviews of its trainees' research projects. In 2006, Dr Paul Guéret, Occupational Health Physician, became the new Chair and the Committee became the Public Health and Occupational Health Research Ethics Committee of the RCPI. In the intervening years, Public Health Physicians Dr Emer Shelley and Dr Davida de La Harpe have also chaired the Committee.

## Review of national health research projects

Requests from national health organisations to review population-based public health studies, which were not eligible for review by hospital or university-based RECs, became more common. These were accepted by the Committee when there was a Member or Fellow of the College involved as a principal or co-investigator. The REC continues to review these major national projects. Recent



Pictured at the launch of a Health Promotion document by the RCPI's Faculty of Community Medicine were: Dr. Jacqueline Horgan, Hon. Secretary of the Faculty; Prof. Ivor Drury, President RCPI; Dr. Bernadette Hervey, Dean; and Dr. Conne Kelly, Vice Dean of the Faculty of Community Medicine.

MEN and women in Ireland have the lowest life expectancy at birth compared to their European counterparts, except for Northern Ireland which is slightly lower, the RCPI's Faculty of Community Medicine pointed out in its document on Health Promotion.

The Faculty see the reduction in mortality and morbidity from coronary heart disease (CHD), and from cancer, as a major priority for health promotion. CHD is the main cause of premature death in Irish adults, accounting for about 30% of all deaths. The other main targets that

## Irish have the lowest life expectancy rate

the Faculty of Community Medicine sees as priorities for health promotion activities are a reduction in mortality from accidents; a reduction in excess alcohol consumption; reduction in the incidence and prevalence of preventable infections such as measles, pertussis, rubella and tuberculosis; and the monitoring, assessment and control of environmental hazards.

It recommends that a health education programme should be launched to promote awareness of the risks of home and road accidents. Legislation in relation to "drunken driving" should be reviewed

with the legal limit of blood alcohol reduced to 80mg/100 ml, it proposes.

Approximately 1,200 people die as a result of accidents each year in Ireland, constituting 4% of all deaths, according to the document. An Foras Forbartha estimates the cost of a fatal road accident at €230,000 and the cost of average injury at €12,000. The potential savings from an intervention programme are enormous, according to the Faculty.

New computerised information systems designed to provide data on health status and health needs for small areas such as district electoral

divisions are urgently required, the Faculty says. These would indicate areas of special need and would facilitate planning and allocation of resources in health promotion.

The evaluation of patient outcome, following health service intervention, is also of fundamental importance and information systems are needed to facilitate the introduction of monitoring systems, clinical budgeting and peer review. The ideal solution would be a national integrated computerised health information system, the document stated.

### Policy documents prepared by the Research Committee of the Faculty of Public Health Medicine

1. Guidelines for audio-visual Presentation at Scientific Meetings of the Faculty of Public Health Medicine - 1991
2. Guidelines for Carrying out Research in Public Health Medicine - 1997
3. Information Needs and Sources for Public Health Medicine - May 1992
4. Discussion document on the Child Health Services - June 1994, Sept 1997
5. Guidelines for Writing a Public Health Report - December 1995
6. Breast Cancer Screening and the role of the Public Health Physicians - 1995
7. Guidelines to Public Health Medicine on the Internet - 1995
8. Position Paper on the Prevention of Unintentional Injury - Dec 1995
9. Audit in Health Care - December 1996
10. Infectious Diseases and Health Care Worker - 1997
11. Tobacco Document - 1999
12. Fluoridation Document - 1999

#### In Preparation

1. Cluster Document
2. Funding for Health Services Research
3. Audit in Public Health Medicine
4. Position paper on investigation of Clusters of Adverse Health Effects



### The Royal College of Physicians of Ireland Faculty of Public Health Medicine

6 Kildare Street, Dublin 2

Telephone 01 - 661 6677

Fax 01 - 675 3889

#### A List of Documents prepared by the Research Committee

1. Guidelines for Audio-Visual Presentation at Scientific Meetings of the Faculty of Public Health Medicine - 1991
2. Guidelines for Carrying out Research in Public Health Medicine - 1992, 1997
3. Information Needs and Sources for Public Health Medicine - May 1992
4. Discussion Document on the Child Health Services - June 1994, Sept 1997
5. Public Health Information Systems in Ireland in the Context of The World Health Organisation's Targets for Health for All - December 1995
6. Guidelines for Writing a Public Health Report - December 1995
7. Breast Cancer Screening and the role of the Public Health Physician - 1995
8. Guide to Public Health Medicine on the Internet - 1995
9. Position Paper on the Prevention of Unintentional Injury - December 1995
10. Audit in Health Care - December - 1996
11. Infectious Diseases and the Healthcare Worker - 1997

Funding for Health Services Research - in preparation

Audit in Public Health Medicine - in preparation

Position paper on investigation of Clusters of adverse health effects - in preparation.

(Top) An article published in the *Irish Medical Times*, Mar. 1988; (Bottom) Lists of Faculty Research Committee Documents from the 1990s

examples of these include the Healthy Ireland survey and the National Health and Positive Ageing survey, both of which were commissioned by the Department of Health.

## Adoption of the RECSAF

Over the intervening years, many health RECs were set up by different organisations around the country. Because there was no single national health REC system, researchers who were involved in multi-site research were obliged to obtain REC reviews from several different committees, completing several different application forms in the process. In 2009, on the prompting of Molecular Medicine Ireland, the REC in Beaumont hospital, under the guidance of Gillian Vale, set about developing a Research Ethics Committee Standard Application Form (RECSAF) and guidance. This was adopted by the Public Health and Occupational Health REC in early 2011. The form and guidance is regularly reviewed and updated by a working group.

## Standing Committee of the College

In June 2012, the REC was formally set up as a Standing Committee of the RCPI. Since becoming a Standing Committee of the College, it continues to review Specialist Registrar projects and large national public health studies but also now reviews education research from the RCPI such as the National Study of Wellbeing of Hospital Doctors. The REC now provides an annual report to the Annual Stated Meeting of the College.

## Current activity

The purpose of the RCPI REC is primarily to protect the welfare and rights of research participants, while also helping researchers to make appropriate decisions with regard to the ethical aspects of their research and to ensure that all research conducted by or in affiliation with RCPI Trainees, Members, Fellows, and staff is conducted in accordance with best practice in research ethics. The committee does not review clinical trials but reviews all other types of research.

The current RCPI Research Ethics Committee has twenty members and meets four times a year, although not all members will attend



every meeting. It is chaired by Public Health physician, Dr Úna Fallon. Membership is composed of a wide variety of professional experts in the areas of statistics, law, ethics, education, medicine, public health and occupational health. There are also have two very valued lay members.

Over the years, the REC has reviewed approximately twenty projects annually. Reviewing projects is labour intensive, particularly organising the required documentation for the REC members to read prior to meeting. Following review there is often further correspondence or requests for information before a decision is reached and communicated. Dr Lucia Prihodova, Research Department manager in the College, is currently administrative secretary to the REC. The number of projects reviewed has been increasing. Nine research projects were reviewed at the last meeting in September 2016, four of which were expedited and five of which were reviewed on the day. It is unlikely that the REC in its current form could consider a workload beyond this.

### Future challenges

The governance of research ethics in Ireland is changing. The Health Information and Patient Safety Bill will propose that RECs apply to become 'Approved RECs' (ARECs) and be regulated by HIQA. Multi-centre research reviewed by an AREC will not require review by any other committee. There is little incentive for a REC to become an AREC as it would be compelled to review research for which it does not have any organisational governance or oversight, without added incentive or resources. Nevertheless, the RCPI REC already fulfils this role, to a lesser extent, by reviewing national research to which a Member or Fellow is affiliated.

Research ethics is becoming more challenging. We can expect more and more 'Big Data' projects, more molecular and genetic research, and more national health research projects carried out in organisation partnership arrangements. All of these will have to be compliant with more rigorous data protection regulations from 2018. Experience, expertise and national regulation and oversight are all needed. Whatever challenges and changes in the future, the RCPI REC will continue to do its best to meet them.

## 2.6

### Scientific Meetings

#### *Dr Emer O'Connell*

The Faculty held its first Scientific Meeting in December 1980. Bi-annual Scientific Meetings have continued since then. Currently, Scientific Meetings are held over two days in the summer and one day in the winter. The venue has been the beautiful RCPI building on Kildare Street, except for a period 2003–2005, when it was undergoing major renovations. The only meeting to have been cancelled was the 2003 Summer Scientific Meeting, which coincided with industrial action by Public Health Doctors. Meetings have been held during significant public health events, such as the flu pandemic, which was ongoing at the time of the 2009 Winter Scientific Meeting.

The meetings have served to bring together public health doctors and colleagues from across the health service, policy development and academia. A feature of the meeting has been to expand the programme beyond presentations from the Faculty membership, to include junior researchers, our multidisciplinary workforce and keynote talks from national and international experts in areas relevant to public health.

High quality research abstracts are accepted for oral or poster presentations. Moderated poster sessions were introduced in 2011, with a move to rapid fire presentations at the 2014 summer meeting with the 'Two Minute Magic' sessions. Submitted works also compete for prizes for excellence in research and presentation. The most coveted of these is the Zachary Johnson Medal, first awarded in 2001, in memory of our colleague Dr Zachary Johnson.

Memorable presentations from over the years include:

- ‘Horse à la carte’ – FSAI
- ‘Better value healthcare’ – Prof Sir Muir Gray, 2013
- Ian O’Sullivan and Eimear Murphy BT Young Scientists of the Year 2015

The Winter Scientific Meeting of 2006 was honoured by the attendance of Mary Robinson, former President of Ireland, who was presented with the Faculty’s medal for outstanding contribution to public health.

The Faculty of Public Health Medicine held a very successful Winter Scientific Meeting on 1–2 December, 2004. Attendance was excellent with over eighty participants attending on both days. Topics discussed included: Alcohol and drugs, Public Health Medicine in hospitals, Infectious Diseases and Cancer Prevention.

At that Scientific Meeting, the Faculty presented the former Minister for Health and Children, Mr Micheál Martin TD, with its inaugural medal for outstanding achievement in public health for his contribution to tobacco control and, in particular, for his role in bringing into force the smoke-free at work legislation. The College was represented by Prof John Crowe, RCPI Vice-President, at the presentation. The Chief Medical Officer, Dr Jim Kiely, was also in attendance.

The Faculty values the Scientific Meetings as a focal point for members to network and learn. It remains relevant whether you are embarking on a career in Public Health Medicine or you have a lifetime of experience in the field – a fact emphasised by the practice since 2014 of waiving the registration fee for both retired members and Public Health Specialist Registrars.

FACULTY OF COMMUNITY MEDICINE	
Scientific Meeting	
on Thursday, 9th June, 1993.	
SEXUALLY-TRANSMITTED DISEASES	
CHAIRMAN – Dr. Michael French-O’Carroll	
2.15 p.m.	– “Update on Sexually-transmitted Diseases” – Dr. T. Heron, Consultant Venerologist, Royal Victoria Hospital, Belfast.
3.05 p.m.	– Discussion
3.25 p.m.	– AFTERNOON TEA
3.45 p.m.	– “Infective Hepatitis” – Dr. A. Shatlock, Lecturer in Microbiology, University College Dublin.
4.15 p.m.	– Dr. V. Freedman, Consultant Venerologist, Dublin.
4.25 p.m.	– Discussion
5.00 p.m. (approx)	– Meeting will conclude
Friday, 10th June, 1993.	
HEALTH OF THE PRE-SCHOOL CHILD	
CHAIRMAN – Dr. Bernadette Herity	
10.00 a.m.	– “The three-income : for one and all” – Dr. Denis Gill, Professor of Paediatrics, Royal College of Surgeons in Ireland.
10.50 a.m.	– Dr. J. H. Walsh, Dean, Faculty of Community Medicine.
11.00 a.m.	– Discussion
11.20 a.m.	– MORNING COFFEE
11.40 a.m.	– “Sudden Infant Death Syndrome” – Dr. A. Radic, Medico-Social Research Board.
12.10 p.m.	– Discussion
12.30 p.m.	– LUNCH
CHAIRMAN – Dr. James H. Walsh	
2.00 p.m.	– “Childhood Accidents” – Dr. P. Kirke, Medico-Social Research Board.
2.20 p.m.	– “Health Care for Mother & Infant” – Dr. P. Quinn, Community Physician, Eastern Health Board.
2.40 p.m.	– Discussion
3.10 p.m.	– “The Pre-school child – anticipatory care” – Dr. H. Flynn, Family Doctor, South County Dublin.
3.30 p.m.	– “The outcome of pregnancy in a population of Itinerant Women” – Dr. J. Kiely, Senior Area Medical Officer, Southern Health Board.
4.10 p.m.	– Discussion
REGISTRATION FEE FOR SCIENTIFIC MEETING: £15	
Special registration fee for undergraduate and postgraduate students and trainees in Community Medicine = £5. The latest date for receipt of registration fees will be Thursday, 2nd June, 1993. Approval for leave of	

FACULTY OF PUBLIC HEALTH MEDICINE	
WINTER SCIENTIFIC MEETING 28TH NOVEMBER 1996	
10.30	Registration/Coffee
10.55	Welcoming Address by the Dean
CHAIRMAN – DR. BRIAN P. O’HERLIHY, DIRECTOR OF PUBLIC HEALTH, EASTERN HEALTH BOARD.	
11.00	Enough water contamination – lessons for tomorrow Dr. Teresa Conolly, Specialist in Public Health Medicine, MWIB.
11.15	Dr. Miriam O’Mahony Tooley, A/Director of Community Care, Nenagh, MWIB.
11.30	I drink it myself! Guidelines for managing water supply incidents Dr. Paul Gannon, Specialist in Public Health Medicine, SEHB.
11.45	Discussion
12.05	Dr. Fiona Ryan, Specialist in Public Health Medicine, SHB.
12.15	Discussion
12.25	Eurosurveillance Bulletin Dr. Laila Thornton, Specialist in Public Health Medicine, EHB.
12.30	Discussion
12.50	Office for Health Gain – the future Mr. Karen Hickey, Director, Office for Health Gain, St. Mary’s Hospital, Dublin.
12.45	Discussion
12.50	LUNCH, POSTER PRESENTATIONS, INTERNET DEMONSTRATION
CHAIRMAN – PROF. BERNADETTE HERITY, DEPT. OF PUBLIC HEALTH MEDICINE & EPIDEMIOLOGY, UNIVERSITY COLLEGE DUBLIN.	
2.00	Update on inherited metabolic disorders Dr. Eileen Naughton, Consultant Paediatrician, The Children’s Hospital, Dublin.
2.10	Discussion
2.15	Interpreting trends in prevalence of congenital anomalies Dr. Lervel Igwe, Senior Registrar, Department of Public Health Medicine, EHB.
2.25	Discussion
2.30	Evaluation of a harm reduction service Dr. Paula McDonnell, Area Medical Officer, Community Care Area 2, EHB.
2.40	Discussion
2.45	Optical scanning technology in surveillance systems Mr. E.T.M. Smyth, Department of Bacteriology, The Royal Hospitals Belfast.
2.55	Discussion
3.00	The teenage drug explosion – fact or myth? Dr. Euan Murphy, Area Medical Officer, Community Care Area 8, EHB.
3.10	Discussion
3.15	Stroke management – is best practice common practice? Dr. Bob McDonnell, Area Medical Officer, Community Care Area 2, EHB.
3.25	Discussion
3.30	National meningococcal disease control guidelines Dr. Darina O’Lanigan, Specialist in Public Health Medicine, EHB.
3.45	Discussion
4.00	CLOSE OF MEETING
4.05	ANNUAL GENERAL MEETING
FEE 30.00	
Special registration fee for undergraduate students, Retired Members/Fellows of the Faculty, Registrars in Public Health Medicine and NCHD’s 15.00	

WINTER SCIENTIFIC MEETING 1997	
Will be held at the Royal College of Physicians of Ireland on Thursday, 4th December, 1997	
10.15	Registration/Coffee
10.45	Poster Presentations Welcoming Address by the Dean
Qualitative Research	
Chairperson – Dr. Sean Dwyer, Director of Public Health, NWHB.	
10.50	Qualitative research and public health Dr. Catherine Hayes, Specialist in Public Health Medicine, EHB.
11.00	When qualitative calls: practical techniques and personal skills Ms. Cara O’Neill, Research Officer, NWHB.
11.20	Adolescent drug use in the NEHB using a qualitative methodology Ms. Anne Stokelum, Research Officer, NEHB.
11.40	Discussion
Fluoridation of water	
Chairperson – Dr. Howard Johnson, Specialist in Public Health Medicine, EHB.	
11.55	Water Fluoridation – the current state of knowledge Professor Denis O’Mullane, Oral Health Services Research Centre, University Dental School and Hospital, Cork.
12.35	Discussion
12.45	LUNCH
Quantitative Research	
Chairperson – Dr. Joseph Barry, Dean of the Faculty, Specialist in Public Health Medicine, EHB.	
2.00	An evaluation of psychoeducational referrals from the school medical service Dr. Davina Healy, Area Medical Officer, EHB.
2.20	Tuberculosis screening of Irish prison staff – An investigation into a group perceived to be at increased risk. Dr. Paul McKernan, Specialist Registrar in Public Health Medicine, MWIB.
2.40	An epidemiological profile of childhood injuries in the NEHB region Dr. Bernadette O’Keefe, Specialist Registrar in Public Health Medicine, NEHB.
3.00	Evidence for transmission of pertussis in a high school using pulsed-field gel electrophoresis and epidemiological data. Dr. Muireann Brennan, National Immunization Program, Centres for Disease Control and Prevention, Atlanta.
3.20	Investigation of a fatal chemical incident at Crymlyn Burrows Dr. Ronan Lyons, Consultant in Public Health Medicine, Department of Public Health, Swansea.
3.40	Vision in school children – how to screen, when to refer Dr. Geraldine Brophy, Senior Area Medical Officer, EHB.
4.00	Presentation of Poster Prize
4.05	ANNUAL GENERAL MEETING
5.00	Close of Meeting

THE ROYAL COLLEGE OF PHYSICIANS OF IRELAND	
FACULTY OF COMMUNITY MEDICINE	
— SUMMER SCIENTIFIC MEETING	
“The Computer in Health Care”	
27th & 28th May, 1987 — Registration 27th May at 2.00 p.m.	
The Speakers will be:— Dr B.P. O’Herlihy, Mr T. Reilly, Dr H. Johnson, Dr H. Brenner, Dr R. Hamill, Dr L. Daly, Dr R. Brittain and Ms. P. Elliott.	
Topics will include:— “The Computer and Community Medicine”, “A Computer System for Community Care”, “Computerised Epidemiological Information Systems”, “The Computer in General Practice”, “Estimating Inappropriate Use of Hospital Beds Using HIPE Data”, “The Computer in Research”, “Computer Aided Decision Making Systems” and “Medical Literature and the Computer”. Computer demonstrations will be held on both days.	
THIS MEETING IS OPEN TO ALL HEALTH PROFESSIONALS	
Registration Fee:— IRE25 (including lunch and coffee). For further information and full programme, please contact the Faculty of Community Medicine, Royal College of Physicians of Ireland, 6 Kildare Street, Dublin. Telephone 661677	

Various Scientific Meeting programme notices and an advertisement in the Irish Medical Times, 15 May 1987





*Dr Victor Mokonga with his Poster Presentation at the 2015 Summer Scientific Meeting*



*Faculty of Public Health Medicine Summer Scientific Meeting, 2016*

*Pictured (L–R) are Dr Emer O’Connell (Chair, Meetings Committee), Dr Phil Jennings, Prof Elizabeth Keane (Dean), Prof Christopher Whelan, Prof Mark Bellis, Dr Julie Heslin*

## 2.7

### Newsletter Committee

#### *Dr Patrick O’Sullivan*

The Faculty has issued a periodic Newsletter for Members and Fellows since 2000. Initially, there was a named Editor, first Ailish Quinlan and then Lorraine Hickey. The newsletter is an important communication link with the Faculty’s members. No newsletter was produced in 2005 and a Faculty Newsletter Committee was established in 2006 with a rotating editor. The Committee has generally tried to produce two newsletters each year since then, one in Spring and one in Autumn. In the last twelve months that has not unfortunately been possible but going forward it is intended to resume issuing this publication schedule.



*Cover of the first Faculty Newsletter, September 2006*

The Newsletter Committee has a system of rotating the role of editor and Chair of the Committee amongst Committee members for each issue. The Faculty Newsletter is now issued by the College's Communications Executive as an e-zine, a move which has been popular with Faculty members.

*From the 2007 Spring Newsletter*

*In February 2005, Dr Margaret Fitzgerald took leave of absence from her job as a Specialist in Public Health Medicine in the then ERHA and went with her husband, Danny McLaughlin, and their two children to work in Malawi with Médecins sans Frontiers (MSF). Danny was the Project Administrator and Margaret was the Epidemiologist for a HIV/AIDS programme in Thyolo, a district in the south of the country.*



*From the 2012 Spring Newsletter*

*Dr Patrick O'Sullivan presenting the Jacqueline Horgan Bronze Medal to Dr Sinead Donohue*



*From the 2016 Spring Newsletter*

*Public Health Cycle Challenge 2016*



## 2.8

### Faculty Advocacy

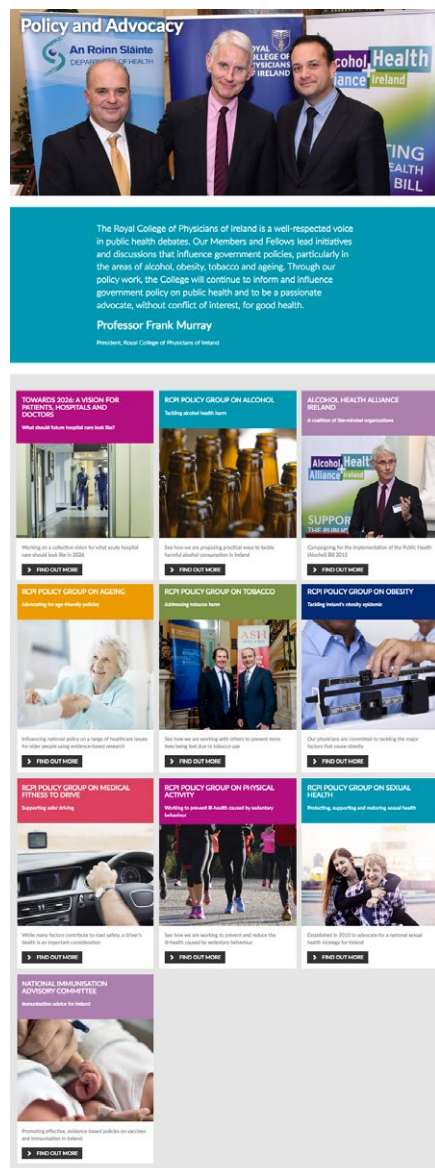
**Prof Joe Barry**

As the training processes of the Faculty became more managed with the establishment of the Irish Committee on Higher Medical Training (ICHMT), a set of sixteen competencies for Specialist Registrar training were developed. Advocacy was one of these essential competencies and remains so. At the same time, the success of Public Health in tobacco control advocacy made it very obvious that the Faculty's Fellows and Members should all develop their advocacy skills and put those skills into practice for the good of the population's health.

The model of activity to fulfill the advocacy function that was agreed by the Faculty's Board was that members would be invited to become spokespersons on a topic which they were very familiar with and that they were prepared to be the public face of the Faculty for, through writing position papers and engaging with the media. Rather than a formal or statutory committee, we formed an advocacy group with a Convenor.

Position papers were drafted, submitted to the Convenor, sent to two colleagues for peer review and then submitted to the Board for approval. Some spokespersons involved Specialist Registrars in the drafting. The activity was stimulated by the Convenor but relied completely on the agreed spokesperson. For a variety of legitimate reasons, some spokespersons were not in a position to produce a position paper.

Advocacy was a new venture for the College. It was important and remains so that the Faculty's activities be endorsed and supported by the College Council and Officers. This meant in the initial phase that the Faculty had to earn the trust of the wider College membership. Position papers are sent to the College Council for endorsement and this has always been forthcoming.



Policy position papers are published and available for download from the College website ([www.rcpi.ie/policy-and-advocacy](http://www.rcpi.ie/policy-and-advocacy))

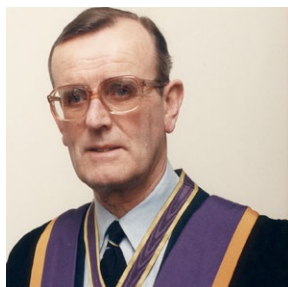


Since the Advocacy group was set up, all College Presidents have been extremely supportive. Early on in the process, the College Officers realised that the production of position papers would require central support and the College went about establishing research, policy and communications structures, with full time staff employed centrally. This has enabled advocacy to move from Public Health to the whole of College. That is a significant success for the Faculty.

College now has a range of policy groups with active Public Health input. Many of our position papers have been subsumed into College position papers, which have placed the College in the position of being the 'go to' organisation for public health advocacy.



## Deans' Biographies



**Geoffrey Bourke**  
Dean 1976–1981

Geoffrey Bourke graduated in medicine from UCD. He was Professor of Public Health Medicine and Epidemiology at UCD (1973–1994), and Consultant in Epidemiology and Preventive Medicine at St Vincent's University Hospital (1975–1994). He was also Head of the Department of Health Promotion at that hospital. Professor Bourke was Chairman of the Cancer Research Advancement Board, Postgraduate Medical and Dental Board and Medical Bureau of Road Safety. His book *Interpretation and Uses of Medical Statistics* (1969) was a pivotal work in the field. A founding member of the Faculty of Community Medicine (now Public Health Medicine) in Ireland, he served as the first Dean from 1976 to 1981.



**James Walsh**  
Dean 1981–1987

James (Jimmy) Walsh graduated in medicine from UCD and also obtained the Diploma in Public Health from UCD. He worked in the area of Public Health in the UK from 1954 to 1964, before returning to Ireland where he was appointed Medical Inspector in the Department of Health. He worked as Deputy Chief Medical Officer from the early 1970s until his retirement in 1988. During this time, he was involved in a number of Public Health initiatives including the report *Promoting Health through Public Policy* (1986) and Ireland's AIDS strategy. A founding member of the Faculty of Community Medicine (now Public Health Medicine) in Ireland, Dr Walsh served as first Vice-Dean and was Dean from 1981 to 1987.



**Bernadette Herity**  
Dean 1987–1993

Bernadette Herity graduated in medicine from UCD. She is Professor Emeritus, Public Health Medicine and Epidemiology, University College Dublin. She was formerly Head of the same Department, and Associate Dean for Undergraduate Affairs, Medical Faculty, UCD (1994–2000). A foundation Member of the Faculty of Public Health Medicine, she has served as Honorary Secretary of the Faculty and of the Education and Examination Committee. In 1987, she was elected Dean of the Faculty, the first woman to hold the office of Dean in any of the Faculties in RCPI. She served as Dean until 1993. She was Director of Education, Chair of the Education Committee and Vice-President of RCPI. Professor Herity was the first woman President of the Royal Academy of Medicine in Ireland from 1999–2001. She has served on a number of public bodies and committees including the Health Research Board, Post-graduate Medical and Dental Board, Comhairle na n-Ospideal, Irish Cancer Society and the Medical Council.



**Rosaleen M Corcoran**  
Dean 1993–1996

Rosaleen Corcoran graduated in medicine from RCSI. As a Director of Community Care/Medical Officer of Health in the Eastern Health Board, she helped to provide healthcare in the community in the 1980s. She became Director of Public Health with the North Eastern Health Board in 1995, when the health boards were established and retired from there in 2003. Dr Corcoran became a Fellow of the Faculty of Community Medicine (now Public Health Medicine) in 1989 and served as Dean from 1993 to 1996.





**Joe M G Barry**  
**Dean 1996–2002**

Joe Barry qualified in medicine at UCC in 1979. He obtained an MSc in Community Medicine from the London School of Hygiene and Tropical Medicine (University of London) in 1985, having obtained his MRCP in 1984. He commenced Higher Specialist Training in Public Health Medicine in the National Health Service in the UK and completed his training with the Faculty of Public Health Medicine of RCPI. He was awarded an MD by Trinity College in 1996. He was Dean of the Faculty from 1996 to 2002 and is a Fellow of RCPI. Since 2009, he has been Professor of Population Health Medicine at Trinity College, having been a Senior Lecturer since 1997. He was President of the Irish Medical Organisation from 2003 to 2004. For the past 25 years, he has worked in the health service – Eastern Health Board, Eastern Regional Health Authority, Health Service Executive – specialising in substance use. He has been a member of numerous national planning groups in this field. Professor Barry is a board member of Alcohol Action Ireland and the National Advisory Committee on Drugs and Alcohol, and chairs the North Inner City local drugs and alcohol task force.



**Fenton Howell**  
**Dean 2002–2005**

Fenton Howell graduated in medicine in 1983 from UCD. He obtained an MPH in 1987 and a B Comm in 1991, both from UCD. He is a Fellow of both the Faculty of Public Health Medicine of Ireland (1995) and the Royal College of Physicians of Ireland (2001). He served as Dean from 2002 to 2005 whilst working in the North Eastern Health Board as a Specialist in Public Health Medicine. Dr Howell is currently the National Tobacco Control Advisor to

the Department of Health, a post he has held since 2013. Prior to this he was the National Clinical Lead for the Prevention of Chronic Disease Programme within the HSE. He is a Senior Clinical Lecturer in Public Health at TCD and is a board member of the National Cancer Registry Ireland. He is a past President of the Royal Academy of Medicine in Ireland and the Irish Medical Organisation. He has also served on the boards of ASH Ireland, Tobacco Free Research Institute, Institute of Public Health in Ireland and the Medical Bureau of Road Safety.



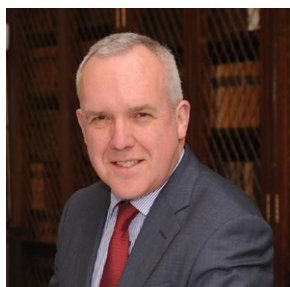
**Anna Clarke**  
**Dean 2006–2008**

Anna Clarke graduated in medicine from RCSI and completed her Higher Specialist Training in Public Health Medicine. She now works as a Consultant in Public Health Medicine at the HSE National Immunisation Office. Prior to her current appointment, she held a joint post as a consultant /lecturer in University College Dublin, where she co-ordinated the Masters in Public Health degree programme. She was an elected member of the Medical Council from 2004–2013 and held the post of Vice President from 2008 onwards. She is a member of the National Immunisation Advisory Committee. Dr Clarke served at National Specialty Director of the Faculty from 1995 to 2005 and as Dean from 2006 to 2008.



**Patricia Fitzpatrick**  
**Dean 2008–2011**

Patricia Fitzpatrick graduated in medicine from UCD. She completed Higher Specialist Training in Public Health Medicine. She was appointed Professor of Epidemiology and Biomedical Statistics in UCD in 2016. Professor Fitzpatrick is also Consultant Epidemiologist/ Director of Evaluation for the National Screening Service. She was previously Associate Dean for Graduate Affairs (2011–2015) and Course Director of the MPH degree programme (2013–2016) in the UCD School of Public Health, Physiotherapy and Sports Science. She is a Board Member of the Institute of Public Health and previously a Board Member of the National Cancer Registry and the Women's Health Council. She served as Dean of the Faculty of Public Health Medicine from 2009 to 2011.



**Peter Wright**  
**Dean 2011–2014**

Peter Wright graduated in medicine from UCC. He completed his postgraduate training in Public Health Medicine in the UK in Birmingham and Nottingham. He is Director of Public Health in the HSE North Western Region and also Adjunct Lecturer in Primary Care Epidemiology in National University of Ireland, Galway. Dr Wright's main research interests are prehospital cardiac care and resuscitation; he is currently Director of the National Register of Out of Hospital Cardiac Arrests (OHCAR). He has experience of a wide range of Faculty activities and roles including trainer, examiner, chair of the Training Forum and the Education and Examination Committee. He has previously held the positions of Vice Dean of the Faculty and National Specialty Director. He served as Dean of the Faculty from

2011–2014. He is currently the Faculty Convenor of Examinations and Co-chair of the RCPI Policy Group on Physical Activity.



**Elizabeth Keane**  
**Dean 2014–present**

Elizabeth Keane graduated in medicine from UCC in 1980 and, following general professional training in the hospitals in Cork, obtained an MPH from UCD in 1986. She completed Higher Specialist Training in Public Health Medicine in 1990. Following five years as Senior Area Medical Officer and A/Director of Community Care/Medical Officer of Health, Dr Keane was appointed to the newly created post of Director of Public Health with the Southern Health Board (now HSE South) in 1995, a post she held until 2014. She has been Senior Lecturer in the UCC Department of Epidemiology and Public Health since 1991 and in 2012 was appointed Adjunct Professor. She has been Convenor of Part I Examinations of the Membership of the Faculty since 1999 and was Vice Dean in 2006 and 2012. She has held several appointments on statutory Boards including the National Cancer Registry, Irish Blood Transfusion Service, Interim Health Information and Quality Authority, Irish Medicines Board and the Health Products Regulatory Authority. Professor Keane was elected Dean of the Faculty in December 2014.

## Faculty Officers 1976–2016

Vice-Dean	
<b>James Walsh</b>	1976–1981
<b>Val Barry</b>	1981–1984
<b>Roger Blaney</b>	1984–1985
<b>John Walker</b>	1985–1986
<b>Kevin Murphy</b>	1986–1987
<b>Canice Kelly</b>	1987–1988
<b>Hugh Dolan</b>	1988–1989
<b>Kevin Heagney</b>	1989–1990
<b>Sheelah Ryan</b>	1990–1991
<b>Geoffrey Bourke</b>	1991–1992
<b>Rosaleen Corcoran</b>	1992–1993
<b>Jacqueline Horgan</b>	1993–1994
<b>Alun Evans</b>	1994–1995
<b>Mary Hurley</b>	1995–1996
<b>Martin O'Boyle</b>	1996–1997
<b>Roger Blaney</b>	1997–1998
<b>Bernadette Herity</b>	1998–1999
<b>Mary Hynes</b>	2000–2001
<b>Elizabeth Keane</b>	2001–2002
<b>Anna Clarke</b>	2002–2003
<b>Leila Thornton</b>	2003–2004
<b>Patricia Fitzpatrick</b>	2004–2005
<b>Margaret O'Sullivan</b>	2005–2006
<b>Catherine Hayes</b>	2006–2007
<b>Peter Wright</b>	2007–2008
<b>Leila Thornton</b>	2008–2009

<b>Margaret O'Sullivan</b>	2009–2010
<b>Catherine Hayes</b>	2010–2011
<b>Una Fallon</b>	2011–2012
<b>Elizabeth Keane</b>	2012–2014
<b>Regina Kiernan</b>	2014–2015
<b>Derval Igoe</b>	2015–2016

Honorary Secretary	
<b>Val Barry</b>	1976–1981
<b>Bernadette Herity</b>	1981–1988
<b>Jacqueline Horgan</b>	1988–1993
<b>Sheelah Ryan</b>	1993–1996
<b>Mary Hynes</b>	1996–1996
<b>Lelia Thornton</b>	1996–2002
<b>Margaret O'Sullivan</b>	2002–2005
<b>Siobhan Jennings</b>	2005–2009
<b>John Cuddihy</b>	2009–2012
<b>Mairin Boland</b>	2012–2015
<b>Julie Heslin</b>	2015–

Honorary Treasurer	
<b>John Walker</b>	1976–1985
<b>Brian O'Herlihy</b>	1986–1993
<b>Jane Buttimer</b>	1993–2000
<b>Lelia Thornton</b>	2000–2001
<b>Jane Buttimer</b>	2001–2003
<b>Declan Bedford</b>	2003–2010
<b>David Weakliam</b>	2010–2016

## FPHMI Honorary Fellows 1977–2016

Name	Year	
<b>Abdulla Al-Baker</b>	1977	Doctor from Kuwait
<b>Abdul Rahman Al-Awadi</b>	1978	Minister for Public Health in Kuwait from 1975–1987, active in regional and international health, and environmental affairs
<b>Archie Cochrane</b>	1980	Scottish physician and epidemiologist. His advocacy of randomised controlled trials led to the development of the Cochrane Library database of systematic reviews, and the establishment of the UK Cochrane Centre and the international Cochrane Collaboration
<b>William John Edward Jessop</b>	1980	President of RCPI 1972–1974, Professor of Social Medicine, Trinity College, Dublin, 1956–1975. Member of Seanad Éireann
<b>Thomas McKeown</b>	1980	Professor of Social Medicine, Birmingham University. One of the most influential figures in the development of the social history of medicine during the third quarter of the twentieth century
<b>James Deeny</b>	1982	Chief Medical Officer to the Department of Local Government and Public Health in 1944. Vigorous in his pursuit of a public health monitoring programme, the eradication of TB, improving hospital care and preventative health services. Author of the National Tuberculosis Survey (1950–1953)
<b>Charles Lowe</b>	1982	Professor of Social and Occupational Medicine, Welsh National School of Medicine, Cardiff. Joint author of 'An Introduction to Social Medicine' 1966 and 1974

<b>Bryan Alton</b>	1986	President of RCPI, 1974–1977. Consultant and lecturer in gastroenterology. Appointed as RCPI's first Director of Education in 1980. Member of Seanad Éireann
<b>Nouri Zaid Al-Kazemi</b>	1986	Minister of Public Health in Kuwait, Chairman of the Joint Post-graduate Board of Kuwait
<b>Brendan Moore</b>	1986	Irish born epidemiologist and microbiologist, who carried out important research in the area of water pollution and sewage contamination, and the epidemiology of hospital infections
<b>Patrick Hillery</b>	1986	Sixth President of Ireland, medical doctor, Government Minister and European Commissioner
<b>Ciaran Barry</b>	1988	President of RCPI 1989–1991. Consultant in rheumatology and rehabilitation, Medical Director of the Central Remedial Clinic 1964 to 1991
<b>Rory O'Hanlon</b>	1989	Minister for Health from 1987–1991. He established the Working Party which produced the report 'Community Medicine and Public Health: The Future'
<b>Risteard Mulcahy</b>	1989	Pioneering cardiologist and health campaigner. One of Ireland's first anti-smoking advocates. Founder and President of the Irish Heart Foundation
<b>Richard Doll</b>	1990	British doctor and epidemiologist. He is credited, following pioneering long term research, with being the first to prove that smoking caused lung cancer and increased the risk of heart disease
<b>Donald Acheson</b>	1991	British physician and epidemiologist, served as UK's Chief Medical Officer from 1983–1991
<b>Walter Holland</b>	1993	Professor of Public Health Medicine at the University of London. An eminent epidemiologist, who was nominated as a 'Hero of Public Health' by John Hopkins University in 1992

<b>John Stephen Doyle</b>	1994	President of RCPI 1991–1994. Consultant gastroenterologist. Professor of medicine at Royal College of Surgeons
<b>John Feely</b>	1996	Distinguished physician and academic. Chair of Pharmacology & Therapeutics at Trinity College, Dublin. Registrar of RCPI from 1989–1996
<b>June Crown</b>	1996	President of Faculty of Public Health, UK
<b>James McEwen</b>	1996	Emeritus Professor of Public Health, University of Glasgow, and external examiner for the Faculty
<b>Michael O'Brien</b>	1998	Professor of Public Health (Epidemiology and Biostatistics), Boston University School of Public Health. Carried out research into the epidemiology and prevention of colorectal cancer
<b>Joseph Anthony Brian Keogh</b>	1998	President of RCPI 1997–2000. Consultant nephrologist. Associate Professor of Medicine at Trinity College, Dublin
<b>David Byrne</b>	2000	Former EU Commissioner for Health and Consumer Protection. A zealous campaigner on tobacco control whilst Commissioner
<b>Charles du Vé Florey</b>	2000	Professor of Public Health Medicine, University of Dundee, 1983–1999, and an external examiner for the Faculty
<b>William Cairns Stewart Smith</b>	2004	Professor of Public Health, University of Aberdeen, and an external examiner for the Faculty
<b>Terence Joseph McKenna</b>	2006	President of RCPI, 2003–2006. Chairman of the Irish Committee for Higher Medical Training. Consultant endocrinologist, St Vincent's Hospital, Dublin
<b>Shane Allwright</b>	2011	Associate Professor of Epidemiology in the Department of Public Health and Primary Care, Trinity College Dublin. Provided unstinting support, over many years, to the Faculty on MFPHMI (Part I & II) examinations



<b>Leslie Daly</b>	2011	Professor of Epidemiology and Biomedical Statistics in UCD. Major commitment to the teaching of research methodology and biostatistics. Provided many years of support to the Faculty on MFPHMI (Part I & II) examinations
<b>Robert Clarke</b>	2014	Professor of Epidemiology and Public Health Medicine at the Clinical Trial Service Unit (CTSU), Nuffield Department of Population Health, University of Oxford. Specialised in cardiovascular epidemiology and an external examiner for the Faculty
<b>Frank Murray</b>	2016	RCPI President 2014–present. Consultant physician/gastroenterologist at Beaumont Hospital. Associate Professor of Medicine at the Royal College of Surgeons in Ireland. Chair of RCPI's Policy group on Alcohol and a leading figure in the public campaign to tackle alcohol health harm. Helped develop EQUALS initiative, donating decommissioned medical equipment to developing countries
<b>Sr Hilary Lyons</b>	2016	Missionary sister and doctor. Strongly influenced the development of health services in Sierra Leone and a vocal proponent for public health
<b>Donal O'Shea</b>	2016	Consultant endocrinologist. A persistent advocate on the public health issue of obesity. Set up the first hospital-based multidisciplinary treatment unit for the management of adult obesity in Ireland. A member of the Department of Health special action group on obesity

#### FPHMI Fellow ad Eundem

<b>Siti Hasmah Haji Mohd. Ali</b>	1992	Wife of the Prime Minister of Malaysia from 1981–2003. Public health doctor and a campaigner on public health, women's health, family planning, drug abuse and adult literacy issues
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## Faculty of Public Health Medicine Awards



*Dr John Devlin (centre), first recipient of the Dr Valentine Barry Trophy*

Pictured here for the Irish Medical News with Dr Bernadette Herity (Dean) and Dr Ciarán Barry, (President, RCPI). December 1989

### The Val Barry Prize

In the late 1980s, the Board of the Faculty initiated the Val Barry Prize. This prize is awarded to a candidate who, in the opinion of the examiners, presents a thesis of the highest standard for Part 2 of the examination for the Membership of the Faculty of Public Health Medicine of Ireland (MFPHMI). This prize is awarded in memory of Dr Val Barry, who died in 1987 while serving on the Board of the Faculty. He was elected Honorary Secretary of the Faculty at the inaugural meeting in 1976. At the time of his passing, he was a Director of Community Care in CCA 2 in Dublin and prior to that had been Medical Officer of Health in both Cavan and Kilkenny. This prize is in the form of a silver rose bowl and is awarded at the Summer Scientific Meeting of the Faculty. The rose bowl is not necessarily awarded each year and it stays with the last recipient until it is awarded again.

### Recipients

<b>1988</b>	John Devlin	<b>1997</b>	Marie Lonergan
<b>1992</b>	Lelia Thornton	<b>2003</b>	Caroline Mason
<b>1994</b>	Domhnall MacAuley	<b>2008</b>	Anne Dee
<b>1995</b>	Julie Heslin	<b>2014</b>	Gabriel Fitzpatrick
<b>1996</b>	Derval Igoe		



*Dr Zachary Johnson  
(1943–1989)*

### Zachary Johnson Medal

Dr Zachary ('Zac') Johnson graduated from UCD. He worked in hospitals and in general practice in Ireland, before spending a year in Nigeria practicing tropical medicine. When he returned to Ireland, he worked as a Medical Officer in the then Eastern Health Board. Zachary became a Specialist in Public Health Medicine in 1995 with the establishment of Departments of Public Health Medicine in the Health Boards. He led the Health Information Unit (HIU) team for many years. Zac's depth of knowledge, inquisitive mind, deep interest in computing, innate understanding of data

and an ability to work with colleagues both within and outside the health sector, set the foundation which continues to guide the HIU to this day.

Zac helped a great many individuals and groups in their work, and it is believed that he never said no to a request for help or advice. He left an indelible legacy on public health. As an acknowledgement of his deep interest in research and his endless patience in enabling and encouraging others to learn the science and art of health intelligence, the Zachary Johnson Medal is awarded annually at the Summer Scientific Meeting of the Faculty of Public Health Medicine for the 'best' presentation.

### Recipients

<b>2003</b>	Margaret B O'Sullivan	<b>2011</b>	Fenton Howell
<b>2006</b>	Suzanne Cotter	<b>2012</b>	Derval Igoe
<b>2007</b>	Helen Maguire	<b>2013</b>	Warren Thomas
<b>2008</b>	Margaret Fitzgerald	<b>2014</b>	Marian Faughnan
<b>2009</b>	Breda Smyth	<b>2015</b>	Coilín ÓhAiseadha
<b>2010</b>	Elizabeth Keane	<b>2016</b>	Ronan Glynn

### Medal for Outstanding achievement in Public Health

At the Winter Scientific Meeting of the Faculty in December 2004, the Faculty presented the former Minister for Health and Children, Mr Micheál Martin TD, with its inaugural medal for outstanding achievement in public health for his contribution to tobacco control and, in particular, for his role in bringing into force the smoke-free at work legislation.

A second medal was awarded at the Winter Scientific Meeting of 2006 to Mrs Mary Robinson, former President of Ireland (1990–1997) and United Nations High Commissioner for Human Rights (1997–2002), for her outstanding contributions to human rights and international health. After leaving the UN in 2002, Mrs Robinson formed Realizing Rights: the Ethical Globalization Initiative. Its core activities included promoting the right to health.



*RCPI Faculty of Public Health  
Medicine Winter Scientific  
Meeting, 2006*

*Pictured at a presentation of  
a medal to Mary Robinson for  
her outstanding contribution  
to public health are Mr  
Nick Robinson, Mrs Mary  
Robinson, Dr Anna Clarke  
(Dean), and Dr Diarmuid  
O'Donovan (board member).*

## The Years Ahead

### ***Prof Elizabeth Keane***

Our Founding Members have, through their foresight, courage and determination, provided us with a solid foundation. We have built on that legacy.

We can be justifiably proud of our journey to date. Our training programme has produced graduates of the highest calibre. Our work on advocacy has already influenced national policy on tobacco control, alcohol use, obesity, physical activity and communicable diseases. We are continuing to emphasise society's responsibility to promote healthy environments, to provide high quality healthcare and to reduce inequalities in health status, nationally and internationally. As a Faculty, we will continue to rise to these challenges in the future.

However, in the winter of 2016, as we record the progress of recent years, we have to ask what the future holds for the speciality of Public Health Medicine in Ireland?

Our parent College, the Royal College of Physicians of Ireland, is already focussing on the future and is currently preparing 'Towards 2026: a vision for patients, hospitals and doctors'.

We can anticipate that the health care system of the future will be dramatically different to that of today. Demographic and epidemiological changes, advances in technology and medications, and increases in patients' expectations and demands will account for much of that change. Public Health Medicine has a unique contribution to make in addressing those challenges but also, where possible, in striving to prevent people from becoming ill in the first place by sustained efforts to improve the overall health and wellbeing of our population.

The collective core skills and competencies of our speciality include epidemiology, health intelligence, prevention, needs assessment, management, leadership, audit and research. By continuing to pursue excellence in these areas, the Faculty can ensure that we and the Public Health Physicians who follow us are best equipped to continue to make this unique contribution to the health of our nation.

However, as we reflect on the achievements of the past forty years, it is a major disappointment and continuing frustration, that as a medical speciality in this country, we still do not have the status and conditions of colleagues in other medical specialities. Although we practice our specialty at consultant level, this has yet to be acknowledged at a senior level within the health system. This disparity will need to be addressed urgently as it is a significant deterrent to young doctors who are considering entering the speciality and it does not augur well for the future of the discipline.

Our recent economic recession has generated much turbulence for the health services and for those working in them. Repeated reorganisations have compromised the status and effectiveness of Public Health Medicine in this country. A lack of investment in the specialty and a failure to recruit and replace Public Health Physicians has meant that the specialty has become demoralised and significantly depleted in human resource terms, particularly in the face of an increasing and ageing population. This policy lacks foresight when we have such significant contributions to make in tackling disease prevention and also in identifying and dealing with emerging threats to the health of our population.

Future restructuring of the health services will need to ensure that Public Health Medicine is best positioned and adequately resourced, so that we can contribute effectively to all elements of our health service. This is essential, if we are to achieve optimal health for our population in the years ahead.

**Professor Elizabeth Keane**, Dean

December 2016

## Appendix

### Theses Submitted for Membership of the Faculty of Public Health Medicine of Ireland

The submission of a thesis or two reports has been an important part of the training in Public Health Medicine that is overseen by the Faculty and a requirement for obtaining Membership of the Faculty of Public Health Medicine of Ireland. Most candidates chose the option of submitting a single thesis which involved substantial work on a topic relevant to public health medicine, carried out and documented by the candidate. In 2015, submission of a thesis or two reports was replaced by a requirement that three reports be submitted. While these are shorter, there is greater potential to present on projects which arise during the trainees' placements in Departments of Public Health or on one of their specialised attachments. The theses that have successfully been submitted for MFPHMI over the years, and copies presented to RCPI's Library, are listed on the following pages.



1981	
<b>Hunt, Martin S</b>	An investigation into the effectiveness of geriatric screening
1982	
<b>Qureshi, Yousuf Hayat</b>	Prevalence of diabetes in Malta, 'A health care plan for diabetics'
1983	
<b>Buttimer, Jane</b>	Health behaviour and sickness absence in an Irish semi-state company – some social demographic characteristics
<b>Kiely, James</b>	The utilisation of ante-natal care and the outcome of pregnancy in a population of travellers
<b>Liddy, Nora</b>	Preventing coronary heart disease. A health education programme in the workplace
<b>Ryan, Sheelah</b>	Characteristics and attitudes of single and married mothers – a case-control study
<b>Shannon, Ann</b>	A review of residents in welfare homes in an urban and a rural area in the Republic of Ireland
1984	
<b>Alward, Nada J A</b>	Changes in haemoglobin levels in Dublin resident primigravidae 1957–1982
<b>Corcoran, Rosaleen</b>	Patient compliance with chemotherapy for tuberculosis in community care
<b>Hurley, Mary</b>	Pertussis immunisation recommendations practice and attitudes of health professionals
<b>Johnson, Zachary</b>	Consumer satisfaction with maternity services. A study in a Dublin maternity hospital

1985	
<b>Hilliard, Anne</b>	A survey of the needs of cancer patients and their relatives
<b>McBride, Sophia A</b>	Current use of tobacco, alcohol and some other drugs by women of childbearing age: perceived risk and attitudes to use of these substances in pregnancy
<b>O'Connor, Anne C F</b>	Living with stroke in the community
1986	
<b>Brenner, Harold</b>	Computers in general practice and their use as a source of morbidity data
<b>Corcoran, Brenda</b>	Road traffic accidents in north Dublin children
<b>Doorley, Patrick</b>	Rubella screening and vaccination: report on a project conducted among female staff in the Midland Health Board
<b>Doorley, Patrick</b>	Antenatal care: a consumer study of services in the region of the Midland Health Board
<b>Johnson, Howard</b>	Measles or its vaccine, a parent's choice
<b>Murray, Mary C</b>	Services for children under five. A study of the review carried out by the Community Child Health Review Group
<b>Murray, Mary C</b>	Newry and Mourne school health survey. An epidemiological study of the initial medical examination in primary school
<b>O'Neill, Winifred</b>	A profile of family planning need
1987	
<b>Barry, Joseph</b>	Perinatal health: a comparison of traveller performance with the settled community and an evaluation of the notification of birth form

1988	
<b>Devlin, John B</b>	Nocturnal enuresis – a descriptive analysis and evaluation of alarm therapy
<b>Doyle, Yvonne</b>	The outcome of patients presenting to an accident and emergency department with chest pain
<b>Foley-Nolan, Cliodhna</b>	A study of consumer satisfaction, patient costs and appropriate utilisation of a paediatric hospital out-patient clinic
<b>Hayes, Christine</b>	A study of STD clinic attenders and STD services in General Practice
<b>Jennings, Siobhan</b>	Knowledge and use of preventative health practices by traveller women compared with a similar socio-economic group

1989	
<b>Gallagher, Aine</b>	Cervical screening: an evaluation of the national cervical cytology screening service
<b>Keane, Elizabeth R</b>	Child sexual abuse: a profile of victims and their families in relation to intervention and short-term outcome
<b>McDonald, Patricia</b>	Irish women's knowledge of and attitude towards cervical cancer screening
<b>MacHale, Emer</b>	A study of sexually transmitted diseases in the Western Health Board region of the West of Ireland
<b>Murphy, Adrian</b>	Physician handicap in Louth and South Monaghan
<b>O'Flanagan, Darina</b>	A study of the epidemiology of AIDS in Ireland and an evaluation of an AIDS education programme in second-level schools
<b>O'Reilly, Orlaith</b>	The Kilkenny post-primary school survey – a survey of knowledge, attitudes and behaviour relevant to non-communicable disease

1990	
<b>Fogarty, Jeremiah</b>	Assessment of the nutritional status of elderly rural and urban persons living at home
<b>Hayes, Catherine</b>	Utilisation of acute hospital beds by elderly patients – a longitudinal study
<b>Howell, Fenton</b>	Tuberculosis: epidemiology and treatment
<b>O'Connor, Marie</b>	A study of the health needs of the elderly alone in a rural area
<b>O'Mahony, Mary T</b>	A study of the use of medical beds in a large regional hospital

1991	
<b>de la Harpe, Davida</b>	A profile of elderly patients admitted to hospitals in County Wicklow
<b>Keane, Anne</b>	Reasons for non-attendance at a developmental examination in early childhood
<b>Laffoy, Marie</b>	Accidents to children in the home
<b>Lyons, Ronan A</b>	Health service utilisation and health needs of an elderly population
<b>Wright, Peter James</b>	A study of childhood accidents presenting to the accident and emergency department at Burton upon Trent
<b>Wright, Peter James</b>	A survey of unplanned pregnancies at the antenatal clinic in Burton upon Trent

1992	
<b>Clarke, Anna</b>	Low immunisation coverage rates: fact or fiction?
<b>Jackson, Timothy M R</b>	Computerising a register for handicapped children and its epidemiological analysis
<b>Thornton, Lelia</b>	Smoking in pregnancy: behaviour, beliefs and attitudes of women attending a Dublin maternity hospital

1993	
<b>Brophy, Geraldine</b>	School vision screening study: comparison of validity of Snellen and Keystone tests
<b>Brugha, Ruairi</b>	Immunisation and growth: determinants among children in Ghana
<b>Goldberg, David J</b>	An outbreak of non-pneumonic legionellosis (Pontiac fever) due to <i>Legionella micdadei</i>
<b>Goldberg, David J</b>	A sero-prevalence study of HIV among childbearing women and women having termination of pregnancy, and a discussion of HIV testing programmes for pregnant women, including their merits and demerits
<b>Goldberg, David J</b>	Female street-worker prostitutes in Glasgow: a descriptive study of their lifestyle and a study of their prevalence of HIV
<b>O'Shea, Maura E B</b>	A study of the elderly at risk and in long stay care in county Galway
<b>Ryan, Fiona M</b>	Health service utilisation and health needs of a physically disabled population

1994	
<b>Fitzpatrick, Patricia</b>	A descriptive analysis and evaluation of a national magnetic resonance imaging facility
<b>Hickey, Lorraine Pauline</b>	A study of the sexual knowledge, attitudes and practice of female post-primary school pupils
<b>MacAuley, Domhnall C</b>	The Northern Ireland health and activity survey
<b>McDonnell, Robert</b>	Nutrition, smoking, exercise and alcohol: a study of behaviour, knowledge and attitudes among post-primary school pupils in Dublin
<b>Morrison, Patrick John</b>	Huntington's disease in Northern Ireland and the Republic of Ireland – epidemiology and screening
<b>O'Mahony, Mary A</b>	Cardiac rehabilitation in patients aged 65 years or less, and subsequent lifestyle changes

<b>O'Mahony, Mary A</b>	Myocardial infarction and stroke register
<b>Pelly, Heidi</b>	Tuberculosis control in Ireland
<b>Power-Cronin, Mary C</b>	Non-attendance at orthopaedic outpatients
<b>Sayers, Gerardine M</b>	Study of the non-admitted elderly at a casualty department
<b>Weakliam, David</b>	Development of quality indicators based on patients' perceptions of quality for health service monitoring at health centres in Ghana

1995	
<b>Brennan, Philomena M</b>	A study of child health services
<b>Choingheallaigh, Eibhlin Ni</b>	A survey of health service utilisation and health needs of a population of patients with HIV/AIDS
<b>Egan, Ann T</b>	Caring for people with intellectual disability – the need for residential care
<b>Finnegan, Peter</b>	An evaluation of school medical examinations in south Monaghan
<b>Finnegan, Peter</b>	Storage and handling of vaccines in the North Eastern Health Board
<b>Gannon, Paul C</b>	Comparative study of a general practitioner accident and emergency service with a general hospital accident and emergency service
<b>Heslin, Julie</b>	A profile of attenders to a regional hospital accident and emergency department and patient and general practitioner satisfaction with the service
<b>Kiernan, Regina</b>	Substance use among adolescents in the Western Health Board Area
<b>McDonnell, Paula</b>	Evaluation of a Health Board needle exchange: behavioural change and client satisfaction

1996	
<b>Codd, Mary B</b>	Day activity in acute hospitals in Ireland: history, definition and economic implications

<b>Cox, Catherine F</b>	The Kilkenny health project myocardial infarction and stroke registers 1987 to 1992
<b>Igoe, Derval</b>	An investigation of a sudden and sustained rise in birth prevalence of congenital anomalies of the diaphragm in the Dublin EUROCAT register
<b>Ryan, Michael Joseph</b>	The impact of rotaviral diarrhoea in England and Wales: prospects for prevention

## 1997

<b>Bedford, Declan</b>	Family planning services – an investigation into the practice of General Practitioners and the views of clients
<b>Connolly, Marie A</b>	Tuberculosis control in Indonesia: a review of the national tuberculosis programme
<b>Healy, Davina</b>	An evaluation of psychoeducational referrals from the school medical service
<b>Lonergan, Marie T</b>	Primary isolated coronary artery bypass graft surgery in Ireland 1983–1992
<b>Mark, Margaret C</b>	Genital chlamydia trachomatis infection: an assessment of the impact of health in the resident population of the Eastern Health and Social Services Board, Northern Ireland
<b>McKeown, Paul</b>	Tuberculosis screening of Irish prison staff – an investigation into a group perceived to be at increased risk
<b>O’Keefe, Bernadette</b>	An epidemiological profile of childhood injuries in the North Eastern Health Board region
<b>O’Driscoll, Sally</b>	A review of injuries and deaths from leisure and water accidents in Scotland

## 1998

<b>Boland, Mairin C</b>	Audit of a paediatric accident and emergency department
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<b>Bonner, Colette</b>	Outcomes of fractured neck of femur in the Midland Health Board Region
<b>Crowley, Dominique</b>	Health and homelessness in Kingston and Richmond
<b>O’Donnell, Joan</b>	Men’s health: a study of the health-related attitudes, knowledge and behaviour of young Irish males
<b>O’Sullivan, Margaret B</b>	Breast cancer in the Southern Health Board: survival, health status and service satisfaction
<b>Roch, Elizabeth Ann</b>	A study of the attitudes and behaviours of young cyclists in the North West
<b>Sangowawa, Olatokunbo</b>	Purchaser-led change in the British NHS: A new dermatology service for Gateshead Residents
<b>Toal, Martin</b>	Angiotensin converting enzyme inhibitors in the treatment of chronic heart failure in general practice

## 1999

<b>Burke, Maeve</b>	A study of the needs of carers of people with dementia in south Kerry and west Cork
<b>Feely, Emer</b>	Needs assessment for specialist palliative care services in the Eastern Health Board region
<b>Jordan, Mary</b>	An evaluation of chronic asthma management guidelines for Irish General Practitioners
<b>Kilgallen, Anne</b>	A study of the implementation of clinical practice guidelines for the management of dyspepsia in an Irish General Practice setting

## 2000

<b>Holmes, Elizabeth Mary</b>	A study to determine which faecal occult blood tests should be recommended for use in UK colorectal cancer screening pilots
<b>Mullally, Mary</b>	A survey of leg ulcer care in the community
<b>Murphy, Catherine F M</b>	Health care services for older people in the community – an assessment of need



2001	
<b>Carroll, Kevin J</b>	An analysis of admissions to two community hospitals: the impact of the hospitals on the utilisation of inpatient beds in the acute sector and the influence of the findings on a strategic review examining the future of the community hospital
<b>Cotter, Suzanne M</b>	Knowledge, attitudes and practices (KAP) of doctors and school principals to a mandatory hepatitis A vaccination programme for school children Oklahoma 1999
<b>Huws, Dyfed W</b>	Child pedestrian and cyclist road traffic accident injury prevention in Cardiff, Wales – an epidemiological needs assessment
<b>McMenamin, James</b>	Scottish breast screening programme: age extension pilot of routine invitation to women aged 65–69, determinants of attendance, and modelling to predict attendance and resource implications for routine age extension across Scotland
<b>O'Donohue, Katherine E</b>	Service development for General Practitioners at the Adelaide and Meath Hospital, Dublin, incorporating the National Children's Hospital
<b>O'Donohue, Katherine E</b>	Women's health in North Dublin
<b>Owens, Miriam</b>	A study of patient satisfaction with day care oral surgery
<b>Richardson, Gillian</b>	Preventing familial transmission of hepatitis B
<b>Richardson, Gillian</b>	Investigation of a community outbreak of campylobacter enteritis
<b>Sheahan, Hannah M T</b>	An evaluation of a medical assessment unit in a general hospital
<b>Smith, Alan</b>	The development and implementation of an enhanced TB surveillance programme in Ireland and an analysis of the relationship between the spatial distribution of 1998 TB cases and material deprivation in the Eastern Regional Health Authority using a Geographic Information System

<b>Ward, Mary</b>	An evaluation of day activity centres for clients with a physical disability in the Eastern Regional Health Authority
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2002	
<b>Anderson, Sarah R</b>	Planning and evaluation of a hepatitis B antenatal screening and infant immunisation programme
<b>Doherty, Louise</b>	A review of the breast cancer service in Letterkenny General Hospital from 1996–2000

2003	
<b>Addei, Dianne J</b>	An assessment of the value of screening for the human t-cell leukaemia/lymphoma virus type-1 in pregnancy
<b>Badrinath, Padmanabhan</b>	United Arab Emirates health and lifestyle survey (UAEHALS)
<b>Badrinath, Padmanabhan</b>	Prevalence of cervical abnormalities among women in the United Arab Emirates
<b>Healy, Nora O M</b>	An evaluation of the Southern Health Board GP exercise referral programme
<b>Mason, Caroline A</b>	A needs assessment for contraceptive services in the North Western Health Board
<b>Nelson, Paul</b>	Public health aspects of hypospadias occurrence and management
<b>O'Neill, Marie B</b>	Health status, health behaviour and service satisfaction among people with mental ill health in the population of South Tipperary
<b>Paynter, Stuart</b>	Investigation of tuberculosis case-finding in Enfield and Haringey boroughs, London: consequences for tuberculosis control, and service responses
<b>Ruggles, Ruth</b>	Trends in childhood asthma, eczema, and hay fever in South East England 1995 and 2002
<b>Stewart, Alexander G</b>	To breathe, or not to breathe – air pollution and health in Cheshire

2004	
<b>Brown, Adrian C</b>	Setting priorities for health – an investigation of priority setting for health by Primary Care Trust in England
<b>Geoghegan, Lourda</b>	Traumatic brain injury and subsequent rehabilitation – developing the services
<b>Gray, Ronald F</b>	The effect of maternal cigarette smoking during pregnancy on the incidence of clinically significant behaviour problems by age eight in preterm low birthweight children
<b>Roche, Anita M</b>	Prevalence of nasopharyngeal carriage of <i>Streptococcus pneumoniae</i> in healthy children attending group day care in London

2005	
<b>Anderson, Eleanor</b>	Evaluation of HCV opportunistic screening among general practice attendees
<b>Budewig, Karen</b>	A health care needs assessment of renal replacement therapy services in Argyll and Clyde, Scotland
<b>Cooney, Fionnuala</b>	A critical evaluation of a hepatitis B vaccination programme among the intellectually disabled
<b>O'Sullivan, Patrick</b>	A study of the prevalence of blood-borne viral diseases in injecting drug users receiving methadone maintenance in the National Drug Treatment Centre at Trinity Court in Dublin
<b>O'Sullivan, Patrick</b>	A clinical audit of call-to-needle time in the Midland Health Board

2006	
<b>Doyle, Sarah M</b>	Radiotherapy treatment far from home: the social and financial burden for cancer patients of Letterkenny General Hospital, County Donegal

<b>Doyle, Sarah M</b>	An evaluation and audit of the asylum seeker communicable disease screening service in the Eastern Region
<b>Murray, Helena G.</b>	A survey of Irish General Practitioners on sexually transmitted infections
<b>Osborne, Geraldine</b>	Alcohol use during pregnancy. Assessment of knowledge, attitudes and practices (KAP) of women attending antenatal clinics, and of general practitioners. Cork and Kerry 2004
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2007	
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## 2015

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## 2016

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