

## Mary Robinson – outstanding contribution to Public Health



Presentation to Mary Robinson: Dr Diarmuid O' Donovan, Ms Mary Robinson, Dr Anna Clarke, Dean, Faculty of Public Health Medicine, Dr John Murphy, President, Royal College of Physicians of Ireland.

On December 13th 2006, at the Winter Scientific Meeting of the Faculty, the Dean, Dr. Anna Clarke, presented the Faculty's medal to mark an outstanding contribution to Public Health to Mary Robinson, former President of Ireland (1990-1997), former United Nations High Commissioner for Human Rights (1997-2002), founding member and Chair of the Council of Women World Leaders, and founder and president of Realizing Rights: The Ethical Globalization Initiative ([www.realizingrights.org](http://www.realizingrights.org)). The mission of this latter organisation is to put human rights standards at the heart of global governance and policy-making and to ensure that the needs of the poorest and most vulnerable are addressed on the global stage.

After accepting the medal, Mary Robinson, who is an honorary Fellow of the Royal College of Physicians, spoke of her pleasure in receiving the medal and in the delight which she thought her parents would have had in her turning her attention to issues of public health and health care. She acknowledged the contribution that the Faculty and its members had given to both global and international health issues in the past, and the potential for even greater commitment for the future. Mary Robinson then spoke briefly about aspects of her current work focusing on:

- The need for humane migration policies and her role as a Commissioner of the Global Commission on International Migration;
- More equitable international trade including that of human resources and trade policies that do not restrict access of the poor to essential medicines. This includes addressing the imbalance and inequity of health care workers from poor countries being enticed to move with their skills to support the health systems of wealthier countries;
- Encouraging women's development in all ways, including in health, in education and as leaders;
- Global inequities in health and the need for health to be recognised as a human right;
- Corporate responsibility as part of each of the above, and in its own right.

She talked about some of Realizing Rights' activities in strengthening the right to health including:

- organising workshops for parliamentarians and public health experts in East and Southern Africa to improve women's access to healthcare services, especially in the context of the HIV/AIDS crisis;
- working to strengthen African health policy and research expertise;
- fostering dialogue within the pharmaceutical industry on corporate responsibility and the right to health, especially in response to the HIV/AIDS pandemic;
- assembling women corporate leaders internationally to bring prevention, care and treatment to women in the developing world.

She has been working with the Ministerial Leadership Initiative for Global Women's Health to bring expertise, resources and a network of peers to women-led ministries of health globally to address three critical policy areas to improve women's health: health budgeting for equity, the impact of HIV/AIDS on women and girls, and reproductive health including the introduction of the HPV vaccine. A statement of principles was presented to the new Director General of WHO last month.

Mary Robinson also described some of her global health advocacy work in the context of the forthcoming German presidency of the EU and the G8, where women's health issues will be major themes.

As all of these impact on global public health, Mary Robinson emphasised the important role which Public Health professionals especially doctors have if these major health challenges of the global community are to be effectively addressed. She concluded by again thanking the Faculty for honouring her with the medal, and for giving her the opportunity to address the members, and by reiterating that she hoped they would work on global health issues.

## Faculty of Public Health Medicine

### Committees

- Accreditation Committee
- CME (now CAS) Committee
- Education & Examination Committee
- Fellowship Committee
- Finance & General Purposes Committee
- Meetings Committee
- Research Ethics Committee
- International Health Sub-Committee

## CME Committee

### Competence Assurance and Public Health Medicine

The new Medical Practitioners Act is due to be enacted in the coming months. Competence assurance will be a mandatory component within this legislation for all doctors. In 2003, the Irish Medical Council introduced the system of Competence Assurance Structures (CAS) for all doctors who have completed their training and who are on its register of Medical Specialists. The purpose of CAS is to ensure that doctors maintain the necessary knowledge and skills needed to function as effective practitioners throughout their working lives. There are two basic elements to CAS:

1. A range of quality assurance activities which fall under the heading Clinical Quality Assurance

(CQA), which applies to all doctors on the Specialist register.

2. A process of performance appraisal for the small number of doctors who may be performing poorly. This process is called Actual Clinical Performance (ACP) and is under the direction of the Medical Council.

CAS has 3 components:

1. Continuing Medical Education (CME)
2. Clinical Audit
3. Peer Review

In order to meet the requirements of the new Medical Practitioners Act, the CME committee of the Faculty of Public Health Medicine retained Dr. Gerardine Sayers on a consultancy basis to undertake research of relevant models and to develop a competence assurance model for Public Health Medicine. An interim model for competence assurance was derived following an analysis of already established models in Australia, Canada, New Zealand and UK and is available to members from the Faculty. The draft model is being further refined into a plan particularly in terms of competencies and methods of maintenance of same and will be subsequently piloted by the new Competence Assurance Committee, recently established by the Faculty of Public Health Medicine.

In August 2006, the Medical Council published a document: **Performance in Practice: Maintenance of Professional Standards**. All doctors will be asked to participate in the CQA programmes (50 hours per year). Doctors will be encouraged to participate in clinical audit and peer review activities as part of ongoing education (up to 50% of their annual hourly total). The Medical Council will formally accredit the post-graduate training body programmes on an ongoing basis. The Medical Council are planning to carry out a pilot study using a multi-source feedback questionnaire to review practice. It is envisaged that the general practitioners and medical consultants will be asked to volunteer to have their practice reviewed. If the pilot is successful, the programme will be rolled out to all the specialties in time. It is likely to be 1-2 years before Public Health Medicine will be asked to participate because public health medicine differs from the clinical specialties. It will be necessary that we prepare in advance by devising our own format for competence assurance and in line with Medical Council guidelines.

Dr. Freda O'Neill  
Dr. Gerardine Sayers

## Sabbatical in Malawi

*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.*



Photo: Julie Remy

Malawi is a narrow land-locked country in Southern Africa which was discovered by Livingstone and was formerly known as Nyasaland. It is densely populated, with a population of around 13 million, and is dominated by Lake Malawi, a long lake which partly separates it from Mozambique and Tanzania, and by Mount Mulanje, which is almost 10,000 feet high. The project was based in Thyolo District, situated about 35 kilometres from Blantyre, the main city in the south of the country and the commercial capital of Malawi. On first impressions, the District was beautiful with a verdant and lush countryside, but this masked the dire poverty of the 500,000 plus population. The centre for the project's activities was a newly built hospital close to the main road between Blantyre, Mulanje and the Mozambique border.

The main sources of livelihood for the people of the District were tea estates and other plantations, including sugar and tobacco. Most were poor subsistence farmers and the District had one of the highest prevalences of HIV in the country, where Government estimates show that around 15% of the population are HIV positive and the life expectancy is 36.5 years. Between 20-25% of pregnant women attending the antenatal clinics were HIV positive and the number of known cases of TB in

the District ranged between 1,000 and 1300 per year, of whom up to 80% were also HIV positive. MSF had been working in the area for about 8 years initially supporting TB and HIV chronic care but in 2003 they embarked on a free anti-retroviral therapy (ART) programme for the population in collaboration with the Ministry of Health (MOH). By the beginning of 2005 there were over 2000 patients on ART with at least twice that on the register waiting.

My main role as Epidemiologist was to lead on operational research and to give programme support across a range of activities from TB, nutrition, antenatal prevention and treatment, community care, inpatient care and children. My line manager was the Medical Coordinator, Dr Roger Teck, who for the first six months was also the Country Director. He was a Belgian, with many years of MSF experience and who had completed his Masters in Public Health at the London School, and he was a wonderful leader. His induction talks were legendary with his deep knowledge and insights into the health system and the nature of comprehensive HIV programmes.

Shortly after our arrival in Malawi, I was sent to Nairobi to learn how to operate the MSF international HIV database called FUCHIA. Developed by EPICENTRE in Paris, the database is based on an access programme suitable for multiple patient visits. It was used both as a clinical record and for public health planning and monitoring. There was a steep learning curve which involved reading, ward rounds, meetings and visits. Within a month I was presenting on PMTCT (prevention of mother to child transmission) at a national meeting, advocating for change in approach as few sites were reaching HIV+ mothers. My early interests were in mothers and children and nutrition. I worked closely with the Paediatrician from Belgium who was in the process of developing antiretroviral treatment for children from infancy.

I should mention the weather - we arrived towards the end of the rainy season, which was predictably hot and humid, but we were lucky to live at a relatively high altitude (3-4000 feet). While some days were really hot and humid, the weather was never unbearable and later on in the winter season we had a few really miserable cool days. We got a dramatic rainy season in early 2006 with floods and cholera outbreaks.

At the end of 2005, the floods combined with a poor harvest earlier in the year resulted in a major push for

food aid by the Government, which had to be preceded by a national nutritional survey – an exercise which was enormously difficult and fraught with controversies. Fortunately, an early food donation was distributed and the heavy rains brought a good harvest, so the crisis was averted yet again. The whole situation emphasised how people in Malawi live so close to the margins when a bad year can be disastrous, if they have no reserves.

As a family we were lucky to be what was termed by some of the single members of the team a “family mission”. We lived in a compound outside town with other members of the MSF expatriate team - with a small garden, tortoises, chickens, cats and dogs. The children attended an international school close by, where the pupils were a mix of Malawian, Indian and European. The school was the focus of our social life. For our older daughter, the activities included camping on Zomba plateau, climbing and swimming a 1.5 km marathon.

The last MOH bulletin in 2006 revealed that Malawi now has 104 sites for ART. 81,000 patients ever started treatment of which 7000 were in Thyolo District with the support of MSF Belgium, a notable achievement – a 350% increase in two years.

My thanks to my mentor in Brussels, Dr Rony Zaccariaiah, and to Dr Moses Massaquoi, the current medical coordinator in Thyolo.



## Annual General Meeting 2006

The Annual General Meeting (AGM) of the Faculty was held on Tuesday December 12<sup>th</sup> following the first day of the Winter Scientific Meeting. Copies of the minutes of the last AGM, the Treasurer’s report, and the Secretary’s report were made available at the start of the meeting.

The minutes of the last meeting were presented, proposed and agreed.

Catherine Hayes retired from the Office of Vice-Dean and was replaced by Peter Wright. Fenton Howell retired as a member of the Board. Patricia Fitzpatrick was elected in his place.

The Reports for the year were then presented by the Dean (Anna Clarke), Secretary (Siobhán Jennings) and Treasurer (Declan Bedford).

The Secretary’s Annual Report included a very informative overview of the year’s work of each of the seven committees of the Board as well as reports from the National Specialty Director (Derval Igoe) and the Director of Examinations (Emer Shelley).

The Treasurer’s accounts assured us that the Faculty was in credit. As part of the matters arising, the Treasurer responded to queries as to why the Faculty’s investments were managed as a College rather than Faculty entity and he undertook to enquire in greater depth into checking whether the funds were ethically invested.

In addition to the matters raised above, an initiative by the International Health Sub-Committee to use the WHO as a training site for a Specialist Registrar has been agreed by the Board with a one off grant to be made available to the successful candidate to take up the placement with WHO. This development was welcomed by those present and it was agreed that on a once off basis that the Faculty would help with a small grant to cover some expenses which this might incur.

As there was no further business the Dean thanked various people for their help throughout the year and closed the meeting.

## Faculty of Public Health Winter Scientific Meeting



Mr Nick Robinson, Mary Robinson, Dr Anna Clarke,  
Dr Diarmuid O' Donovan

The winter scientific meeting was held over two days on Tuesday 12<sup>th</sup> and Wednesday 13<sup>th</sup> December. The first session on Tuesday focused on communicable disease issues including pneumococcal disease, influenza surveillance and immunisation. The second session dealt with injuries among children and older people, workplace injuries and road crash deaths associated with alcohol.

Wednesday had quite a varied programme. It began with a demonstration of the new Health Atlas, followed by a description of plans for development of a chronic disease management programme. In session two the first three talks dealt with alcohol and cigarette smoking and the final paper looked at primary care utilisation among pre-school children. The final session covering communicable disease control followed in the afternoon, with talks on tuberculosis, Chlamydia trachomatis infection among female students, contingency planning for an influenza pandemic and a description of the new international health regulations.

The Zachary Johnson Medal was awarded to Dr. Suzanne Cotter for her presentation "National Telephone Survey; Assessing Influenza And Pneumococcal Vaccine Uptake In The Irish Adult Population – Preliminary Analysis"

In addition to the talks, there were 15 interesting posters on display. The prize for best poster presentation was awarded to Dr Sarah Doyle for "Asylum Seeker Communicable Disease Screening Service: Case Detection of Communicable Diseases in Reception Centre Clinics".



Mary Robinson



A Ryan, B Ryan



Carla Perrotta, D Igoe, S Allwright, A O' Hora



A Kilgallen, C Mason, J Heslin



H Maguire, D Bedford, F Howell



P McDonald, O' O'Reilly, J Whelan

## **2006 Jacqueline Horgan Bronze Medal Meeting**

### **Thursday, November 16<sup>th</sup>, 2006.**

The 2006 Bronze Medal meeting was held in the magnificently refurbished Royal College of Physicians of Ireland's building in Kildare Street, Dublin 1. The Medal is presented annually for the best oral presentation of work of population health/epidemiological interest in commemoration of Dr. Jacqueline Horgan's lifetime work in the area. This year, it was held in the early evening to try to improve attendance by Faculty members at this important meeting. As with other Section meetings, attendance has been falling off in recent years and in the end the attendance at this year's meeting was also disappointing, particularly considering the strong field competing for this year's Medal.

The strong field made the judges' decision very difficult, but eventually the decision was made to award this year's Bronze Medal to Dr. Paul Corcoran from the National Suicide Research Foundation in Cork for his excellent presentation on 'The area -level association between hospital-treated deliberate self-harm, deprivation and social fragmentation in Ireland'.

In his paper, which was co-authored by Dr. Ella Arensman and Professor Ivan Perry, Dr. Corcoran reported on a study of the area-level association between socio-economic characteristics and suicide. During 2002-2004, the Irish National Registry of Deliberate Self Harm collected data on the self harm presentations to 38 of Ireland's 40 hospital Accident and Emergency (A&E) departments, using a standardised methodology that included geocoding patient's addresses to small-area level. Annual deliberate self harm incidence rates and levels of deprivation and social fragmentation were examined nationally and by geographic area.

The researchers found that there were almost 33,000 deliberate self harm presentations to A&E departments in the study period by about 26,000 individuals. The total annual incidence rate was 204 per 100,000, with the rate for females being about one third greater than that for males. The geographic differences in deliberate self harm rates were striking and were largely explained by the distribution of deprivation, fragmentation, age and gender and interactions between these factors. Deprivation, rather than fragmentation, had a stronger independent effect on small-area rates of self harm. Dr. Corcoran concluded that the highest rates of deliberate self harm in Ireland are in deprived urban areas. He suggested that priority should be given to these areas when implementing community-based interventions aimed at reducing suicidal behaviour.

With six excellent presentations to choose from and after some lengthy deliberations, the judges for the evening, Dr. Anna Clarke, Dean of the Faculty, Dr. Davida de la Harpe, Assistant National Director for Health Intelligence with the HSE, and Professor Ruaidhri Brugha, Professor of Epidemiology at the RCSI., awarded the 2006 Jacqueline Horgan Bronze Medal to Dr. Paul Corcoran for his excellent presentation.

## Dates for your diary

### Programme for RAMI Section of Epidemiology

March 15<sup>th</sup>, 2007: AGM of Section of Epidemiology;  
5.30 p.m. in Frederick House.

March 15<sup>th</sup>, 2007: Section Meeting at 6.00 p.m. in  
Frederick House:

'Road Traffic Accidents' – Declan Bedford, HSE.

'The Health Atlas' – Howard Johnson, HSE.

### Faculty of Public Health Medicine Summer Scientific Meeting

Date: May 29<sup>th</sup>/ 30<sup>th</sup> 2007.

Venue: RCPI, Kildare St, Dublin.

### SSM / IEA Joint Meeting 2007

A Joint Meeting of the Society for Social Medicine and the International Epidemiological Association will be hosted by University College Cork from 12<sup>th</sup>- 14<sup>th</sup> September 2007.

Faculty of Public Health Medicine  
Royal College of Physicians of Ireland  
Frederick House  
19 South Frederick Street  
Dublin 2  
(01) 863 9700

#### Editorial Team

**Dr Melissa Canny**

**Dr Deirdre Murray**

**Dr Ann Marie O'Byrne**

**Dr Máire O'Connor**

**Dr Bernadette O'Keefe**

**Dr Patrick O'Sullivan**

Email: [fphm@rcpi.ie](mailto:fphm@rcpi.ie)

## We would like to hear from you:

- if you have any suggestions or items of news that you think might be of interest;

- if you are organising a conference that would be of interest to Faculty members.

Please circulate this newsletter to your colleagues; to ensure that you receive future editions please make sure that the Faculty has your up to date email address. Contact the Faculty at [fphm@rcpi.ie](mailto:fphm@rcpi.ie) with your email address.